

*Program Evaluation*  
Final Contract Report

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**Evaluation of AHRQ's Children's Health Activities**



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**Prepared for:**

Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services  
540 Gaither Road  
Rockville, MD 20850  
[www.ahrq.gov](http://www.ahrq.gov)

**Contract No. WR-429-AHRQ**

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**AHRQ Publication No. 08-M013-EF  
December 2007**

# WORKING P A P E R

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## EVALUATION OF AHRQ'S CHILDREN'S HEALTH ACTIVITIES

### Final Report

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WR-429-AHRQ

October, 2006

Prepared for the Agency for Healthcare Research and Quality

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## **PREFACE**

The RAND Corporation was contracted to evaluate AHRQ's child health activities. This work was carried out from October 2005 through June 2006. Comments or inquiries should be sent to the RAND principal investigators, Michael Seid ([mseid@rand.org](mailto:mseid@rand.org)) or Michael A. Stoto ([stotom@georgetown.edu](mailto:stotom@georgetown.edu)). This work was carried out within RAND Health, a division of the RAND Corporation. More information about RAND is available at <http://www.rand.org>.

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## EXECUTIVE SUMMARY

*"What we really want to get at is not how many reports have been done, but how many people's lives are being bettered by what has been accomplished. In other words, is it being used, is it being followed, is it actually being given to patients?... [W]hat effect is it having on people?"*

Congressman John Porter, 1998, Chairman, House Appropriations  
Subcommittee on Labor, HHS, and Education

Since its inception, the U.S. Agency for Healthcare Research and Quality (AHRQ, or the Agency) has funded research and other activities concerning a variety of children's health issues. At the same time, the Agency's strategic priorities continue to evolve in the context of a changing policy environment. Currently, the Agency is crafting strategic plans for its ten "portfolios of work." As part of the planning process, the Agency is evaluating the various cross-cutting, or cross-portfolio, priority populations, including children. To aid in this assessment, the RAND Corporation was contracted to evaluate AHRQ's child health activities.

As requested by AHRQ, this evaluation addresses four Primary Objectives:

- 1) Measure and assess to what extent the Agency contributed and disseminated and/or translated new knowledge;
- 2) Measure and assess to what extent AHRQ's children's healthcare activities improved clinical practice and health care outcomes and influenced health care policies;
- 3) Measure and assess AHRQ's financial and staff support for children's health activities; and,
- 4) Measure and assess to what extent the Agency succeeded in involving children's health care stakeholders and/or creating partnerships to fund and disseminate key child health activities.

To address these objectives, RAND developed and implemented a conceptual framework based on state-of-the-art research evaluation theories (Roessner, 2002). This framework suggests that the effect of any particular activity is likely to be highly indirect and that policy and

practice outcomes are multi-determined and depend on a loose network of actors (funders, researchers, policy makers, the public, regulatory officials, practitioners). It also suggests that the impact of activities is typically characterized by a highly skewed distribution, with a relatively small number of activities having a large impact and the vast majority having a smaller impact. This framework allowed an assessment of the Agency's contribution to the development and dissemination of new knowledge and the impact of that knowledge on policies, clinical practice, and health outcomes. In addition, we used databases developed at RAND to describe the Agency's funding focus and financial investment in children's health over time.

Pursuant to Primary Objective 1, we analyzed funding for external activities and publications related to those activities, overall and by category, and over time. In terms of funding, we identified over \$350 million that AHRQ used to fund external research and activities related to children between 1990 and 2005. The overall amount and average awards rose during the time period, despite a decline in the last few years, as did the percent of the AHRQ overall budget devoted to children's health activities. Examining external activities by AHRQ strategic goals, children's health strategic goals, and AHRQ portfolios of work shows that, over time, activities related to patient safety and health information technology have increased from almost zero to about half of all activities, reflecting trends in the Agency as a whole.

We also tracked publications derived from these activities over time. In terms of AHRQ strategic goals, 54% of the publications describe efforts to improve health outcomes and 31% relate to the goal of improving access, appropriate use and efficiency. In terms of children's health strategic goals, 64% of the publications fit into the goal of contributing to new knowledge about child health services. In terms of AHRQ portfolios of work, 41% of the publications are categorized under the care management portfolio and 31% describe results from projects on the cost, organization, and socio-economics of health care. And because publications lag activities by several years, in the near future, we expect an increasing number of publications regarding health information technology and patient safety. We note that gathering the data required for this analysis was difficult and time-consuming – there is no central repository of information about all funding and all products that can be used for ongoing monitoring of priority populations.



For Objective 1, therefore, our evaluation shows that the Agency has contributed a substantial body of new knowledge as a result of its funding for children's health research (extramural and intramural) and has disseminated this new knowledge effectively in the peer reviewed literature. This analysis also shows that the child health portfolio has changed over time, reflecting the overall Agency priorities.

It is difficult in any field to trace a direct line between research or other activities and improved health care activities or clinical practice, or between such activities and an influence on health policy. Nevertheless, pursuant to Primary Objective 2, we found that the 794 external and internal publications arising from AHRQ's children's health activities were cited nearly 3,000 times in the scientific literature. Similar to previous analyses by AHRQ staff on the results of outcomes research (Stryer, Tunis et al. 2000), we found that 70% of the publications present research findings that may inform policy and practice, but do not directly address particular decisions. Fourteen percent of the publications focus on the impact of policy changes or have clear policy implications. Fifteen percent of the publications describe research that evaluates clinical behavior, demonstrates changes in clinical behavior, or demonstrates the use of tools in a clinical setting. One percent of the publications describe research on the relationship between clinical or policy changes and health outcomes.

Our case examples and key stakeholder interviews, which focused on AHRQ's work in State Children's Health Insurance Program/Child Health Insurance Initiative (SCHIP/CHIRI), attention deficit hyperactivity disorder (ADHD) and asthma illustrate several lessons on maximizing the impact of AHRQ activities. First, the impact of AHRQ's activities (dissemination of relevant information to policy-makers in a timely manner, changes in practice and outcomes) is maximized when structures are in place to encourage cooperation and communication among researchers and with a variety of stakeholders. The SCHIP/CHIRI case illustrates this point: the request for proposals (RFP) was structured to require researchers to work with policy makers; AHRQ partnered with other funders; and the individual projects were required to set aside funds to support initiative-wide meetings and publications. In the case of ADHD and asthma, one of the main impacts of AHRQ involvement was the ability to draw on the resources of Centers for Education and Research on Therapeutics (CERTs) to synthesize

evidence, of practice-based research networks (PBRNs) to change practice, and of tools to improve outcomes.

Second, in many of the child health activities funded by AHRQ, impact all too often relied on the individual efforts of Principal Investigators and AHRQ staff rather than being programmed into the activities. With some notable exceptions (for example, CHIRI), activities are seen as focused on generating products for academic journals. And, the AHRQ infrastructure was seen as being oriented towards the ‘front end’ of research grants – soliciting, reviewing, selecting, and funding – rather than the ‘back end’ – disseminating timely and relevant information to policy makers, documenting impact on clinical practices or outcomes, tracking and compiling the ways that AHRQ products are used by various stakeholders.

Third, the inherent tension in serving the needs of multiple stakeholders can be positive or negative. In the case of CHIRI, tension led to a creative solution that enhanced the impact of this set of activities. In other cases, the tension was not addressed as successfully. Many interviewees alluded to the tension between the role of the Agency in funding policy-relevant research versus directly informing the policy debate. Child health activities at AHRQ were seen as being more focused on the former, rather than the latter. Another tension is between the needs of academicians to generate peer-reviewed publications on the one hand, and the needs of policy-makers, clinicians, and families for timely, actionable information on the other. Clinicians and families saw AHRQ’s child health activities as being more focused on the needs of academics rather than on those of the users. A further tension is between the broad spectrum of needs in children’s health and a very limited budget. Specific, focused investments designed to generate spectacular answers to the “Porter Question” (What effect is the research having on people?) were seen as key to the Agency’s continued viability.

In sum, for Objective 2, our bibliometric analysis, case studies, and key stakeholder interviews suggest that children’s health care activities at AHRQ, along with other child health stakeholders, have played an important role in improving clinical practice and health care outcomes and in influencing specific health care policies. They also suggest ways to enhance the impact of future children’s health activities.

AHRQ's objectives and budget have changed over the years, both overall and for children's health activities. A tightening budget and a shift away from investigator-initiated external research grants have highlighted questions regarding the place of children's health within AHRQ's overall mission. Pursuant to Primary Objective 3, two recurrent themes regarding AHRQ support for children's health activities emerged from the key informant interviews. The first was the issue of whether children's health should be considered (and funded) separately from other activities. Several interviewees made a cogent case for theoretical, practical, and ethical reasons to consider children separately, and made specific suggestions for how to accomplish this. The countervailing sentiment was that, in an Agency with a relatively small budget, setting aside specific funding for children's health activities was likely to result in a children's health budget insufficient to accomplish any of the Agency's children's health strategic goals. Nevertheless, there are specific issues that are inherently child-only, such as research on SCHIP, for which it is appropriate to argue for set aside funding.

The second theme was the widespread perception that children's health activities at AHRQ were dependent almost entirely on the efforts of individual Agency staff. Interviewees noted that there were virtually no formal structures or policies at the Agency to ensure that children's health was adequately addressed; the Child Health Advisory Group (CHAG) does not serve this function. Interviewees praised Denise Dougherty, as Senior Advisor on Child Health, and Lisa Simpson, the former Deputy Director, for their unflagging efforts to raise the profile of children's health, and noted that compared to other special populations, children's health has a more organized and effective constituency within the Agency. However, they also noted that the Office of Senior Advisor has neither authority nor funds to ensure inclusion of these special populations and relied almost entirely on personal persuasion. They also noted that, with Lisa Simpson's departure, high-level advocacy for children's health had diminished markedly. Moreover, within Agency Offices and Centers, it was up to individual staff to ensure that children's health was included in activities. Interviewees lamented that there did not seem to be an institutional-level, coherent voice for child health at the Agency and wondered aloud what would happen to children's health research at the national level if AHRQ did not continue, in some important way, to lead.

Therefore, for Objective 3, our interviews and case studies show that although individual Agency staff have performed heroically in assuring continued support for child health activities, there is a lack of authority or resources devoted to children's health that has limited AHRQ's financial and staff support for children's health research.

Pursuant to Primary Objective 4, interviewees perceived AHRQ as having been successful in nurturing a growing children's health services research community, through National Research Service Award (NRSA) fellowships, conferences, and training grants. But they also noted that this same community is in danger of dissolving or moving to other topics of inquiry as funding in this area continues to be scarce. In terms of partnering with other HHS entities, key stakeholders perceived limited success. Interviewees at other HHS entities professed little experience or interest in partnering with AHRQ, despite substantial respect for the AHRQ personnel that they had interacted with. As a result, AHRQ's partnerships with other HHS entities tend to involve specific initiatives or committees and are initiated or maintained at the program or project-officer level. Interviewees could not cite examples of high-level inter-agency collaboration in children's health. In terms of partnering with policy entities, CHIRI was a good example of successful partnering, but interviewees noted that there is little interest in children's health policy at the federal level. Several interviewees suggested that AHRQ ought to further collaborate with state-level policy makers and with the Centers for Medicare and Medicaid Services (CMS) around SCHIP and Medicaid. Interviewees reported mixed success in partnering with the clinical and patient/family communities. They suggested that far more could be done to partner with providers through professional societies such as the Association of American Pediatricians (AAP) and other organizations involved in improving children's health care.

Thus, for Objective 4, we found that AHRQ staff has pursued numerous connections with other agencies, but primarily through participation on committees and task forces, both within and beyond HHS. The Agency has had mixed success in involving children's health care stakeholders and/or creating partnerships to fund and disseminate key child health activities.

Building on this analysis, we offer the following suggestions for the Agency's consideration:

Through their children's health activities, AHRQ has successfully created and disseminated knowledge and engaged the pediatric academic community, but has been less successful in creating and documenting improvement and in engaging the children's health quality, practitioner, and patient/family community. Answering the Porter Question for children will require AHRQ's child health activities to focus more effectively on identifying and pursuing opportunities to apply existing evidence, implement change, and document improved processes and outcomes. It will also require the Agency to work more closely with clinical organizations such as the American Academy of Pediatrics (AAP) and with organizations organized around quality improvement in order to better leverage the strengths of each. Experience with the CHIRI program as well as with AHRQ's work on asthma and ADHD show that this is possible, at least in well focused areas. The CHIRI program required (and facilitated) collaboration between researchers and policymakers and in that way could be a model for collaboration. However, it was organized around an ongoing federal project requiring reauthorization. In the absence of a similar national quality improvement project, it would be necessary to pursue a more piecemeal approach. We note that, with the restriction of funding for investigator-initiated grants and increasing prescriptiveness from HHS regarding what funds can be used for, fewer opportunities exist for pediatric quality improvement research.

The fate of children's health at AHRQ seems to rest in the hands of a few extremely dedicated individuals who are forced to rely on their powers of personal persuasion. In order to institutionalize child health as an Agency priority, certain structural and procedural changes are required. A more formal and rigorous monitoring of Agency funding commitment by priority population should be instituted, with regular presentations to Agency leadership about children's health activities and identification of under-funded areas. Endowing the Senior Advisor for Children's Health with institutional authority (for example, participating in AHRQ staff employee performance reviews) or with small amounts of discretionary funds to pursue promising opportunities to answer the Porter Question would substantially enhance

effectiveness. AHRQ should also examine how to increase the effective use of the contracts mechanism to pursue focused efforts to answer the Porter Question.

Given AHRQ's limited budget, partnering/leveraging with other HHS entities is critical. The initiative for partnering must come from the highest levels within the Agency, rather than relying on program-officer level contacts. AHRQ should aggressively pursue opportunities to collaborate with CMS around SCHIP and Medicaid. We note that AHRQ staff are currently engaged in collaborative efforts with CMS around child health issues and that the Agency's authorizing language must guide collaborations.

Finally, we note that all of these analyses required a substantial effort on our part to identify the AHRQ research and projects that were related to child health, as well as to identify their outputs and effects. AHRQ should consider building a management information system (or modifying existing systems) to reliably track the inputs, outputs, and impacts of its child health activities so that this does not have to be done on an ad hoc basis as for this study. Such an infrastructure would provide a coherent and consistent picture of children's health activities at AHRQ, which would be a useful tool for both management and evaluation purposes. The information system ought to be focused on tracking dissemination and impact as well as getting through the grant review and funding process.

## CHAPTER 1: INTRODUCTION

The Agency for Healthcare Research and Quality (AHRQ) has, since its inception, funded research and other activities concerning a variety of children’s health issues. At the same time, the Agency’s strategic priorities continue to evolve in the context of a changing policy environment. Currently, the Agency is crafting strategic plans for its ten “portfolios of work.” As part of the planning process, the Agency is evaluating the various cross-cutting, or cross-portfolio, priority populations, including children. To aid in this assessment, the RAND Corporation was contracted to evaluate AHRQ’s child health activities.

As requested by AHRQ, this evaluation addresses four Primary Objectives:

- 1) Measure and assess to what extent the Agency contributed and disseminated and/or translated new knowledge;
- 2) Measure and assess to what extent AHRQ’s children’s healthcare activities improved clinical practice and health care outcomes and influenced health care policies;
- 3) Measure and assess AHRQ’s financial and staff support for children’s health research; and,
- 4) Measure and assess to what extent the Agency succeeded in involving children’s health care stakeholders and/or creating partnerships to fund and disseminate key child health activities.

To address the RFTO’s primary purposes, RAND developed and implemented a conceptual framework based on state-of-the-art research evaluation theories (Roessner, 2002).<sup>1</sup> This framework allowed an assessment of the Agency’s contribution to the development and dissemination of new knowledge and the impact of that knowledge on policies, clinical practice, and health outcomes. In addition, we used tools and methods developed at RAND to describe the Agency’s funding focus and financial investment in children’s health over time. The report will be helpful in determining the extent to which Government Performance Results Act (GPRA) goals were achieved and in fulfilling GPRA/OPART requirements.

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<sup>1</sup> Although we drew from theories about evaluating research, we recognize that the current evaluation concerns other AHRQ activities as well as research.

## **POLICY CONTEXT**

### **AHRQ's mission, strategic goals, and organization**

Established in 1989 as the Agency for Health Care Policy and Research and reauthorized in 1999 as the Agency for Healthcare Research and Quality, AHRQ has a mission of improving the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ regards its customers as clinical, healthcare system, and public policy decision makers. Its strategic plan, adopted in 1998, includes the following goals to reflect the needs of its customers:

- Support improvements in health outcomes
- Strengthen quality measurement and improvement
- Identify strategies that improve access, foster appropriate use, and reduce unnecessary expenditures<sup>2</sup>

AHRQ's priorities and organization have changed over time. Currently its research and other activities are organized into ten "portfolios of work" such as health care management, data development, and health information technology. Cutting across these portfolios, AHRQ has also identified, as per the Agency's authorizing language, priority populations, including minorities, women, and children.

### **AHRQ's children's health research program**

There are systematic differences between children and adults that strongly suggest the need for child-focused models for health services. The differences have been summarized in an analysis supported by AHRQ (Forrest, Simpson et al. 1997) as the four D's: development, dependence, differential epidemiology, and demographics. A fifth D, disparities, has also been proposed (Gidwani, Sobo et al. 2003). Children develop at a rapid pace and their development in one domain impacts development in others. Children are dependent on families, schools, and other social and political institutions for their welfare in general and for access to health care. Most children are healthy, and in contrast to adult epidemiology in which a few high-prevalence conditions account for the majority of morbidity and mortality, pediatric epidemiology is

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<sup>2</sup> <http://www.ahrq.gov/about/stratpln.htm>



characterized by a relatively large number of low-prevalence conditions. Demographically, U.S. children as a group are disproportionately poor, of color, and uninsured; as a result, health disparities are a major concern. Because of the differences between children and adults, and the frequent focus of health services and clinical research on adults, the knowledge base for children's health is considerably less robust than that for adults.

Another important point of consideration is that linking "downstream" health outcomes to preventive and other child health services is much more difficult than it is for adult health services - because children are inherently more resilient and healthy and the lag times are longer and intervening confounders are more influential, among other reasons. As a result, a major challenge for children's health services research is the need to establish unequivocally the value of health care for children as an effective use of resources.

In this context, AHRQ's vision for children's health is "to establish the Agency for Healthcare Research and Quality as one of the Nation's key public organizations for improving the quality and effectiveness of health care services to the Nation's children and adolescents." This mission is consistent with the Agency's overall mission: "to improve the outcomes and quality of health care, reduce its costs, address patient safety, and broaden access to effective services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions."<sup>3</sup> Policy advice and coordination of AHRQ child health activities are provided by a Children's Health Advisory Group (CHAG), which is composed of representatives of AHRQ offices and centers.

Supporting this mission are six specific objectives for children's health research:

- 1) Contribute to new knowledge about child health services
- 2) Create tools and nourish talent to strengthen the knowledge base in child health services
- 3) Translate new knowledge into practice
- 4) Improve communication with stakeholders in child health

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<sup>3</sup> <http://www.ahrq.gov/about/cj2003/cjweb03.htm#mission>

- 5) Include children and child health care in all AHRQ-supported research, as scientifically and ethically appropriate
- 6) Balance the AHRQ research portfolio to represent a broader range of children and child health care.

The first three areas follow the Agency's general research mission. The second three are specific to child health and cut across the research cycle and the Agency's three strategic goals<sup>4</sup>. The rest of the strategic plan outlines these goals and their related objectives in greater detail. The strategic plan ends with an overview of partnerships, a significant element for achieving AHRQ's goals in child health (AHRQ Strategic Plan, 1999).

In addition to funding extramural and intramural research, AHRQ children's health activities include the development of child-specific databases (e.g. the HCUP Kids Inpatient Database), tools for measuring quality, evidence reports, liaison with and contributions to other entities both within and beyond DHHS, a list-serve, and the child health scholar program.

## **Context**

An evaluation of AHRQ's children's health activities must be placed within the appropriate context. In this vein, we note that AHRQ was originally conceived by Congress as a mechanism to reduce the Medicare budget - so child health has been an evolving adjunct to the Agency's basic *raison d'etre*. Far fewer federal resources are available for children's health care, and consequently there are fewer efforts regarding quality, safety, efficiency, and effectiveness of child health care. When it comes to quality and safety, the focus in HHS has been on improving quality and increasing efficiency for the Medicare population, and on HIT as a mechanism for quality improvement. And Congress has increasingly prescribed specific funding initiatives for the Agency, such as HIT and patient safety – areas in which there are more adult- and elderly-focused researchers working versus child-focused researchers.

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<sup>4</sup> We note that the Agency's strategic plan, both overall and for children, has not been updated to reflect its new mission statement.

## **Program evaluation and performance review**

The AHRQ approach to funding research, development, and demonstration projects is based on the concept of “the research pipeline” in which funded activities collectively build the infrastructure, tools, and knowledge base necessary for practice improvements. This pipeline brings together a mix of projects covering important aspects of children’s health research and is fueled through a cycle of iterative research involving the steps of needs assessment, knowledge generation, dissemination of knowledge to practitioners, evaluation of field experience and outcomes from the new techniques, and feedback to start a new cycle (AHRQ, 2002).

AHRQ includes measures of its performance in improving child health care as part of its own performance measurement strategy. In 2003, the Agency revised its Government Performance Results Act (GPRA) framework for research on health care costs, quality, and outcomes to address three strategic goals: 1) To have measurable improvements in the quality, safety, and outcomes of healthcare for Americans; 2) To develop the evidence base for policymakers and health systems to use in making decisions about what services to pay for, how to structure these services, and how these services are accessed; and 3) To build capacity for improving the quality of health care delivery through research and training. Indicators of AHRQ’s performance in meeting the first goal include a 5 percent reduction in the rate of hospitalizations for pediatric asthma in persons under age 18 and a 5 percent reduction in the number of premature babies who develop Respiratory Distress Syndrome.<sup>5</sup>

In 2002, the Office of Management and Budget developed the Program Assessment Rating Tool (PART) to implement the GPRA process. This 30-item questionnaire is to be used to assess the quality of every federal program’s design, goals, management and results to determine effectiveness. Over a five-year period, OMB expects to assess every federal program to ensure each is establishing an aggressive action plan for improvement. The PART evaluation covers four critical areas of assessment—purpose and design, strategic planning, management, and results and accountability. The first set of questions gauges whether the program’s design and purpose are clear and defensible. The second section involves strategic planning, and weighs whether the agency sets valid annual and long-term goals for programs. The third section

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<sup>5</sup> [www.ahrq.gov/about/gpra2004/gpra2004.pdf](http://www.ahrq.gov/about/gpra2004/gpra2004.pdf)

rates agency management of programs, including financial oversight and program improvement efforts. The fourth set of questions focuses on results that programs can report with accuracy and consistency.<sup>6</sup> Although not designed to answer these questions directly, this evaluation should provide information useful to the Agency in preparing future PART assessments.

### **Evaluation framework**

*"What we really want to get at is not how many reports have been done, but how many people's lives are being bettered by what has been accomplished. In other words, is it being used, is it being followed, is it actually being given to patients?... [W]hat effect is it having on people?"*

Congressman John Porter, 1998, Chairman, House Appropriations  
Subcommittee on Labor, HHS, and Education

The primary objectives of the evaluation, as specified in the RFTO were to:

1. Measure and assess to what extent the Agency contributed new knowledge as a result of its funding of children's health research (extramural and intramural) and disseminated and/or translated effectively its findings to meet AHRQ's strategic objectives of improving the safety, quality, effectiveness, and efficiency of health care as well as wider DHHS strategic objectives;
2. Measure and assess to what extent AHRQ's children's health care activities, i.e., its research findings, meetings, conference support, products, tools, etc., improved clinical practice and health care outcomes and influenced health care policies over the past fifteen years;
3. Measure and assess AHRQ's financial and staff support for children's health research as well as Agency internal handling of children's health grants, contracts and intramural activities research with/among other AHRQ programs, portfolios and activities and other DHHS and federal agency efforts;

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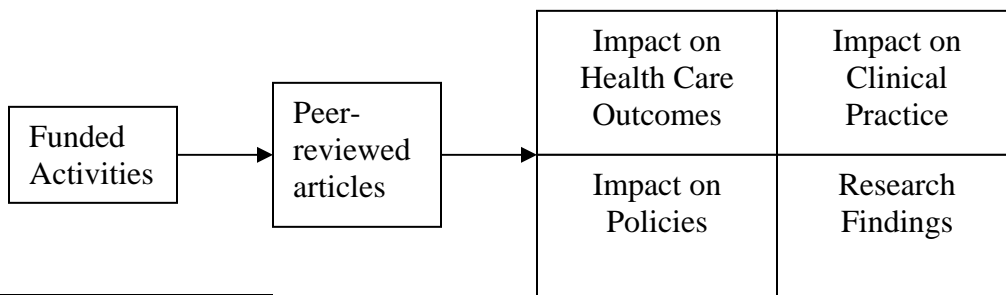
<sup>6</sup> [www.gpoaccess.gov/usbudget/fy04/pdf/budget/performance.pdf](http://www.gpoaccess.gov/usbudget/fy04/pdf/budget/performance.pdf)

4. Measure and assess to what extent the Agency succeeded in involving children’s health care stakeholders and/or creating partnerships to fund and disseminate key child health activities.

Evaluating the impact of research programs is challenging.<sup>7</sup> Research programs are characterized by high levels of uncertainty, long time horizons, and indirect and complex causal paths between inputs and impact. Further, the research funder plays only one of the many roles (e.g. knowledge developer, users, other stakeholders) in the collective that produces knowledge and improvement. In order to measure and assess the success of a research program, one must ask what program performance means under these circumstances, and how it might be measured. As ‘the Porter Question’ above, indicates, a key measure of the impact of a research program is the “effect [it is] having on people.”

Numerous conceptual models for evaluating research have been developed. RAND drew from these models, as well as from our experience with relevant research, demonstrations, and evaluations, to develop a conceptual framework to structure our design for the proposed evaluation.

One way to evaluate a research portfolio is by describing the mix of investments over time, in terms of grants funded, and the scientific output of this investment in the form of articles in the peer-reviewed literature. This approach yields an overview of the research portfolio in terms of inputs and outputs, and is useful for evaluating the degree to which a research portfolio matches strategic plans. Accordingly, we examined research activities and publications over time and according to AHRQ strategic plans.



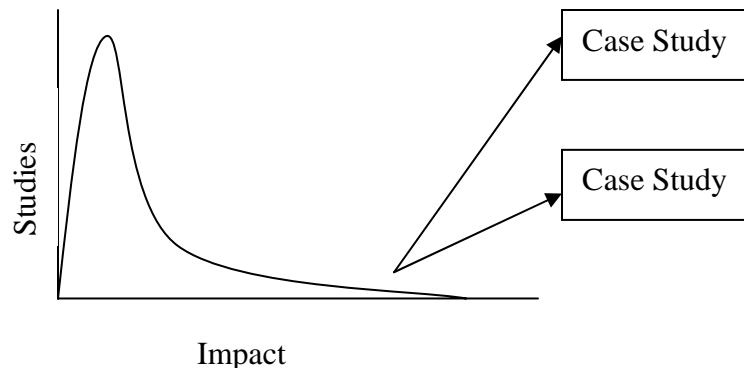
<sup>7</sup> We note that while our charge was to examine child health activities broadly speaking, AHRQ is primarily a research organization and, thus, the framework of evaluating research programs applies here.

A more detailed analysis, however, is also possible. That is, research findings (in the form of articles in the peer-reviewed literature) can be categorized according to their potential impact in various spheres. An example of such a categorization scheme is that developed by AHRQ staff to assess the impact of AHRQ's funding for outcomes and effectiveness research (Stryer, Tunis et al. 2000). According to this framework, publications derived from AHRQ-sponsored activities may have four possible types of impact: those that are contributions to the health care knowledge base that result from foundational studies to identify problems, generate hypotheses, establish the effectiveness of interventions and develop new tools to explore these problems; those in which a policy or program was created or modified as a result of the finding; those in which patterns of care or clinician or patient behavior changed as a result of a finding; or those that improve health care outcomes. With this in mind, our approach includes an analysis of the potential impacts of publications derived from AHRQ-sponsored activities (illustrated above).

A second way of evaluating a research portfolio is based on the idea that the distribution of the impact of research activities (or in this case, ARHQ-sponsored child health activities) is highly skewed. That is, only a small fraction of child health activities produce important research findings or result in demonstrable changes in policies, clinical practice, or health care outcomes. On the assumption that an examination of such key child health activities can generate rich detail about the processes by which activities contribute to the realization of a variety of valued outcomes and impacts, we have identified a small subset of high-impact activities (individual activities or groups of related activities) and examined them in-depth. Thus, the second component of our conceptual framework is to develop in-depth case studies of high-impact activities to describe the factors most important in bringing about these impacts (illustrated below).

Finally, given that a wide range of actors – including funders, scientists, policymakers, clinicians, and families – are involved in translating research findings into practice, it is imperative to consider the points of view of a variety of relevant stakeholders when assessing the impact of AHRQ's children's health care activities on policies, clinical practice, or health care outcomes. Additionally, it is important to understand the ways that AHRQ partners with other

stakeholders. Thus, the third main component of our conceptual framework is to use key stakeholder interviews to assess the impact of AHRQ's research products and other children's health activities from the perspective of the users of these products and other interested parties.



