



e-PRL IHPS NEWSLETTER!

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This special edition of e-PRL-IHPS focuses on **Harold (Hal) Luft, Ph.D.** who recently retired from UCSF. Hal joined UCSF in 1978 and served as director of the Philip R. Lee Institute for Health Policy Studies (PRL-IHPS) for 14 years. Under his visionary leadership, the Institute established a firm foundation for future growth and development. Hal recently began a new full-time role as director of the Palo Alto Medical Foundation Research Institute (PAMFRI), while retaining an emeritus faculty title at UCSF. We are delighted to note that he will continue involvement in PRL-IHPS activities and is bridging research and training collaborations between PRL-IHPS and PAMFRI.

## Hal fest!

Friday, September 19, 2008  
Please join us for a celebration in appreciation of Hal Luft's outstanding contributions to UCSF

**Festschrift: 1:00-5:10, UCSF Laurel Heights Auditorium  
3333 California Street, S1 Level, San Francisco, CA 94118**

Presentations by Rashi Fein, Catherine McLaughlin, Drummond Rennie and others

[Click here for Festschrift program.](#)

Light Refreshment following the Festschrift in the Auditorium Lobby




To celebrate Hal's accomplishments, the Institute held a gala celebration in his honor, which we called



\*"HalFest", thanks to **Drummond Rennie, MD** (see next page for Drummond's definition). The term certainly captured the festive mood of our events on September 19 that included a symposium, reception, and dinner. The afternoon symposium, which we called a "Festschrift", thanks to **Ed Yelin, Ph.D.** brought together three of Hal's closest colleagues to present special papers that also mirror many of Hal's areas of interest: Rashi Fein, Ph.D, Professor Emeritus at Harvard Medical School in the Department of Social Medicine and one of Hal's original mentors, discussed "Values in Health Policy and Health Services Research", while Catherine McLaughlin, Ph.D., Senior Fellow and Director of Research, Mathematica Policy Research, Inc., and Professor in the Department of Health Management and Policy at the University of Michigan School of Public Health, discussed the issue of mentoring, and **Drummond Rennie**, a core Institute faculty member and Deputy Editor (West) of *JAMA*, spoke about scientific integrity (or the lack of it) in publishing. Three former mentees of Hal, Deborah Garnick, Ph.D., **Ruth Malone, Ph.D.**, and **Adams Dudley, MD**, responded and provided their insights into the papers presented. The second part of the afternoon program featured **Phil Lee, MD**, Sam Hawgood, MD, Interim Dean of the School of Medicine, **Haile Debas, MD**, Former Dean of the School of Medicine and UCSF Chancellor, **Helene Lipton, Ph.D.**, a core faculty member and professor in the School of Pharmacy, a letter from **Jim Kahn, MD**, (core faculty member who was away conducting research in India at the time of the event), and **Joe Guydish, Ph.D.**, who presented a new award in Hal's honor, the Harold S. Luft Award for Mentoring in Health Services and Health Policy Research.

*The Philip R. Lee Institute for Health Policy Studies*  
**proudly establishes the**  
*Harold S. Luft Award for Mentoring*  
**in Health Services and Health Policy Research**

In recognition of your extraordinary and exemplary capacity to:

- Inspire and stimulate mentees to do their best and most creative work
- Expand student thinking by fostering an appreciation of different points of view
- Develop career opportunities for mentees
- Create communities of learners and maintain life-long contact with mentees
- Serve as a role model in leadership, professionalism, integrity and life balance

The Harold S. Luft Award for Mentoring will be presented annually to a faculty member at the University of California, San Francisco, who demonstrates these qualities.



Following a reception, evening festivities included informal remarks by family members, friends and colleagues, including Hal's daughter, Jana, his brother Bob, **Dan Dohan, Ph.D.**, **Lisa Bero, Ph.D.**, **Laura Schmidt, Ph.D.**, **Stan Glantz, Ph.D.**, **Phyllis Fetto** and others. More formal remarks were made by Victor Fuchs,

