**HRET** engages in timely research and education on topics of critical interest to hospitals and health systems and the communities they serve, including business leaders and policymakers. It is the nonprofit research and educational affiliate of the American Hospital Association.

**Vision:** People, communities, and those who serve them working to improve health.

**Mission:** Transforming health care through research and education.
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or more than 60 years, the Health Research and Educational Trust (HRET) has helped foster positive change and innovation within health care. Whether conducting evidence-based research or tracking emerging trends, we create insight and knowledge and translate it into practical information and tools that improve the delivery of health care.

HRET’s major focus areas include:
- Quality and Safety
- Community Health
- Health Care Access and Coverage
- Leadership and Governance

HRET identifies pertinent topics in each of these areas and conducts focused research for application to real-world problems. Our researchers have studied the link between reducing disparities in health care and improving quality of care; examined local approaches to help transform delivery systems through public-private partnerships; and investigated how hospitals develop and adopt new procedures to improve safety, reduce health care disparities, respond to changing trends in employer-based and other forms of insurance, and help keep the communities they serve healthier.

Equally important as the research is our ability to turn the findings into effective processes and tools for organizational change. This translation is integral to the mission of HRET and differentiates us from many other research organizations. Recent examples include a Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients, the Physician Practice Patient Safety Assessment, the Patient Safety Leadership WalkRounds™ Guide, and the Community Care Notebook.

In addition, HRET conducts educational programs that encourage and build leadership and skills. Through audioconferences, topic-specific meetings, curricula, and fellowship programs, HRET helps inform the health care leaders of the future.

We also work in partnership with other researchers to create tools that can readily be applied in the health care delivery setting. In 2006, we established two new networks, bringing together researchers and delivery-system leaders to look at innovative strategies to address the difficult problems facing our health care system.

Our mission focuses in equal measure on creating new knowledge and ensuring that this knowledge is put to use in the field. Throughout this report, you will see impact statements highlighting a few of the ways that HRET influences the field.

We hope this glimpse of our work offers greater insight into the varied research and educational projects conducted by HRET, as we work to transform health care through research and education.

Mary Pittman, DrPH
President
Delivering safe, high-quality health care to patients is a primary mission of health care organizations and systems. Patients and their families deserve high quality and safety from their health care providers.

HRET leads and participates in projects designed to assess and improve the quality of health care and the safety of patients.

Improving Quality to Eliminate Disparities

HRET continues to play an important role in examining and facilitating collection of race, ethnicity, and primary language data by hospitals—a key component of helping eliminate disparities in health care. Our initial work in the field began in June 2001, two years before the publication of the landmark report from the Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. That report documented the underlying factors that contribute to health care disparities and the extent of variation in care.

In initial research projects on disparities, HRET researchers worked with a consortium of six hospitals and health systems to create a reliable and functional framework for collecting accurate data on race, ethnicity, and primary language from patients. We then expanded our research to focus on linking race and ethnicity data to quality of care measures.

Although disparities and quality are linked, there is an inherent tension in blending the two. Simply improving overall quality of care may not reduce disparities. The data on patient race, ethnicity, and language are needed to allow us to look at outcomes in subpopulations that become masked by averages. For practitioners and providers, collecting these data are necessary and useful for reporting to external sources and providing patient-centered care.

The data on patient race, ethnicity, and language are needed to allow us to look at outcomes in subpopulations that become masked by averages.

What Are Disparities in Health Care?

As defined by the Institute of Medicine in its landmark report Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, disparities in health care are differences that remain after accounting for patients’ needs and preferences and the availability of health care. Health care disparities are found within a wide range of health care settings, including hospitals, emergency departments, clinics, and doctors’ offices, and across a broad range of conditions. Disparities in care are associated with higher morbidity and mortality among racial and ethnic minorities and individuals with limited English language proficiency.

The timeline on page 4 lists HRET’s research projects on disparities, showing how we have anticipated and expanded the important work of others, including the Institute of Medicine and the Agency for Healthcare Research and Quality.
2001–2002: Hospital Consortium for Eliminating Disparities in Health Care: Developing and Testing a Uniform Framework for Collecting Race, Ethnicity, and Primary Language Data in Hospitals, Phase 1 | HRET research project | Funder: The Commonwealth Fund

2002–2004: Developing a Uniform Framework for Collecting Race, Ethnicity, and Primary Language Data, Phase 2 | HRET research project | Funder: The Commonwealth Fund