Given this conceptual framework and the primary purposes of the evaluation as specified by the RFTO, we approached the evaluation in the following manner. To address evaluation objectives 1 and 3, we used existing documentation to describe the full range of children's health research and activities that the Agency funded, and bibliometric techniques to describe the development of new knowledge and its dissemination through publication in peer-reviewed journals. We supplemented this with key stakeholder interviews of AHRQ staff and others. To address evaluation objective 2, we used an approach similar to Stryer and colleagues (2000) to categorize the products of funded research projects (articles in peer-reviewed journals) according to the four levels of impact. We also went beyond these data, identifying high-value products (through final grant reports, review of documents from the Impact Case Studies Program, and key informant interviews) and studied these cases in-depth by interviewing the PI, Agency staff, and other stakeholders such as policy makers, clinicians, or patients. High-value products identified in conjunction with the Task Order Officer (TOO) and the Senior Advisor on Child Health represent activities or groups of activities that were judged by a variety of stakeholders to be 'successful.' We constructed these interviews to enable us to determine *how* the research findings led to improvements and what role(s) AHRQ played in this process. To address evaluation objective 4, we used key stakeholder interviews to gather a variety of perspectives on AHRQ's efforts in partnering with others around children's health.

**Structure of this report**

In Chapter 2, we describe the methods used to develop the database of activities and publications as well as the case studies and key informant interviews. In Chapter 3, we present the results of our analyses, organized by primary objective. In Chapter 4, we conclude with a summary of findings and discussion.



## CHAPTER 2: METHODS

Our methods consisted of four parts: 1) We developed a database of child health activities (including extramural research, intramural research, conferences, meetings, workshops, training grants, and centers); 2) We identified publications derived from and the funding associated with these activities; 3) We sorted the activities into categories and coded the resulting publications according to potential impact, determined the number of times the publication had been cited, and recorded the impact factor of the journal in which the publication had appeared; and 4) We identified case studies and interviewed individuals associated with these case studies along with key stakeholders. We describe each of these in turn.

### Developing the database of child health activities

There was no single database that contained all or only children's health activities for the entire time period under study. As a consequence, we developed a strategy that used all available sources to assemble the comprehensive list. This list is included as Appendix A.<sup>8</sup>

### External activities

To identify external AHRQ funded activities related to children's health for the period of 1990 to 2005, we searched the following sources:

1. AHRQ website, specific populations, child and adolescent health<sup>9</sup>,
  - a. Funded projects, New Starts 1996-2005 pages<sup>10</sup>. Total of 361 external activities identified.
  - b. Conference and Workshops links. 12 activities identified, 1 of which also identified in New Starts – 11 additional external activities.
  - c. Child Health Insurance Research Initiative (CHIRI) page<sup>11</sup>. 9 activities identified, 8 of which also identified in New Starts – 1 additional external activity.

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<sup>8</sup> This list does not include the liaison and other activities of AHRQ staff and contract work reflected in products on the AHRQ website.

<sup>9</sup> <http://www.ahrq.gov/child/>

<sup>10</sup> <http://www.ahrq.gov/child/fundprj.htm>

<sup>11</sup> <http://www.ahrq.gov/chiri/>

- d. State Children’s Health Insurance Program (SCHIP) page<sup>12</sup>. 4 activities identified, none of which identified through New Starts – 4 additional external activities.
  - e. Information technology and children’s healthcare (IT) page<sup>13</sup>. 8 activities identified, 6 of which identified through New Starts – 2 additional external activities.
2. GOLD (which covers 1999-2006), child subcategory. Total of 141 activities identified. 6 were duplicates and 117 were identical to activities identified in search 1, leaving 18 additional external activities.
  3. GOLD external research abstracts using “child” or “adolescent” or “infant” or “pediatric” as keywords. 237 activities identified. 178 had already been identified through search 1 or 2, leaving 59 additional external activities.

As the public sources did not have information regarding external activities prior to 1996, we had AHRQ search an internal database, Agency Management Information System (AMIS) using the keywords “adolescent” or “child” or “infant” or “pediatric.” This search identified 362 external activities for the period of 1990-2004. 247 activities had already been identified through searches 1-3, leaving 114 additional external activities.

After identifying a total of 570 unique external activities related to children’s health, we applied the following criteria:

- a. Include if: i) The activity has as one of its primary focuses child or adolescent health; ii) The activity includes both children and adults in its target population and involves a topic that directly affects child or adolescent health (i.e., asthma or diabetes); or iii) The activity is related to pregnancy, pre-natal care or obstetrics.

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<sup>12</sup> <http://www.ahrq.gov/child/schip.htm>

<sup>13</sup> <http://www.ahrq.gov/child/itchild.htm>

b. Exclude if: i) The activity is related to parents of children under 18 but includes no direct study of impact on children; ii) The activity is only tangentially related to children's health (children mentioned in the abstract but not really a focus of the study or a part of the target population); iii) The activity is related to fertility; iv) The activity had nothing to do with children.

Initially, one researcher reviewed all 570 external activities using the foregoing criteria, identifying those activities to be excluded. All the excluded external activities were then independently reviewed by another researcher using the same criteria. The discrepancies between the two reviewers were resolved through a discussion with the entire project team.

Using these criteria and methods, we excluded 56 activities as set forth in Table 1. After the exclusions, we were left with 514 unique, includable external activities. We grouped these activities into 6 different categories: external research (407 activities), contracts (8 activities), EPC related activities (18 activities), APA support (16 activities), conferences, meetings, workshops, trainings (60 activities), and centers (5 activities).

### **Intramural activities**

The only source of information we could locate for activities by AHRQ staff was in GOLD, which is a relatively new database that covers the time period of 1999-2006. Searching the AHRQ staff research abstracts using the keywords "child" or "adolescent" or "infant" or "pediatric," we identified a total of 27 unique activities. Using the same criteria as applied to the external activities, we included 24 and excluded 3 (activities not substantially related to children's health (2); activities only tangentially related to children's health (1)).

### **Identifying associated publications**

#### **External activities**

After identifying external activities, we searched for publications or reports related to the 222 activities initiated from 1996 to 2002. Prior to 1996, our list of activities was not comprehensive as our only source of information was the AHRQ internal AMIS database (as

opposed to 1996 and after, where we cross-referenced activities from several sources, including the AHRQ website, GOLD and AMIS). We also did not search for publications from projects initiated after 2002, since it would be unrealistic to expect these projects to have published all potential manuscripts by the time of our study.

For the external research activities funded during 1996-2002, we had originally proposed to search PubMed by grant number. During the course of this evaluation, however, we discovered that AHRQ grant numbers are not consistently reported in PubMed. As a result, we used a somewhat less precise method for identifying publications. We searched PubMed and Web of Science using PI name (last name and first letter of first name – smith j\* [au]) and keywords from the activity description, restricting searches to the dates after which the activity was funded. After publications were identified, we reviewed the publications for grant numbers. If the publication had a grant number listed, it was included if it matched the activity grant number and the publication appeared from the abstract to be related to children's health, and it was excluded if it did not match the activity grant number. For those publications that did not have a grant number listed, we compared the publication abstract with the activity description and included the publication if it seemed substantially related to the activity and children's health. After the keyword search, we conducted an additional PubMed search using the PI name combined with a generic AHRQ grant number search (smith j\* [au] AND hs\* [gr]). If there were any additional publications that had a matching grant number and were related to children's health, they were included.

From the foregoing searches, we were unable to identify any publications for 46 of the 222 External Research Activities funded during 1996-2002. For these activities, we worked with an AHRQ librarian who also searched, but she ultimately did not find any additional publications.

For the activities listed as contracts, Evidence-based Practice Centers (EPC) related activities, Ambulatory Pediatrics Association (APA) support, conference, meetings, workshops, training, and centers, we used the search engine on the AHRQ web site to find relevant

publications. We searched by grant number (if available) and principal investigator to identify publications from these activities.

### **Intramural activities**

Given the relatively limited information we had about internal children's health activities, we felt it would be more productive and comprehensive to elicit relevant publications from AHRQ researchers. The Senior Advisor on Child Health, Denise Dougherty, sent an e-mail to all AHRQ staff asking that they identify their publications relating to children's health.

Within AHRQ, intramural research regarding children's health is generally done in either the Center for Financing, Access and Cost Trends (CFACT) or the Center for Delivery, Organization & Markets (CDOM). Jessica Banthin, who works in CFACT, provided a list of child health publications for the period of 1990-2004 for CFACT researchers, which was compiled from a survey of CFACT researchers. Additionally, two other CFACT researchers, Chad Meyerhoefer and Samuel Zuevekas, provided a list of their relevant publications, none of which had been included in the CFACT list. From these sources, a total of 54 publications were identified.

For CDOM, we only received a response from two researchers. Anne Elixhauser identified 8 publications, 3 of which were also identified in the CFACT list. Cindy Brach, the CDOM researcher who led the CHIRI project, referred us to the AHRQ CHIRI webpage for her publications related to the CHIRI project. But the publications listed on which Ms. Brach was a co-author had already been identified through the external publication search. To avoid double counting, we did not include them in the list of intramural publications. In an attempt to locate additional CDOM publications, we spoke with Carol Stocks, who maintains a list of publications related to the Healthcare Utilization Project, but she stated that most of those publications were from external research projects. And she was unable to identify any additional CDOM intramural research publications or sources. We also reviewed the AHRQ webpage for publications by CDOM which identified an additional 17 publications, although we were told by AHRQ employees that the webpage was not comprehensive or completely up to date. Denise

Dougherty identified 9 additional publications. Finally, the AHRQ librarian assisted with the search and identified an additional 92 internal publications.

In sum, we identified a total of 177 publications resulting from intramural research on children's health: 51 from CFACT, 22 from CDOM, 3 jointly from CFACT and CDOM, 9 from Denise Dougherty and 92 from the AHRQ librarian.

### **Determining funding**

Once all of the relevant grant awards were identified, the funding detail for each of the grant awards was extracted from the RaDiUS Database<sup>14</sup> using the award numbers to match the records. Since the RaDiUS Database was created in FY 1993, it does not contain any information grant activities that occurred prior to that year. And, because information on the grant awards made by the Federal Government in the final quarter of FY 2005 had not yet been officially released by the Federal Government at the time of this analysis, FY 2004 is the most recent year for which complete information on such activities is available in RaDiUS. Working within these parameters, the federal funds obligated to the relevant grant awards from 1993 through 2004 were extracted by fiscal year from RaDiUS and provided to the team for analysis.

As a cross-reference, we compared these numbers to the funding listed in the AMIS database. In many cases, the numbers matched. If the two numbers differed, we used the higher number as the best estimate of the total grant funding. For those activities for which funding was not identified through RaDiUS or AMIS, we used the search engine on the AHRQ web site to find information on grant awards. We searched by grant number (if available) and principal investigator for mentions of grant awards and amounts.

### **Categorizing activities and coding publications.**

#### **Categorizing activities**

We categorized each activity according to three different schemes: AHRQ strategic goals, AHRQ children's health plan strategic goals and AHRQ portfolios of work. In Chapter 3,

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<sup>14</sup> <https://radius.rand.org>

we describe each categorization scheme and the distribution, within each, of activities, funding, and publications. We categorized publications based on the activity from which they were derived. Intramural publications were not assigned to categories because the list of publications was developed separately from the list of internal activities. We were not able to link the internal publications identified through our sources to specific activities in a systematic way.

### **Coding publications**

We sorted publications according to a scheme based on Stryer's four types of impact. Stryer's four categories for outcomes research were:

1. Studies that identify problems, generate hypotheses, establish the effectiveness of interventions, and develop new tools to explore these problems.
2. Studies in which a policy or program is created as a result of the research.
3. Studies in which there is a documented change in what clinicians or patients do.
4. Studies that result in changes in health outcomes.

We modified these categories by broadening the inclusion criteria to include studies that had potential for impact, in addition to studies showing actual impact, for two reasons. First, AHRQ's external research on children's health includes types besides outcomes research, which was the focus of the Stryer analysis. Second, as most policy researchers and evaluators of research programs understand, there is not a direct and linear relationship between a particular research finding and a particular policy or clinical change. Our categories and their description are as follows:

1. **Research Findings:** Studies that identify or describe problems, generate hypotheses, present frameworks or conceptual models, or develop tools for methods or measurement.
2. **Policy Impact:** Research with clear policy implications or that examines the effects of policy or policy changes. This research goes beyond describing a problem that could be amenable to policy; rather, it shows the implications of a specific policy,

shows differences between policy choices, or evaluates the consequences of policy. Research showing that uninsured children have less access to care would be category 1, whereas research showing that SCHIP enrollees got more access to care compared to the year prior to enrollment or research comparing access to care for children enrolled in SCHIP from different States would be category 2.

3. **Clinical Impact:** Research describing interventions that influence practice or that are aimed at influencing clinical practice (measuring or improving practice); or research developing or demonstrating tools for clinical use. This research goes beyond describing problems in clinical practice or the development of tools for clinical practice. Rather, it evaluates clinical behavior, demonstrates changes in clinical behavior, or demonstrates the use of tools in a clinical setting. This research addresses how to get clinicians to adhere to evidence-based practice. Research describing quality measures would be in category 1, whereas research comparing providers or health care systems with these quality measures, or showing how particular interventions affected scores on the measures would be category 3.
4. **Outcomes Impact:** Research determining which clinical or health behaviors affect health outcomes, describing the effect of an intervention on health outcomes, or aimed at influencing health outcomes. Research describing measures of health status would be category 1. Research evaluating an intervention designed to improve health status would be category 3 if there was no effect of the intervention and category 4 if the intervention showed an effect. Research establishing a link between a policy or practice and outcomes is category 4.

Publications were categorized based on their titles and abstracts. We did not view the full text of the articles. Publications for which an abstract was not available in PubMed were not categorized.<sup>15</sup>

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<sup>15</sup> We identified a total of 627 publications from external activities funded from 1996-2002. Of these, 601 had an abstract available from PubMed or Web of Science.



In judging publications, we privileged the results, rather than the implications of the research. That is, a publication describing problematic attitudes of clinicians towards medication error reporting would be category 1 despite the clear implications that a) policies encouraging reporting are necessary and b) medical errors impact both clinical practice and health outcomes. In order to be category 2, the publication would have to examine, for example, the impact of a no-fault reporting policy on number of error reports. To be category 3, the publication could examine the effect of a tool to flag possible drug interactions on the number of prescriptions corrected. To be category 4, the publication would, for example, show the relationship between medical errors and mortality or morbidity or how an error-reduction intervention shortened length of stay or reduced complication rates. Two researchers coded the publications independently, with discrepancies resolved via consensus.

We also recorded bibliometric characteristics. We recorded the number of times each publication had been cited, as reported in ISI Web of Science's Science Citation Index-Expanded and Social Science Citation Index. We did not correct for self-citation. We recorded the impact factor of the journals in which the articles had been published. The journal impact factor is the average number of times articles from the journal published in the past two years have been cited in the Journal Citation Reports year. The impact factor is calculated by dividing the number of citations in the current year by the total number of articles published in the two previous years. An impact factor of 1.0 means that, *on average*, the articles published one or two years ago have been cited one time. An impact factor of 2.0 means that, on average, the articles published one or two year ago were cited two times.

Because publications were assigned to categories within the categorization schemes based on the activities from which they were derived, we did not categorize internal publications according to these categorization schemes. Therefore, descriptive analyses for the Stryer categories, citations, and impact factor included the intramural publications only for the overall analysis. We excluded intramural publications when examining Stryer categories, citations, and impact factors by categorization scheme.

### **Case studies and key informant interviews**

We used qualitative methods to better understand the processes by which ARHQ and AHRQ personnel contribute to impact, the perspectives of other stakeholders, and to understand the impact of other children's health activities. We developed case studies of high impact child health activities through reviewing existing documentation and interviewing individuals involved in these cases. We supplemented these case studies with key stakeholder interviews of AHRQ staff and others to assess the impact of AHRQ's research products and other children's health activities from the perspective of AHRQ staff, the users of these products and other interested parties.

As mentioned above, these case studies were designed to gain in-depth understanding of high-impact activities (or groups of activities) and how this impact was achieved.

Key stakeholder interviews were designed to elicit the views of individuals who may or may not have been directly involved in the impact cases, but whose perspective is of particular interest, either because of their experiences with AHRQ, their current or former roles, or their ability to represent the perspective of an important group of stakeholders.

Potential cases were identified by the research team through interviews with AHRQ staff, the Impact Case Studies Program<sup>16</sup>, and the data we collected on projects funded and manuscripts produced. We originally identified three case studies: State Children's Health Insurance Program (SCHIP) /Children's Health Insurance Research Initiative (CHIRI); Asthma and attention-deficit hyperactivity disorder (ADHD): Moving evidence to practice; and Quality Improvement. However, on further consultation with the TOO and the Senior Advisor on Child Health, it was determined that the second two case studies could be thought of in combination. Thus, our cases studies were SCHIP/CHIRI and Translating Research Into Practice (TRIP)/Quality Improvement in asthma and ADHD. For the case studies, we considered a body of work (including externally funded research grants, intramural research, conferences, tools, evidence-based reviews, partnering with other organizations, and dissemination) rather than an individual research project to be the 'case.'

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<sup>16</sup> <http://www.ahrq.gov/research/jan02/0102RA22.htm>

We developed a semi-structured interview protocol to serve both the case studies and the key stakeholder interviews. The interview protocol was designed to assess a) whether and to what extent AHRQ's children's health activities (research, meetings, conference support, products, tools, etc.) had an impact on policy, clinical processes, or health care outcomes; b) Which processes influenced these activities' impact; c) The ways in which AHRQ staff contributed to the impact of these activities; and d) The ways in which structural or organizational characteristics of AHRQ contributed to the impact of these activities. Additionally, interviews with AHRQ staff included the following topics: how AHRQ transmits/communicates its evidence-based, quality/safety philosophy and whether outside entities (including other federal agencies) respond or incorporate AHRQ's work; how much the Agency is asked for advice/input; how much that advice/input is valued; and how much support the AHRQ CHAG and others working on child health issues full or part-time get to focus on child health. The interview protocol was finalized in consultation with the TOO and the Senior Advisor on Children's Health. Interview topics, organized by Primary Objective, are shown in Table 2. The interview protocol is attached as Appendix B.

Key stakeholders were selected in consultation with the TOO and the Senior Advisor on Children's Health, from the following groups: AHRQ staff, clinical stakeholders (such as members of the Children's Health Accountability Initiative (CHAI), the National Initiative for Children's Health Care Quality (NICHQ), and the American Academy of Pediatrics (AAP)), policy stakeholders such as the National Association of Children's Hospitals and Related Institutions (NACHRI) and others, patient/family stakeholders (such as Family Voices, Parent to Parent), and other funders traditionally interested in children's health (such as the David and Lucille Packard Foundation, the Commonwealth Fund, the Robert Wood Johnson Foundation). All those contacted consented to be interviewed. Given that the interviews were semi-structured and adapted to the particular case or stakeholder, we did not ask the same questions of more than 9 individuals.

Data for both the key stakeholder interviews and the in-depth case study were in the form of interview notes. These were summarized in text matrices across groups where comparable questions are asked. From these raw data matrices, we identified emerging topics and themes.

Reports describing qualitative findings focus on content themes and utilize representative respondent quotes to illustrate key findings.

### **Data analysis**

We performed descriptive analyses to address Primary Objectives 1 and 3. For Primary Objective 2, we performed both descriptive and inferential analyses. We used One-Way ANOVAS to assess the statistical significance of mean Stryer codes, numbers of citations, and impact scores across the various categorization schemes.

## **CHAPTER 3: RESULTS**

### **Primary Objectives 1 and 3**

Primary Objective 1 was to measure and assess to what extent the Agency contributed new knowledge as a result of its funding for children's health research (extramural and intramural) and disseminated and/or translated effectively its findings to meet AHRQ's strategic objectives of improving the safety, quality, effectiveness and efficiency of health care as well as wider DHHS strategic objectives. Primary Objective 3 was to measure and assess AHRQ's financial and staff support for children's health research as well as Agency internal handling of children's health grants, contracts and intramural activities research with/among other AHRQ programs, portfolios and activities and other DHHS and federal agency efforts.

To address these objectives, we examined the number of activities, level of funding, and articles produced. We first describe these over time, then by AHRQ Strategic Goal, by AHRQ Children's Health Strategic Goal, and by AHRQ Portfolios of Work. We also report the views of key informants with respect to Objective 3. All of the tables cited in this section appear in Appendix C.

### **Children's health activities over time**

#### **Number of activities**

Using the methods described in the preceding section, we identified a total of 514 external activities related to children's health. These included grants or contracts for specific research projects in addition to grants for conferences, meetings, workshops and centers. Looking at the number of activities across a 16 year time period shows the variation across time that reflects changes in priorities, staff and funding (Table 3). We then looked at the distribution of external activities across different time periods: 1990-1995, 1996-1998, 1999-2002 and 2003-2005 (Table 4). We somewhat arbitrarily divided the time periods based on events of importance for children's health at the Agency. For example, 1996 was the year that Lisa Simpson was appointed Deputy Director, 1999 was the year the Agency was reauthorized as AHRQ, and 2002 was the year Lisa Simpson left the Agency. AHRQ funded an average of about 14 external activities from 1990 through 1995. The average rose slightly to 18 external activities per year in

the period of 1996-1998. Starting in 1999 (the year in which the Agency for Health Care Research and Policy was reauthorized as AHRQ) and lasting through 2002 the average rose substantially to 64. AHRQ funded an average of just over 39 external activities per year from 2003 to 2005.

Figure 1 shows the total number of external activities by year with the average for the time period noted by the dashed line. Even within the time periods, there was considerable variation from year to year in the number of external activities funded in a particular year. Nonetheless, and notwithstanding the relative decrease in the last time period, the number of external activities rose considerably over the time period studied.

### **Funding for activities**

As described in the preceding section, we obtained funding information for 426 of the 514 external activities. We were unable to find funding information for most of the activities initially funded in 2005, for those related to the evidence based practice centers, for contract work and for a few others of the external research activities. Excluding these, we identified more than \$350 million for external research and activities related to children between 1990 and 2005. The total funding for this subset of the external activities across the 1990 to 2005 time period ranges from less than \$5 million per year to more than \$55 million per year (Figure 2). Looking at the total funding across the time periods of interest, the majority (59%) of the funding for occurred between 1999 and 2002 (Table 5).

Given the variation in the number of activities per year, we also examined the average funding per external activity over the life of the grant by the initial funding year (Figure 3). Overall, the funding varied from \$10,000 for faculty development awards or capacity building grants to more than \$5 million for different quality, patient safety and HIT activities like CAHPS or CERTS. From 1990 to 1993 the average award rose from close to \$400,000 to over \$600,000 before dropping back to around the 1990 level by 1995. In 1996, the average funding per external activity rose markedly to over \$900,000 before a sharp decline in 1997 to just over \$200,000. The average award approached \$1 million in 1998 before going over in 1999. By

2005, the average award had stabilized somewhat at just under \$1 million. The variation in the average award reflects the start of different initiatives such as CHIRI.

We also examined the external activities related to children as a percentage of the total AHRQ budget (Figure 4). Using information from AHRQ budget justification documents found on the AHRQ web site, we found the total funding for the AHRQ Research on Health Costs, Quality and Outcomes program during the time period of interest<sup>17</sup>. Starting in 1999, we used the total from this program since it corresponded to the budget information we had for the 1990 to 1998 time period. Figure 4 shows the percentage of the total AHRQ budget for the Health Costs, Quality and Outcomes program for the external activities related to children. Between 1990 and 1995 external activities related to children averaged just 6 percent of the AHRQ budget. The percentage rose somewhat to an average of 9 percent between 1996 and 1998. Again, the 1999 to 2002 time period shows dramatic changes with the average percentage of external activities related to children rising all the way to 28 percent of the AHRQ budget. From 2003 to 2005 the average fell again to 9 percent of the AHRQ budget. Note that the child health activities are categorized by first year of funding, which the overall AHRQ budget in any year includes projects that started at some time in the past, so the comparison is only approximate.

Overall, the funding analyses shows that the amount of funding and average awards for external activities related to children rose during the time period, but that there was no actual increase in the percent of the total AHRQ budget dedicated to these activities because the AHRQ budget increased at a similar pace.

## **Publications**

Recognizing that the research projects take several years to complete and that publications often lag behind, we focused our publications analysis on external research projects that were funded from 1996 through 2002. Our bibliometric search (described in section 2) identified a total of 749 publications from the 258 AHRQ children's health activities funded

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<sup>17</sup> *Appropriation History Table*. February 1998. Rockville, MD: Agency for Health Care Policy and Research. <http://www.ahrq.gov/about/cj1999/apphis99.htm>; *Justification for Budget Estimates for Appropriations Committees, Fiscal Year 2005*. February 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/about/cj2005/cjweb05.htm>.

between 1996 and 2002<sup>18</sup>. We first looked at the distribution of these publications by the initial funding year of the grants (Table 6). Since the number of activities varied from year to year, we also calculated the average number of publications per activity for each year. The activities funded in 1996 averaged 3.6 publications per project. The average fell in 1997 and 1998 before rising substantially in 1999 to an average of 4.4 publications per project. The pace of publications fell again in 2000 to an average of 3.4 per activity. While projects funded in 2001 and 2002 averaged less than two publications per project, the lower numbers likely reflect the time needed for research and publication rather than the productivity of the activities per se. Over the time period examined, the external activities related to children's health averaged almost three publications per activity.

### **AHRQ strategic goals**

We categorized the external activities using three different typologies: AHRQ strategic goals, AHRQ children's health strategic plan goals, and AHRQ portfolios of work. For the AHRQ strategic goals we looked at the Strategic Plan released in 1998<sup>19</sup> and the FY 2006 Budget Justification<sup>20</sup>. Both documents lay out strategic goals for the agency (Table 7). AHRQ developed the three Strategic Plan goals to carry out its mission. In developing the Budget Justification goals, AHRQ looked across its entire research portfolio and created categories to describe different groups of activities. The first three of these goals have been in place since the FY 2000 budget justification. The fourth goal was added in the FY 2005 budget justification. We have not included the fourth goal in our categorization scheme since it relates to AHRQ's internal processes.

We combined these two sets of strategic goals into a single set of five AHRQ strategic goals. Table 7 shows how the two sets of goals map into the consolidated set of AHRQ strategic goals. Since both sets had a goal related to access we grouped those together. Otherwise we

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<sup>18</sup> The total number of activities in the publications analysis excludes those external activities listed as conferences, meetings, workshops, trainings or centers since these were not designed to produce publications in the peer-reviewed literature.

<sup>19</sup> *AHCPR Strategic Plan*. December 1998. Agency for Health Care Policy and Research, Rockville, MD. <http://www.ahrq.gov/about/stratpln.htm>

<sup>20</sup> Fiscal Year 2006 Agency for Healthcare Research and Quality Performance Budget Submission for Congressional Justification <http://www.ahrq.gov/about/cj2006/cj2006.pdf>



included the other goals from each set separately. We then looked at how the external activities distribute across these strategic goal categories (Table 8). Overall, over one-half of the activities (52%) fall into the area of supporting improvements in health outcomes. This category includes a wide variety of grants on the causes and effects of specific medical conditions, risk factors and characteristics of those with specific medical conditions, and patient behaviors. This category also includes research on the effectiveness of interventions and establishing an evidence base in a particular area. Research activities that examined disparities in outcomes related to race/ethnicity, income level, location or risk status were also included in this category. We classified activities related to developing curricula, tools, decision aids or guidelines in this strategic plan area. Training related activities such as fellowships, faculty research programs and research collaborations also fell into this category.

One-quarter of the external activities related to health care utilization and access to care. These included research on utilization and cost effectiveness of SCHIP, Medicaid, and HMOs. Ten percent of the external activities related to technology and the development of information systems, including studies on medical informatics, electronic interfaces, telemedicine, electronic medical records and other health information technology projects. Another 11 percent of the projects focused on patient safety, including research on medical errors and quality of care. Just two percent of the activities focused on strengthening quality measurement and quality improvement.

Over time, the distribution of activities across these strategic goals shifted in some cases by substantial amounts. The proportion of activities related to improving health outcomes declined from 63 percent during 1990-1995 to 38 percent for the 2003-2005 time period. Over that same period, the percentage of external activities focused on improving access, appropriate use and efficiency declined from 37 percent to 13 percent. The relative emphasis on health information technology and data driven projects increased from zero to 31 percent of external activities. A similar pattern emerges when looking at the safety goal, where the percentage rose from 8 percent to 18 percent over time.

We also looked at the how the funding was distributed across the AHRQ Strategic Goals (Table 9). Among the subset of external activities with available information on funding, 40 percent of the total funding went to projects aimed at improving health outcomes. Nearly one-quarter (24%) of the total funded projects went to promote patient safety. Another 21 percent of the total funding went toward external activities to improve access, appropriate use, efficiency and costs. Overall, the funding for activities on data and health information technology represented 13 percent of the total, including studies on database development, medical informatics, telemedicine, electronic medical records and other health information technology projects. Relatively little (1%) of the total funding went toward activities for quality measurement and improvement.

When comparing the distributions of funding and activities across the AHRQ Strategic Goals, we see that relatively more funding went to promoting safety (24% of funding v. 11% of activities) and less to improving health outcomes (40% of funding v. 52% of activities). These differences presumably reflect both the higher average costs of safety projects, and the increase in the average cost of projects over time (see Figure 2), since these categories were more prominent later in the period.