PhD, Professor of Economics, one of Hal's Stanford University colleagues, and **Gene Washington, MD, MPH, MSc**, UCSF Executive Vice Chancellor and Provost. The evening ended with a rousing performance by "Halapalooza", who sang adapted renditions of "Theme from Shaft" ("Luft"), "What I did for Luft" (based upon "What I did for Love"), and "Money, that's what I want" (modified words). Singers included: **Claire Brindis, Stephen Crane, Phyllis Fetto, Ernestine Florence, Richard Kite, Annie Larson and Helene Lipton**. We are also indebted to **Barbara Tajima and Annie Larson**, for their musical writing talents. Special t-shirts were provided, along with "Hal" dollars developed for the evening (both designed by **Jasmine Libatique**, who also co-designed the invitations and name badges, with **Lena Libatique**). Truly a memorable celebration for all. Our thanks to many PRL-IHPS staff and faculty who contributed so much creativity, dedication, and hard work to make this event such joy for Hal and his family.

We want to mark this significant transition in Hal's career by sharing a recent interview for e-PRL IHPS conducted by Annie Larson, roving reporter. We are indebted to Hal for his many contributions to the Institute, to the University, and to the field of health services and health policy research.

Claire Brindis, Dr. P.H., Interim-Director, PRL-IHPS.

To view "Halapalooza's" go to:

<http://gallery.me.com/richardkite#100000>

## HALFEST!

\*Hal Fest /hal-fest/n: a celebration of the luftification, or "lufting up" of our Exdirectorshipness. (syn: apotheosis; beatification)

See also stanforditудity. - Drummond's New English Dictionary

## Interview with Hal Luft, for *e-IHPS* newsletter

e-IHPS: Tell us about your background, and more specifically, how did you make the decision to go into health economics?

HL: In college I was economics, economics, economics, but I was always looking for something applied, where I could make a difference. Originally, I had started out in international development and urban economics. By the late 60's with Republicans in the White House, it was clear that foreign aid from the US was falling and that things weren't going well addressing the problems in the cities. We were several years into Medicare and Medicaid. These programs were making changes to the health system, but they were very expensive and it wasn't clear how they were working—there were a lot of issues and problems to investigate. There were two health economists at Harvard, Marty Feldstein and Rashi Fein, who were offering some exciting courses; health economics was becoming a "legitimate" field of specialization. I figured that this was an area where I could make a bit of difference because there wasn't very much that had been done. Marty had this great fellowship program that sweetened the deal, but I was attracted primarily by the potential to impact people's lives. The first major struggle for me was fully exploring three different dissertation topics—Marty wanted a more theoretical, and I wanted more real-world focus. In the end, I produced an empirical thesis on the "interrelationships between poverty and health".

e-IHPS: Did you have teachers or mentors who influenced you to go into health economics?

HL: Yes, basically, the two of them, (Marty Feldstein and Rashi Fein). Marty was very analytical, expert at econometric studies, and adept at using data to quickly address important questions. Rashi focused on social policy and the role of institutions, their context, and the importance of values—a more time-intensive approach that often results in a understanding the difficulties in reaching a clear answer. Over time, I leaned more towards Rashi's approach.

e-IHPS: Who interviewed you here at IHPS? Was it a committee?

HL: I was an assistant professor in my fifth year at Stanford in a small interdisciplinary program located in the medical school with ties to the business school and other departments. Things were going well from my perspective. The department had decided to propose me for promotion to associate professor, but the Dean, (partly because Stanford was going through some financial distress), had decided that he was not going to make a tenure decision in that department. Even though I was eligible, they were not going to review me for promotion because to do so would make it more difficult for them to close down the program. I was not very happy about waiting another year to see if their financial situation would change.

Around that time, the Health Policy Program at UCSF [the precursor to PRL-IHPS] had been approved for a National Center for Health Services Research grant, with the proviso that they hire some economists. This would add more analytically-oriented people to the very policy-oriented group of people—Phil Lee, Lew Butler and Al Jonsen—who started the program. I discovered there was an opening and came up to be interviewed by Al Jonsen and the others. I remember, I was driving up 280, and I literally ran out of gas and coasted into a gas station at 19<sup>th</sup> Ave. With a fair amount of anxiety, I got the gas, did the interview, and well, the rest is history.

e-IHPS: What made the decision for you to be here?