2003: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health


2004–2006: Linking Race and Ethnicity Data with Inpatient Quality of Care Measures | HRET research project | Funder: The Commonwealth Fund


2005–2006: Study on Hospital Language Services | HRET and NHeLP research project | Funder: The California Endowment


2005–2007: Patient-Centered Communication | HRET and AMA research project | Funders: The Commonwealth Fund and the California Endowment

2005–2007: Hospitals, Language, and Culture: A Snapshot of the Nation | HRET serves as senior advisor to JCAHO research project | Funder: The California Endowment

2005–2007: Improving Data Collection of Patients’ Race, Ethnicity, and Language in California | HRET research project | Funder: The California Endowment

2006: Hospital Language Services for Patients with Limited English Proficiency: Results from a National Survey, by Romana Hasnain-Wynia, et al., from HRET


2007–2009: Examining the Quality and Efficiency of Care in U.S. Safety Net Hospitals | HRET research project | Funder: The Commonwealth Fund

**Impact:** HRET staff have trained providers in hospitals, clinics, and health plans on how to systematically and reliably collect patient data and use this information to improve health care quality for all populations. HRET staff also serve as thought leaders on national advisory panels.
Cultural Competence Leadership (CCL) Fellowship

The CCL fellowship is an in-depth HRET program, with additional support from the Institute for Diversity in Health Management, the National Center for Healthcare Leadership, and AHA’s Health Forum. Participants examine the issues of health disparities and racial and ethnic diversity that are most important to their organizations and develop appropriate action strategies and tools to deliver high-quality, safe care to multicultural populations. The fellowship includes executive leadership retreats, self-study modules, and a virtual learning community—all resulting in an action project for the organization.

Faculty for the CCL fellowship program include:

- Dennis P. Andrulis of Drexel University
- Anne Beal of the Commonwealth Fund
- Joseph R. Betancourt of Massachusetts General Hospital
- Sonja Boone of Northwestern Memorial Hospital
- Ross Conner of the University of California, Irvine
- Alexander R. Green of Massachusetts General Hospital
- Romana Hasnain-Wynia of HRET
- Frederick D. Hobby of the Institute for Diversity
- LaVonna Blair Lewis of the University of Southern California
- Robert C. Like of Robert Wood Johnson Medical School
- Hazel Symonette of the University of Wisconsin-Madison
- Brenda Zimmerman of the Schulich School of Business, York University

For more information, go to www.hretfellowships.org.

**Impact:** In the first two years, 43 fellows implemented projects in 30 organizations.
Improving Quality and Patient Safety

HRET has a strong record of applied research on ways to improve patient safety in hospitals and other settings. Recent projects have included:

- The Patient Safety Leadership WalkRounds™ Guide, a tool to connect senior executives with patient safety leaders and teams within their organizations to create an improved culture of safety. Funder: Health Resources and Services Administration

- The Pathways for Medication Safety® (Pathways) Tools to help ambulatory settings assess their environment for medication delivery in order to pinpoint error-prone processes and make fundamental and long-range system improvements. Funder: The Commonwealth Fund
  Impacts: Pathways tools have been used over 30,000 times since 2006.

- A self-assessment tool on safety in physician office practices, the Physician Practice Patient Safety Assessment (PPPSA). HRET, with the Institute for Safe Medication Practices and Medical Group Management Association, are developing three tools based on the priorities identified in the assessment. Funder: The Commonwealth Fund
  Impact: Hundreds of practices have taken the assessment and followed up to download individualized benchmark reports.

Action Learning Labs to Improve Quality and Safety

Designed for quality and patient safety leadership teams, these learning labs provide close interaction with senior leaders at hospitals and health systems that have demonstrated real results in quality and patient safety. One- or one-and-a-half-day site visits allow participants time to observe, discuss, and take home proven strategies and evidence-based methods for advancing quality and patient safety. Participation is limited to encourage a small learning environment that is both team- and action-focused. The sites include rural providers as well as tertiary care.

The action learning labs are a collaborative effort of HRET and the AHA Quality Center. For more information, go to www.hret.org/hret/education/learninglabs.html.