We categorized each publication using the different categorization schemes by assigning the publication to the category of the external activity from which it derived (Table 10). More than one-half of the publications (54%) describe efforts to improve health outcomes. Nearly one-third of the publications (31%) relate to the goal of improving access, appropriate use and efficiency. Ten percent of the publications from external activities involve promoting patient safety. Relatively few of the publications fall into the strategic goal categories on using data to make informed decisions (3%) and strengthening quality measurement and improvement (2%). Overall, the distribution of publications across the AHRQ strategic goal areas tracks closely the distribution of the activities across these areas. There were somewhat more publications than activities on improving access to care and efficiency (31% v. 25%) and fewer publications on health information technology and data use (3% v. 10%).

Looking at the analyses by AHRQ strategic goals more broadly, we see that the majority of activities fit into the categories intended to “improve health outcomes” and “improve access, appropriate use and efficiency and reduce costs.” Over time, however, the proportion of activities addressing these two strategic goals decreased from 100 percent of the children’s health activities to 51 percent. The number of activities addressing the strategic goals related to safety and health information technology together make up 22 percent of the entire portfolio, but have increased from 0 to 49 percent over time. The overall funding picture for the AHRQ strategic goal areas largely reflects this trend with a relatively larger proportion of the funding going towards activities in the safety area. As noted above, the publications more closely tracked the distribution of activities with the majority of publications coming from activities in the areas of improving health outcomes and improving access, appropriate use and efficiency and reducing costs.

### **AHRQ children’s health strategic goals**

For the second categorization scheme, we looked at the 1999 strategic plan document that designated children as a priority population<sup>21</sup>. In that document, AHRQ identified a set of six goals for their children’s health agenda:

1. Contribute to new knowledge about child health services.
2. Create tools and nourish talent to strengthen the knowledge base in child health services.
3. Translate new knowledge into practice.
4. Improve communication with stakeholders in child health.
5. Include children and child health care in all AHRQ-supported research, as scientifically and ethically appropriate.
6. Balance the AHRQ research portfolio to represent a broader range of children and child health care.

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<sup>21</sup> *Strategic Plan: Children as a Priority Population*. December 1999. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/child/CHStratPlan.htm>

Looking at the distribution of external activities related to children's health across these six goals, nearly two-thirds (61%) of the external activities related to contributing new knowledge about child health services, including activities on outcomes, quality, safety, cost, utilization and access to care (Table 11). One-quarter of the external activities focused on creating tools and supporting researchers involved in children's health services research. This category includes activities designed to develop instruments, tools or guidelines as well as those supporting research networks and programs. The health information technology, database development, electronic medical record, and telemedicine activities also fall into this category.

The other four children's health agenda goals were considerably less common. Eight percent of the external activities were aimed at representing a broader range of children and child health care. Here, we included activities that address disproportionality, disparities and vulnerable populations. Six percent of the external activities related to translating new knowledge into practice. Many of these were evidence reviews carried out by the AHRQ-funded Evidence-Based Practice Centers. While many of the external activities could be categorized as including children and child health care in all AHRQ-supported research, we used this category for only a handful of activities, preferring to categorize the activities according to the subject matter. The few activities that fell into this category related to public health issues such as hospital disaster plans and surge capacity that effect children as well as adults. None of the external activities were categorized as primarily related to improving communication with stakeholders in child health. While AHRQ funded a number of conferences and workshops to bring stakeholders together, these activities were categorized according to their topical area.

Over time, there were notable shifts in how the external activities fit into the different children's health agenda goal categories. From 1990 to 1995, nearly three quarters (72%) of the external activities related to contributing new knowledge about child health services. By the 2003-2005 time period, the percentage had fallen to 45 percent. Over the same time period, more of the activities fell into the category for creating tools and nourishing talent to strengthen the knowledge base with the percentage rising from 15 percent in 1990-1995 to 44 percent in 2003-2005. The percentages for the other children's health agenda goals remained fairly consistent over time.

We also looked at the distribution of total funding across the Children’s Health Strategic Plan Goals (Table 12). Among those activities with funding information available, 55 percent of the total funding went to activities designed to contribute to new knowledge about child health services. More than one-quarter (28%) of the total funded external activities were aimed at creating tools and nourishing talent. Nearly equal percentages of the total funding went to projects to translate evidence into practice (8%) and to include a broader range of children in AHRQ research (9%). Very little of the total funding (1%) went to projects that fit into the category on including children and child health care in all AHRQ-supported research. As we mentioned earlier, while many activities fit into this overarching goal area we categorized the activities by subject matter so few activities fell into this category. Overall, the distribution of funding across the Children’s Health Strategic Plan Goals closely tracks the distribution of activities.

We also categorized the publications coming out of AHRQ’s child-related external activities according to the Children’s Health Strategic Plan Goals (Table 13). Almost two-thirds (64%) of the publications fit into the category on contributing to new knowledge about child health services. Nearly one-fifth of the publications (18%) related to the goal of creating tools and training investigators. Nine percent of the publications described translating knowledge into practice. Another nine percent related to broadening the range of children included in research. The distribution of publications across the Children’s Health Strategic Plan Goals closely mirrors the distribution of the external activities described earlier.

An overall picture of the Children’s Health Strategic Plan Goals shows that most of the activities sought to “contribute to new knowledge about child health services” and to “create tools and nourish talent to strengthen the knowledge base in child health services”. Over time, however, the breakdown of activities in each of these categories changed dramatically from a relative imbalance (72% v. 15%) to nearly equal (45% v. 44%). The distribution of funding and publications across the Children’s Health Strategic Plan Goals closely tracks the overall distribution of activities with 61% related to contributing new knowledge and 25% related to creating tools and nourishing talent.

## **AHRQ portfolios of work**

The third categorization scheme used the ten AHRQ Portfolios of Research to classify the external activities (Table 14).<sup>22</sup>

Overall, 37% of the external activities related to children's health funded by AHRQ from 1990 to 2005 fall into the care management portfolio (Table 15). These included research projects on specific medical conditions, health disparities, outcomes, quality improvement and the development of instruments, tools, and guidelines to aid clinical practice. Twenty-six percent of the children's health research is related to the cost, organization, and socio-economic portfolio of research. This research focuses on utilization, access and cost effectiveness and includes the work on SCHIP and Medicaid.

Ten percent of external activities related to the health information technology mission, including those on medical informatics, electronic medical records, and bar code technology. A few additional activities specifically related to database development were categorized into the data development portfolio of research. Eleven percent of the activities fall into the patient safety portfolio. Overall, just six percent of the activities addressed the prevention portfolio which focuses on evaluating effectiveness and promoting evidence-based practice. Another seven percent of the activities are categorized in the training portfolio. These include some fellowship and conference grants as well as grants to support faculty research programs. Only a few of the children's health related activities related to the pharmaceutical outcomes portfolio (2%) and the system capacity and emergence preparedness portfolio (1%).

Looking at the distribution of activities over time, there are some notable shifts in the relative emphasis on the different portfolios of research. Two of the portfolios decreased notably. By the 2003-2005 time period, activities categorized in the care management portfolio had decreased from 50 percent to 26 percent of the total. Similarly, research projects in the cost, organization, and socio-economics portfolio declined from 38 percent to 13 percent. Two other portfolios gained substantially. From 1990 to 1995 there were no health information technology

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<sup>22</sup> *AHRQ Portfolios of Research*. June 2005. Agency for Health Care Research and Quality, Rockville, MD. <http://www.ahrq.gov/fund/portfolio.htm>

projects related to children's health at AHRQ. By the 2003-2005 period, one-third of the external activities involved health information technology research. Similarly, the patient safety portfolio grew from zero to 16 percent of all external activities. The percentages for the other portfolios of work remained fairly consistent over time.

As with the other categorization schemes, we also examined the distribution of total funding across the AHRQ Portfolios of Research for those activities with available funding information (Table 16). Nearly equal percentage of the total funding went toward external activities in the care management mission (23%) and cost, organization, socio-economics mission (22%). Eighteen percent of the total funded external activities on patient safety, while 14 percent funded health information technology work. Less than ten percent of the total funding was directed toward external activities in the training mission (9%), prevention mission (7%), pharmaceutical outcomes mission (6%), data development mission (<1%) and system capacity and emergency preparedness mission (<1%). When comparing the distribution of funding to the distribution of activities, a few of the portfolios of research represent more of the total funding than the activities. For example, external activities related to health information technology represent 14 percent of the funding and 10 percent of the activities. Likewise, patient safety activities are 18 percent of the total funding and 11 percent of the activities.

The distribution of publications according to the AHRQ Portfolios of Research shows that a substantial minority (41%) of the publications were categorized under the care management mission which includes research on specific medical conditions and health outcomes (Table 17). Nearly one-third of the publications (31%) describe results from projects on the cost, organization, and socio-economics of health care. Nine percent of the publications relate to patient safety and another 9 percent relate to prevention. Relatively few of the publications fell into the portfolios for health information technology (3%), pharmaceutical outcomes (4%) and training (3%). The distribution of publications across the Portfolios of Research looks quite similar to the distribution of the external activities described earlier.

Looking across all of the analyses related to the Portfolios of Research, we see the same kind of trend toward safety and health information technology that we saw with the AHRQ

strategic plan goals. Overall during the study period, 37 percent of activities were related to the care management mission and 26 percent were related to the cost, organization, and socio-economics mission. Over time, however, the proportion of activities addressing these two strategic goals decreased by nearly half from 88 percent of the children's health activities to 49 percent. The number of activities addressing the health information technology and patient safety missions each make up about 10 percent of the entire portfolio, but have increased from 0 to 39 percent over time. For the funding, we see that external activities related to patient safety and health information technology represent more of the total funding than of the total activities. As noted above, this pattern is not seen with the publications where the distribution of publications mirrors that of the activities.

### **Key informant interviews regarding AHRQ support for children's health activities**

Many interviewees shared a similar view of AHRQ's support for children's health activities. They were grateful for the support that had been given and praised AHRQ staff for their tenacity in championing child health issues. However, they were frustrated that, rather than being built into the structure of the organization, children's health activities were supported exclusively to the degree that AHRQ staff devoted time and effort to them. As one interviewee reported,

*“AHRQ deserves a lot of credit for what they have done and Lisa (Simpson) and Denise (Dougherty)’s work has been great. But they need to institutionalize it rather than being dependent on one person. Children’s health needs to become part of a checklist that everyone goes through. Whatever activity or project someone is working on, they should be looking from the beginning at whether there is a children’s component.”*

This was the case for external research activities as well as for intramural research and internal functions. Thus, RFP development, study section composition, decisions at the funding committee level, reports generated by intramural researchers, participation in the Children's Health Advisory Group (CHAG), and initiatives at various Centers all depended on the effort of individual



AHRQ staff members. Respondents praised Denise Dougherty and Lisa Simpson<sup>23</sup> for their efforts to bring children's health to the fore and to make sure that children were represented in all AHRQ activities. Several noted that, compared to other priority populations, children's health was successful in maintaining its profile at AHRQ. However, respondents noted that without specific authority or resources devoted to children's health or vested in the position of Senior Advisor on Children's Health, virtually all children's health activities relied on the personal influence of a small number of AHRQ staff members.

Many respondents acknowledged the difficulties in integrating children's health into the larger agenda and of raising its stature in the debate over health care. As one interviewee noted,

*“There is not a coherent voice about children’s health and health care issues at the policy level at AHRQ. There is no clear receptor site for those activities. Even with the listserv and other kids’ activities, there still is not a coherent view. No one has figured out how to talk about the children’s quality agenda and AHRQ has not devoted a lot of resources to area. It’s starting to look at these issues but only with outside prodding.”*

Similarly, respondents noted that AHRQ's budget for external research was extremely limited and that much of it was earmarked for specific initiatives that were more relevant to the Medicare population than to children. Reflecting this, several respondents worried that children's health services research may be critically endangered, since “if they (AHRQ) don't do it, then who will?” This is especially true given that no other federal agency has the same kind of mandate as AHRQ.

Part of the integration difficulty is reflected in the fact that creating a cohesive children's health activities portfolio is challenging. As another respondent reported:

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<sup>23</sup> We note that, while Lisa Simpson's support was certainly instrumental, it was not the only factor in bringing child health activities to the fore: the efforts of CHAG, as well as other Agency staff, and the emphasis on some aspects of child health from the Secretary's level and the White House (e.g., SCHIP, childhood asthma), and the presence of funding for investigator-initiated grants all contributed as well.

*“There is a strong children’s health portfolio but not necessarily something that naturally comes together (like health IT) to show what you have learned. With children, AHRQ seems to focus on funding children’s health research generally without identifying what areas are most important. As a result, at the end of the day, they look back through the research that has been done and try to create a cohesive whole instead of creating a focus from the outset which would then result in a cohesive story”*

## **Primary objective 2**

Primary Objective 2 was to measure and assess to what extent AHRQ’s children’s health care activities, i.e., its research findings, meetings, conference support, products, tools, etc., improved clinical practice and health care outcomes and influenced health care policies over the past fifteen years. To address this objective, we used Stryer’s approach to categorizing the impact of research findings, bibliometric analyses, and qualitative case studies of high-impact activities. The tables referred to in this section can be found in Appendix C.

## **Stryer analysis**

We coded the external and internal publications by the Stryer categories (Table 18). As mentioned earlier, we were only able to code those publications with full abstracts available online. Similar to the findings by Stryer and colleagues, more than two-thirds (70%) of the publications relay research findings. Fourteen percent of the publications focus on research on policy changes or with clear policy implications. Fifteen percent of the publications describe research that evaluates clinical behavior, demonstrates changes in clinical behavior, or demonstrates the use of tools in a clinical setting. One percent of the publications describe research to determine which clinical or health behaviors affect health outcomes. We also calculated the mean (and standard deviation) Stryer score within each of the categorizations (Table 19). Appendix D provides a list of the publications included in the Stryer analysis along with the results of the coding effort.

## **Bibliometric analysis**

### **Citations**

We examined the number of times child health publications were cited as a measure of the impact of AHRQ's children's health activities. Overall, the 794 external and internal publications arising from AHRQ's children's health work were cited nearly 3,000 times.<sup>24</sup> Table 19 shows the mean (and standard deviation) number of citations for each categorization scheme.

### **Impact factors**

We also examined the impact factor of the journal in which the child health articles appeared. Publications from AHRQ's children's health activities tended to cluster within a few key journals. The most common journal was *Pediatrics* with 122 publications. The activities also led to publications in the *Archives of Pediatric and Adolescent Medicine* (40), *Health Services Research* (36), *Medical Care* (36) and *Ambulatory Pediatrics* (31). It is notable that the vast majority of publications appear in pediatric-focused journals. This is to be expected, but at the same time, if a goal is to raise the profile of children's health activities, then AHRQ should be encouraging children's health researchers to publish more in journals such as *Health Services Research* and *Medical Care* than they are now. Across the 616 publications with impact scores, the average impact score was 3.79 with the range extending from 44 for the *New England Journal of Medicine* to .35 for *Current Therapeutic Research-Clinical and Experimental*. In general, clinical journals have a higher impact score than do health services or health policy journals. Table 20 shows the average impact score for the publications in each Stryer category. For those publications that primarily described research findings, the average impact score was 3.16. The average impact score for publications focused on policies and their impact was somewhat higher at 3.65. Publications that described the clinical impact of interventions had an average impact score of 4.56. Those publications that focused on how clinical or health behaviors affect health outcomes had a considerably higher average impact score of 7.84. Table 19 shows the mean (and standard deviation) of the impact factor for journals in which child health articles were published within each of the categorization schemes.

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<sup>24</sup> The number of times an article was cited was not available for all the identified publications so it is likely that this number is an underestimation.

## **Case studies and key informant interviews**

We present the results of the case studies and key informant interviews according to the main topics addressed: a) The impact on policy, clinical processes, or health care outcomes; b) The processes that influenced these activities' impact; c) The ways in which AHRQ staff contributed to the impact of these activities; and d) The ways in which structural or organizational characteristics of AHRQ contributed to the impact of these activities.

### **SCHIP/CHIRI**

The first case we studied was the body of intramural and externally funded research around SCHIP, including CHIRI. Early intramural research at AHRQ informed the implementation of some of the SCHIP regulations. CHIRI, an initiative consisting of more than \$9 million of funding to 9 extramural research projects over the course of 3 years, was conceived of as a way of exploiting the natural experiment resulting from the latitude given to States to implement their SCHIP programs. The David and Lucille Packard Foundation and the Health Resources and Services Administration co-funded CHIRI.

Respondents cited a wide range of impacts for AHRQ's SCHIP/CHIRI activities. Many respondents suggested that determining the impact of research on policy is very difficult because policy making is extremely complex and multi-determined, with research as only one of several inputs into the policy decision. Nevertheless, respondents were able to point to examples of this work being cited and used by policy makers. Respondents suggested that AHRQ's pre-SCHIP intramural research documenting the number of potentially insurable children, as well as AHRQ's collaboration with other agencies such as the Centers for Medicare and Medicaid Services (CMS) were both important in informing implementation regulations. CHIRI research was cited as useful at both federal and state policy levels. One respondent (a CHIRI P.I.) reported that CHIRI research was cited in debates at the federal level to argue against proposed cuts in a specific service program. Another CHIRI PI reported that state legislatures relied heavily on CHIRI research in crafting policy for renewing enrollment and for preventive care. Other respondents reported that CHIRI results were regularly disseminated to policy makers through the CHIRI Policy Advisory Committee and at national meetings of state SCHIP directors. In sum, AHRQ's internal activities and support of the CHIRI initiative can be characterized as having a discernible impact on children's health policy.

Several key factors related to this impact were cited. A number of respondents cited key features of the RFP that AHRQ prepared as being influential. These included requiring investigators to partner with state officials and to collaborate across projects, and an emphasis on dissemination. A respondent representing another funder reported that the ‘CHIRI model’ was one that the funder organization had subsequently employed successfully in another arena. Other cooperative agreements typically require some degree of collaboration across projects but, unlike SCHIP/CHIRI, none had required partnership with policy makers. As one respondent stated:

*“The RFP process was one of the things that made CHIRI a success. It required applicants to work with policy makers before putting in their application to make sure policy makers cared about their research. This brought some people who had working relationships with policy makers but were not necessarily traditional AHRQ researchers into the application pool. The RFP also required researchers to continue working with policy makers throughout grant. This forced researchers to establish a relationship with policy makers at the beginning, which facilitated impact and dissemination after the research was done. There was also a users group set up, which became part of the dissemination network, who commented early on about research and its usefulness and later on about how the results could be used and disseminated.”*

Respondents also cited the efficiency and determination of AHRQ Project Officer Cindy Brach as critical. Respondents reported that Ms. Brach was particularly effective in creating a collaborative environment, in making sure that investigators were producing research that was useful for policy makers, and in ensuring that policy relevant information was disseminated to the appropriate audiences. One respondent compared experiences between the CHIRI cooperative agreement and that of another, stating that in the other cooperative agreement, one investigator had expressed concern about sharing findings and guarding intellectual property. In that case, the project officer had not been able to dispel those concerns in order to create a collaborative environment, but this respondent noted that Ms. Brach was able to do this very well.

Another factor cited was the engagement of an outside professional to create research briefs and technical reports. Along with that, the CHIRI project was successful in developing a ‘brand’ by using a consistent logo and acronym and by giving advance notice to intended audiences that there would be findings produced from this effort.

Partnering with the Packard Foundation was advantageous in two ways. The first was that Packard Foundation project staff were persuasive and facilitative in developing policy relevant documents and in creating forums for these to occur. Secondly, the Packard Foundation was able to underwrite the costs of dinners during the CHIRI-wide meetings. This was important in creating a collaborative group feeling. Several respondents stated that the group of CHIRI investigators developed mentor/mentee relationships and professional collaborations that have extended beyond the scope and timing of the initial CHIRI initiative.

Difficulties also existed. There was a sense from investigators that, while the overall process was positive, it was painful and at times frustrating to be required to produce collaborative products and to focus on policy relevant work. One interviewee reported that:

*“The project was done as well as it could have been. There is a tension between academics who are interested in publications for CV’s and promotion and the policymakers who are interested in getting the information out. Including the academics delays the process but increases the credibility of the research. The CHIRI project addressed this tension. While they could have gotten publications out more quickly, both sides compromised.”*

At the same time, these investigators recognized the necessity of this mandate and grew professionally as a result. Part of the reason that there was such a steep learning curve for investigators in this arena may be related to an observation from one respondent that the review panel for the CHIRI initiative was composed in the standard manner and given the standard charge to focus on scientific merit. This respondent felt that better representation of policy researchers or other interested stakeholders might have resulted in the selection of projects or investigators with more experience in policy.

Respondents described another tension between AHRQ's role as a research agency and the Agency's or researchers' desires to inform policy. Several respondents suggested that AHRQ could do more to publicize the results of its findings, but others recognized the tension between research and policy advocacy and that, in the current political climate and as an agency of the federal government, there was the potential for pressure on AHRQ and AHRQ-supported researchers to publicize only 'positive' findings. As one respondent reported:

*“There is a constant pull between justifying their existence to Capitol Hill - and then it has to be the ‘right’ policy - and the fact that they have created an enormous community of researchers that depend on them for funding. This is a difficult balancing act and I am not sure how to negotiate the tension. People in the academic community want no strings attached to their research funding, but AHRQ has to show the impact of the work to people on the Hill.”*

In terms of the role of AHRQ staff, as described above, the work by Cindy Brach was described as a key factor influencing the success of this case. Her abilities to hold investigators to their deadline commitments, to encourage collaboration among investigators, to balance the investigators' needs for publications with the policy makers' needs for information, and her willingness to engage outside professionals (for example, to create policy briefs), were often cited. Another key contribution from AHRQ staff was that of then-Deputy Director Lisa Simpson. Respondents credited her with pushing the CHIRI initiative forward after a meeting of federal agencies and other funders failed to bring forward a clear private sponsor of the proposed initiative.

Turning to structural and organizational characteristics, respondents noted challenges related to AHRQ dissemination of findings. One respondent noted that:

*“AHRQ is totally backwards as to where they put their emphasis. They don't look past when the grant is ended and that's when a lot of the impact starts occurring. As part of grant requirement, AHRQ should require that a chunk of time and money be devoted to dissemination. For example, AHRQ could put an extra year into the grant to fund dissemination. AHRQ is not rewarding researchers for*

*doing dissemination and although a large number of researchers have a personal incentive to develop publications, it is not always the case.”*

Respondents had further structural suggestions. One suggestion was to require Cooperative Agreements to have a dedicated dissemination coordinator. Another was to improve the functioning of the public affairs office so that it could better present a more comprehensive and integrated picture of AHRQ’s work to various audiences. A third was that AHRQ’s information systems ought to be focused on tracking dissemination and impact as well as getting through the grant review and funding process, as illustrated by the following:

*“Even AHRQ’s information system is structured to get through the grant process and not focused on impact of dissemination after grant done (e.g., there is no systematic way of tracking publications). Although the mindset within some areas of AHRQ has shifted, infrastructure (IT and public affairs) has not made a similar shift.”*

### **Asthma and ADHD**

Our second case concerned moving evidence into practice for asthma and ADHD. Conceptually, the process of moving evidence into practice can be seen as a) Distilling the evidence to create guidelines; b) Informing practitioners of the guidelines and motivating behavior change; and c) Improving outcomes. In this case study, AHRQ involvement in both asthma and ADHD began with evidence reviews, resulted in AAP guidelines (or in asthma the NAEPP 2002 EPR2), and researchers subsequently responded to RFAs on implementation in practice. A variety of AHRQ projects focused on the first two of these, and presumably had some effect on the third.

In this case, respondents had mixed assessments of the impact of AHRQ’s funding. AHRQ’s role in distilling the evidence, primarily funding Evidence-based Practice Centers (EPCs) to perform evidence reviews was seen as having substantial impact. One respondent reported that 85 percent of the American Academy of Pediatrics’ (AAP) clinical guidelines were based on AHRQ evidence reviews. Respondents cited the value, in terms of rigor and credibility, of having an agency like AHRQ arrange for and fund these reviews and they cited the reviews of evidence regarding



diagnosis and treatment of both asthma and ADHD as extremely valuable. As one interviewee reported:

*“Because of AHRQ’s Evidence-based Practice Centers (EPC) clinical practice guidelines have changed. Previously, the guidelines were done on a shoestring budget but AHRQ’s involvement allowed high quality evidence reviews on topics that are relevant, and the results are far better than what had been done previously. The ADHD field is controversial, so the quality of the evidence reviews behind the guidelines is important.”*

However, certain shortcomings were noted. Some noted that most of the EPCs were unaccustomed to thinking about children’s issues, and suggested that AHRQ should implement policies that require EPCs to include children in their reports unless there is a compelling reason not to. One interviewee noted the difficulty of creating guidelines for preventive care given the state of the evidence and that AHRQ is beginning to address this.

The main disappointment in the EPC reviews was the length of time it took to complete them. Several respondents noted that the advisory committees, as well as the committees attempting to write the guidelines, were frustrated by reviews that took so long to complete that the evidence was out of date. This forced these committees either to attempt to update the reviews themselves or to ask the EPC reviewers to update them. As a result, respondents reported that they decided on several occasions not to suggest additional topics for review for fear of “gumming up the works.” One respondent felt that, in addition to the long time required, EPC reviewers at times had the tendency to “make something out of nothing.” By this, the respondent meant that there were occasions where the evidence was scarce, yet instead of stating this and moving on, the EPC reviewers pulled evidence from other areas and over-interpreted the scanty existing literature to derive an answer this respondent felt was unjustified.

Despite these disappointments, respondents reported that when they or their organizations had attempted to review the evidence themselves, the product was not nearly as robust as an AHRQ EPC review. They therefore offered several suggestions for improvement. The first was a

suggestion that the EPCs release their reviews in phases as questions are answered, rather than all together in one report at the end. Another suggestion was for EPCs to offer a product consisting of the evidence tables only, without the accompanying text interpreting the tables and synthesizing the results of the tables. Another possibility would be to release the information in stages so that at least the evidence tables got to the field earlier. All of these suggestions, it was felt, would allow the EPC reviewers to produce more timely products without sacrificing validity.

In terms of dissemination of results and motivating practice changes, respondents cited AHRQ's funding of the University of North Carolina CERT asthma toolkit and initiative as well as its funding of the AAP's national collaborative on improving ADHD. Other respondents cited AHRQ's support of the Practice-Based Research Networks (PBRNs) as being important in creating infrastructure for disseminating results and motivating practice change. It should be noted that key to dissemination is the readiness of the practice community to take up new guidelines such as these. Nevertheless, other respondents felt that, in terms of moving evidence into practice and improving outcomes, AHRQ activities did not have much of an impact. These respondents reported that AHRQ did not appear to be particularly interested in documenting the impact of tools it had helped develop, nor in research on changing clinical practice. This divergence of viewpoints seemed to correspond to the primary interests of the respondents. Those most interested in research and from more traditional academic settings tended to be pleased with AHRQ's attempts to move research into practice, while those from more applied settings or with a primary interest in practice (as opposed to research) tended to be less sanguine in their views.

Respondents cited several key factors associated with impact, all having to do with creating an infrastructure wherein evidence could be moved into practice. The informational infrastructure of evidence-based reviews, the practice-based research infrastructure, and the funding of tools for improvement were cited as factors in creating the potential for change in clinical practice and outcomes.

In terms of the role of AHRQ staff, Denise Dougherty's efforts were particularly noted. Several respondents cited her tireless work to make sure children's health activities were included in larger AHRQ efforts and to engage other organizations and agencies in this work.

Turning to organizational and structural characteristics of AHRQ, respondents reported their perceptions that the emphasis at AHRQ was on dissemination, as opposed to implementation of results. One respondent suggested that AHRQ is “still in the mode of paying for good science, getting it published, and hoping for the best.” Another reported that:

*“AHRQ needs to be better at translating policy into practice. It is always done last and as more of an afterthought. There needs to be more emphasis on getting the word out. This would include improving its website, which is very busy and hard to navigate.”*

Some thought the under emphasis on implementation had to do with AHRQ being more connected to the research community than to the practice community. For example, one respondent asked:

*“Whether AHRQ considers their target audience to be NIH-funded researchers or practitioners. If AHRQ is trying to reach practitioners then they need to ask whether and how they are reaching them. At the practice level, there is competition for time. It is easier for practitioners to go along with the local chapter of AAP than to wonder what AHRQ is doing”*

Another respondent was more encouraging, noting that recent AHRQ activities in improvement research were a good start:

*“Having the courage to look at interventions that are a bit outside the box and that could impact care is very good. AHRQ is beginning to look at how to support these activities. They are to be commended for that – we need AHRQ’s leadership to expand the NIH biomedical paradigm.”*

This respondent suggested that AHRQ could have a stronger voice in pushing the definition of ‘translational research’ from clinical research to practice change and care delivery.

#### **Primary Objective 4**

Primary Objective 4: Measure and assess to what extent the Agency succeeded in involving children's health care stakeholders and/or creating partnerships to fund and disseminate key child health activities.

We used the case studies and key informant interviews to address Objective 4. Several successful examples of partnership development were cited. Respondents cited CHIRI as a very good example of forming partnerships: AHRQ partnered with the Packard Foundation and HRSA to fund CHIRI; the RFP structure forced researchers to work closely with policy makers; and the structure of the project, with its emphasis on collaboration and cross-project findings brought researchers together. Another example of partnering was AHRQ's coordination with the FDA in the 1990's regarding regulations on including children in research on new medicines.