HL: The position had the right mix of things: I could do good research with a very clear orientation towards making a difference in the real world. At that time, the Health Policy Program was engaged directly with policy makers on the federal level, and to some extent, also at the state level. We would receive requests to comment on such things as pending legislation. Fielding questions from policy makers helped inform the kind of research that I wanted to do. It was a perfect move even if it meant shifting from a tenure track position (that didn't end up tenured) to a soft-money in-residence position. I was much happier with the position and orientation of UCSF, even if it did add substantially to my commute.

e-IHPS: Did you ever have doubts about becoming the Director here?

HL: Because **Phil (Lee)** left for Washington quite suddenly, I had the “opportunity” to try out being Director on an Acting basis. There were some very challenging situations in the beginning; a couple of complicated personnel and faculty issues needed to be addressed and made me question whether I wanted the job for the long-term. Furthermore, just around the time that Phil left, the UC budget was in crisis and they were offering what they called the “VERIP” (the voluntary early retirement incentive program), so that people who had a certain number of years’ service and age could leave with a lot more retirement credit than they would have ordinarily had. **Phyllis, Eunice, and Nancy Ramsay** were all eligible for the VERIP. As I waited several months for their decisions, I worried whether I could handle the position if they all left. In the end, Nancy did leave, but **Phyllis and Eunice** stayed, and I thought, “Okay, I can do this”.

e-IHPS: How would you describe your approach to your style of Directorship? What were the special highlights for you?

HL: I tend to look at things as if I am just another faculty member—what’s going to make my life as a faculty member and other people’s lives easier? The University puts certain constraints on what the organization must and can do; as Director I had to manage within those constraints. It sometimes meant pushing pretty hard on the University to recognize that the Institute is a good bit different from a clinical science department, or a basic science department, or some of the other ORUs. I tried to figure out what was reasonable

e-IHPS: What do you want to do at PAMFRI (Palo Alto Medical Foundation Research Institute) that would be different from what you did here?

HL: Some aspects are very similar, such as setting up the administrative infrastructure for the investigators, although, to some extent, I’m starting with a cleaner slate. PAMFRI doesn’t have a lot of existing rules and regulations impinging directly on research, although it does need more than it now has. I’m trying to develop the grants management, HIPAA, IRB review and other processes in ways that will make life as easy as possible for the investigators, but still keep us in full compliance with regulations. So that part of the job is pretty similar; it feels like I’m in virgin territory and I’m borrowing freely from lessons learned at UCSF.

The setting is different in that PAMFRI is embedded within a very large ambulatory system that has never had much interaction with a research institute. The physicians at PAMF seem very happy to interact or collaborate with the researchers. At UCSF, the medical center administrators had lots of experience with faculty researchers who wouldn’t respond quickly enough—or speak clearly enough, and therefore hired consultants. At PAMF, I can say, “we’re going to be responsive, we’re going to answer phone calls [from the physicians], and we’re going to translate our research to be meaningful to your problems. That’s partly what I see as the contribution we owe them in exchange for the access to the data and support we get from PAMF. As a researcher, at PAMF I have ready access to individuals who can tell me whether what I’m doing makes sense to them in the real world. That’s extraordinarily valuable. It’s not just writing papers, sending them out to journals, and having my peers say, “Yes, you’ve got the analysis right.” Here the physicians and administrators can give me feedback and enable me to circle around and make the research better the next time. At PAMFRI, I hope to see changes implemented and tested, which is extraordinarily exciting.

e-IHPS: So, that’s kind of your vision, or at least what you see as happening?

HL: Yes, that’s the vision, but we still have a lot to do to get there. We’re going through a process of adding new investigators and then we have to undertake physical remodeling to have a place to house them. We have to do space planning to create the right environment and find the budget for it. We’re remodeling in place—while occupying the building, which is much harder than what we had to deal with at PRL-IHPS. Although IHPS moved several times, the space was always being built out elsewhere, and then we’d move in after it was completed.

e-IHPS: How are you going to stay connected here at IHPS?