Patient Safety Leadership (PSL) Fellowship

HRET partners with the National Patient Safety Foundation and the American Society for Healthcare Risk Management to conduct the PSL fellowship program. This fellowship is an in-depth, intensive learning experience that advances patient safety services in health care through a dynamic, highly participatory, and structured learning community. Through executive leadership retreats, face-to-face meetings with prominent safety faculty, and self-study modules, fellows are exposed to a broad range of tools, strategies, and methodologies in the field of patient safety. Each fellow or team designs and implements a practical initiative at his or her home institution.
Facility for the PSL fellowship program include:
- Doug Bonacum of Kaiser Permanente
- Jim Conway of the Institute for Healthcare Improvement
- Jennifer Daley of Tenet Healthcare Corporation
- Allan Frankel of Partners HealthCare System
- Brent James of Intermountain Healthcare
- Eric Knox of the University of Minnesota
- David Marx of Outcome Engineering, LLC
- Steve Mayfield of the AHA
- Julie Morath of Children’s Hospitals and Clinics of Minnesota
- David B. Nash of Jefferson Medical College
- Diane C. Pinakiewicz of the National Patient Safety Foundation
- Peter Pronovost of Johns Hopkins University
- Elizabeth Summy of the American Society for Healthcare Risk Management

For more information, go to www.hretfellowships.org.

**Impact:** More than 180 fellows from 112 organizations have been through the PSL fellowship since its inception, in 2002.
Quality and Safety: HRET Tools

Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients. Available at www.hretdisparities.org

Patient Safety Leadership WalkRounds™ Guide
Available at www.hret.org/walkrounds.html

Pathways for Medication Safety® Tools
Available at www.medpathways.info

Physician Practice Patient Safety Assessment
Available at www.physiciansafetytool.org

Quality and Safety: Selected HRET Articles and Publications


“Patients' Attitudes Toward Health Care Providers Collecting Information About Their Race and Ethnicity.” Baker, DW, Cameron, KA, Feinglass, J, Georgas P, Foster, S, Pierce, D, Thompson, JA, Hasnain-Wynia, R. Journal of General Internal Medicine, 2005.


For more publications on quality and safety, go to www.hret.org/hret/publications/qualitypubs.html.

For more articles on disparities, go to www.hret.org/hret/programs/resources.html.
Community Health

Community health encompasses a range of topics concerning the health of populations, including health promotion and disease prevention, and the relationship of health care to public health. Evidence-based interventions and organizational systems to address chronic disease prevention and management, access to care for the underserved, and emergency and crisis preparedness are among the priorities of HRET’s community health programs. Topical issues for hospitals include approaches to community benefit planning and reporting, HIV screening within hospitals, and obesity prevention.

Since the early 1990s, HRET has been instrumental in helping hospitals address their communities’ needs for health improvement. Through traditional and applied research as well as technical assistance, education, and networking, HRET champions collaboration and a focus on outcomes as practical means to address critical issues in community health.

Enhancing Health and Preventing Injury and Illness

Since 2002, HRET has worked in partnership with the Centers for Disease Control and Prevention (CDC) to develop a framework for hospitals’ roles in improving the public’s health. Through research, education, and dissemination, this partnership creates a knowledge base of hospitals’ connections to and unique roles in the public health system; advocates opportunities for hospitals and public health to work more closely together; and lays new groundwork for demonstrating how private health can serve the public’s health.

National Steering Committee on Hospitals and the Public’s Health

In 2005 and 2006, HRET convened a national steering committee of more than 20 experts, including hospital CEOs, public health leaders, and academics, to catalyze hospitals and public health to work together to promote health and to prevent and delay disease and disability. The steering committee identified evidence-based practices—both nationally and internationally—to assist hospitals and public health groups to work together to improve the public’s health. The committee identified action-oriented recommendations in seven areas, which hospitals and public health agencies can implement immediately; metrics to measure progress; readily available resources; and areas for further research, education, and policy.
The report addresses the following areas:
1. Eliminating health disparities
2. Coordinating care
3. Promoting primary prevention
4. Optimizing access to care for all
5. Advocating payment for prevention
6. Building the community’s capacity to stay healthy
7. Supporting the re-creating of the public health infrastructure and expanding capacity

The committee’s report, Report of the National Steering Committee on Hospitals and the Public’s Health, can be accessed at www.hret.org/hret/programs/content/reportnsc.pdf.

Impact: The national steering committee’s report is stimulating a new conversation around the country, a first step in achieving its goal of bringing together hospitals and public health.

Youth Obesity Learning Collaborative

The increase in the United States in the number of overweight and obese individuals and a decline in physical activity have contributed to the rapidly rising rate of diabetes, cardiovascular disease, and other debilitating chronic diseases. Obesity is the second greatest cause of death of Americans, after tobacco use. According to the American Academy of Pediatrics, approximately 30 percent of U.S. children ages 6–11 are overweight, and 15 percent are obese. Adverse health effects associated with overweight in youth include type 2 diabetes, hypertension, and orthopedic complications.