Another important example of partnering was AHRQ's efforts to develop a child health services research community. Interviewees cited AHRQ's funding for the annual Child Health Services Research Meeting and other meetings as beneficial to the child health community. As one interviewee reported:

*“AHRQ has provided funding for an annual forum every year that 500-600 people attend. It is the only forum where people from a variety of settings (public, regulatory, private, hospital) get together. These forums would not have happened without AHRQ funding. There is also an annual conference in quality improvement (in 5<sup>th</sup> year) that has had continuous AHRQ support and a conference coming up on Medicaid quality and children that AHRQ is supporting. There has also been ongoing support from AHRQ for dissemination and Denise Dougherty has been tireless in advocacy, coordinating and networking.”*

The child health listserv was cited several times as very useful and informative, and staff at other agencies and organizations gave kudos to AHRQ staff and especially Denise Dougherty for finding opportunities to collaborate. AHRQ's funding of NRSA awards for child health services research fellows was also seen as very important in building a child health services research

community. However, many interviewees noted that having formed this community, the subsequent restriction of funding for extramural child health services research grants meant that this community and its accumulated expertise was in danger of dissolving and moving on to other fields or areas of inquiry.

Nevertheless, there were several challenges and opportunities. Several interviewees noted that cooperation between AHRQ and other institutes/agencies been uneven, as the following quote illustrates:

*“AHRQ and MCHB haven’t “played well together” which has interfered with children’s research activities. It would be better if they coordinated. The same is true for the CDC. They need to leverage relationships in other areas to support kids’ research and partnerships.”*

Another interviewee expressed disappointment in AHRQ’s lack of proactive work with CMS:

*“Theoretically, CMS is a potent lever to affect quality and AHRQ has not figured out what policy research should be done to get CMS to push those levers and put teeth into improving quality. There has been no strategic thinking about leveraging the influence of CMS to help improve quality. Partnering is the right approach, but only if you focus on the right issue. There is a need to focus on how to improve children’s health care quality overall.”*

Several key stakeholders at other agencies suggested that their agencies have not been particularly interested in partnering with AHRQ. One reason for this is the perception that their agencies and AHRQ do not overlap in mission or mandate. Another reason cited was that AHRQ’s budget was too small to enable partnering around funding. For example, one interviewee at an NIH agency reported that, “I am unaware of AHRQ’s work on ADHD or asthma and really have no knowledge about AHRQ’s work on children’s health in general, although I think highly of the few AHRQ people with whom I have come in contact, especially Denise Dougherty.” On the other

hand, one researcher interviewee suggested that AHRQ in general and Denise Dougherty in particular had played a critical role in keeping NIH agencies aware of the need to translate evidence into practice.

In terms of partnering with other organizations beyond HHS, there was a sense that AHRQ could do more to reach out to both the policy and practice communities. The sense from interviewees in the improvement community and the family/consumer advocacy community was that AHRQ could be much more responsive to their immediate needs for improvement and could play a greater role in these areas, but that the Agency was more concerned with academic research and more attuned to the needs of academic researchers. As one interviewee stated:

*“The basic issue is that there is a tendency to see the world through a very narrow lens. For an organization like AHRQ to be effective, they have to figure out a way to broaden their support base and be responsive to audiences who are not their natural allies. AHRQ’s work will be more useful if they ask questions about what information policy makers need to make programs work better. Their stuff will be more useful if they ask people on (Capitol) Hill what they need to make this program better. AHRQ needs to reach out beyond the true believers to those in the field (policy, practitioners) to find out what information they need and what they want and then do that.”*

Similarly, respondents suggested that AHRQ should think of itself as a problem-solving agency:

“(They) need to find problems where you see promising research that might solve a definable problem and take that research and apply it.... “What is going into JAMA and NEJM is irrelevant, because that is to convince the skeptics – what I want to do is go back to the people that they are working with to implement it – what works, what didn’t, how does it go to scale, how do you implement,”

Others wanted to see AHRQ reach out to “organizations that broadly impact children’s health, such as the AAP, institutions leading change (like Cincinnati Children’s) and groups like NACHRI.” As one interviewee put it:

*“The academic community is not well connected to the practice community. AHRQ needs to decide whether it is important for them to reach the practice community. Then, they need to look at the budget and see if they have put money into reaching practitioners. One way to link to practitioners would be to talk to local AAP leaders or have focus groups of providers. AHRQ should think about what interests practitioners, what format, what content, and what kind of support needs to accompany it. This kind of activity would help them become part of the implementation world as opposed to standing on the sideline.”*

The thread running through all these comments was that partnering more effectively with organizations or stakeholders that create change (either policy or clinical) would have a two-fold effect: It would allow the Agency to better realize its mission and it would allow the Agency to advocate for more resources by providing specific answers to the ‘Porter Question.’

## **CHAPTER 4: SUMMARY AND CONCLUSIONS**

The four objectives guiding this evaluation were:

1. Measure and assess to what extent the Agency contributed new knowledge as a result of its funding for children's health research (extramural and intramural) and disseminated and/or translated effectively its findings to meet AHRQ's strategic objectives of improving the safety, quality, effectiveness and efficiency of health care as well as wider DHHS strategic objectives.
2. Measure and assess to what extent AHRQ's children's health care activities, i.e., its research findings, meetings, conference support, products, tools, etc., improved clinical practice and health care outcomes and influenced health care policies over the past fifteen years.
3. Measure and assess AHRQ's financial and staff support for children's health research as well as Agency internal handling of children's health grants, contracts and intramural activities research with/among other AHRQ programs, portfolios and activities and other DHHS and federal agency efforts.
4. Measure and assess to what extent the Agency succeeded in involving children's health care stakeholders and/or create partnerships to fund and disseminate key child health activities.

### **Summary**

#### **Primary Objectives 1 and 3**

We addressed Objectives 1 and 3 together by examining the number of activities, funding for those activities, and number of publications over time and according to strategic goals and portfolios of work. In addition, we interviewed key stakeholders about their perspectives regarding support for children's health at AHRQ.

We found that over the past 15 years, there have been significant shifts in the number of child health activities funded, the amount of funding (both absolute and as a percentage of the AHRQ budget), and the strategic goals or portfolios of work funded.



Through most of the 1990's, AHRQ maintained a steady level of external activities related to children's health. Starting in 1999, both the number of activities and the total funding directed towards children's health projects rose dramatically before dropping off again in 2003. This corresponds to a relative increase in the proportion of the total AHRQ budget that went toward external activities related to children's health from 9 percent prior to 1999 to 28 percent during the 1999 to 2002 time period. Since 2003, there has been a noticeable downshift in both the number of external activities and the funding for them.

In examining the types of external activities, we found a shift toward research on health information technology and patient safety. The proportion of activities addressing the AHRQ Strategic Goals in these areas increased from none to nearly one-half of the overall portfolio. Similarly, activities that corresponded to the AHRQ Children's Health Strategic Goal on creating tools and nourishing talent for children's health services research went from 15 to 44 percent of the total. Looking at AHRQ's external activities through the lens of the Portfolios of Research, we found that the activities addressing the health information technology and patient safety missions increased from 0 to 39 percent of the entire portfolio over time. Each of these trends reflects general shifts in priorities for AHRQ as a whole.

The number of publications tracked the level of funding for strategic goals and portfolios of work. Exceptions were that the percent of publications in the health information technology and patient safety portfolios were less than the percent of funding for those portfolios, but this is probably due to the fact that these activities have been funded relatively recently and so have likely not produced their full complement of publications.

Two recurrent themes regarding AHRQ support for children's health activities emerged from the key informant interviews. The first was the issue of whether children's health should be considered (and funded) separately from other activities. Several interviewees made a cogent case for theoretical, practical, and ethical reasons to consider children separately and made specific suggestions for how to accomplish this. The countervailing sentiment was that, in an Agency with a relatively small budget, setting aside specific funding for children's health activities was likely to result in a children's health budget insufficient to accomplish any of the

Agency's children's health strategic goals. Nevertheless, there are specific issues that are inherently child-only, such as research on SCHIP, for which it is appropriate to argue for set aside funding.

The second theme, related to the first, was the perception that children's health activities at AHRQ were dependent almost entirely on the efforts of individual Agency staff. Interviewees noted that there were virtually no formal structures or policies at the Agency to ensure that children's health was adequately addressed. Interviewees praised Denise Dougherty, as Senior Advisor on Child Health, and Lisa Simpson, for their unflagging efforts to raise the profile of child health, and noted that compared to other special populations, child health has a more organized and effective constituency within the Agency. However, they also noted that the Office of Senior Advisor has neither authority nor funds to ensure inclusion of this special population and relied almost entirely on personal persuasion. They also noted that, with Lisa Simpson's departure, advocacy for child health at the level of the Office of the Director had diminished markedly. Moreover, within Agency Offices and Centers, it was up to individual staff to ensure that children's health was included in activities. Interviewees lamented that there did not seem to be an institutional-level, coherent voice for child health at the Agency and wondered aloud what would happen to children's health research at the national level if AHRQ did not continue, in some important way, to lead.

Overall, the Agency has supported a broad range of child health activities and produced a substantial body of new knowledge in children's health. There was a marked increase in activities and funding in 1999, followed by declines after 2002 and corresponding shifts, in external research grants, away from investigator-initiated grants to targeted solicitations increasingly focused on health information technology and patient safety. These changes brought into stark relief questions regarding the place of children's health within AHRQ's overall mission and the corresponding lack of structural support (authority or resources) devoted to children's health. Many key stakeholders worried aloud that children's health research is critically endangered and wondered whether AHRQ would continue to play a major leadership role in children's health on the national level.

## **Primary Objective 2**

We addressed Objective 2, measuring and assessing the impact of AHRQ child health activities, through bibliometric analyses and case studies. In the Stryer analysis, we found that the majority of publications resulting from AHRQ-funded child health activities were descriptive findings. This is consistent with AHRQ's first children's health strategic goal – to contribute new knowledge about child health services. A substantial minority of publications evaluated or informed policy or practice. Relatively few publications evaluated interventions to improve outcomes. This highlights the difficulty of publishing studies that answer the Porter Question. Categories of external activities that had relatively higher Stryer scores included 'Using data to make informed choices,' 'Translating new knowledge into practice,' 'Health information technology portfolio,' and 'Prevention portfolio.' The average child health publication was cited 6.6 times and appeared in journals of impact scores average about 3.6. Unfortunately, we do not have comparative data on other AHRQ or non-AHRQ research programs, which are necessary to put these analyses in context.

The qualitative case studies and key informant interviews were meant to illuminate the processes by which AHRQ has an impact on child health activities. Both case studies – SCHIP/CHIRI and moving evidence to practice in ADHD and asthma – illustrated several lessons on maximizing the impact of AHRQ activities.

First, impact is maximized when structures are in place to encourage cooperation and communication among researchers and a variety of stakeholders. The SCHIP/CHIRI case exemplified this lesson: The RFP was structured to require researchers to work with policy makers; AHRQ partnered with other funders and was able to benefit from the Packard Foundation's additional funding and also from its focus on dissemination and its ability to underwrite activities that foster collaboration (for example, dinner meetings); and the individual projects were required to set aside funds to support initiative-wide meetings and publications. In the case of ADHD and asthma, one of the main impacts of AHRQ involvement was the ability to draw on the resources of CERTs to synthesize evidence, of PBRNs to change practice, and of tools to improve outcomes.

A second lesson from the case studies was that, in many of the child health activities funded by AHRQ, impact (disseminating relevant information to policy-makers in a timely manner, changing and documenting change in practice and outcomes) all too often relied on the individual efforts of PIs and AHRQ staff rather than being programmed into the activities. With some notable exceptions (for example, CHIRI), activities are seen as focused on generating products for academic journals. Additionally, the AHRQ infrastructure was seen as being oriented towards the ‘front end’ of research grants – soliciting, reviewing, selecting, and funding – rather than the ‘back end’ – disseminating timely and relevant information to policy makers, documenting impact on clinical practices or outcomes, tracking and compiling the ways that AHRQ products are used by various stakeholders.

A third lesson from the case studies, and related to the second, was the tension inherent in serving the needs of multiple stakeholders. In the case of CHIRI, tension led to a creative solution that enhanced the impact of this set of activities. In other cases, the tension was not addressed as successfully. Many interviewees alluded to the tension between the role of the Agency in funding policy-relevant research versus directly informing the policy debate. Child health activities at AHRQ were seen as being more focused on the former, rather than the latter. Another tension is between the needs of academicians to generate peer-reviewed publications on the one hand, and the needs of policy-makers, clinicians, and families for timely, actionable information on the other. Clinicians and family-oriented organizations saw AHRQ’s child health activities as being more focused on the needs of academics rather than on their needs. Another tension is the one between a broad spectrum of needs in children’s health and a very limited budget. Specific, focused investments designed to generate spectacular answers to the Porter Question were seen as key to the Agency’s continued viability.

Overall, AHRQ-funded child health activities have had a substantial impact on the research community, as the bibliometric analysis demonstrates. Impact on policy and clinical care was maximized when structures were in place to encourage collaboration among stakeholders and when dissemination and implementation were planned, not hoped for.

#### **Primary Objective 4**

The key informant interviews suggest themes regarding AHRQ's partnering with the children's health services research community, with other HHS agencies, with the policy community, and with the clinical/improvement community.

Interviewees perceived AHRQ as having been successful in nurturing a growing children's health services research community, through NRSA fellowships, conferences, and training grants. However, they also noted that this same community is in danger of dissolving or moving to other areas of inquiry as funding in this area continues to be scarce.

In terms of partnering with other HHS entities, key stakeholders perceived limited success. Interviewees at other HHS entities professed little experience or interest in partnering with AHRQ, despite substantial respect for the AHRQ personnel that they had interacted with. The partnerships with other HHS entities tended to be around specific initiatives or committees and were seen as initiated or maintained at the program or project-officer level. Interviewees could not cite examples of high-level inter-agency collaboration in children's health.

In terms of partnering with policy entities, CHIRI was a good example of successful partnering, but interviewees noted that there is little interest in children's health policy at the federal level. Several interviewees suggested that AHRQ ought to further collaborate with state-level policy makers and with CMS around SCHIP and Medicaid.

Interviewees reported mixed success in partnering with the clinical and patient/family communities. They suggested that far more could be done to partner with providers through professional societies such as the AAP and through organizations involved in improving children's health care.

Overall, AHRQ's partnering with other entities has been mixed, but promising opportunities exist.

## **Conclusions and recommendations**

Although the focus of our analyses was on child health activities, many of the comments we received related to AHRQ as a whole, and it seemed that at least some of the child health specific issues that we identified may apply to other parts of AHRQ as well. So while our conclusions and recommendations address child health specifically, some might have more general application.

Pursuant to Primary Objective 1, our evaluation shows that the Agency has contributed a substantial body of new knowledge as a result of its funding for children's health research (extramural and intramural) and has disseminated this new knowledge effectively in the peer reviewed literature.

It is difficult in any field to trace a direct line between research activities and improved health care activities or clinical practice, or between research and an influence on health policy. Nevertheless, pursuant to Primary Objective 2, our bibliometric analysis, case studies, and key stakeholder interviews suggest that AHRQ's children's health care activities have played an important role, along with activities of other child health stakeholders, in improving clinical practice and health care outcomes and in influencing specific health care policies. We note, however, that all of these analyses required a substantial effort on our part to identify the AHRQ research and projects that were related to child health, as well as to identify their outputs and effects.

AHRQ's objectives and budget have changed over the years, both overall and for children's health activities. A tightening budget and a shift away from investigator-initiated external research grants have highlighted questions regarding the place of children's health within AHRQ's overall mission. Pursuant to Primary Objective 3, our interviews and case studies show that individual Agency staff have performed heroically in assuring continued support for child health activities. But the interviews and case studies also suggest that there is a lack of structural support (authority or resources) devoted to children's health and that this has limited AHRQ's financial and staff support for children's health research.

Pursuant to Primary Objective 4, the Agency has had mixed success in involving children's health care stakeholders and/or creating partnerships to fund and disseminate key child health activities. AHRQ has been successful in helping to create a community of children's health services researchers and in disseminating policy information to state-level policy makers. There has been some success in engaging with the practice community through entities such as the AAP, but more is needed. There has been limited success in partnering with other HHS entities and with federal-level policy makers.

Building on this analysis, we offer the following suggestions for the Agency's consideration.

Through their children's health activities, AHRQ has successfully created and disseminated knowledge and engaged the pediatric academic community, but has been less successful in creating and documenting improvement and in engaging the children's health quality, practitioner, and patient/family community. Answering "the Porter Question" (What effect is the research having on people?) for children will require AHRQ's child health activities to focus more effectively on identifying and pursuing opportunities to apply existing evidence, to implement change, and to document improved processes and outcomes. It will also require the Agency to work more closely with clinical organizations such as the AAP and with quality improvement organizations in order to better leverage the strengths of each. Experience with the CHIRI program as well as with AHRQ's work on asthma and ADHD show that this is possible, at least in well focused areas. The CHIRI program required (and facilitated) collaboration between researchers and policymakers and in that way could be a model for collaboration. However, it was organized around an ongoing federal project slated for possible reauthorization. In the absence of a similar national quality improvement project, it would be necessary to pursue a more piecemeal approach. We note that, with the restriction of funding for investigator-initiated grants and increasing prescriptiveness from DHHS regarding what funds can be used for, fewer opportunities exist for pediatric quality improvement research.

The fate of children's health at AHRQ seems to rest in the hands of a few extremely dedicated individuals who are forced to rely on their powers of personal persuasion. In order to

institutionalize child health as an Agency priority, certain structural and procedural changes are required. A more formal and rigorous monitoring of Agency funding commitment by priority population should be instituted, with regular presentations to Agency leadership and identification of under-funded areas. Endowing the Senior Advisor for Children's Health with institutional authority (for example, participating in AHRQ staff employee performance reviews) or with small amounts of discretionary funds to pursue promising opportunities to answer the Porter Question would substantially enhance effectiveness. AHRQ should also examine how to increase the effective use of the contracts mechanism to pursue focused efforts to answer the Porter Question.

Given AHRQ's limited budget, partnering/leveraging other HHS entities is critical. The initiative for partnering must come from the highest levels within the Agency, rather than relying on program-officer level contacts. AHRQ should aggressively pursue collaboration with CMS around SCHIP and Medicaid. We note that AHRQ staff are currently engaged in collaborative efforts with CMS around child health issues and that the Agency's authorizing language must guide collaborations.

Finally, we note that all of these analyses required a substantial effort on our part to identify the AHRQ research and projects that were related to child health, as well as to identify their outputs and effects. AHRQ should consider building a system (or modifying existing systems) to reliably track the inputs, outputs, and impacts of its child health activities so that this does not have to be done on an ad hoc basis as for this study. Such an infrastructure would provide a coherent and consistent picture of children's health activities at AHRQ, which would be a useful tool for both management and evaluation purposes. In addition, given shifts in the amount and direction of funding, it is increasingly important to devote adequate resources to ensuring continuity in institutional memory and in institutional message.



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## Appendix A Comprehensive Activity List 10-5-06

Project Title	Initial Funding Year	PI	Grant No	STUDY ID
Using an EMR to Improve Urban Child Health	2004	Adams, William	K02 HS13655	EXT001
PSYCHOSOCIAL PREDICTORS OF PREGNANCY, WOMEN AT HIV RISK	1993	AHLUWALIA, INDU	R03 HS07958	EXT002
MANAGEMENT OF ACUTE ASTHMA IN PEDIATRIC PRACTICE	1992	ALARIO, ANTHONY	R03 HS07418	EXT003
Quality Improvement Structures and Practices as Determinants of Hospital Quality Indicators	2001	Alexander, Jeffrey A.	R01 HS11317	EXT004
Passive Smoking and Children: An analysis of NHANES III to determine outcomes associated with childhood exposure to environmental tobacco smoke	1998	Aligne, Andrew	APA Support	EXT005
An Internet Intervention to Increase Chlamydia Screening	2000	Allison, Jeroan J.	U18 HS11124	EXT006
Quality of Life in Children After Liver Transplantation	2002	Alonso, Estella	R03 HS13270	EXT007
Health Research Enhancement at Morgan State University	2003	Amin, Ruhul	R24 HS11638	EXT008
Measuring quality of life in children with asthma	1996	Annett, Robert D.	R03 HS09123	EXT009
Piloting Tools to Improve Nutritional Health in Primary Care	2003	Ariza, Adolfo	R03 HS14431	EXT010
Youth Partners in Care: Quality Improvement in Depression	1998	Asarnow, Joan	R01 HS09908	EXT011
Emergency Department Crowding: Causes and Consequences	2002	Asplin, Brent	K08 HS13007	EXT012
Increasing Chlamydia Trachomatis Screening of Young, Sexually Active Women Enrolled in Commercial Health Plans	2005	Athery, Adam	Contract	EXT378
Boone County Community Care Network	2004	Atkins, Robert	P20 HS01528	EXT013
UTILIZATION OF IMMUNIZATION SVCS: PSYCHOSOCIAL	1993	ATTA, HODA	R03 HS08039	EXT014
EMOTIONAL ADJUSTMENT OF CHILDREN WITH A CHRONIC	1990	AYOUB, CATHERINE	F32 HS00043	EXT015
Determinants of intrapartum obstetrical quality	2005	Bailit, Jennifer	R03 HS14352	EXT016
MEDICAID EXPANSION: IMPACT ON PREGNANCY OUTCOME AND COST	1994	BALDWIN, LAURA-MAE	R01 HS06846	EXT017
National Congress on Childhood Emergencies	2000	Ball, Jane	R13 HS10084	EXT397
Commercial Telephone Triage vs. Physician On-call Advice	1999	Baraff, Larry J.	R01 HS10604	EXT018
Improving Obesity Care in Pediatric Offices	2003	Barlow, Sarah	K08 HS13901	EXT019
Improving Medication Safety Across Clinical Settings	2001	Bates, David W.	P01 HS11534	EXT020A
Trial to Reduce Antibiotic Use in A Primary Care PBRN	2003	Bates, David W.	R03 HS14420	EXT020B
Inappropriate Oral Antibiotic Use: A Model for Understanding Clinical Decision Making	2000	Bauchner, Howard		EXT398
Dynamics of Family Disadvantage and Childhood Asthma	2001	Baydar, Nazil	R01 HS13110	EXT021
Comprehensive IT Solution for Quality and Patient Safety	2004	Beach, Ann	UC1 HS15236	EXT022
Creating a Primary Care Practice-based Research Network	2002	Bell, Louis	R21 HS13492	EXT023
COMPONENTS OF PRENATAL CARE AND LOW BIRTHWEIGHT	1991	BERESFORD, SHIRLEY	R01 HS06785	EXT024
EI Dorado County Safety Net Technology Project/ACCESS EI Dorado	2005	Bergner, Greg	UC1 HS16129	EXT379
PROPHYLAXIS FOR OTITIS-PRONE CHILDREN	1992	BERMAN, STEPHEN	R03 HS07283	EXT025B
OUTCOMES ASSOCIATED WITH THERAPY FOR OTITIS MEDIA	1993	BERMAN, STEPHEN	R01 HS07816	EXT025A
Tales from the Middle Ear Crypt: Three Decades of Otitis Media	1999	Berman, Steve		EXT399
MEASURING OUTCOMES AND COSTS IN HIGH RISK OBSTETRICS	1995	BERMAN, SUSAN	R03 HS08830	EXT026
Validating the Healthcare Cost and Utilization Projects (HCUP) Patient Safety Quality Indicators	2001	Bernard, Shula	Contract	EXT027
UTILIZING RESEARCH TO ENHANCE CLINICAL PRACTICE	2001	BIENKOWSKI, ROBERT	R13 HS10958	EXT028
NATURAL HISTORY OF BLOOD LEAD AND EFFECT OF INTERVENTION	1995	BINNS, HELEN	R03 HS08764	EXT029
Creating an Evidence Base for Vision Rehabilitation	2004	Bird, Betty	UC1 HS15052	EXT030
Taconic Health Information Network and Community (THINC)	2004	Blair, John	UC1 HS15316	EXT031
Management of Chronic Asthma	1999	Blue Cross/Blue Shield Associa	Evidence-base	EXT032
Validation of an Innovative Approach to Error Reduction	2003	Blumenthal, David	R01 HS13099	EXT033
Economic Impact of Breast-Feeding Promotion Intervention	2000	Bonuck, Karen A.	R18 HS10900	EXT034
CHILDREN'S MEMORY OF AN EMERGENCY ROOM VISIT	1991	BORDEAUX, BARBARA	F32 HS00044	EXT035
EFFECTIVENESS OF PRENATAL CARE: TWO APPROACHES	1990	BRACH, BETSY	R03 HS06605	EXT036
PRENATAL CARE BARRIERS FOR LOW & MODERATE-INCOME WOMEN	1994	BRAVEMAN, PAULA	R01 HS07910	EXT037
Provider Participation and Access in Alabama and Georgia	1999	Bronstein, Janet M.	U01 HS10435	EXT038
Linking Rural Providers to Improve Patient Care and Health	2004	Broos, Timothy	P20 HS15023	EXT039
The Unmet Medical Needs: Risk Factors for Their Presence and Their Effect on Pediatric Emergency Department Utilization	2003	Brousseau, David	03R000173	EXT040
Addressing Preventable Medication Use Variance in Mississippi	2001	Brown, Andrew C.	U18 HS11923	EXT041
Taking Action With Children and Families	1996	Brown, Ardene	R13 HS09362	EXT400B
Healthy People 2000: Taking Action with Children and Families	1997	Brown, Ardene		EXT400A
Impact of Publicly Funded Programs on Child Safety Nets	1999	Budetti, Peter P.	U01 HS10423	EXT042
Medicaid Managed Care and the Oregon Health Plan (OHP)	1997	Buist, Alison R.	R03 HS09606	EXT043

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Banner Health/Arizona State University Partnership for Emergency Department (ED) Patient Safety	2005	Burdick, Twila	U18 HS15921	EXT380
Asthma Education in the Emergency Department - April 1-3, 2001	2001	Camargo, Carlos	R13 HS10940	EXT401
PHYSICIANS' DECISIONS REGARDING CEREBRAL PALSY REFERRAL	1990	CAMPBELL, SUZANN	R01 HS06429	EXT044
Racial Differences in Physician-Patient Communication	2003	Campbell, Thomas	R03 HS13223	EXT045
A Multidisciplinary Program to Improve Child Health Outcomes	2000	Campbell, William H.		EXT402
ADOLESCENTS LIFE CHANGE EVENTS, HOPE & SELF-CARE	1992	CANTY, JANIE	R03 HS07547	EXT046
CPOE IMPLEMENTATION IN ICU'S	2004	CARAYON, PASCALE	R01 HS15274	EXT047
The Role of a Regular Source of Care for At-Risk Youth	2000	Carino, Tanisha V.	F31 HS00150	EXT048
Population-Based Screening for Hypothyroidism in Children with Down Syndrome	2005	Carroll, Kecia N.	APA Support	EXT381
LSU Health Services Research Program	2001	Cerise, Frederick	P20/R24 HS11	EXT049
Gender as a risk factor for pediatric cardiac surgery	2002	Chang, Reuy-Kang	R03 HS13217	EXT050
Effects of Lactation on Lean Body Mass, Growth and Subsequent Bone Mineral Density in Teen Mothers	2000	Chantry, Caroline J.	APA Support	EXT051
Developing and Validating Quality Measures for Children	2000	Chassin, Mark	R01 HS10302	EXT052A
Improving the Delivery of Effective Care to Minorities	2000	Chassin, Mark	P01 HS10859	EXT052B
The Role of Technology in Health Care Cost Growth	2004	Chernew, Michael	R03 HS13048	EXT053
Automated Decision Support Systems and Clinical Data Collection	2000	Children's Hospital, Boston, M	Contract	EXT054
A diagnostic decision aid for pediatric sinusitis	2002	Christakis, Dimitri A.	R03 HS13195	EXT055A
Parent-initiated Prevention Program	2002	Christakis, Dimitri A.	R01 HS13302	EXT055B
PPRG: Retooling for the 21st Century	2000	Christoffel, Katherine K.	P20/U01 HS11	EXT056
Treating Teenage Depression in Managed Care Practices	1999	Clarke, Gregory N.	R01 HS10535	EXT057
CAHPS II	2002	Cleary, Paul	U18 HS09205	EXT058
Attention Deficit Hyperactivity Disorder (ADHD) Living Guide	2000	Clinical Tools, Inc., Chapel Hill	Contract	EXT059
Managed Care Organization Use of a Pediatric Asthma Management Program	2000	Cloutier, Michelle M.	U18 HS11147	EXT060
DESIGN OF A MULTI-USE DIABETES REGISTRY	1992	COHN, BARBARA	R13 HS07245	EXT061
CHILD MALTREATMENT REPORTING AND INFANT MORTALITY	1992	COLE, GEORGE	R03 HS07243	EXT062
Managed Care and Quality: Children with Chronic Conditions	1999	Connell, Frederick A.	R01 HS09948	EXT063A
Medical Management of Children with Chronic Conditions	2002	Connell, Frederick A.	R03 HS13230	EXT063B
TennCare Gaps for Children: Asthma Clinical Outcomes	2000	Cooper, William O.	R01 HS10249	EXT064B
Medicaid MCO's and Suboptimal Pediatric Care	2003	Cooper, William O.	K02 HS13076	EXT064A
Shared Decision-Making and Inappropriate Antibiotic Use	2002	Cox, Elizabeth	K08 HS13183	EXT065
Improving EMS for Children Through Outcomes Research—March 30-April 1, 2001	2001	Crain, Ellen	R13 HS10942	EXT403
Dartmouth Symposium on Pediatric Sedation	2000	Cravero, Joseph P.	R13 HS10110	EXT404
HEALTH CARE COSTS AND UTILIZATION IN AIDS HOME CARE	1994	CRYSTAL, STEPHEN	R01 HS06339	EXT066
Dental Access and Costs for Children in a SCHIP Program	2002	Damiano, Peter	R03 HS13410	EXT067
Fellowship in Health Services Research	2003	Darden, Paul	T32 HS13851	EXT068
Improving Patient Safety through Provider Communication Strategy Enhancements	2005	Daugherty, Kay	U18 HS15846	EXT382
Colorado Connecting Communities—Health Information Collaborative (C3HIC)	2004	Davidson, Arthur J.	290-04-0014	EXT069
Trends in the Non-Operative Management of Splenic Injury in Children	2001	Davis, Daniela H.	APA Support	EXT070
Prevalence and Strategies for Appropriate Prescription Medication Dosing in Children	2002	Davis, Robert	290-00-0015	EXT071A
Pediatric EBM-Getting Evidence Used at the Point of Care	2000	Davis, Robert L.	R01 HS10516	EXT071B
RACIAL DIFFERENCES IN APGAR SCORES AND INFANT MORBIDITY	1990	DE HART, MARY	R03 HS06609	EXT072
MEDICAID AND THE HEALTH OF THE POOR	1993	DECKER, SANDRA	F32 HS00065	EXT073
Enhancement of the Technology Interface for the Cincinnati Pediatric Research Group	2002	DeWitt, Thomas	R21 HS13506	EXT074
The Center for Improving Patient Safety (CIPS)	2001	Dittus, Robert S.	P20 HS11563	EXT075
IMPLEMENTING RESEARCH FINDINGS FOR PRACTICE IMPROVEMENT	2002	DOLOR, ROWENA	R21 HS13511	EXT076
Rural Hospital Collaborative for Excellence Using IT	2004	Dorris, Patricia	UC1 HS15431	EXT077
Evaluating computer decision support for preventive care	1996	Downs, Stephen M.	R01 HS09507	EXT078
How Public Reporting and Pay-For-Performance Policies Impact Safety Net Hospitals	2005	Dudley, Adams R.	R03 HS16117	EXT383
Post-term Pregnancy Management	2000	Duke University	Evidence-base	EXT079
MEASURING PREFERENCES FOR CHILDBIRTH AFTER CESAREAN	2004	EDEN, KAREN	R03 HS13959	EXT080
Assessing Outcomes of Dental Care with Claims Data	1997	Eklund, Stephen A.	R03 HS09554	EXT081
Treatment-Resistant Epilepsy	2001	Emergency Care Research Ins	Evidence-base	EXT082
Measuring Quality of Care for Homeless Adolescents	2001	Ensign, B. Josephine	K08 HS11414	EXT083
The Emergency Department (ED) Pharmacist as a Safety Measure in Emergency Medicine	2005	Fairbanks, Rollin	U18 HS15818	EXT384