HL: I'll continue to do joint research projects. We've just submitted a joint proposal that's a good example of our collaborative potential. **Adams Dudley** and **Grace Lin**, having connections with the Foundation for Medical Informed Medical Decision Making, contacted me and asked, "Might PAMF be a site where we could do some of this research?" I contacted the people in charge of Quality Improvement, under which this would fit, described the project, and they said, "Yes! This sounds wonderful." I got them together with Adams and Grace, resulting in a joint proposal. It's roughly evenly split: Grace and Adams will be doing most of the conceptual work and the PAMF staff will do the implementation. I'm just there to facilitate the joint project. That's one way. Another approach would be more hands-on for me. For example, I was talking recently with some PAMF physicians about their plans to develop programs of excellence in cancer care. This seems like a great opportunity to do research on what really matters to patients, how to assess it, and how to structure care processes to achieve optimal outcomes. Now I plan to talk with **Dan [Dohan]** and **Jeff [Belkora]** here and get them involved in the project. Another area for collaboration is in training. When being recruited by PAMFRI, I said I needed a budget to cover post-docs. Right now we have three Fellows, and they are involved in the Fellowship program up here at UCSF for formal seminars. I see PAMFRI as a place where PRL-IHPS researchers can collaborate, and I see PRL-IHPS as providing a very deep bench of analytic and other expertise that we can use at PAMFRI.

e-IHPS: If you weren't a health economist, what would you be?

HL: Hmm...that's a hard question, I've always thought of myself as an economist. (Hal thought for a moment, then said) If I were to do something else, I think I would be....maybe a carpenter.

e-IHPS: That makes sense to me...I mean, you would be working with your hands, but still "putting something together."

HL: Yes, putting something together; I enjoy creating things out of "existing" materials. I've never taken one, but I've read about courses in Engineering or Design in which they give the student three soda straws, ten bottle caps, and a series of other random things, and say, "Make an engine out of these." That's a little bit of what I've tried to do.

e-IHPS Is there anything you'd really like to do before you die?

HL: (After a long thoughtful pause) I guess be a grandfather, but I can't control that. I don't have a checklist. I tend to take each day as it comes, and do as well as I can.

e-IHPS: Is there anything else you'd like to say?

HL: It's been a fun and wonderful ride...I've truly enjoyed my time here. The organization has really grown and prospered, and I want to continue to stay connected.

<b>Publications, Awards, Announcements</b>
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Tseng, CW, Mangione, CM, Brook, RH, Keeler, EM, **Dudley, RA**. Identifying Widely Covered Drugs and Drug Coverage Variation Among Medicare Part D Formularies. *Journal of the American Medical Association*, 2007; 297(23):2596-2602. Nominated for Article-of-the-Year Award from AcademyHealth.

Goldman, LE, Henderson, S, Dohan, DP, Talavera, JA, **Dudley, RA**. Public Reporting and Pay-for-performance: Safety Net Hospital Executives' Concerns and Policy Suggestions. *Inquiry*, 2007; 44(2):137-45. Nominated for Public Health System Article-of-the-Year Award from AcademyHealth.

Rosenthal MB, Dudley RA. Pay-for-Performance: Will the Latest Payment Trend Improve Care? *Journal of the American Medical Association*, 2007; 297(7):740-744.

Lin, GA, **Dudley, RA**, Redberg, RF. Cardiologists' Use of Percutaneous Coronary Interventions for Stable Coronary Artery Disease. *Archives of Internal Medicine*, 2007; 167(15):1604-9.

Goldman, LE, Vittinghoff, E, **Dudley, RA**. Quality of Care in Hospitals with a High Percent of Medicaid Patients. *Medical Care*, 2007; 45(6):579-83.

Frolich, A, Talavera, JA, Broadhead, P, **Dudley, RA**. A Behavioral Model of Clinician Responses to Incentives to Improve Quality. *Health Policy*, 2007; 80(1):179-93.

**Gardner, AL**, Patricia H. Mintz, PH. "Lessons From The Field: Expanding Health Insurance Coverage One County At A Time" *Health Affairs*, 27, no. 5 (2008): 1454-1460 doi: 10.1377/hlthaff.27.5.1454 <http://content.healthaffairs.org/cgi/content/abstract/27/5/1454?eaf>

"Measuring the Medical Home Infrastructure in Large Medical Groups"

Researchers led by **Diane Rittenhouse**, M.D., M.P.H., at the UCSF School of Medicine report that in general, medical groups have been slow to adopt components of the patient-centered medical home. The largest practices in the study—those with more than 140 physicians—and those owned by a hospital or HMO scored highest on critical measures of the medical home model.