As a response to this trend, HRET’s Association for Community Health Improvement (ACHI) is working to identify and refine effective approaches by hospitals to reducing and preventing youth obesity among minority and underserved youth. The learning collaborative includes 17 hospitals and health systems, working together to enhance each hospital’s existing programs, to codify lessons and effective practices, and to create practical guidance for hospitals nationally on all aspects of community-based youth obesity prevention. This project is funded by the CDC and the AHA.

For more information on the Youth Obesity Learning Collaborative and other community health initiatives, go to www.communityhlth.org and click on “Projects & Affiliates.”
Established by HRET in 2003 as the successor to both the National Community Care Network Demonstration Program and the Coalition for Healthier Cities and Communities, ACHI is now the leading association for community health, community benefit, and healthy communities professionals. ACHI works with and for its members and the broader field to strengthen community health through education, peer networking, and the dissemination of practical tools.

With over 550 members in 47 states, the District of Columbia, and Canada, ACHI serves members’ needs in the focus areas of access to care, chronic disease prevention and management, and community benefit. In each of these areas, ACHI is committed to collaboration and to the measurement and evaluation of impacts.

ACHI’s members include CEOs, vice presidents, and department and program managers from hospitals, community health centers, public health departments, health foundations, and healthy community coalitions. Members help direct ACHI by serving on advisory committees linked to topic areas, special projects, and its annual conference. ACHI’s member benefits and services include:

- An annual conference in March
- A Web site, with a wealth of public and member-only resources
- Weekly electronic newsletters and member listserves
- Monthly, 60-minute audioconferences on emerging practices, new research, and practical tools
- Interest groups on specific topics of member interest
- ACHI Career Center, featuring employers’ job listings and job seekers’ resumes

Visit the ACHI Web site at www.communityhlth.org.

Impact: ACHI’s annual conference has become the leading event for practical community health strategies.

Managing and Preventing Disease

Hospital-Based Palliative Care

Palliative care is the care of patients with active, progressive, far-advanced disease with a limited life expectancy, for whom the focus of care is the quality of life.

—International Association for Hospice and Palliative Care

The Hospital-Based Palliative Care Consortium (HBPCC) provides opportunities for hospitals and health systems to visit palliative care learning centers across the country to improve and advance new, hospital-based end-of-life services. The program includes three phases: (1) needs assessment prior to the site visit, (2) site visit to a palliative care program at a host hospital, and (3) technical support and networking after the site visit.

HBPCC is funded by a grant from the Agency for Healthcare Research and Quality. For more details on the program and a list of hospitals that have participated, visit www.hret.org/hret/programs/paloverview.html.
HIV Testing in Hospitals

It is estimated that over one million people in the United States are living with HIV/AIDS. Of these, about one-fourth, or 250,000, do not know that they are infected. With the availability of rapid HIV tests, patients and their physicians can know HIV status in as little as 20 minutes.

Through cooperative agreements with the CDC, HRET is working to increase routine rapid HIV testing in hospital settings, particularly in the emergency department and urgent care as well as labor and delivery and the nursery.

Emergency and Urgent Care. HRET is developing information and tools that will guide hospitals through the process of implementing HIV testing programs in their emergency and urgent care settings. These settings present untapped opportunities to increase the number of people who know their HIV status and thus help prevent the disease from spreading.

Perinatal HIV Prevention. As part of a team of national organizations, HRET joins a coordinated effort to eliminate mother-to-child (MTC) HIV transmission. Though tremendous progress has been made in reducing perinatal HIV transmission in the United States, MTC transmission still accounts for 91 percent of all pediatric AIDS cases today. In addition, approximately 40 percent of mothers of HIV-infected infants had not been diagnosed with HIV before labor and delivery. With new rapid screening tests, HIV-positive mothers can be identified in labor and delivery and, with appropriate treatment, can significantly reduce the risk of transmitting the virus to their babies.

HRET’s role focuses on improving perinatal HIV prevention efforts in hospitals and health care systems. A 2004 HRET survey of hospitals with 300 or more births per year is being used as a basis for a comprehensive manual to help hospitals develop and implement their own program of rapid testing in labor and delivery and the nursery. Web-based tools produced to date include charts comparing the FDA-approved rapid screening tests and ELISA tests and a compendium of state laws on HIV testing.