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Children's Health Insurance Coverage in Massachusetts	1999	Feinberg, Emily	R03 HS10207	EXT084
DISTANCE MANAGEMENT OF HIGH-RISK OBSTETRICAL PATIENTS	2004	FERGUSON, CANDICE	P20 HS15435	EXT085
Improving Pediatric Safety and Quality with Health Care IT	2004	Ferris, Timothy	R01 HS15002	EXT086
Hospital Epidemiology of Pediatric Complex Chronic Conditions: A study of Hospital Admission Secular Trends and Case Mix	1999	Feudtner, Chris	APA Support	EXT087
Profiling the Needs of Dying Children	2000	Feudtner, John C.	K08 HS00002	EXT088
Better Pediatric Outcomes Through Chronic Care	2000	Fifield, Judith	U18 HS11068	EXT089
Reducing antimicrobial resistance: An RCT	1999	Finkelstein, Jonathan	R01 HS10247	EXT090
Using Census Data To Monitor Care to Vulnerable Groups	1999	Fiscella, Kevin	R01 HS10295	EXT091B
The Impact of HMOs on Disparities	2002	Fiscella, Kevin	R01 HS10910	EXT091A
Fundamental measurement for health	1999	Fisher, William	R01 HS10186	EXT092
Assessing Medical Need Among Children in Managed Care	2001	Fishman, Paul	R01 HS11314	EXT093
Childhood Injuries Evaluated in the Office Setting	1998	Flaherty, Emalee	R03 HS09811	EXT094A
CARES: Child Abuse Reporting Experience Study	2001	Flaherty, Emalee G.	R01 HS10746	EXT094B
Patient-Centered Access to Resources for Families with Health Related Social Problems	2004	Fleegler, Eric	04R000101	EXT095
Insuring Uninsured Children	2000	Flores, Glenn	K08 HS11305	EXT096
DOCTOR-PARENT COMMUNICATION AND PEDIATRIC PREVENTION	1993	FORREST, CHRISTOPHER	F32 HS00070	EXT097A
Alternative Healthcare Delivery Models for Children	2000	Forrest, Christopher B.	K02 HS00003	EXT097B
RISK ADJUSTERS FOR PEDIATRIC POPULATIONS	1994	FOWLER, ELIZABETH	R03 HS08441	EXT098
HARLEM URBAN HEALTH RESEARCH INSTITUTE	1992	FRANCIS, CHARLES	U01 HS07399	EXT099
Surveillance, Analysis, and Interventions to Improve Patient Safety	2001	Fraser, Victoria	U18 HS11898	EXT100
WIC BREASTFEEDING PROMOTION - A RANDOMIZED TRIAL	1992	FREDERICKSON, DOREN	R03 HS07523	EXT101
VIOLENCE AGAINST PREGNANT WOMEN AND PREGNANCY OUTCOMES	1993	FRIED, LISE	R03 HS08008	EXT102
Impact of a Telecommunication System in Childhood Asthma	1999	Friedman, Robert	R01 HS10630	EXT103
State and Regional Demonstrations in Health Information Technology	2004	Frisse, Mark E.	290-04-0007	EXT104
Attention Deficit Hyperactivity Disorder (ADHD), Its Subtypes, and Comorbidity in a Nationally Representative Sample: Overall Prevalence and Sociodemographic Variation	2005	Froehlich, Tanya	APA Support	EXT385
POOR OUTCOME FOLLOWING ACUTE OTITIS MEDIA	1993	FROOM, JACK	R01 HS07035	EXT105
Child Mental Health and Mental Health Service Use	2002	Ganz, Michael	R03 HS13047	EXT106
Washington University Pediatric Research Consortium	2002	Garbutt, Jane	R21 HS13530	EXT107B
Using the telephone to improve care in childhood asthma	2004	Garbutt, Jane	R21 HS15378	EXT107A
Statistical Inference for Cost-Effectiveness Analysis	1997	Gardiner, Joseph	R01 HS09514	EXT108
CAHPS II	2002	Garfinkel, Steven	U18 HS13193	EXT109
PREHOSPITAL PEDIATRIC INTUBATION AND PATIENT OUTCOME	1995	GAUSCHE, MARIANNE	R01 HS09065	EXT110
SOUTHERN STATES MALPRACTICE REFORM DISSEMINATION CONFERE	1991	GEHSAN, MICHELE	R13 HS06776	EXT111
Geographic accessibility of health care in rural areas	1999	Gesler, Wilbert	R01 HS09624	EXT112
Hospital Profiling of Maternity Length of Stay	1999	Giles, Denise F.	R03 HS10569	EXT113
Bay Area Community Informatics Project	2004	Givens, Jeffery	P20 HS14893	EXT114
Web-Enabled Asthma Application for Personalized Medical Communication	2001	Goldberg Arnold, Renee J.	Small business	EXT115
Risk and recovery in complex environments: L& D as a model	2003	Goldman, Marlene	UC1 HS14376	EXT116
Child Health Services Research Training Program	1998	Goldmann, Donald	T32 HS00063	EXT405
Minimizing Antibiotic Resistance in Colorado (MARC)	2001	Gonzales, Ralph	R01 HS13001	EXT117
PEAT:Pediatric Emergency Assessment Tool	2000	Gorelick, Marc	R03 HS11395	EXT118
Building Bridges for Child Health Research, Policy, and Practice	2000	Grason, Holly	R13 HS10100	EXT406
Automated Lab Test Follow-up to Reduce Medical Errors	2002	Greenes, David	R03 HS11711	EXT119
Physician Networks and Children with Chronic Conditions	2002	Grembowski, David	R01 HS13147	EXT120
Treatment outcomes for abused women in public clinics	2000	Groff, Janet	R01 HS11079	EXT121
High Risk Periods for Child Injury Among Siblings	2000	Grossman, David C.	R03 HS10724	EXT122
Hospital Service Areas for Pediatrics	2000	Guagliardo, Mark F.	R03 HS11021	EXT123
Health Care Access for Children of the Working Poor	2002	Guendelman, Sylvia	R03 HS13411	EXT124
Rational Therapeutics for the Pediatric Population	1999	Guess, Harry	U18 HS10397	EXT125
Evidence based decision aids to improve women's health	2000	Guise, jeanne-marie	K08 HS11338	EXT126A
Improving Safety and Quality with Integrated Technology	2004	Guise, Jeanne-Marie	R01 HS15321	EXT126B
Using military & Aviation simulation experience to improve outcomes	2005	Guise, Jeanne-Marie	U18 HS15800	EXT126C
DOES HEALTH COVERAGE IMPROVE MATERNAL HEALTH OUTCOME?	1991	HAAS, JENNIFER	F32 HS00046	EXT127
Transfer of a Novel Pediatric Simulation Program	2001	Halamek, Louis P.	U18 HS12022	EXT128
Epidemiology and External Causes of Pediatric Injury-Related Visits to Emergency Departments and Hospital Outpatient Departments in the United States	2001	Hambidge, Simon J.	APA Support	EXT129
LOW-INCOME WOMEN'S SATISFACTION WITH PRENATAL CARE	1994	HANDLER, ARDEN	R03 HS08115	EXT130
MATERNITY CARE: SCIENCE, GUIDELINES, MEDICAL PRACTICE	1991	HANFT, RUTH	R13 HS06877	EXT131

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HIV HOME HEALTHCARE SERVICES: SURVEY & POLICY ANALYSIS	1990	HANLEY, BARBARA	R01 HS06404	EXT132
INFLUENCES ON OB CARE FOR MINORITY, POOR & RURAL	1992	HART, LAWRENCE	R03 HS07412	EXT133
Impact of Managed Care on African-Americans	1997	Hassan, Mahmud	R03 HS09569	EXT134
FACTORS ASSOCIATED WITH CHILD IMMUNIZATION STATUS	1993	HATCHER, PENNY	R03 HS08047	EXT135
CAHPS II	2002	Hays, Ronald	U18 HS09204	EXT136
Improving Clinician-Initiated Research and Technical In	1999	Heneghan, Amy	R21 HS13515	EXT137
SELF-SELECTION INTO MEDICAID MANAGED CARE	1994	HERBERT, TERESA	F32 HS00089	EXT138
Quality Measures for Severe/Persistent Mental Illness	1999	Hermann, Richard C.	R01 HS10303	EXT139
Research agenda conference on pediatric quality of care	1996	Hersh, Alice	R13 HS09323	EXT407
Blood Product Transfusions and Safe Practices Implementation	2003	Herwaldt, Loreen	UC1 HS14312	EXT140
Oregon Patient Safety Evaluation Center	2001	Hickam, David H.	P20 HS11550	EXT141
New Mexico Health Information Collaborative	2004	Hickey, Martin	UC1 HS15447	EXT142
The American Academy of Family Physicians (AAFP) DCERPS	2001	Hickner, John M.	P20 HS11584	EXT143
Improving the Quality and Safety of Regional Surgical Patient Care through the Creation of a Multi-institutional Partnership for the Implementation and Support of Perioperative Informatics Tools	2004	Higgins, Michael	P20 HS15401	EXT144
PEDIATRIC PREVENTIVE CARE INCENTIVES IN A MEDICAID HMO	1993	HILLMAN, ALAN	R01 HS07634	EXT145
Impact of Three Tier Prescription Drug Copay on Use and Spending	2002	Hodgkin, Dominic	R01 HS13092	EXT146
Intermountain Child Health Services Research Consortium	2001	Hoff, Charles J. and Young, Pa	R24 HS11826	EXT147
Study of Functional Outcome After Trauma in Adolescents	1998	Holbrook, Troy	R01 HS09707	EXT148
Pediatric 100,000 Lives Campaign	2005	Homer, Charles	Contract	EXT149D
Gaps in the Quality of Children's Health Care	2000	Homer, Charles		EXT408A
Improving Care for Children with Attention Deficit Hyperactivity Disorder, North Carolina, 2002	2002	Homer, Charles	R13 HS12063	EXT408B
5th Annual Forum for Improving Children's Health Care, March 16-18,	2005	Homer, Charles	R13 HS14202	EXT440
First Annual Forum for Improving Children's Health Care, Tempe, AZ, March 12-13, 2002	2002	Homer, Charles	R13 HS12070	EXT408C
Third Annual Forum for Improving Children's Health Care—March 2-4, 2004 (San Diego, CA)	2004	Homer, Charles	R13 HS14202	EXT408D
Family linkages supporting hyperbilirubin (neonatal jaundice) guidelines	1996	Homer, Charles J.	R01 HS09390	EXT149C
Community-based Health Services Research Curriculum	1998	Homer, Charles J.	R25 HS09792	EXT149A
Evaluating Quality Improvement Strategies	1999	Homer, Charles J.	R01 HS10411	EXT149B
Evidence-based Surfactant Therapy for Preterm Infants	1999	Horbar, Jeffrey D.	R01 HS10528	EXT150
Center for Patient Safety in Neonatal Intensive Care	2001	Horbar, Jeffrey D.	P20 HS11583	EXT445
Rural Emergency Departments as Access Points for Teen Smoking Intervention	2000	Horn, Kimberly	R18 HS10736	EXT151
The relationship of health system structure to outcomes in low birth weight infants	1999	Hoube, Jill	APA Support	EXT152
SOCIOECONOMIC FACTORS IN BIRTH OUTCOMES: THE US AN FRAN	1990	HOWELL, EMBRY	R03 HS06621	EXT153
Safety and Financial Ramifications of ED Copayments	2001	Hsu, John	R01 HS11434	EXT154B
Impact of Health Information Technology (HIT) on Clinical Care	2004	Hsu, John	R01 HS15280	EXT154A
The Effect of Public Insurance on Dental Health Outcomes	2001	Hughes, Tegwyn L.	R03 HS11514	EXT155
Antidepressant Medications and Suicidal Behavior in Children and Adolescents	2005	Hunkeler, Enid	Contract	EXT386
Primary care performance for low-income children in HMOs	1996	Hurtado, Margarita Patricia	R03 HS09339	EXT156
RISK FACTORS FOR PRENATAL DRUG USE AND TREATMENT SUCCESS	1993	HUTCHINS, ELLEN	R03 HS08040	EXT157
INCENTIVES IN A SPECIALTY CARE CARVE-OUT	1998	INKELAS, MOIRA	R03 HS10008	EXT158
Preventive Asthma Care Utilization Among Black Children	2002	Ireland, Andrea	F31 HS11929	EXT159
Implementing Adolescent Preventive Guidelines	2000	Irwin, Charles E., Jr.	R18 HS11095	EXT160
Low Birth Weight in New York City: The Role of Context and Segregation.	1998	Jaffee, Kim	R03 HS10061	EXT161
Caregiver Continuity and Impact on Health Care Utilization for Children in Foster Care	2003	Jee, Sandra	03R000173	EXT162
IMPROVING OUTCOMES IN HYPOPLASTIC LEFT HEART	2000	JENKINS, PAMELA	K08 HS00010	EXT163
Evaluation of postnatal and postpartum care programs	2000	Joesch, Judith	R01 HS10138	EXT164
Computer based documentation and provider interactions	1999	Johnson, Kevin B.	R03 HS10363	EXT165A
Impact of Electronic Prescribing on Medication Errors in Ambulatory Pediatrics	2001	Johnson, Kevin B.	R18 HS11868	EXT165B
Enhancing Patient Safety through a Universal EMR System	2004	Johnson, Thomas	UC1 HS15083	EXT166
Hospital Disaster Plans: Structure, Training and Function	2003	Kaji, Amy	F32 HS13985	EXT167
Assessing Match in Child/Clinical Communication	1997	Kalish, Charles W.	R03 HS09556	EXT168
CCHS-East Huron Hospital CPOE Project	2004	Kall, Greg	UC1 HS15076	EXT169
Improving Children's Health Outcomes: Negotiated Care	1991	Kaplan, Sherrie	R01 HS06897	EXT170
Bar Coding technology and patient and employee safety	2003	Karsh, Ben-Tzion	R01 HS13610	EXT171

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The Relationship between Poverty, Dietary Intake, and Poor Growth among Children in the United States using the Third National Health and Examination Survey (NHANES III)	2000	Kasper, Jennifer	APA Support	EXT172
Discharge Criteria for Creation of Hospital Surge Capacity	2003	Kelen, Gabor	U01 HS14353	EXT173
Reporting System to Improve Patient Safety in Surgery	2001	Khuri, Shukri	U18 HS11913	EXT174
Childhood Chronic Illness: Enhancing Family Capabilities	2003	Kieckhefer, Gail	R01 HS13384	EXT175
Cincinnati Pediatric Research Group Enhancement Project	2000	Kiely, Michele	U01 HS11206	EXT176
The Relationship Between Education and Health: Is It Causal?	2005	Kirk, Adele	R36 HS15988	EXT387
Methodological Issues in Child-relevant Evidence Syntheses	2002	Klassen, Terry	02R000233	EXT177
EFFECTIVE HEALTH SERVICES FOR ADOLESCENTS AT RISK	1990	KLEIN, JONATHAN	F32 HS00035	EXT178A
Smoking Cessation in Pediatric Practice; Phase I	2003	Klein, Jonathan	R03 HS14418	EXT178B
Effective organization of adolescent health services	1996	Klein, Jonathan B.	HS-08192	EXT179
Barriers to Mental Health Services for Adolescents	2002	Kodjo, Cheryl	APA Support	EXT180
DIFFUSION AND ADOPTION OF CHILDREN'S VACCINE GUIDELINES	1992	KONRAD, THOMAS	R01 HS07286	EXT181A
Evaluation of a Model of Managed Care for Sickle Cell Disease (SCD) Patients	1997	Konrad, Thomas R.	R03 HS09553	EXT181B
Managing the Risks of Therapeutic Products, January 12-14, 2003	2003	Kramer, Judith	R13 HS13929	EXT409
Violence and Spinal Cord Injury: Understanding the Rehabilitation	2002	Kroll, Thilo	R03 HS13039	EXT182
Specialized Therapies by Children, Correlates of Use	2003	Kuhlthau, Karen	R03 HS13757	EXT183
Assessment of School Readiness in Pediatric Office Visits	2001	Kuo, Alice	APA Support	EXT184
Evaluating a Decision Tool for Prenatal Testing	1999	Kupperman, Miriam	R18 HS10214	EXT185
Improving Health Care Outcomes Among the Homeless	2002	Kushel, Margot	K08 HS11415	EXT186
Incentive Formularies and the Costs and Quality of Care	2005	Landon, Bruce	R01 HS14774	EXT388
PRENATAL CARE SOURCE IN MEDICAID LOW BIRTHWEIGHT	1994	LANGE, LINDA	R03 HS08423	EXT187
Partnership to Improve Children's Health Care Quality	2002	Lannon, Carole	U18 HS13721	EXT188
Ethnicity in childhood asthma: What accounts for the variation among hispanic children	1999	Lara, Marielena	APA Support	EXT189A
Improving Outcomes in US Latino Children	2000	Lara, Marielena	K08 HS00008	EXT189B
Conference on Translational Research for Quality Health, April 7-9, 2005	2005	Larson, Elaine	R13 HS15760	EXT443
FETAL AND INFANT MORTALITY REVIEW: HEALTH POLICY TOOL	1997	LAYTON, CHRISTINE	R03 HS09671	EXT190
Improving Quality in Medication Management in School—March 23-24, 2004	2003	Lear, Julia	R13 HS14208	EXT410
Strategies for Group A Streptococcal Prevention	2004	Lee, Grace	K08 HS13908	EXT191
Effects of WIC on Child Medicaid Dental Use and Costs	2001	Lee, Jessica Y.	R03 HS11607	EXT192
Ethnography of the Social Ethics of Catholic Health Care	2002	Lee, Simon	R03 HS13111	EXT193
Management of maternal depression in primary care	2005	Leiferman, Jenn	R03 HS15764	EXT194
Service Integration	2004	Lemming, Michelle	P20 HS15195	EXT195
Medicaid Changes: Impact On At-Risk Children	1997	Leslie, Laurel K.	R03 HS09563	EXT196
IN WHOSE CARE & CUSTODY? ORPHANS OF THE HIV EPIDEMIC	1993	LEVINE, CAROL	R13 HS07872	EXT197
TRANSLATING PREVENTION RESEARCH INTO PRACTICE	2000	LEVINE, ROBERT	U18 HS11131	EXT198
Community HealthLink Care: Regional Electronic Medical Record	2004	Lewis, Thomas	P20 HS14962	EXT199
Physician Cesarean Rates and Risk-Adjusted Birth Outcomes	2000	Li, Tong	R03 HS10795	EXT200
Time to Neonatal and Postneonatal Death, U.S. 1985-95	2000	Little, Amanda J.	R03 HS11259	EXT201
Asthma Care Quality in Varying Managed Medicaid Plans	1998	Lieu, Tracy	U01 HS09935	EXT202
Improving Safety of Pediatric Sedation	2003	Lightdale, Jenifer	K08 HS13675	EXT203
Communication Errors during Antibiotic Management Calls	2003	Linkin, Darren	F32 HS13982	EXT204
Showing Health Information Value in a Community Network	2004	Lobach, David	R01 HS15057	EXT205
Does Primary Care Access Decrease Respiratory Emergency Department Visits?	1998	Lowe, Robert A.	R01 HS09261	EXT206
Using Hand-Held Technology to Reduce Errors in ADHD Care	2001	Lozano, Paula	R18 HS11859	EXT207
Improving Quality of Care for Children with Special Needs	2004	Lozzio, Carmen	P20 HS15426	EXT208A
Improving Quality of Care for Children with Special Needs	2005	Lozzio, Carmen	UC1 HS16133	EXT208B
Outcomes in Spontaneous and Latrogenic Multiple Pregnancy	2000	Lynch, Anne M.	R03 HS10700	EXT209
CONSORTIUM FOR COMMUNICATIONS-BASED OUTCOMES MANAGEMENT	2002	LYONS, JOHN	U18 HS13725	EXT210
Clinical Decision Rules in Pediatric Pneumonia	2000	Mahabee-Gittens, E. Melinda	R03 HS11038	EXT211
The postpartum mandate: Estimated costs and benefits	1996	Malkin, Jesse	HS09342	EXT212
ACUPUNCTURE TREATMENT OF DEPRESSION DURING PREGNANCY	1998	MANBER, RACHEL	R01 HS09988	EXT213
Factors Mediating the Transmission and Development of Active Tuberculosis in Children	2000	Mandalakas, Anna M.	APA Support	EXT214
Online Commentary Use and Antimicrobial Prescribing	1999	Mangione-Smith, Rita M.	R01 HS10187	EXT215B
Doctor-Parent Communication and Antibiotic Over-Prescribing	2002	Mangione-Smith, Rita M.	K02 HS13299	EXT215A
Hospital Industry Restructuring: Impact on Safety Net	1999	Manheim, Larry	R01 HS10040	EXT216
Telemedicine For Children in Rural Emergency Departments	2002	Marcin, James	K08 HS13179	EXT217
IMPROVING THE HEALTH OF MEDICAID-ELIGIBLE INFANTS	1992	MARGOLIS, PETER	R01 HS07106	EXT218A
Office systems to improve preventive care for children	1996	Margolis, Peter	R01 HS08509	EXT218B

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Nurse Staffing, financial performance, quality of care	1999	Mark, Barbara	R01 HS10153	EXT219
Emergency preparedness for special populations	2004	Markenson, David	R13 HS14556	EXT411A
Pediatric Disaster Preparedness and Response Conference, Washington, DC—January/February 2003	2002	Markenson, David	R13 HS13855	EXT411B
DEVELOPMENT OF AN INSTRUMENT TO MEASURE HELP-SEEKING	1991	MAY, KATHLEEN	F32 HS00045	EXT220
Access and Quality of Care for Vulnerable Black Populations	2000	Mayberry, Robert	P01 HS10875	EXT221A
Morehouse School of Medicine (MSM) Clinical Faculty Research Training Program	2002	Mayberry, Robert	R24 HS11617	EXT221B
Access to Pediatric Subspecialty Care in the USA	2003	Mayer, Michelle	K02 HS13309	EXT222
FULL TERM INTENSIVE CARE SURVIVORS: OUTCOME	1990	MC CORMICK, MARIE	R03 HS06523	EXT223
Racial Disparities: Is it the Content of Care?	2003	McBurney, Patricia	03R000173	EXT224
Valuation of Primary Care-Integrated Telehealth	2004	McConnochie, Kenneth	R01 HS15165	EXT225A
Severity of Lower Respiratory Tract Illness in Infants	1997	McConnochie, Kenneth M.	R01 HS09062	EXT225C
Efficacy and Reliability of Telemedicine in Routine Pediatric Practice	2000	McConnochie, Kenneth M.	R01 HS10753	EXT225B
Otitis Media: Parent Education to Avoid Antibiotic Use	2000	McCormick, David P.	R01 HS10613	EXT226
The Efficacy of Prenatal Care for Women and Children's Health	1996	McCormick, Marie	R13 HS09528	EXT412B
Recent Evidence on the Effectiveness of Prenatal Care	1999	McCormick, Marie		EXT412A
PARENTAL LEAVE POLICIES AND MATERNAL AND INFANT HEALTH	1991	MCGOVERN, PATRICIA	R03 HS06950	EXT227
QUALITY AND COST OF CARE FOR HIV+ MEDICAID PATIENTS	1992	MCLAUGHLIN, THOMAS	R01 HS06893	EXT228
FERTILITY EFFECTS OF MEDICAID FAMILY PLANNING SERVICES	1995	MELLOR, JENNIFER	R03 HS08889	EXT229
Third Annual Evidence-Based Practice Conference	2001	Melnyk, Bernadette	R13 HS10968	EXT413B
Fourth annual evidence-based practice conference	2002	Melnyk, Bernadette	R13 HS13817	EXT413A
Criteria for Referral of Patients with Epilepsy	1999	MetaWorks, Inc., Boston, MA	Evidence-base	EXT230
Hospital Use and Costs by Children with Asthma, 1988-1994	1997	Meurer, John R.	R03 HS09564	EXT231
HOMEMADE CEREAL BASED ORAL REHYDRATION THERAPY	1994	MEYERS, ALAN	R01 HS08335	EXT232
Reducing Errors in Pediatric Medicine: Implications for Research and Practice	2002	Miller, Marlene		EXT414
SCHIP, Medicaid and Special Needs Children's Experience	2003	Milner, Susan	R03 HS13998	EXT233
Improving HIT Implementation in a Rural Health System	2004	Mingle, Daniel	UC1 HS15337	EXT234
Maternal Depressive Symptoms and Children's Health Care	2002	Minkovitz, Cynthia	R03 HS13053	EXT235A
Parenting Effects of Healthy Steps: Health Care Utilization and Expectations for Pediatric Care	2002	Minkovitz, Cynthia	R01 HS13086	EXT235B
Medicaid vs. Premium Subsidy: Oregon's SCHIP Alternatives	1999	Mitchell, Janet B.	U01 HS10463	EXT236
Medicaid Managed Care for Children with Special Health Care Needs (CSHCN)	2001	Mitchell, Jean	R01 HS10912	EXT237
Adherence in Children with Cystic Fibrosis and Asthma	2002	Modi, Avani	F31 HS11768	EXT238
Implementing a Program of Patient Safety in Small Rural Hospitals	2005	Mueller, Keith	U18 HS15822	EXT389
Medication Reconciliation: Bridging Communications Across the Continuum of Care	2005	Muller, Melinda	U18 HS15904	EXT390
School Mental Health: Quality Care and Positive Outcome	1999	Nabors, Laura A.	R03 HS09847	EXT239
Measuring the Quality of Care for Diabetes	1999	Needleman, Jack	R01 HS10332	EXT240
Home Screening for Chlamydia Surveillance	2000	Ness, Roberta B.	R01 HS10592	EXT241
Is Quality Care Cost-Effective? HEDIS 2000 Evidence	2000	Neumann, Peter J.	R03 HS10709	EXT242
Criteria to Determine Disability of Infant/Childhood Impairments	2000	New England Medical Center	Evidence-base	EXT243A
Management of Allergic Rhinitis	2000	New England Medical Center	Evidence-base	EXT243B
Neonatal Hyperbilirubinemia	2001	New England Medical Center	Evidence-base	EXT243C
Disparities in Child & Family Health Care Expenditures	2002	Newacheck, Paul	R01 HS11662	EXT244
Validation of an Emergency Medical Service Triage Rule for Children in MVAS	2000	Newgard, Craig	F32 HS00148	EXT245
AMERICAN INDIAN FAMILY CAREGIVING STRENGTHS	1994	NICHOLS, LEE	F32 HS00097	EXT246
State and Regional Demonstrations in Health Information Technology	2004	Nolan, Patricia	290-04-0006	EXT247
HEALTH & COST IMPACT OF MATERNAL CHILD ADVOCATE SERVICES	1993	NORR, KATHLEEN	R01 HS07624	EXT248
Nationally Representative Quality-of-Life Weights	2005	Nyman, John	R01 HS14907	EXT391
Facilitating Home Care of Neonatal Chronic Lung Disease	1999	O'Shea, Thomas	R01 HS07928	EXT249
NURSING EFFECTIVENESS IN PREVENTIVE CHILD HEALTH PROGRAM	1991	ODA, DOROTHY	R01 HS06510	EXT250
DETERMINANTS OF OUTCOMES OF PREGNANCY	1991	OHSFELDT, ROBERT	R01 HS06685	EXT251
ASSESSING NEUROLOGIC OUTCOME IN ACUTELY INJURED CHILDREN	1994	OKADA, PAMELA	F32 HS00091	EXT252
Critical Challenges in Developing and Applying Pediatric Health Status and Outcome Measures, Chicago, IL, March 24-25, 2003.	2002	Olson, Lynn	R13 HS12078	EXT415
Pharmaceutical Regulation and New Drug Safety	2004	Olson, Mary	R03 HS13932	EXT253
Preventing Adolescent Criminal and Other Health-risking Social Behavior.	2001	Oregon Health and Science	Evidence-base	EXT254A
Pediatric, Obstetric, and Computer Based Interventions in Telemedicine	2000	Oregon Health Services Univer	Evidence-base	EXT254B
Home care of very low birth weight infants with chronic lung disease	1996	O'Shea, Thomas	R01 HS08192	EXT255
An Evolving Statewide Indiana Information Infrastructure	2004	Overhage, Marc	290-04-0015	EXT256