The study, which was supported by the Robert Wood Johnson Foundation, the Commonwealth Fund, and the California HealthCare Foundation, surveyed all large physician practices across the U.S. that treat patients with asthma, diabetes, congestive heart failure, and depression. They looked at four measures of medical homes, including the use of care teams, the degree of care coordination and integration, including the use of electronic health records; efforts undertaken to maximize quality and safety; and the provision of "enhanced access" to care, such as consultation by e-mail.

"The medical home model holds great promise for the transformation of primary care, but this transformation won't happen overnight," said **Rittenhouse**.

**For more information, go to:**

<[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=704010](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=704010)>

**Publications, Awards, Announcements**

**Kevin J. Bozic, MD, MBA**, a practicing orthopaedic surgeon and health care services researcher from the Department of Orthopaedic Surgery and a core faculty member of PRL-IHPS testified on September 17, 2008 before the U.S. Senate Special Committee on Aging. Dr. Bozic is a member of the Board of Directors for the American Association of Orthopaedic Surgeons (AAOS) and Chair of the AAOS Health Care Systems Committee. He is also a member of the American Association of Hip and Knee Surgeons (AAHKS) Dr. Bozic's testimony expressed concern over the direct-to-consumer advertising (DTCA) of restricted medical products.

In a 2007 study co-authored by **Dr. Bozic**, 78 % of surgeons believed that their patients were confused or misinformed about the appropriate treatment for their condition based on an advertisement, and 84% of surgeons believed patients who were exposed to DTCA had unrealistic expectations regarding the benefits of a specific type of procedure or implant. In contrast, only 18% of patients believed that DTC ads confused them about the appropriate treatment for their condition, and only 37% of patients believed that such ads were misleading in their claims.

**Tracey Woodruff** announces the availability of **[Shaping Our Legacy: Reproductive Health and the Environment](#)**, a report on the 2007 **[Summit on Environmental Challenges to Reproductive Health and Fertility](#)**, sponsored by the **[University of California, San Francisco](#)** and the **[Collaborative on Health and the Environment](#)**.

**Shaping Our Legacy** provides a nontechnical summary of the latest science on how exposure to chemicals may impair our reproductive health. It also outlines what we – as clinicians, researchers and scientists, health affected and community-based groups and policy makers – can do to create environments that are healthier for fertility and reproduction

Please visit PRHE's website, which offers more information on our work as well as the **[scientific proceedings](#)** from the Summit: **<http://www.prhe.ucsf.edu>**

Coming soon to IHPS.....Halloween!



**We need your  
articles!  
Please send to  
Annie.Larson  
@ucsf.edu**

## CHBRP Report

### "A Busy Year for the California Health Benefits Review Program

The California Health Benefits Review Program (CHBRP) continues to issue highly regarded and widely utilized reports on proposed health insurance benefit mandates and repeals. Established in 2002, CHBRP responds to requests from the state legislature to provide independent analysis of the medical effectiveness of proposed mandates and repeals and their financial and public health impacts. The program is administered by a small analytic staff in the University of California's Office of the President that works with a task force of faculty from six campuses of the University of California (including UCSF), three private universities in California, as well as actuarial consultants.

**Ed Yelin, Ph.D.**, of PRL-IHPS is CHBRP's Vice Chair for medical effectiveness and **Janet Coffman, Ph.D.** is the program's principal analyst for medical effectiveness. Wade Aubry and Miki Hong also work on CHBRP's medical effectiveness analyses. **Jim Calvert** provides administrative support. **Hal Luft, Ph.D.**, was CHBRP's founding Vice Chair for medical effectiveness and worked with the program prior to his retirement from UCSF. **Pat Franks** also served on the program's staff from 2005 through 2007.

In 2008, CHBRP has issued reports on nine health insurance mandate bills that addressed a wide range of topics. Seven bills would mandate coverage for particular health care services: maternity services, durable medical equipment, breast cancer screening, gynecological cancer screening, screening for the human immunodeficiency virus (HIV), orthodontic procedures for persons with oral clefts, and amino acid-based elemental formula for treatment of eosinophilic esophagitis and short bowel syndrome. Two bills address the terms and conditions of coverage. One would require parity in coverage for non-severe mental illness and substance use disorders. The other would establish minimum benefit standards in the individual insurance market. In addition to writing sections of these reports, the CHBRP team at PRL-IHPS is writing a manuscript for submission to a journal on the lessons they have learned from conducting medical effectiveness analyses for state policymakers.