Impact: HRET’s charts comparing HIV screening tests are used by the CDC as well as AIDS education groups in training sessions across the country.

What Is Rapid HIV Testing?

The availability of rapid, point-of-care HIV tests presents a new opportunity to test more people in more settings, without requiring return visits or costly tracking and follow-up to deliver results to individuals. In recent years, the U.S. Food and Drug Administration has approved several rapid HIV tests that provide results in 20 to 40 minutes. For more information on the rapid HIV tests currently used, go to [www.hret.org/hret/programs/content/rpd1.ppt](http://www.hret.org/hret/programs/content/rpd1.ppt).
Community Health Consultation Services

HRET provides technical assistance to help hospitals, clinics, public health agencies, and community-based groups identify and refine strategies for effective and proactive community health services and community benefit. Through training, workshops, action-oriented research, and short- and long-term technical assistance, HRET offers customized consultations to meet the unique characteristics of each organization and the population it serves.

For more information on community health consultation services, go to www.hret.org/hret/commhlthservices/.

RESOURCES

Community Health: Selected HRET Articles and Publications


For more publications on community health, go to www.hret.org/hret/publications/communitypubs.html.
Health Care Access and Coverage

All health care systems should strive to provide the same access to care to all members of society, regardless of geography, race, gender, age, wealth, and status. One critical factor in access is whether an individual has health insurance coverage. The dual challenges of access to providers and to insurance coverage affect both individual wellness and the viability of our population as a whole. HRET’s projects in this area focus on surveying and studying employer health benefits—the major source of private health insurance—and the hospital safety net—the major source of care for the uninsured.

Employer Health Benefits Annual Survey

HRET and the Kaiser Family Foundation publish the premier source of information on employer health benefits. The annual Employer Health Benefits Survey provides the earliest source of reliable data on the percentage of workers with job-based coverage, the kinds of plans employers are offering, and the distribution of coverage cost. The HRET database includes figures back to 1987.

Released each September, the survey serves as a key resource for policymakers, employers, and health researchers seeking new information about the insurance market. It receives widespread media coverage, both national and regional, including such outlets as ABC World News Tonight, National Public Radio, CNN, BET Nightly News, Telemundo, the Wall Street Journal, the New York Times, and the Washington Post.

Impact: Health insurance data from the KFF/HRET survey were quoted by several candidates in the 2004 and 2006 elections.

For the results of the most recent annual Survey of Employer Health Benefits, go to www.hret.org/hret/programs/annual.html.
Hospital Safety Net

The role of the hospital safety net continues to be an important issue as the nation faces a continuing rise in the number of people who are uninsured or underserved. A patchwork of providers—including publicly funded hospitals and clinics, government-subsidized community-based providers, and rural networks of caregivers and hospitals—give medical care to millions of uninsured people each year. The resulting stress on all safety net providers impedes them from serving larger numbers of people.

HRET recently published a paper on our research on hospitals’ changing involvement in the safety net over a six-year period. Several forces, such the Balanced Budget Act of 1997, the increase in the number of uninsured patients, and the growth of HMOs, have influenced the participation of hospitals and health systems.

For papers and more information on research in this area, go to www.hret.org/hret/publications/accesspubs.html.

Health Care Access and Coverage: Selected HRET Articles and Publications


2006 Employer Health Benefits Annual Survey.

For more publications on access and coverage, go to www.hret.org/hret/publications/accesspubs.html.
Leadership and Governance

Strong governance is a critical success factor for both nonprofit and for-profit organizations. HRET and its research partners are tracking current issues, trends, and evidence-based practices in health care governance. By reviewing current governance practices and identifying correlations with clinical and financial outcomes, HRET is exploring ways in which boards of hospitals and health systems can transform their thinking and add greater value to their organizations. This work includes regularly surveying the field and convening leaders in health care and governance.

Surveying the Field

In 2005, HRET conducted a comprehensive survey of CEOs and board chairs of U.S. hospitals. The data were summarized in an initial report and are being used in several additional analyses focusing on the link between governance practices and hospital outcomes, as well as comparisons with surveys done in the late 1980s and mid-1990s. Parallel surveys of CEOs and chairs of health care systems are being conducted in 2007.

In addition, two short surveys have been conducted on focused topics. The first survey, fielded in the fall of 2005, focused on future trends in health care, current priority areas, and challenges anticipated in the next three to five years. The second survey focused on physician-board relationships. HRET’s partners in these projects are the Center for Healthcare Governance, Health Forum, and the AHA.