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CUBS: Preventive Services for At Risk Infants	2002	Pace, Robert	R21 HS13562	EXT257
Applied Strategies for Interventions of Patient Safety	2001	Pace, Wilson D.	U18 HS11878	EXT258
2001 Rural mental health research conference	2001	Pachelli, Sheryl	R13 HS10960	EXT416
Bayesian Pattern-Mixture Models (PMM) for Quality of Care Data	2005	Paddock, Susan	R03 HS14805	EXT392
Symptom Management: What Works, for Whom and at What Cost? March 19, 2005	2005	Page, Gayle	R13 HS15769	EXT441
Improving Quality of Care for Newborns with Jaundice	1998	Palmer, R. Heather	R01 HS09782	EXT259
Strategies for care of very low birth weight infants	1996	Paneth, Nigel S.	R01 HS08385	EXT260
ASSESSMENT OF FEBRILE INFANTS LESS THAN 2 MONTHS OF	1993	PANTELL, ROBERT	R01 HS06485	EXT261
PREDICTORS OF URINARY TRACT INFECTION DURING	1995	PASTORE, LISA	R03 HS08901	EXT262
Implementing a simulation based safety curriculum in a pediatric emergency department	2005	Patterson, Mary	U18 HS15841	EXT263
ED Information Systems—Kentucky and Indiana Hospitals	2004	Pecoraro, David	UC1 HS14897	EXT264
Health, Health Insurance and Welfare Dynamics	1998	Perreira, Krista M.	R03 HS09884	EXT265
REGIONAL VARIATION IN PEDIATRIC HOSPITALIZATION	1990	PERRIN, JAMES	R01 HS06060	EXT266B
Patterns of referral and care for children on Medicaid	1996	Perrin, James	R01 HS09416	EXT266A
Ambulatory Pediatric Association Child Health Services Research Conference	1998	Perrin, James	R13 HS09815	EXT417A
Children with Chronic Illnesses and Disabilities	2000	Perrin, James		EXT417B
Promoting Safety in Child and Adolescent Health Care, April/May 2003	2002	Perrin, James	R13 HS92544	EXT417C
Regionalization, Market Forces, and Neonatal Mortality	2000	Phibbs, Ciaran S.	R01 HD36914	EXT267
Meeting the Challenge of Medicaid Managed Care: Best Practices for Clinical Care and Teaching—November 1-3, 2001	2001	Phillips, Rosalie	R13 HS10969	EXT418
The CERTS prescribing safety program	2001	Platt, Richard	U18 HS11843	EXT446
Harvard Pilgrim Health Care CERT	2000	Platt, Richard	R01 HS10247	EXT447
MEDICAID POLICY AND INFANT SURVIVABILITY	1990	POERTNER, GRACE	R03 HS06627	EXT268
Pediatric Emergency Care: Severity and Quality	1999	Pollack, Murray M.	R01 HS10238	EXT269
Informative Technology: Linking Parents and Providers	2002	Porter, Stephen	K08 HS11660	EXT270A
ParentLink: Better and Safer Emergency Care for Children	2004	Porter, Stephen	R01 HS14947	EXT270B
The Effect of Medication Errors in the Pediatric ICU	2001	Portnoy, Joel D.	K08 HS11636	EXT271
Statewide Efforts to Improve Care in Intensive Care Unit	2003	Pronovost, Peter	UC1 HS14246	EXT272
Creating Online NICU Networks to Educate, Consult and Team	2005	Rachal, Valerie	UC1 HS16147	EXT273
Health Policies and Pathways to Mental Health Services for Children	2003	Raghavan, Ramesh	R03 HS13611	EXT274
Obesity, Pharmacological and Surgical Management	2002	RAND	Evidence-base	EXT275
THE EFFECTS OF RURAL OBSTETRIC CARE PROVIDER SHORTAGES	1992	RAY, WAYNE	R01 HS07321	EXT276A
Vanderbilt Center for Education/Research of Therapeutics	1999	Ray, Wayne	U18 HS10384	EXT276B
Modeling Health Utilization of Medicaid Children	2002	Rein, David	R03 HS13286	EXT277
Management of Bronchiolitis.	2001	Research Triangle Institute and University of North Carolina at Chapel Hill	Evidence-base	EXT278A
EPC Technical Support for National Institute of Dental and Craniofacial Research	1999	Research Triangle Institute and	Evidence-base	EXT278B
COST OF NEONATAL INTENSIVE CARE	1991	RICHARDS, TONI	R01 HS06567	EXT279
A Perinatal Health Services Research in Laboratory Pilot	2000	Richardson, Douglas K.	R03 HS10824	EXT280A
Unstudied Infants: Low Risk Babies in a High Risk Place	2000	Richardson, Douglas K.	R01 HS10131	EXT280B
Infant Feeding Method and Medicaid Service Utilization	1999	Riedel, Aylin A.	R03 HS10163	EXT281
DEVELOPMENT OF AN ADOLESCENT HEALTH STATUS MEASURE	1992	RILEY, ANNE	R01 HS07045	EXT282B
THE REFERRAL PROCESS IN PRIMARY CARE SETTINGS	1994	RILEY, ANNE	R03 HS08430	EXT282C
Development of a child health status measure	1999	Riley, Anne	R01 HS08829	EXT282A
Health Disparities and Hispanic Research, March 31-April 3, 2005	2005	Rios, Elena	R13 HS16074	EXT442
Otitis media and language learning sequelae	2002	Roberts, Joanne	R13 HS12072	EXT419A
Otitis Media and Language Learning Sequelae, Arlington, VA, May 1-2,	2002	Roberts, Joanne	R13 HS12072	EXT419B
Measuring the Quality of Care for High Risk Infants	1999	Rogowski, Jeannette A.	R01 HS10328	EXT283C
Costs of Care for VLBW Infants	2002	Rogowski, Jeannette A.	R03 HS13429	EXT283A
Evidence-based Selective Referral in VLBW Infants	2002	Rogowski, Jeannette A.	R01 HS13371	EXT283B
Improving Communication Between Health Care Providers Via a Statewide Infrastructure: UHINClinical	2004	Root, Jan	290-04-0002	EXT284
Implementing Family Programs in Psychiatric Settings	1999	Rose, Linda E.	R03 HS10378	EXT285
Improving public health policy for adolescents	2005	Rosenquest, James	R36 HS15561	EXT287
STRATEGIES FOR MANAGEMENT OF DENTAL CARIES IN CHILDREN	1992	ROZIER, RICHARD	R01 HS06993	EXT288
A Regional, Community-Health Center PBRN	2000	Rust, George S.	P20 HS11217	EXT289
Provider Implicit racial bias & medical decision-making	2005	Sabin, Janice	R36 HS15676	EXT290
RURAL LBW CHILDREN AND FAMILIES: VISIONS FOR THE FUTURE	1994	SACHS, BARBARA	R13 HS07950	EXT291
Partners in Transition: Adolescents and Managed Care Conference	2000	Salisbury, Lois	R13 HS10109	EXT420
Rural Trial of Clinic Order Entry with Decision Support	2004	Samore, Matthew	R01 HS15413	EXT292
ACCESS TO AMBULATORY CARE BY THE INDIGENT	1993	SAVER, BARRY	R03 HS07253	EXT293



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STUDY OF HIGH SCHOOL HIV/STD RISK REDUCTION PROGRAM	1993	SCHUSTER, MARK	R03 HS08055	EXT294
Effectiveness of NHLBI Guide on childhood asthma outcome	1999	Scribano, Philip	HS09825	EXT295
The Impact of the Oregon Health Plan on TANF Leavers' Ability to Care for Their Families' Health	2001	Seccombe, Karen M.	R01 HS11322	EXT296
Measuring Quality of Care for Vulnerable Children	1999	Seid, Michael	R01 HS10317	EXT297C
Managing the Health Needs of Vulnerable Children: Families' Experience	2001	Seid, Michael	R03 HS11751	EXT297B
Barriers to Care for Chronically Ill Vulnerable Children	2002	Seid, Michael	R03 HS13058	EXT297A
Implementation of Otitis Media Practice Guidelines With Priority Populations	2000	Selby, Joe V.	Contract	EXT298
NURSING INTERVENTIONS TO IMPROVE EPSDT UTILIZATION	1990	SELBY-HARRINGTON, MAIJA	R01 HS06507	EXT299
CHARACTERIZING FAMILIES IN A PEDIATRIC RESEARCH	1992	SENTURIA, YVONNE	R03 HS07271	EXT300A
Testing a New Measure of Quality of Asthma Care	2002	Senturia, Yvonne	R03 HS13081	EXT300B
Continuity Research Network (CORNET)	2002	Serwint, Janet	R21 HS13582	EXT301
Do Urine Tests Increase Chlamydia Screening in Teens?	1999	Shafer, Mary-Ann	R01 HS10537	EXT302
COMPETITION AND ACCESS TO NICCUS IN CALIFORNIA	1998	SHAFFER, ELLEN	R03 HS10014	EXT303
HIV cost and services utilization study	1999	Shapiro, Martin	U01 HS08578	EXT304A
UCLA/DREW/RAND Program to Address Disparities in Health	2000	Shapiro, Martin	P01 HS10858	EXT304B
Implementing Pediatric Patient Safety Practices	2002	Sharek, Paul	U18 HS13698	EXT305
Risk Analysis of Pediatric Chemotherapy Processes	2003	Shenep, Jerry	UCI HS14295	EXT306
Quality of Care for Children with Special Needs in Managed Care	1998	Shenkman, Elizabeth	U01 HS09949	EXT307A
Access and Quality of Care for Low Income Adolescents	1999	Shenkman, Elizabeth A.	U01 HS10465	EXT307B
Health Utilities in Hepatitis C Infected Patients	1999	Sherman, Kenneth	R03 HS10366	EXT308
Medicaid managed care for asthma: Does plan type matter?	1996	Shields, Alexandra	R03 HS09327	EXT309
Electronic Records to Improve Care for Children	2004	Shiffman, Richard	UC1 HS15420	EXT310
DOMESTIC ABUSE, HEALTH STATUS, AND HMO HEALTH CARE USE	1997	SHYE, DIANA	R03 HS09525	EXT311
Creating Online NICU Networks to Educate, Consult and Team	2004	Siders, Jane	P20 HS14996	EXT312
DIETARY FACTORS RELATED TO ADVERSE BIRTH OUTCOMES	1994	SIEGA-RIZ, ANNA	F32 HS00095	EXT313
Conditional Length of Stay (CLOS): A Pediatrics Outcome Measure	1999	Silber, Jeffrey H.	R01 HS09983	EXT314
Ambulatory Injury: The Role of Race/Ethnicity and Socioeconomic Status	2005	Simon, Tamara	APA Support	EXT393
Enhanced Patient Safety Intervention to Optimize Medication Education (EPITOME)	2005	Sirio, Carl	U18 HS15851	EXT394
ADOLESCENT ACCESS TO HEALTH CARE--THE TEENS' PERSPECTIVE	1993	SLAP, GAIL	R03 HS07876	EXT315
MIGRANT FARM WORKERS' HEALTH NEEDS AND ACCESS TO SERVICE	1992	SLESINGER, DORIS	R03 HS06524	EXT316
BIRTH OUTCOMES SATISFACTION WITH CARE AND MALPRACTICE	1990	SLOAN, FRANK	R01 HS06499	EXT317
Hospital Reported Medical Injury in Children	2000	Slonim, Anthony D.	R03 HS11022	EXT318A
Improve Safety of Blood Product Transfusions in Children	2003	Slonim, Anthony D.	K08 HS14009	EXT318B
Translating National Pediatric PBRN Research into Practice	2002	Slora, Eric	R21 HS13512	EXT319
PRENATAL DIABETES EDUCATION IN PIMA INDIANS	2000	SMITH, CAROLYN	R03 HS10802	EXT320
ROLE OF HEALTH SERVICES IN THE EXCESS MORTALITY OF IDDM	1990	SONGER, THOMAS	F32 HS00038	EXT321
Outcomes of Legislated Increases in Maternity Stays	1999	Soumerai, Stephen B.	R01 HS10060	EXT322
Otitis Media with Effusion	1999	Southern California Evidence-b	Evidence-base	EXT323
Mississippi Building Research Infrastructure and Capacity Project	2001	Southward, Linda H.	P20/R24 HS11	EXT324
INFANT DEATHS TO TEEN MOTHERS: SAN ANTONIO 1935 TO 1985	1992	SOWARDS, KATHRYN	R03 HS07542	EXT325
Safe Critical Care: Testing Improvement Strategies	2005	Speroff, Theodore	U18 HS15934	EXT395
Evaluation of Kansas HealthWave	1999	St. Peter, Robert F.	U01 HS10536	EXT326
Time Series Modeling of Trends in Medication Prescribing	2002	Stafford, Randall	R01 HS13405	EXT327
PBRN CHARACTERIZATION & AUTOMATED NAMCS PATIENT REPORT	2000	STANGE, KURT	U01 HS11176	EXT328
Design and produce sensitive instruments for valid assessment of child health status	1996	Starfield, Barbara	HS08829	EXT329
Are There Social Class Gradients in Adolescent Health?	2000	Starfield, Barbara		EXT421
PHARMACEUTICAL CARE AND PEDIATRIC ASTHMA OUTCOMES	1993	STERGACHIS, ANDREAS	R01 HS07834	EXT330
Validation of a Disease Specific Health Status Instrument	1999	Stewart, Michael	R03 HS09829	EXT331
Seeking and Denying Antibiotic Treatment in Pediatrics	1999	Stivers, Tanya J.	R03 HS10577	EXT332
The PeaceHealth Community-wide Electronic Shared Medication List	2003	Stock, Ronald	UC1 HS14315	EXT333
Impact of Managed Care Organization (MCO) Policy on Quality of Pediatric Asthma Care	1998	Stuart, Bruce	U01 HS09950	EXT334
Evaluating the Impact of an ACPOE/CDS System on Outcomes	2004	Sullivan, Sean	UC1 HS15319	EXT335
EMERGENCY MEDICAL SERVICES FOR CHILDREN	1995	SURUDA, ANTHONY	R01 HS09057	EXT336
A PROSPECTIVE STUDY OF AN OUT-OF-HOSPITAL BIRTH CENTER	1993	SWARTZ, WILLIAM	R01 HS07161	EXT337
Health Care Access, Quality and Insurance for Children with Special Health Care Needs	1999	Swigonski, Nancy L.	U01 HS10453	EXT338
New York's SCHIP: What works for vulnerable children	1999	Szilagyi, Peter G.	U01 HS10450	EXT339
Characteristics of Smoking Parents: Insights to Engage Pediatricians and Improve Tobacco Interventions to Parents	2003	Tanski, Susanne	03R000173	EXT340A

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Pediatricians' tobacco cessation attitudes	2003	Tanski, Susanne	R03 HS13789	EXT340B
Center for Evaluation and Research in Pediatric Safety	2001	Taylor, James A.	P20 HS11590	EXT448
Teamwork and Error in Neonatal Intensive Care	2000	Thomas, Eric J.	U18 HS11164	EXT341
Long-Term Health Care Effects of Domestic Violence	2002	Thompson, Robert	R01 HS10909	EXT342
ACCESS TO MEDICAL CARE AND THE DEMAND FOR MEDICAL CARE	1992	TILFORD, JOHN	R03 HS07554	EXT343A
QUALITY & COST CONTAINMENT IN PEDIATRIC INTENSIVE CARE	1995	TILFORD, JOHN	R01 HS09055	EXT343B
CENTER FOR MEDICAL TREATMENT EFFECTIVENESS PROGRAMS	1993	TILLEY, BARBARA	U01 HS07386	EXT344
Research Agenda for Pediatric Burns Outcomes Measurement—April 9-11, 2001	2001	Tompkins, Ronald	R13 HS10950	EXT422
Puerto Rico Health Services Research Institute	2003	Torres-Zeno, Roberto	R24 HS14060	EXT345
Impact of prenatal Medicaid program on newborns' health	1996	Trenhom, Christopher	HS09332	EXT346
PRIMARY CARE FOR HIGH RISK INDIGENT INFANTS	1992	TYSON, JON	R01 HS06837	EXT347
Refinement of HCUP Quality Indicators	1999	University of California, San Fr	Evidence-base	EXT348
Economic Incentives: Impact on Use/Outcomes of Preventive Health Services	2002	University of Minnesota	Evidence-base	EXT349A
Efficacy of Behavioral Interventions to Modify Physical Activity	2002	University of Minnesota	Evidence-base	EXT349B
Cross-Cutting Quality Measures for Cancer Control	2002	University of Ottawa	Evidence-base	EXT350A
Sexuality and Reproductive Health Following Spinal Cord Injury-Phase I Feasibility Study	2002	University of Ottawa	Evidence-base	EXT350B
NEW MEXICO MEDTEP RESEARCH CENTER IN MINORITY POPULATION	1992	URBINA, CHRISTOPHER	U01 HS07389	EXT351
Annual child health services research meeting	2005	Valentine, Wendy	R13 HS14742	EXT423A
The Fourth Annual Child Health Services Research (CHSR) Meeting: At the Cutting Edge of Research and Policy, Washington, DC , June 22,	2002	Valentine, Wendy	R01 HS08201	EXT423D
First International Child Health Services Research Meeting—September 20, 2003	2003	Valentine, Wendy	290-98-0003	EXT423B
The Fifth Annual Child Health Services Research Meeting—What Works in Child Health Services Research—June 26, 2003	2003	Valentine, Wendy	R01 HS08201	EXT423C
The Sixth Annual Child Health Services Research Meeting—Child Health Services Research Across Systems—June 5, 2004 (San Diego, CA)	2004	Valentine, Wendy	R13 HS14654	EXT423E
Developing an Asthma Management Model for Head Start Children	2000	Vargas, Perla A.	U18 HS11062	EXT352
A Pediatric PBRN (Pediatric PitNet) and a Pilot Project	2002	Wald, Ellen	R21 HS13523	EXT353A
Improving chronic disease health status and utilization	2000	Wallander, Jan	R03 HS10812	EXT354
Effect of Out-of-Hospital Endotracheal Intubation Errors	2004	Wang, Henry	K08 HS13628	EXT355
Promoting Effective Communication and Decision-Making in Diverse Populations	2000	Washington, Eugene	P01 HS10856	EXT356
Latina Immigrants, Bridge Persons, and Preventive Health	2003	Wasserman, Melanie	R03 HS13864	EXT357
Enhancing the Capacities of a National Pediatric PBRN	2000	Wasserman, Richard C.	P20 HS11192	EXT358A
Defining Patient visits in a National Pediatric PBRN	2001	Wasserman, Richard C.	U01 HS11192	EXT358B
Asthma School Initiative: Evaluating Three Models of Care	1999	Webber, Mayris P.	R18 HS10136	EXT359
Teen Suicide: Attributes and Opportunities for Prevention	2004	Webster, Romi	04R000101	EXT360
Racial/Ethnic Differences in CAHPS Ratings and Reports	2001	Weech-Maldonado, Robert J.	R03 HS11386	EXT361
Assessing cost-effectiveness of practice guidelines to reduce asthma morbidity among children	1996	Weiss, Kevin	HS08368	EXT362A
Outcomes assessment in pediatric asthma	1999	Weiss, Kevin	R01 HS08368	EXT362B
National Asthma Disparities Conference, February 21-23, 2005	2005	Weiss, Kevin	R13 HS15762	EXT439
EI Dorado County Safety Network Technology Project	2004	West, Neda	P20 HS14908	EXT363
Consumer Assessment of Health Plans Survey for Children with Special Health Care Needs Dissemination	2000	Weststat, Inc	Contract	EXT364
APPLYING BIOMECHANICAL EPIDEMIOLOGY TO INJURY PREDICTION	1995	WINSTON, FLAURA	R01 HS09058	EXT365
PEDIATRIC BRAIN TUMOR SURVIVAL: RACE & INSURANCE STATUS	1993	WITMAN, PHILIP	R03 HS07488	EXT366
Family Influences on Children's Health and Healthcare	2000	Witt, Whitney P.	R03 HS11254	EXT367A
Treatment of Maternal Depression and the Impact on Children's Use of and Expenditures for Health Care	2002	Witt, Whitney P.	APA Support	EXT367B
Factors that Influence Children's Health Care Utilization	1998	Wong, Sabrina T.	R03 HS10004	EXT368
Prescribing patterns and factors influencing choice of antibiotic of Otitis Media	1998	Wong, Shale	APA Support	EXT369
Impact of Gait Analysis on Surgical Outcomes	2004	Wren, Tishya	R01 HS14169	EXT370
TRIP (Translating Research Into Practice) for Postpartum Depression	2005	Yawn, Barbara	R01 HS14744	EXT396
Barriers to Anti-Inflammatory Use in Childhood Asthma	2000	Yoos, Hannelore	R03 HS10689	EXT371
Evaluation of the Rewarding Results Program	2002	Young, Gary	U01 HS13591	EXT372
Predictors and Costs of Adolescent Risky Behavior	2002	Youngblade, Lise	R03 HS13261	EXT373
Ethnic Differences in Complementary and Alternative Medicine Use among Older US Adolescents	2004	Yussman, Susan	04R000101	EXT374

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Analysis of Fee-For-Service vs. Managed Care for Children with Special Health Care Needs	1999	Zimmerman, Janet	U01 HS10441	EXT375
IMMUNIZATION BARRIERS: A STUDY OF GENERALIST PHYSICIANS	1994	ZIMMERMAN, RICHARD	R01 HS08068	EXT376A
Immunization Barriers	1997	Zimmerman, Richard K.	R03 HS09527	EXT376B
Development of a child mental health and substance abuse agenda	1996			EXT377
Learning from SCHIP I and Learning from SCHIP II	1998			EXT432
SCHIP: Implementing Effective Programs and Understanding Their	1998			EXT434
State Children's Health Insurance Program (SCHIP) Evaluation Strategy Workshop	1998			EXT437
Coordinating Publicly Funded Healthcare Coverage for Children	1999			EXT425
Improving Children's Health Through Health Services Research - Children's Health Services Research Meeting	1999			EXT427
SCHIP: What's Happening? What's Next?	1999			EXT435
Children with Special Health Care Needs: Developing Integrated Systems of Care	2000			EXT424
Improving the Care Delivered to Children Served by State Agencies	2000			EXT430
Second Annual Meeting of Child Health Services Researchers: The Role of Partnerships	2000			EXT436
Improving the Quality of Care Delivered to Children Served by State Agencies	2001			EXT431
Third Annual Child Health Services Research Meeting: Bridging Research, Practice and Policy	2001			EXT438
Designing Systems of Care that Work for Children with Special Health Care Needs	2002			EXT426
Improving Early Childhood Development: Promising Strategies for States and the Health Care System	2002			EXT429
Quality Measures for Children's Health Care: State of the Science and Practice—A Strategy Development Meeting, February 5-6, 2002.	2002			EXT433
Evidence-based Practice Centers	1996			EXT444

## Appendix B. Interview Protocol

### **Oral Consent:**

Before we begin I'd like to give you some background information on RAND and this study and also go over our confidentiality agreement. RAND is a private nonprofit research institution that conducts independent and objective research and analysis to advance public policy. RAND has been contracted by AHRQ to evaluate the impact of their children's health research. This interview is part of that evaluation.

*Required Consent Procedures:* Before we get started, let me assure you that your responses to these questions will be held in strict confidence, and will not be disclosed to anyone outside the project, except as required by law. Summary information from these interviews, together with material taken from public documents, will be presented in reports; however, no specific individual will be identified by name or affiliation in any reports or publications without his or her permission.

Your participation in this discussion is completely voluntary. We would like to have your responses to all of the questions; however, if you are uncomfortable with any question we can skip it. We estimate that the interview will take about 1 hour.

Do you have any questions about our confidentiality procedures before we begin? (If yes, respond to all questions. If no, proceed with discussion).

### **Interview:**

We are interested in understanding more about (Case Activity), as well as your impressions, more generally, with regard to AHRQ and its children's health activities. With regard to (Case Activity), we would like to know what impact it had, how that impact came about, and the role that AHRQ and other stakeholders played in bringing about this impact.

#### Background

1. How would you describe your work or your organization's work related to child health policy / clinical care / outcomes?
2. What work have you or your organization done related to (Case Activity)?

#### Impact

3. How would you describe the impact that this (Case Activity) had on child health policy / clinical care / outcomes?
  - a. What, in your opinion, was the main impact of this work?
  - b. What factors were most important in creating the impact?
  - c. What factors prevented it from having a larger impact?

#### Process

4. How would you describe your involvement in this (Case Activity)?
5. How would you describe the role of other stakeholders in this (Case Activity)?
6. How would you describe AHRQ's role in this (Case Activity)?
7. How did the different stakeholders connect around this (Case Activity)?

## Appendix B. Interview Protocol

### AHRQ

8. What was it like to work with AHRQ in terms of this (Case Activity)?
  - a. What were the positives and negatives?
  - b. Where to improve?
9. What role did AHRQ play in connecting stakeholders around this (Case Activity)?
  - a. How, if at all, did AHRQ partner with other HHS agencies in this case?
10. Do you know of others who were affected by this case?
11. What, if anything, could AHRQ have done to increase the impact of this (Case Activity)?
  - a. Are there things you think AHRQ could do differently in similar cases in the future?
12. What was the most important aspect of AHRQ's involvement?
13. Comment on AHRQ staff's activities related to partnership, implementation, dissemination

I'd like to switch now to thinking about AHRQ and their children's health activities more broadly:

14. How do you see children's health activities fitting into the overall mission of AHRQ?
15. What are your impressions generally of AHRQ's children's health activities and their impact on policy, practice, or outcomes?
16. Can you comment on the ways that structural or organizational characteristics of AHRQ enhanced or diminished the impact of these activities?
17. Are there ways AHRQ could be organized differently to enhance the impact of its child health activities?