Further information about CHBRP and copies of all CHBRP reports are available on CHBRP's web site: <http://www.chbrp.org/index.html>. If you have questions about the program, please contact **Janet** at [Janet.Coffman@ucsf.edu](mailto:Janet.Coffman@ucsf.edu).

### Comings and Goings

New to PRL-IHPS: Welcome , **Alexandra Teng**, Research Associate (**Jeff Belkora**)

"Hi IHPS! My name is **Alexandra**, and I recently started working for **Jeff Belkora, Ph.D.** and Decision Services in July after graduating from Harvard undergrad. I was born and raised in Berkeley, and now I've come back to the place I know and love. I am currently trying to decide if medical school is right for me, so I'm very much looking forward to meeting everyone in this group and finding out more about what you do. Thanks so much for the warm welcome. I'm very excited to become part of the IHPS family!"

And, **Shelley Volz**: Research Associate (**Jeff Belkora**)- I've been working at UCSF Decision Services since 2005, managing the implementation of a Foundation for Informed Medical Decision Making grant that provides educational videos to Breast Cancer patients at the Breast Care Center. Patients routinely receive educational videos that match their diagnosis to assist them in making informed decisions.

I get to do two of my favorite things – talk with newly diagnosed breast cancer patients (I am a 10-year survivor) and do survey research. Last year I finished my MA in Education at San Francisco State where I used survey research to measure student perceptions of their participation in undergraduate group projects.

See next page

## Comings & Goings Shelley Volz, con'td.

Now that I'm finished with school I actually have a personal life. I enjoy printmaking, photography, attending live theater and the movies. Originally from NY City, I have lived in the Outer Sunset area of San Francisco for the last 13 years, but over the three decades I've lived in California have also lived enjoyed living in Mendocino, Humboldt, and San Luis Obispo counties. Richard, my partner in crime for most of that time, has children of his own who are roughly the same ages as my younger brothers. Somehow that's been more than enough family for me.

I try to stay fit by doing water aerobics three times a week, do laughter yoga weekly, take daily walks along the ocean, and have been known to enjoy white water rafting. I jumped out of an airplane once and intend to try hang-gliding once before departing the planet.

(I spoke with Shelley about "laughter yoga" and it is an international movement. I went to the website <http://www.laughteryoga.org>, and lo and behold, there is testimony from the one and only John Cleese of Monty Python fame, among others verifying the medical benefits of Laughing. I can attest to this, and I say: check it out). -AL

And, we say goodbye to: **Nancy Killion**, Research Associate (**Michael Cabana**)

This note from **Nancy** sums up how a lot of us feel about PRL-IHPS:

Hello all, Today is my last day in IHPS. I just wanted to thank you all in particular for being so supportive, kind, and welcoming to me during the last 1 ½ years. It's really been a pleasure being a part of this community. I'll really miss Halloween and the White Elephant party (I laughed so hard last year, I nearly pulled a muscle!). This department is different than most in that it really feels like an actual community. I think the fact that so much of the culture is centered around the kitchen makes it homey and warm and promotes an atmosphere of sharing (and a perfect fit for a "foodie" like me). Your generosity of spirit is wonderful. Thanks for embracing me within the group. I hope our paths will cross again. (We do too, Nancy)

### Save the Date:

- ◆ **Ted Marmor, PhD**

"Fads, Fallacies, foolishness zombies in healthcare policy—the case of patient cost sharing,

Tue October 28<sup>th</sup>

12-1pm

Location: SFGH, Carr Auditorium

[http://www.ucsf.edu/pdf/maps/san\\_francisco\\_general\\_hospital.pdf](http://www.ucsf.edu/pdf/maps/san_francisco_general_hospital.pdf)

- ◆ **UCSF Health Disparities Research Symposium II**

October 24, 2008

8:00 a.m. to 1:00 p.m.