Impact: HRET serves as the research affiliate of AHA’s Center for Healthcare Governance. Results of our surveys and those from the Blue Ribbon Panel on Health Care Governance have been presented at every Center educational meeting.


Convening Leaders

The Blue Ribbon Panel on Health Care Governance was convened by HRET during 2006 to identify critical practices that distinguish nonprofit health care boards that are adding value to their organizations and making the best use of board members’ time and talents. The panel included health care chief executives, board members of hospitals and health systems, governance researchers and consultants, and others with expertise and leadership on governing boards.
Governance: Selected HRET Articles and Publications


For more publications on leadership and governance, go to www.hret.org/hret/publications/governpubs.html.

CEOs responses to the question, “to what higher board or authority is the hospital responsible?” from Hospital Governance: Initial Summary Report of 2005 Survey of CEOs and Board Chairs.
HRET oversees two research networks, ACTION and CHMR, which help health care leaders apply research evidence when making decisions about the organization, financing, and delivery of health care. Both networks aim to increase the use of evidence-based management in health care.

ACTION stands for Accelerating Change and Transformation in Organizations and Networks, an initiative directed by the Agency for Healthcare Research and Quality (AHRQ). Fifteen networks were selected nationwide in 2006 to participate in high-priority research projects funded by federal agencies.

Through ACTION, AHRQ awards contracts to one of the 15 competing networks to produce quick turnaround, action-oriented research projects, and evidence-based tools. These projects and tools assist health system leaders in making critical operational decisions, enhancing patient care, and managing organizational change. ACTION is unique in its capacity to translate findings of health care management research into operational practice.

HRET’s ACTION network includes 10 health care systems, 6 health plans, and more than 45 researchers, with other partners collaborating as appropriate. The first contract awarded to our network is for a multisite evaluation of emergency department programs that use rapid HIV screening tests.

CHMR is the Center for Health Management Research, a collaborative venture that strives to enhance the efficiency and effectiveness of the health care system in the United States. Founded in 1991, the Center is led by Douglas Conrad, PhD, of the University of Washington, and Thomas Rundall, PhD, of the University of California–Berkeley. With 15 member universities and 14 industry sponsors to date, the Center members work together with HRET to set a research agenda that addresses key health system issues and produces clearly defined, focused, and actionable research. Each corporate member of CHMR receives reports and tools that help with management decisions. Results are available to the public after an initial period of exclusive member access.

CHMR: Selected Papers and Research Projects


For more papers and research projects, go to [www.hret.org/hret/programs/chmr/research.html](http://www.hret.org/hret/programs/chmr/research.html).
Health Services Research

As HRET’s award-winning flagship publication and the official journal of AcademyHealth, *Health Services Research* (HSR) provides an idea exchange forum for many in the health care field: health services researchers, managers, policymakers, providers, and students. This international, peer-reviewed journal also expands our knowledge and understanding of financing, organization, delivery, and outcomes of health services.

*HSR* has won five Emerald Golden Page Awards for research implication, originality, and readability of research. Past topics for special sections and special issues have included race and ethnicity, and the international migration of nurses.

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Web site: [www.hsr.org](http://www.hsr.org)

Impact: *HSR*’s circulation is approaching 7,500 subscribers.

HRET and *HSR*: Global Impact


Supporting AHA

HRET provides research and infrastructure support that allows AHA and its subsidiaries to conduct grant-funded research and education of members. HRET also helps sponsor AHA’s Foster G. McGaw Prize, which recognizes hospitals that have improved the health and well-being of people in their communities, and the Circle of Life Award, which honors innovative programs in end-of-life care.
TRUST Award

HRET sponsors an annual award to recognize visionary leadership in health care.

The TRUST Award is presented annually to a health care leader who has exhibited visionary leadership by:

- Adhering to his or her values and teaching these values to others, through actions and words, to effect change
- Demonstrating a passion for improving the health of our communities and advocating safe, high-quality health care for everyone
- Fostering and creating a culture of communication and collaboration within an organization or partnership
- Encouraging and facilitating implementation of innovative ideas and strategies and thus mobilizing action and reform

For More Information on HRET

Additional information on HRET is available, including articles, white papers, issue briefs on research, fellowships and awards brochures, and financial reports. Contact Jenna Rabideaux at jrabideaux@aha.org or (312) 422-2640.

To support HRET and its important work in the health care field, please contact Jennifer Shaw at jshaw@aha.org or (312) 422-2646. HRET is the 501(c)(3) of the American Hospital Association.
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