## Appendix C: Tables and Figures

Table 1. Excluded External Research Activities

<b>Source</b>	<b># of Activities Excluded</b>	<b>Reasons</b>
New Starts Database	1	Activity not substantially related to children's health
Conference and Workshops Links	0	
SCHIP	0	
IT Page	0	
CHIRI	2	Activity not funded by AHRQ
GOLD, child subcategory	1	Activity not substantially related to children's health
GOLD, abstract	28	Activity not substantially related to children's health (13); Activities related to fertility (1); Activities only tangentially related to children' health (11); Activity focuses on parents' health but no direct study of impact on children's health
AMIS	24	Activities not substantially related to children's health (18); Activities only tangentially related to children's health (6)

Table 2. Interview Topics by Primary Objective

<b>Interview Topic</b>	<b>Primary Objective 2</b>	<b>Primary Objective 3</b>	<b>Primary Objective 4</b>
Describe impact of case activity	X		
Which processes were important in bringing about this impact	X		X
How AHRQ's involvement brought about this impact including staff activities related to partnership, implementation, dissemination	X	X	X
Structure and organization of AHRQ and how that structure and organization interfaces with children's health care issues	X	X	
Interaction/partnership with AHRQ			X

Table 3. Number of External Child Health Activities by First Year of Funding

<b>Year</b>	<b>Number of External Activities</b>
1990	13
1991	11
1992	20
1993	20
1994	14
1995	8
1996	19
1997	13
1998	22
1999	61
2000	74
2001	50
2002	71
2003	36
2004	48
2005	34
<i>Totals</i>	<i>514</i>



Table 4. Total and Average Number of External Child Health Activities by Time Period According to First Year of Funding

<b>First Year of Funding</b>	<b>Number of External Activities</b>	<b>Average Number of External Activities</b>
1990-1995	86	14.3
1996-1998	54	18.0
1999-2002	256	64.0
2003-2005	118	39.3
<i>Totals</i>	<i>514</i>	

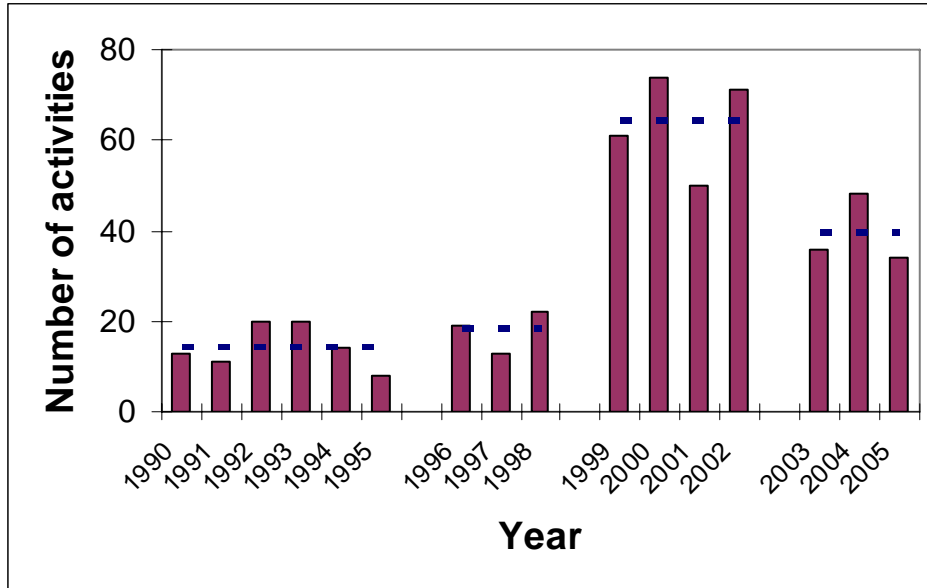


Figure 1. Number of External Child Health Activities by First Year of Funding

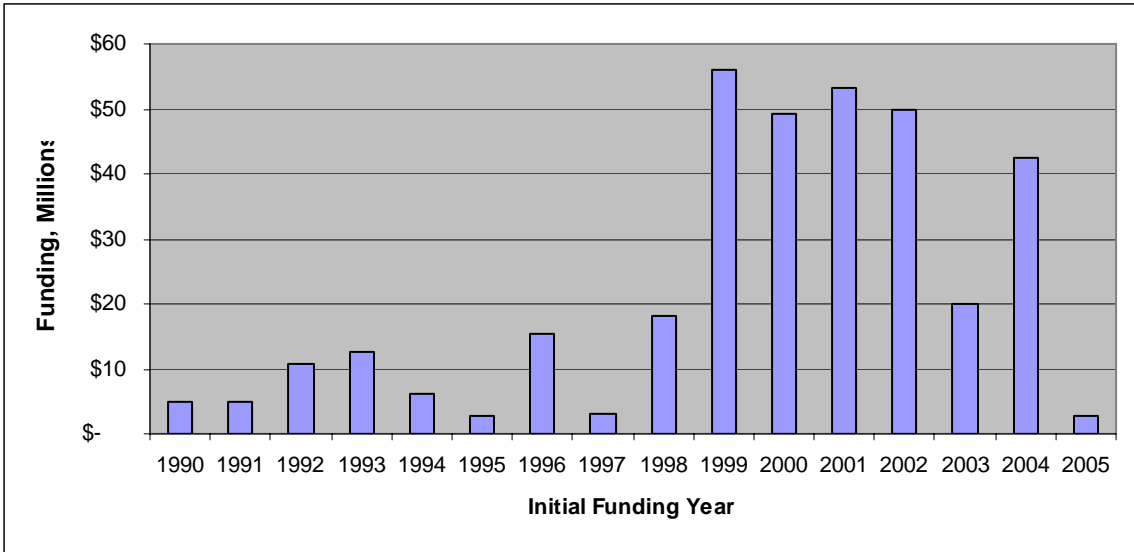


Figure 2. Funding for Child Health Activities by Initial Funding Year

Table 5. Funding for External Child Health Activities by Time Period

<b>Year</b>	<b>Total Child Health Funding</b>
1990-1995	\$42,096,000
1996-1998	\$36,701,000
1999-2002	\$208,428,000
2003-2005	\$65,415,000
<i>Totals</i>	<i>\$352,639,000</i>

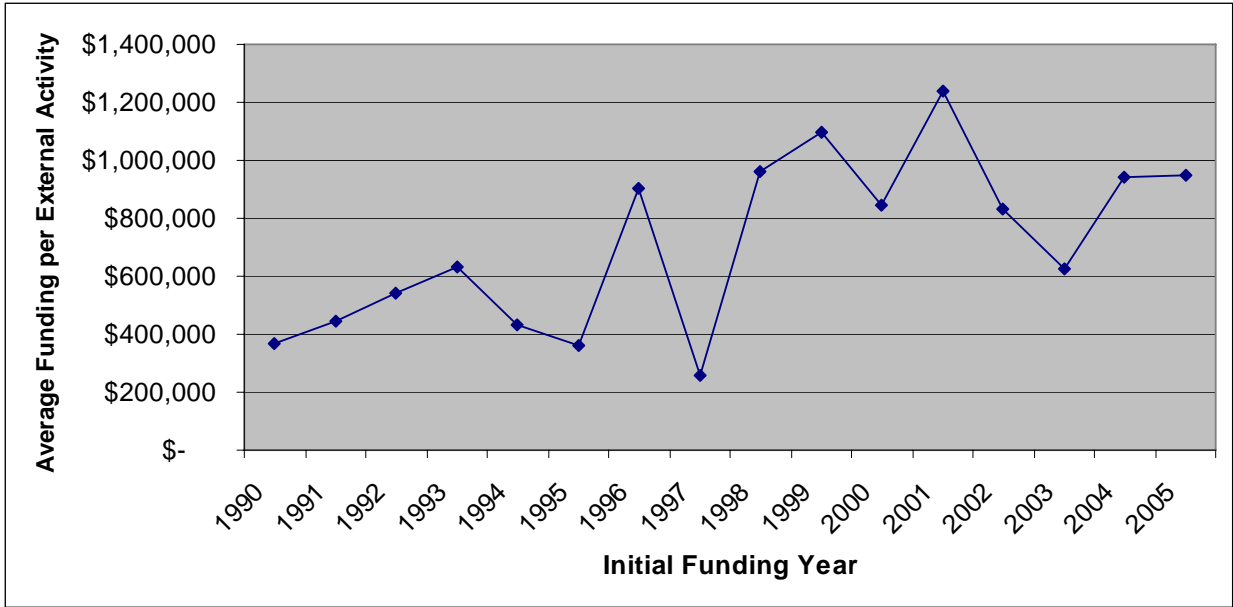


Figure 3. Average Funding per External Child Health Activity by Initial Funding Year

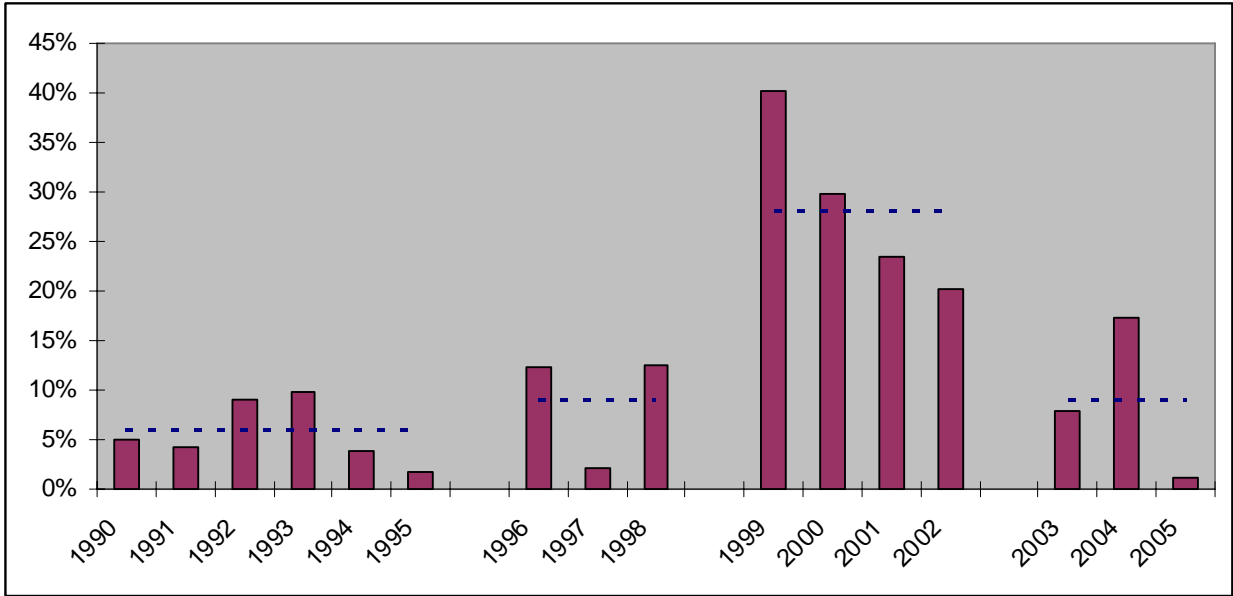


Figure 4. Percent of AHRQ Budget Allocated to Child Health Activities by Initial Funding Year

Table 6. Total and Average Number of Child Health Publications by Initial Funding Year

<b>Initial Funding Year</b>	<b>Number of Publications</b>	<b>Average Number of Publications per Activity</b>
1996	54	3.6
1997	25	2.1
1998	53	3.1
1999	245	4.4
2000	209	3.4
2001	68	1.7
2002	87	1.5
<i>Totals</i>	<i>741</i>	<i>2.9</i>

Table 7. AHRQ Strategic Goals

Strategic Plan Goals	Budget Justification Goals	AHRQ Strategic Goals
Supporting improvement in health outcomes		1.Improve health outcomes
Identifying strategies to improve access, foster appropriate use, and reduce unnecessary expenditures	Efficiency – Achieve wider access to effective health care services and reduce health care costs.	2.Improve access, appropriate use and efficiency and reduce costs
	Effectiveness – Assure that providers and consumers/patients use beneficial and timely health care information to make informed decisions/choices.	3.Use data to make informed decisions
Strengthening quality measurement and improvement		4.Strengthen quality measurement and improvement
	Safety/Quality – Reduce the risk of harm from health care services by promoting the delivery of appropriate care that achieves the best quality outcome.	5.Promote safety
	Organizational Excellence – Develop efficient and responsive business processes.	



Table 8. Number and Percent of External Child Health Activities by AHRQ Strategic Goals, Overall and Over Time

AHRQ Strategic Goals	Number of External Activities	Percent of External Activities	Categories by Years			
			1990-1995 (n=86)	1996-1998 (n=54)	1999-2002 (n=256)	2003-2005 (n=118)
1. Improve health outcomes	269	52%	63%	54%	55%	38%
2. Improve access, appropriate use and efficiency and reduce costs	131	25%	37%	44%	23%	13%
3. Use data to make informed decisions	50	10%	--	--	5%	31%
4. Strengthen quality measurement and improvement	8	2%	--	--	3%	1%
5. Promote safety	56	11%	--	2%	13%	18%
<i>Total</i>	<i>514</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

Table 9. Total and Percent of Funding for External Child Health Activities by AHRQ Strategic Goals

<b>AHRQ Strategic Goals</b>	<b>Total Funding</b>	<b>Percent of Total Funding</b>
1. Improve health outcomes	\$142,235,000	40%
2. Improve access, appropriate use and efficiency and reduce costs	\$75,814,000	21%
3. Use data to make informed decisions	\$46,779,000	13%
4. Strengthen quality measurement and improvement	\$4,097,000	1%
5. Promote safety	\$83,715,000	24%
<i>Total</i>	<i>\$352,639,000</i>	<i>100%</i>

Table 10. Number and Percent of Publications by AHRQ Strategic Goals

<b>AHRQ Strategic Goals</b>	<b>Number of Publications</b>	<b>Percent of Publications</b>
1. Improve health outcomes	398	54%
2. Improve access, appropriate use and efficiency and reduce costs	227	31%
3. Use data to make informed decisions	25	3%
4. Strengthen quality measurement and improvement	16	2%
5. Promote safety	75	10%
<i>Total</i>	<i>741</i>	<i>100%</i>

Table 11. Number and Percent of External Activities by Children’s Health Strategic Plan Goals, Overall and Over Time

Children’s Health Strategic Plan Goals	Number of External Activities	Percent of External Activities	Categories by Years			
			1990-1995 (n=86)	1996-1998 (n=54)	1999-2002 (n=256)	2003-2005 (n=118)
1. Contribute to new knowledge about child health services.	311	61%	72%	69%	62%	45%
2. Create tools and nourish talent to strengthen the knowledge base in child health services.	127	25%	15%	19%	20%	44%
3. Translate new knowledge into practice.	31	6%	5%	9%	7%	3%
4. Improve communication with stakeholders in child health. <sup>a</sup>	--	--	--	--	--	--
5. Include children and child health care in all AHRQ-supported research. <sup>b</sup>	4	1%	--	--	<1%	3%
6. Balance the AHRQ research portfolio to represent a broader range of children and child health care.	41	8%	8%	4%	10%	6%
<i>Total</i>	<i>514</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

<sup>a</sup> AHRQ funded a number of conferences and workshops to bring stakeholder together, but these activities were categorized according to their topical area.

<sup>b</sup> Many of the external activities could be categorized as including children and child health care in all AHRQ-supported research, but these activities were categorized according to their subject matter.

Table 12. Total and Percent of Funding for External Child Health Activities by Children’s Health Strategic Plan Goals

<b>Children’s Health Strategic Plan Goals</b>	<b>Total Funding</b>	<b>Percent of Total Funding</b>
1. Contribute to new knowledge about child health services.	\$195,233,000	55%
2. Create tools and nourish talent to strengthen the knowledge base in child health services.	\$98,189,000	28%
3. Translate new knowledge into practice.	\$26,630,000	8%
4. Improve communication with stakeholders in child health.	-----	
5. Include children and child health care in all AHRQ-supported research.	\$1,205,000	<1%
6. Balance the AHRQ research portfolio to represent a broader range of children and child health care.	\$31,382,000	9%
<i>Total</i>	<i>\$282,691,041</i>	<i>100%</i>

Table 13. Number and Percent of Publications by Children’s Health Strategic Plan Goals

<b>Children’s Health Strategic Plan Goals</b>	<b>Number of Publications</b>	<b>Percent of Publications</b>
1. Contribute to new knowledge about child health services.	473	64%
2. Create tools and nourish talent to strengthen the knowledge base in child health services.	136	18%
3. Translate new knowledge into practice.	64	9%
4. Improve communication with stakeholders in child health.	---	---
5. Include children and child health care in all AHRQ-supported research.	---	---
6. Balance the AHRQ research portfolio to represent a broader range of children and child health care.	68	9%
<i>Total</i>	<i>741</i>	<i>100%</i>

Table 14. AHRQ Portfolios of Research

	<b>Portfolio of Research</b>	<b>Description</b>
1.	Care Management Mission	To promote the receipt of effective, evidence-based, and patient-centered care for acute and chronic conditions through research, information dissemination, tool development, and promotion of policies.
2.	Cost, Organization, and Socio-Economics Mission	To improve quality, efficiency, and effectiveness of health care by providing public and private decisionmakers with the information, tools, and assistance they need to improve the way they organize, finance, pay for, and regulate health care.
3.	Data Development Mission	To develop and maintain data and tools to measure health care quality, efficiency, and effectiveness and to facilitate data use and translation into usable information by external and internal stakeholders to inform decision-making and quality improvement processes.
4.	Health Information Technology Mission	To increase the development, diffusion, and adoption of health IT to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.
5.	Long-term Care (LTC) Mission	To improve outcomes, quality, and evidence-based info focused on care provided in all LTC settings, transitions across settings, special service accommodation for the LTC population (e.g., assistance with mobility, basic activities of daily living, homemaker services and other role activities across all ages): a primary focus is on improving and maintaining functioning, community participation, and health-related quality of life.
6.	Patient Safety Mission	To decrease errors, risks, and/or hazards in health care and their harmful impact on patients.
7.	Pharmaceutical Outcomes Mission	To improve health outcomes through the safe and effective use of pharmaceuticals.
8.	Prevention Mission	To increase the adoption and the delivery (and use) of evidence-based clinical preventive services in the United States.
9.	System Capacity and Emergency Preparedness Mission	To empower communities and health care systems to support all people by enhancing system capacity and preparing for urgent and emergent demands and needs.
10.	Training Mission	To continue to foster the growth, dissemination, and translation of the field and science of health services research to achieve AHRQ's mission and address Department priorities in the transfer of health care research.

Table 15. Number and Percent of External Child Health Activities by AHRQ Portfolios of Research, Overall and Over Time

AHRQ Portfolios of Research	Number of External Activities	Percent of External Activities	Categories by Years			
			1990-1995 (n=86)	1996-1998 (n=54)	1999-2002 (n=236)	2003-2005 (n=118)
1. Care Management Mission	191	37%	50%	33%	39%	26%
2. Cost, Organization, and Socio-Economics Mission	134	26%	38%	46%	24%	13%
3. Data Development Mission	2	<1%	--	--	1%	--
4. Health Information Technology Mission	51	10%	--	--	5%	33%
5. Long-term Care (LTC) Mission	--	--	--	--	--	--
6. Patient Safety Mission	55	11%	--	4%	13%	16%
7. Pharmaceutical Outcomes Mission	11	2%	--	2%	3%	2%
8. Prevention Mission	31	6%	5%	9%	7%	3%
9. System Capacity and Emergency Preparedness Mission	4	1%	--	--	<1%	3%
10. Training Mission	35	7%	7%	6%	8%	5%
<i>Total</i>	<i>514</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>



Table 16. Total and Percent of Funding for External Child Health Activities by AHRQ Portfolios of Research

<b>AHRQ Portfolios of Research</b>	<b>Total Funding</b>	<b>Percent of Total Funding</b>
1. Care Management Mission	\$81,605,000	23%
2. Cost, Organization, and Socio-Economics Mission	\$76,596,000	22%
3. Data Development Mission	\$766,000	<1%
4. Health Information Technology Mission	\$48,303,000	14%
5. Long-term Care (LTC) Mission	---	---
6. Patient Safety Mission	\$64,679,000	18%
7. Pharmaceutical Outcomes Mission	\$21,546,000	6%
8. Prevention Mission	\$25,267,000	7%
9. System Capacity and Emergency Preparedness Mission	\$1,423,000	<1%
10. Training Mission	\$32,455,000	9%
<i>Total</i>	<i>\$352,639,000</i>	<i>100%</i>

Table 17. Number and Percent of Publications by AHRQ Portfolios of Research

<b>AHRQ Portfolios of Research</b>	<b>Number of Publications</b>	<b>Percent of Publications</b>
1. Care Management Mission	304	41%
2. Cost, Organization, and Socio-Economics Mission	230	31%
3. Data Development Mission	---	---
4. Health Information Technology Mission	25	3%
5. Long-term Care (LTC) Mission	---	---
6. Patient Safety Mission	66	9%
7. Pharmaceutical Outcomes Mission	31	4%
8. Prevention Mission	64	9%
9. System Capacity and Emergency Preparedness Mission	---	---
10. Training Mission	21	3%
<i>Total</i>	<i>741</i>	<i>100%</i>

Table 18. Child Health Publications by Stryer Category

<b>Stryer Category</b>	<b>Number of Publications</b>	<b>Percent of Publications</b>
1. Research findings	470	70%
2. Policy impact	95	14%
3. Clinical impact	99	15%
4. Outcomes impact	8	1%
<i>Total</i>	<i>672</i>	<i>100%</i>

Table 19. Mean (standard deviation) Stryer Score, Citations, and Impact Factors for Children’s Health Research Publications, Overall and by Categorization (Excludes Internal Publications)

AHRQ Strategic Goals	Mean (Standard Deviation)		
	Stryer Score	Citations	Impact Factor
1. Improve health outcomes	1.51 (.80)	7.38 (11.14)	3.92 (4.51)
2. Improve access, appropriate use and efficiency and reduce costs	1.46 (.83)	4.23 <sup>6</sup> (6.41)	3.06 (2.63)
3. Use data to make informed decisions	2.04* (1.07)	9.93 (11.78)	3.92 (4.75)
4. Strengthen quality measurement and improvement	NA	NA	NA
5. Promote safety	1.26 (.58)	11.37 <sup>2</sup> (32.31)	3.47 (3.56)
<b>Children’s Health Plan Strategic Goals</b>			
1. Contribute to new knowledge about child health services.	1.51 (.89)	7.34 (10.81)	3.60 (4.03)
2. Create tools and nourish talent to strengthen the knowledge base in child health services.	1.55 (.74)	7.00 (10.06)	3.63 (3.95)
3. Translate new knowledge into practice.	2.21* (.97)	1.36 (1.86)	2.97 (1.71)
4. Improve communication with stakeholders in child health.	NA	NA	NA
5. Include children and child health care in all AHRQ-supported research.	1.27 (.65)	9.14 (5.27)	3.73 (3.42)
6. Balance the AHRQ research portfolio to represent a broader range of children and child health care.	1.27 (.69)	11.72 (37.7)	5.31 (6.23)
<b>AHRQ Portfolios of Research</b>			
1. Care Management Mission	1.40 <sup>4,8</sup> (.81)	6.53 (9.13)	3.54 (4.07)
2. Cost, Organization, and Socio-Economics Mission	1.55 <sup>4</sup> (.73)	6.95 (10.07)	3.61 (3.93)
3. Data Development Mission	NA	NA	NA
4. Health Information Technology Mission	2.21 <sup>1,2,6,10</sup> (.97)	1.36 (1.86)	2.97 (1.71)
5. Long-term Care (LTC) Mission	NA	NA	NA
6. Patient Safety Mission	1.18 <sup>4,8</sup> (.58)	11.86 (40.25)	4.99 (5.86)
7. Pharmaceutical Outcomes Mission	1.75 (1.00)	13.63 (19.88)	4.96 (5.27)
8. Prevention Mission	2.04 <sup>1,6,10</sup> (1.07)	9.93 (11.78)	3.92 (4.75)
9. System Capacity and Emergency Preparedness Mission	NA	NA	NA
10. Training Mission	1.27 <sup>8,4</sup> (.59)	5.64 (6.09)	3.72 (1.43)
<b>Overall</b>	1.47 (.78)	7.44 (14.53)	3.79 (4.52)

\* = different from all other categories at  $p < 0.05$

1, 2, 3, etc. = different from specific category represented in superscript at  $p < 0.05$

Table 20. Average Impact Score of Child Health Publications by Stryer Category

<b>Stryer Category</b>	<b>Average Impact Score</b>
1. Research findings	3.16
2. Policy impact	3.65
3. Clinical impact	4.56
4. Outcomes impact	7.84

Appendix D List of Coded Publications 10-5-06

Author	Year	Title	Journal	Impact Score	Cites	Stryer	Childrens' Health Plan Strategic Goals	AHRQ Strategic Goals	AHRQ Portfolios of Work
Abdolarasulnia, M., Collins, B. C., Casebeer, L., Wall, T., Spettell, C., Ray, M. N., Weissman, N. W. and Allison, J. J.	2004	Using email reminders to engage physicians in an Internet-based CME intervention	BMC Med Educ	x		3	2	1	1
Adams, E. K., Bronstein, J. M. and Florence, C. S.	2003	The impact of Medicaid primary care case management on office-based physician supply in Alabama and Georgia	Inquiry	x	2	2	1	2	2
Adams, E. K., Bronstein, J. M. and Florence, C. S.	2006	Effects of Primary Care Case Management (PCCM) on medicaid children in Alabama and Georgia: Provider availability and race/ethnicity	Medical Care Research and Review	1.475		2	1	2	2
Adams, E. K., Bronstein, J. M. and Raskind-Hood, C.	2002	Adjusted clinical groups: predictive accuracy for Medicaid enrollees in three states	Health Care Financ Rev	1.068	1	1	1	2	2
Adams, E. K., Bronstein, J. M., Becker, E. R. and Hood, C. R.	2001	Payment levels, resource use, and insurance risk of medicaid versus private insured in three states	J Health Care Finance	x		2	1	2	2
Adams, R. J., Fuhlbrigge, A., Finkelstein, J. A., Lozano, P., Livingston, J. M., Weiss, K. B. and Weiss, S. T.	2001	Use of inhaled anti-inflammatory medication in children with asthma in managed care settings	Arch Pediatr Adolesc Med	3.566		1	1	2	2
Adams, R. J., Fuhlbrigge, A., Finkelstein, J. A., Lozano, P., Livingston, J. M., Weiss, K. B. and Weiss, S. T.	2001	Use of inhaled anti-inflammatory medication in children with asthma in managed care settings	Archives of Pediatrics & Adolescent Medicine	3.566	18	1	1	2	2
Adams, R. J., Fuhlbrigge, A., Finkelstein, J. A., Lozano, P., Livingston, J. M., Weiss, K. B. and Weiss, S. T.	2001	Impact of inhaled antiinflammatory therapy on hospitalization and emergency department visits for children with asthma	Pediatrics	4.272	42	4	1	2	2
Adams, W. G., Fuhlbrigge, A. L., Miller, C. W., Panek, C. G., Gi, Y., Loane, K. C., Madden, N. E., Plunkett, A. M. and Friedman, R. H.	2003	TLC-Asthma: an integrated information system for patient centered monitoring, case management, and point-of-care decision support	AMIA Annu Symp Proc	x		1	1	1	1
Adler, M. D. and Johnson, K. B.	2000	Quantifying the literature of computer-aided instruction in medical education	Acad Med	1.94		1	2	3	4
Allen, C. L., Annett, R. D. and Skipper, B.	2003	Family functioning and asthma characteristics affect disease-specific quality of life in camp participants	Journal of Investigative Medicine	x		NA	1	1	1
Allen, E. C., Manuel, J. C., Legault, C., Naughton, M. J., Pivor, C. and O'Shea, T. M.	2004	Perception of child vulnerability among mothers of former premature infants	Pediatrics	4.272	5	1	1	1	1
Allison, J. J., Kiefe, C. I., Wall, T., Casebeer, L., Ray, M. N., Spettell, C. M., Hook, E. W., 3rd, Oh, M. K., Person, S. D. and Weissman, N. W.	2005	Multicomponent Internet continuing medical education to promote chlamydia screening	Am J Prev Med	3.167	1	3	2	1	1
Alonso, E. M., Neighbors, K., Mattson, C., Sweet, E., Ruch-Ross, H., Berry, C. and Sinacore, J.	2003	Functional outcomes of pediatric liver transplantation	J Pediatr Gastroenterol Nutr	2.077	6	1	1	1	1

Appendix D List of Coded Publications 10-5-06

Altman, B. M., Cooper, P. F. and Cunningham, P. J.	1999	The case of disability in the family: impact on health care utilization and expenditures for nondisabled members	Milbank Q	3.816		1			
Andrews, R. M. and Elixhauser, A.	2000	Use of major therapeutic procedures: are Hispanics treated differently than non-Hispanic Whites	Ethn Dis	1.589		1			
Andrews, R., Herz, E., Dodds, S. and Ruther, M.	1991	Access to hospital care for California and Michigan Medicaid recipients	Health Care Financ Rev	1.068		2			
Andrews, R., Keyes, M. and Pine, P.	1991	Longitudinal patterns of California Medicaid recipients with acquired immunodeficiency syndrome	Health Care Financ Rev	1.068		1			
Annett, R. D.	2001	Assessment of health status and quality of life outcomes for children with asthma	J Allergy Clin Immunol	7.667		1	1	1	1
Annett, R. D., Bender, B. G., DuHamel, T. R. and Lapidus, J.	2003	Factors influencing parent reports on quality of life for children with asthma	J Asthma	1.346		1	1	1	1
Annett, R. D., Bender, B. G., Lapidus, J., Duhamel, T. R. and Lincoln, A.	2001	Predicting children's quality of life in an asthma clinical trial: what do children's reports tell us?	J Pediatr	3.837		1	1	1	1
Arcury, T. A., Gesler, W. M., Preisser, J. S., Sherman, J., Spencer, J. and Perin, J.	2005	The effects of geography and spatial behavior on health care utilization among the residents of a rural region	Health Services Research	2.466		1	6	2	2
Arcury, T. A., Preisser, J. S., Gesler, W. M. and Powers, J. M.	2005	Access to transportation and health care utilization in a rural region	Journal of Rural Health	0.866		1	6	2	2
Arcury, T. A., Skelly, A. H., Gesler, W. M. and Dougherty, M. C.	2005	Diabetes beliefs among low-income, white residents of a rural north Carolina community	Journal of Rural Health	0.866		1	6	2	2
Arcury, T. A., Skelly, A. H., Gesler, W. M. and Dougherty, M. C.	2004	Diabetes meanings among those without diabetes: explanatory models of immigrant Latinos in rural North Carolina	Social Science & Medicine	x	5	1	6	2	2
Ariza, A. J., Chen, E. H., Binns, H. J. and Christoffel, K. K.	2004	Risk factors for overweight in five- to six-year-old Hispanic-American children: a pilot study	J Urban Health	2.485	5	1	2	1	1
Asarnow, J. R., Jaycox, L. H. and Tompson, M. C.	2001	Depression in youth: psychosocial interventions	J Clin Child Psychol	x	28	3	3	1	8
Asarnow, J. R., Jaycox, L. H., Duan, N., LaBorde, A. P., Rea, M. M., Murray, P., Anderson, M., Landon, C., Tang, L. and Wells, K. B.	2005	Effectiveness of a quality improvement intervention for adolescent depression in primary care clinics: a randomized controlled trial	Jama	23.332	15	4	3	1	8
Asarnow, J. R., Jaycox, L. H., Duan, N., LaBorde, A. P., Rea, M. M., Tang, L., Anderson, M., Murray, P., Landon, C., Tang, B., Huizar, D. P. and Wells, K. B.	2005	Depression and role impairment among adolescents in primary care clinics	J Adolesc Health	2.013		1	3	1	8