Laurel Heights Conference Center

- ◆ **2008 John Eisenberg Legacy Lecture**

Harvey Fineberg, MD, President, Institute of Medicine

Wednesday, December 17, 2008

Stanford University

(more details soon)

- ◆ See next page for: Diversity Events at UCSF

**UCSF Celebrates Diversity**<http://pub.ucsf.edu/today/cache/news/200809291.html>

PRL-IHPS is honored once again to be the recipients of the 2008 Diversity Best Practices Award. We will be recognized at the Diversity Awards Luncheon by Chancellor Bishop on Monday, October 20th from 12 to 1:30 PM in the Millberry Union Gymnasium. The Best Practices Awards are issued for Best Practices for Staff and/or Faculty Affirmative Action and Diversity through an assessment of the progress reports on the basis of : Achieving hiring/placement goals, Good faith efforts in our attempt to meet goals, and actively promoting a climate of inclusion

*Other events celebrating diversity on campus include:*

**Tuesday, Oct. 14:** UCSF Orbit Music Series presents jazz musical group "The Cunninghams," noon to 1 p.m., Cole Hall on the Parnassus campus. Straight from Las Vegas,

**Wednesday, Oct. 15:** UCSF presents "History and Development of the Cultural Competence Guide," noon to 1 p.m., room to be determined, San Francisco General Hospital. Yewoubdar Beyene, PhD, Sue Dibble, RN, DNSc, Juliene Lipson, RN, PhD, and Pamela Minarik, RN, come together to discuss how the guide can aid health workers to more effectively communicate with diverse populations and provide more sensitive care

**Monday, Oct. 20:** UCSF presents the Diversity Best Practices Awards, noon to 1 p.m., Millberry Gymnasium on the Parnassus campus. (invitation only-see above)

**Wednesday, Oct. 22:** The Fourth Annual Evelyn Lee Visiting Scholar on Cultural Competence and Diversity presents "The Clash of Cultures: Traditional and Western Healing Environments and Medical World-views," noon to 1 p.m., Langley Porter Auditorium, room LP 190, on the Parnassus campus. Richard Mollica, MD, a professor at Harvard Medical School and director of the Harvard Program in Refugee Trauma, offers insight into varying health approaches. His visit is hosted by the Department of Psychiatry's Diversity Committee.

**Wednesday, Oct. 22:** UCSF will present a talk, titled "The Legacy of Matthew Shepard," noon to 1 p.m., Health Sciences West, room 300, on the Parnassus campus. The talk also will be simulcast to Mission Bay's Rock Hall Auditorium. In 1998, Judy Shepard lost her son, Matthew, to a murder motivated by anti-gay hatred. His tragic death prompted calls for tolerance nationwide and catalyzed the acclaimed oral history production *The Laramie Project*. Speaking from her unique perspective, Judy Shepard movingly urges her audiences to make their schools and communities safer for everyone, regardless of race, sex, religion, sexual orientation or gender identity. Sponsored by the UCSF Lesbian, Gay, Bisexual, Transgender (LGBT) Resource Center, the Chancellor's Advisory Committee on Gay, Lesbian, Bisexual, Transgender Issues, LGBT Student Association, Cultural Enrichment Fund, Associated Students of UCSF, Graduate Students' Association, Diversity Week Planning Committee, Center for Gender Equity and Student Activity Center.

**Thursday, Oct. 23:** UCSF will screen the film *Body of War* (rated PG) at 6 p.m. in Cole Hall on the Parnassus campus. Co-directed and co-written by Phil Donahue, this documentary follows a disabled Iraq War veteran, Tomas Young, as he pieces his life together and becomes an activist against the Iraq War

**Friday, Oct. 24:** UCSF presents the Health Disparities Research Symposium II, 8 a.m. to 1:00 p.m., Laurel Heights Auditorium. Exemplifying UCSF's vision of serving our community, as stated in the UCSF Strategic Plan, this research symposium showcases the groundbreaking work of eight UCSF faculty who are addressing health disparities. A poster session highlighting some of the more than 50 abstracts that were submitted this year also will be on display. The symposium refers to health disparities as gaps in the quality of health and health care across racial, ethnic and socioeconomic groups. The definition of health disparities includes differences in the presence of disease, health outcomes, and quality of and access to health care. The symposium will showcase the breadth of research from the diversity of disciplines at UCSF, both quantitative and qualitative. The goal is to build community among disparities researchers from various disciplines and across units, schools and campus sites.