Appendix D List of Coded Publications 10-5-06

Asher, I., Baena-Cagnani, C., Boner, A., Canonica, G. W., Chuchalin, A., Custovic, A., Dagli, E., Haahtela, T., Haus, M., Hemmo-Loten, M., Holgate, S., Holloway, J., Holt, P., Host, A., Iikura, Y., Johansson, S. G. O., Kaplan, A., Kowalski, M. L., Lockey, R. F., Naspitz, C., Odhiambo, J., Ring, J., Sastre, J., Venables, K., Vichyanond, P., Volovitz, B., Wahn, U., Warner, J., Weiss, K. and Zhong, N. S.	2004	World Allergy Organization guidelines for prevention of allergy and allergic asthma - Condensed version	International Archives of Allergy and Immunology	2.201		NA	1	2	2
Asmussen, L., Olson, L. M., Grant, E. N., Landgraf, J. M., Fagan, J. and Weiss, K. B.	2000	Use of the child health questionnaire in a sample of moderate and low-income inner-city children with asthma	American Journal of Respiratory and Critical Care Medicine	8.689	26	1	1	2	2
Asplin, B. R.	2004	Show me the money! Managing access, outcomes, and cost in high-risk populations	Ann Emerg Med	2.782	1	NA	1	1	1
Asplin, B. R., Magid, D. J., Rhodes, K. V., Solberg, L. I., Lurie, N. and Camargo, C. A., Jr.	2003	A conceptual model of emergency department crowding	Ann Emerg Med	2.782	9	1	1	1	1
Bailey, T. C., Noirot, L. A., Christensen, E. M., Milligan, P. E., Kimmel, N. L., Fraser, V. J. and Dunagan, W. C.	2003	Validation of automated event triggers using laboratory values related to two problem-prone drugs	AMIA Annu Symp Proc	x		3	1	6	6
Baker, L. C. and Phibbs, C. S.	2002	Managed care, technology adoption, and health care: the adoption of neonatal intensive care	Rand J Econ	x	7	1	1	2	2
Ball, J. K. and Elixhauser, A.	1996	Treatment differences between blacks and whites with colorectal cancer	Med Care	2.994		1			
Banthin, J. S. and Miller, G. E.	2006	Trends in prescription drug expenditures by Medicaid enrollees	Med Care	2.994		1			
Banthin, J. S. and Selden, T. M.	2003	The ABCs of children's health care: how the Medicaid expansions affected access, burdens, and coverage between 1987 and 1996	Inquiry	x		2			
Baraff, L. J., Woo, H. and Lee, T. J.	2003	Caller satisfaction - Reply	Pediatrics	4.272		NA	1	1	1
Barry, P. J., Ensign, J. and Lippek, S. H.	2002	Embracing street culture: fitting health care into the lives of street youth	J Transcult Nurs	x		1	6	6	6
Basu, J. and Friedman, B.	2001	Preventable illness and out-of-area travel of children in New York counties	Health Econ	1.919		1			
Basu, J. and Friedman, B.	2001	Hospitalization of children for ambulatory care sensitive conditions: Determinants of patient flows in a large State	Health Economics	1.919		2			
Bauchner, H. and Besser, R. E.	2003	Promoting the appropriate use of oral antibiotics: there is some very good news	Pediatrics	4.272		NA			
Bauchner, H. and Sharfstein, J.	2001	Failure to report ethical approval in child health research: review of published papers	Bmj	x		NA			
Bauchner, H., Simpson, L. and Chessare, J.	2001	Changing physician behaviour	Arch Dis Child	x		NA			



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Bazzoli, G. J., Manheim, L. M. and Waters, T. M.	2003	US hospital industry restructuring and the hospital safety net	Inquiry-the Journal of Health Care Organization Provision and Financing	x	2	1	1	2	2
Beal, A. C., Co, J. P., Dougherty, D., Jorsling, T., Kam, J., Perrin, J. and Palmer, R. H.	2004	Quality measures for children's health care	Pediatrics	4.272		1			
Bernard, D. M. and Selden, T. M.	2006	Workers who decline employment-related health insurance	Med Care	2.994		2			
Blackwell, M. T., Eichenwald, E. C., McAlmon, K., Petit, K., Linton, P. T., McCormick, M. C. and Richardson, D. K.	2005	Interneonatal intensive care unit variation in growth rates and feeding practices in healthy moderately premature infants	J Perinatol	x		1	1	1	1
Bond Huie, S. A., Hummer, R. A. and Rogers, R. G.	2002	Individual and contextual risks of death among race and ethnic groups in the United States	J Health Soc Behav	x		1			
Bonomi, A. E., Boudreau, D. M., Fishman, P. A., Meenan, R. T. and Revicki, D. A.	2005	Is a family equal to the sum of its parts? Estimating family level well-being for cost-effectiveness analysis	Qual Life Res	1.915		1	1	2	2
Bonomi, A. E., Holt, V. L., Thompson, R. S. and Martin, D. P.	2005	Ascertainment of intimate partner violence in women seeking legal protection	Am J Prev Med	3.167		1	1	2	2
Bonuck, K. A., Freeman, K. and Trombley, M.	2005	Country of origin and race/ethnicity: impact on breastfeeding intentions	J Hum Lact	x		1	1	2	2
Bonuck, K. A., Freeman, K. and Trombley, M.	2005	Country of origin and race/ethnicity: Impact on breastfeeding intentions (vol 21, pg 325, 2005)	Journal of Human Lactation	x		NA	1	2	2
Bonuck, K. A., Trombley, M., Freeman, K. and McKee, D.	2005	Randomized, controlled trial of a prenatal and postnatal lactation consultant intervention on duration and intensity of breastfeeding up to 12 months	Pediatrics	4.272		3	1	2	2
Bonuck, K., Arno, P. S., Memmott, M. M., Freeman, K., Gold, M. and McKee, D.	2002	Breast-feeding promotion interventions: good public health and economic sense	J Perinatol	x		3	1	2	2
Bonuck, K., Kahn, R. and Schechter, C.	2004	Is late bottle-weaning associated with overweight in young children? Analysis of NHANES III data	Clin Pediatr (Phila)	0.679		1	1	2	2
Bordley, W. C., Margolis, P. A. and Lannon, C. M.	1996	The delivery of immunizations and other preventive services in private practices	Pediatrics	4.272		1	3	1	8
Bordley, W. C., Margolis, P. A., Stuart, J., Lannon, C. and Keyes, L.	2001	Improving preventive service delivery through office systems	Pediatrics	4.272	19	3	3	1	8
Boyer, C. B., Shafer, M., Wibbelsman, C. J., Seeberg, D., Teitle, E. and Lovell, N.	2000	Associations of sociodemographic, psychosocial, and behavioral factors with sexual risk and sexually transmitted diseases in teen clinic patients	J Adolesc Health	2.013	21	1	3	1	8
Brach, C. and Mauch, D.	1996	Public sector responsibilities in managed care	Managed care: Challenges for children and family services	x		2			
Brach, C. and Scallet, L.	1998	Managed care challenges for children and family services	Humane Managed Care?	x		1			
Brach, C. and Scallet, L.	1996	Trends	Managed care: Challenges for children and family services	x		1			

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Brach, C., Lewit, E. M., VanLandeghem, K., Bronstein, J., Dick, A. W., Kimminau, K. S., LaClair, B., Shenkman, E., Shone, L. P., Swigonski, N. and Szilagyi, P. G.	2003	Who's enrolled in the State Children's Health Insurance Program (SCHIP)? An overview of findings from the Child Health Insurance Research Initiative (CHIRI)	Pediatrics	4.272	6	1	1	2	2
Brach, C., Lewit, E. M., VanLandeghem, K., Bronstein, J., Dick, A. W., Kimminau, K. S., LaClair, B., Shenkman, E., Shone, L. P., Swigonski, N. and Szilagyi, P. G.	2003	Who's enrolled in the State Children's Health Insurance Program (SCHIP)? An overview of findings from the Child Health Insurance Research Initiative (CHIRI)	Pediatrics	4.272	6	1	1	2	2
Brach, C., Lewit, E. M., VanLandeghem, K., Bronstein, J., Dick, A. W., Kimminau, K. S., LaClair, B., Shenkman, E., Shone, L. P., Swigonski, N. and Szilagyi, P. G.	2003	Who's enrolled in the State Children's Health Insurance Program (SCHIP)? An overview of findings from the Child Health Insurance Research Initiative (CHIRI)	Pediatrics	4.272	6	1	1	2	2
Brach, C., Lewit, E. M., VanLandeghem, K., Bronstein, J., Dick, A. W., Kimminau, K. S., LaClair, B., Shenkman, E., Shone, L. P., Swigonski, N. and Szilagyi, P. G.	2003	Who's enrolled in the State Children's Health Insurance Program (SCHIP)? An overview of findings from the Child Health Insurance Research Initiative (CHIRI)	Pediatrics	4.272	6	1	6	2	2
Britto, M. T., Garrett, J. M., Dugliss, M. A., Daeschner, C. W., Jr., Johnson, C. A., Leigh, M. W., Majure, J. M., Schultz, W. H. and Konrad, T. R.	1998	Risky behavior in teens with cystic fibrosis or sickle cell disease: a multicenter study	Pediatrics	4.272	25	1	2	1	1
Bronstein, J. M. and Adams, E. K.	2002	Rural-urban differences in health risks, resource use and expenditures within three state medicaid programs: implications for medicaid managed care	J Rural Health	0.866		1	1	2	2
Bronstein, J. M., Adams, E. K. and Florence, C. S.	2005	Children's service use during the transition to PCCM in two states	Health Care Financing Review	1.068		2	1	2	2
Bronstein, J. M., Adams, E. K. and Florence, C. S.	2004	The impact of S-CHIP enrollment on physician participation in Medicaid in Alabama and Georgia	Health Serv Res	2.466	2	2	1	2	2
Brooks, A. M., McBride, J. T., McConnochie, K. M., Aviram, M., Long, C. and Hall, C. B.	1999	Predicting deterioration in previously healthy infants hospitalized with respiratory syncytial virus infection	Pediatrics	4.272	12	1	1	1	1
Brousseau, D. C. and Gorelick, M.	2005	Emergency department wait times	Pediatrics	4.272		NA	1	2	2
Brousseau, D. C., Meurer, J. R., Isenberg, M. L., Kuhn, E. M. and Gorelick, M. H.	2004	Association between infant continuity of care and pediatric emergency department utilization	Pediatrics	4.272	2	1	1	2	2
Brown, A. E.	2005	Missed diagnosis	Br Dent J	5.658		NA	1	6	6
Brown, E.	2005	Children's Usual Source of Care: United States, 2002	MEPS Statistical Brief #78	NA		1			
Bucuvalas, J. C. and Alonso, E.	2005	Health-related quality of life in liver transplant recipients	Current Opinion in Organ Transplantation	x		NA	1	1	1
Bucuvalas, J. C. and Alonso, E.	2004	Outcome after liver transplantation: More than just survival rates	Liver Transpl	4.447		NA	1	1	1
Bundy, D. G. and Feudtner, C.	2004	Preparticipation physical evaluations for high school athletes: time for a new game plan	Ambul Pediatr	1.475		3	1	1	1

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Burns, I. T., Zimmerman, R. K. and Santibanez, T. A.	2002	Effectiveness of chart prompt about immunizations in an urban health center	J Fam Pract	1.327		3	1	1	1
Butler, K. and Cooper, W. O.	2004	Adherence of pediatric asthma patients with oral corticosteroid prescriptions following pediatric emergency department visit or hospitalization	Pediatr Emerg Care	0.644	1	1	1	2	2
Cai, Z., Kohane, I., Fleisher, G. R. and Greenes, D. S.	2002	Computerized reminders to physicians in the emergency department: a web-based system to report late-arriving abnormal laboratory results	Proc AMIA Symp	x		1	2	3	4
Calonge, N.	2004	Prevention of dental caries in preschool children: recommendations and rationale	Am J Prev Med	3.167		NA			
Calonge, N. and Randhawa, G.	2004	The meaning of the U.S. Preventive Services Task Force grade I recommendation: screening for hepatitis C virus infection	Ann Intern Med	13.254		1			
Canty-Mitchell, J., Austin, J. K., Jaffee, K., Qi, R. A. and Swigonski, N.	2004	Behavioral and mental health problems in low-income children with special health care needs	Arch Psychiatr Nurs	0.527		1	1	2	2
Carroll, A. E., Zimmerman, F. J., Rivara, F. P., Ebel, B. E. and Christakis, D. A.	2005	Perceptions about computers and the internet in a pediatric clinic population	Ambul Pediatr	1.475		1	3	1	8
Carroll, K. N., Cooper, W. O., Blackford, J. U. and Hickson, G. B.	2005	Characteristics of families that complain following pediatric emergency visits	Ambulatory Pediatrics	1.475	1	1	1	2	2
Carroll, W. and Miller, G.	2004	Trends in Antibiotic Use Among U.S. Children Aged 0 to 4 Years, 1996-2000	MEPS Statistical Brief #35	NA		1			
Casebeer, L. L., Strasser, S. M., Spettell, C. M., Wall, T. C., Weissman, N., Ray, M. N. and Allison, J. J.	2003	Designing tailored Web-based instruction to improve practicing physicians' preventive practices	J Med Internet Res	x		1	2	1	1
Casebeer, L., Allison, J. and Spettell, C. M.	2002	Designing tailored Web-based instruction to improve practicing physicians' chlamydial screening rates	Acad Med	1.94		1	2	1	1
Cassady, C. E., Starfield, B., Hurtado, M. P., Berk, R. A., Nanda, J. P. and Friedenber, L. A.	2000	Measuring consumer experiences with primary care	Pediatrics	4.272	9	1	6	2	2
Caughey, A. B., Washington, A. E., Gildengorin, V. and Kuppermann, M.	2004	Assessment of demand for prenatal diagnostic testing using willingness to pay	Obstet Gynecol	4.17		1	2	1	1
Celedon, J. C., Sredl, D., Weiss, S. T., Pisarski, M., Wakefield, D. and Cloutier, M.	2004	Ethnicity and skin test reactivity to aeroallergens among asthmatic children in Connecticut	Chest	4.008	10	1	2	1	1
Chamberlain, J. M., Patel, K. M. and Pollack, M. M.	2005	The pediatric risk of hospital admission score: A second-generation severity-of-illness score for pediatric emergency patients	Pediatrics	4.272		1	1	6	6
Chamberlain, J. M., Patel, K. M., Pollack, M. M., Brayer, A., Macias, C. G., Okada, P. and Schunk, J. E.	2004	Recalibration of the pediatric risk of admission score using a multi-institutional sample	Annals of Emergency Medicine	2.782	3	1	1	6	6
Chamberlain, J. M., Slonim, A. and Joseph, J. G.	2004	Reducing errors and promoting safety in pediatric emergency care	Ambul Pediatr	1.475		NA	1	1	1
Chang, R. K. R. and Klitzner, T. S.	2003	Resources, use, and regionalization of pediatric cardiac services	Current Opinion in Cardiology	x		1	1	1	1
Chang, R. K. R., Chen, A. Y. and Klitzner, T. S.	2002	Female sex as a risk factor for in-hospital mortality among children undergoing cardiac surgery	Circulation	1.998		1	1	1	1

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Chang, R. K., Chen, A. Y., Rodriguez, S., Lee, M. and Klitzner, T. S.	2005	Changes in the newborn delivery practice and neonatal outcomes as financing changed in Los Angeles County and Orange County, California	Manag Care Interface	x		2	1	1	1
Chang, R. K., Gurvitz, M., Rodriguez, S., Hong, E. and Klitzner, T. S.	2006	Current practice of exercise stress testing among pediatric cardiology and pulmonology centers in the United States	Pediatr Cardiol	0.986		3	1	1	1
Chang, R. K., Joyce, J. J., Castillo, J., Ceja, J., Quan, P. and Klitzner, T. S.	2004	Parental preference regarding hospitals for children undergoing surgery: a trade-off between travel distance and potential outcome improvement	Can J Cardiol	1.357		1	1	1	1
Chang, R. K., Qi, N., Larson, J., Rose-Gottron, C. and Cooper, D.	2005	Comparison of upright and semi-recumbent postures for exercise echocardiography in healthy children	Am J Cardiol	3.059		3	1	1	1
Chen, F. M., Fryer, G. E., Jr., Phillips, R. L., Jr., Wilson, E. and Pathman, D. E.	2005	Patients' beliefs about racism, preferences for physician race, and satisfaction with care	Ann Fam Med	x		1			
Chevarley, F.	2005	Access to Needed Medical Care among Children under 18 Years of Age with Special Health Care Needs, 2002	MEPS Statistical Brief #75	NA		1			
Chevarley, F.	2000	Children's health care quality, Fall 2000	MEPS Statistical Brief No. 3	NA		1			
Chevarley, F. M.	2003	Children's Access to Necessary Health Care, Fall 2001	MEPS Statistical Brief #12	NA		1			
Choi, C. S., Brennan, P. F. and Kalish, C.	1998	Child health records: are they valid and useful to children and pediatric practitioners?	Proc AMIA Symp	x		1	1	1	1
Chou, S. C., Palmer, R. H., Ezhuthachan, S., Newman, C., Pradell-Boyd, B., Maisels, M. J. and Testa, M. A.	2003	Management of hyperbilirubinemia in newborns: measuring performance by using a benchmarking model	Pediatrics	4.272	9	1	1	6	6
Christakis, D. A., Ebee, B. E., Rivara, F. P. and Zimmerman, F. J.	2004	Television, video, and computer game usage in children under 11 years of age	Journal of Pediatrics	3.837	5	1	3	1	8
Christakis, D. A., Kazak, A. E., Wright, J. A., Zimmerman, F. J., Bassett, A. L. and Connell, F. A.	2004	What factors are associated with achieving high continuity of care?	Fam Med	1.043	2	1	1	1	1
Christakis, D. A., Wright, J. A., Taylor, J. A. and Zimmerman, F. J.	2005	Association between parental satisfaction and antibiotic prescription for children with cough and cold symptoms	Pediatr Infect Dis J	3.047		3	2	1	1
Christakis, D. A., Wright, J. A., Zimmerman, F. J., Bassett, A. L. and Connell, F. A.	2003	Continuity of care is associated with well-coordinated care	Ambul Pediatr	1.475	8	3	1	1	1
Christakis, D. A., Wright, J. A., Zimmerman, F. J., Bassett, A. L. and Connell, F. A.	2002	Continuity of care is associated with high-quality care by parental report	Pediatrics	4.272	5	3	1	1	1
Christakis, D. A., Zimmerman, F. J., Wright, J. A., Garrison, M. M., Rivara, F. P. and Davis, R. L.	2001	A randomized controlled trial of point-of-care evidence to improve the antibiotic prescribing practices for otitis media in children	Pediatrics	4.272	6	3	1	1	1
Chu, J. H., Feudtner, C., Heydon, K., Walsh, T. J. and Zaoutis, T. E.	2006	Hospitalizations for endemic mycoses: a population-based national study	Clin Infect Dis	6.51		1	1	1	1
Cifuentes, J., Bronstein, J., Phibbs, C. S., Phibbs, R. H., Schmitt, S. K. and Carlo, W. A.	2002	Mortality in low birth weight infants according to level of neonatal care at hospital of birth	Pediatrics	4.272		3	1	2	2

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Cifuentes, J., Bronstein, J., Phibbs, C. S., Schmitt, S. K., Phibbs, R. H. and Carlo, W. A.	2003	Mortality in low birth weight infants according to level of neonatal care at hospital of birth - Reply	Pediatrics	4.272	21	NA	1	2	2
Clancy, C. M., Dougherty, D. and Walker, E.	2002	The importance of outcomes research in pediatric emergency medicine	Ambul Pediatr	1.475		1			
Clarke, G., Debar, L., Lynch, F., Powell, J., Gale, J., O'Connor, E., Ludman, E., Bush, T., Lin, E. H., Von Korff, M. and Hertert, S.	2005	A randomized effectiveness trial of brief cognitive-behavioral therapy for depressed adolescents receiving antidepressant medication	J Am Acad Child Adolesc Psychiatry	4.113		3	1	1	1
Clinton, J. J.	1990	From the Agency for Health Care Policy and Research	Jama	23.332		NA			
Clinton, J. J.	1992	From the Agency for Health Care Policy and Research	Jama	23.332		NA			
Clinton, J. J.	1994	From the Agency for Health Care Policy and Research	Jama	23.332		NA			
Cloutier, M. M., Hall, C. B., Wakefield, D. B. and Bailit, H.	2005	Use of asthma guidelines by primary care providers to reduce hospitalizations and emergency department visits in poor, minority, urban children	J Pediatr	3.837	4	3	2	1	1
Cloutier, M. M., Wakefield, D. B., Carlisle, P. S., Bailit, H. L. and Hall, C. B.	2002	The effect of Easy Breathing on asthma management and knowledge	Arch Pediatr Adolesc Med	3.566	4	3	2	1	1
Cloutier, M. M., Wakefield, D. B., Hall, C. B. and Bailit, H. L.	2002	Childhood asthma in an urban community: prevalence, care system, and treatment	Chest	4.008	9	1	2	1	1
Coben, J. H. and Steiner, C. A.	2003	Hospitalization for firearm-related injuries in the United States, 1997	Am J Prev Med	3.167		1			
Coben, J. H., Steiner, C. A. and Owens, P.	2004	Motorcycle-related hospitalizations in the United States, 2001	Am J Prev Med	3.167		1			
Cohen, C. J., Hellinger, J. and Norris, D.	2000	Evaluation of simplified protease inhibitor dosing regimens for the treatment of HIV infection	AIDS Read	x		1			
Cohen, J.	1992	Intimate prenatal care	Midwifery Today Childbirth Educ	x		NA			
Cohen, J.	1992	Pediatric AIDS vaccine trials set	Science	30.927		NA			
Cohen, J.	1993	Childhood vaccines: the R&D factor	Science	30.927		NA			
Cohen, J. W. and Cunningham, P. J.	1995	Medicaid physician fee levels and children's access to care	Health Aff (Millwood)	3.158		2			
Cohen, S. B., Ezzati-Rice, T. and Yu, W.	2006	The utility of extended longitudinal profiles in predicting future health care expenditures	Med Care	2.994		1			
Collins, M. P., Lorenz, J. M., Jetton, J. R. and Paneth, N.	2001	Hypocapnia and other ventilation-related risk factors for cerebral palsy in low birth weight infants	Pediatr Res	2.875	14	1	1	1	1
Conn, K. M., Halterman, J. S., Fisher, S. G., Yoos, H. L., Chin, N. P. and Szilagyi, P. G.	2005	Parental beliefs about medications and medication adherence among urban children with asthma	Ambul Pediatr	1.475	1	1	2	1	1
Cook, R. L., Hutchison, S. L., Ostergaard, L., Braithwaite, R. S. and Ness, R. B.	2005	Systematic review: noninvasive testing for Chlamydia trachomatis and Neisseria gonorrhoeae	Ann Intern Med	13.254	1	3	1	1	1
Cook, R. L., May, S., Harrison, L. H., Moreira, R. I., Ness, R. B., Batista, S., Bastos Mda, S. and Schechter, M.	2004	High prevalence of sexually transmitted diseases in young women seeking HIV testing in Rio de Janeiro, Brazil	Sex Transm Dis	2.738	4	1	1	1	1

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Cooper, P. F., Nichols, L. M. and Taylor, A. K.	1996	Patient choice of physician: do health insurance and physician characteristics matter?	Inquiry	x		1			
Cooper, W. O. and Hickson, G. B.	2001	Corticosteroid prescription filling for children covered by Medicaid following an emergency department visit or a hospitalization for asthma	Arch Pediatr Adolesc Med	3.566	17	1	1	2	2
Cooper, W. O., Arbogast, P. G., Hickson, G. B., Daugherty, J. R. and Ray, W. A.	2005	Gaps in enrollment from a Medicaid managed care program: effects on emergency department visits and hospitalizations for children with asthma	Med Care	2.994	1	2	1	2	2
Cooper, W. O., Arbogast, P. G., Hickson, G. B., Daugherty, J. R. and Ray, W. A.	2005	Gaps in enrollment from a Medicaid managed care program: effects on emergency department visits and hospitalizations for children with asthma	Med Care	2.994	1	2	2	1	10
Cooper, W. O., Griffin, M. R., Arbogast, P., Hickson, G. B., Gautam, S. and Ray, W. A.	2002	Very early exposure to erythromycin and infantile hypertrophic pyloric stenosis	Arch Pediatr Adolesc Med	3.566	16	1	2	1	10
Cooper, W. O., Hickson, G. B. and Ray, W. A.	2004	Prescriptions for contraindicated category X drugs in pregnancy among women enrolled in TennCare	Paediatr Perinat Epidemiol	1.767	3	1	2	1	10
Cooper, W. O., Hickson, G. B., Fuchs, C., Arbogast, P. G. and Ray, W. A.	2004	New users of antipsychotic medications among children enrolled in TennCare	Arch Pediatr Adolesc Med	3.566	11	1	2	1	10
Cooper, W. O., Hickson, G. B., Gray, C. L. and Ray, W. A.	1999	Changes in continuity of enrollment among high-risk children following implementation of TennCare	Arch Pediatr Adolesc Med	3.566	13	2	2	1	10
Cooper, W. O., Hickson, G. B., Mitchel, E. F., Jr. and Ray, W. A.	1999	Comparison of perinatal outcomes among TennCare managed care organizations	Pediatrics	4.272		1	2	1	10
Cooper, W. O., Ray, W. A. and Griffin, M. R.	2002	Prenatal prescription of macrolide antibiotics and infantile hypertrophic pyloric stenosis	Obstetrics and Gynecology	4.17		1	2	1	10
Cooper, W. O., Ray, W. A. and Griffin, M. R.	2003	Prenatal prescription of macrolide antibiotics and infantile hypertrophic pyloric stenosis - Reply	Obstetrics and Gynecology	4.17		NA	2	1	10
Cooper, W. O., Staffa, J. A., Renfrew, J. W., Graham, D. J. and Ray, W. A.	2002	Oral corticosteroid use among children in TennCare	Ambul Pediatr	1.475	12	1	2	1	10
Cornelius, L.	1991	Preventive health behavior among pre-school American Indian and Alaska Native Children	Journal of Health Care for the Poor and Underserved	x		NA			
Cornelius, L. J.	1993	Barriers to medical care for white, black, and Hispanic American children	J Natl Med Assoc	0.825		1			
Cox, E. D., Smith, M. A. and Bartell, J. M.	2005	Managing febrile infants: impact of literature recommendations published during a physician's residency	Eval Health Prof	0.612	8	1	2	1	1
Crall, J. J.	1997	Oral health component of child health services research	J Dent Educ	x		1			
Crall, J. J.	1998	Pediatric dental treatment outcomes: the importance of multiple perspectives	Pediatr Dent	x		NA			
Cramer, K., Wiebe, N., Moyer, V., Hartling, L., Williams, K., Swingler, G. and Klassen, T. P.	2005	Children in reviews: methodological issues in child-relevant evidence syntheses	BMC Pediatr	x		1	3	1	8
Cravey, A. J., Washburn, S. A., Gesler, W. M., Arcury, T. A. and Skelly, A. H.	2001	Developing socio-spatial knowledge networks: a qualitative methodology for chronic disease prevention	Social Science & Medicine	x	6	1	6	2	2
Cunningham, P.	1990	Medical care use and expenditures for children across stages of the family life cycle	Journal of Marriage and the Family	x		NA			

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Cunningham, P. and Kirby, J.	2004	Children's health coverage: a quarter-century of change	Health Aff (Millwood)	3.158		1			
Cunningham, P. J. and Altman, B. M.	1993	The use of ambulatory health care services by American Indians with disabilities	Med Care	2.994		1			
Cunningham, P. J. and Hahn, B. A.	1994	The changing American family: implications for children's health insurance coverage and the use of ambulatory care services	Future Child	x		NA			
Cunningham, P. J. and Monheit, A. C.	1990	Insuring the children: a decade of change	Health Aff (Millwood)	3.158		2			
Damiano, P. C., Willard, J. C., Momany, E. T. and Chowdhury, J.	2003	The impact of the Iowa S-SCHIP program on access, health status, and the family environment	Ambul Pediatr	1.475	3	2	1	2	2
Daniels, P., Noe, G. F. and Mayberry, R.	2006	Barriers to prenatal care among Black women of low socioeconomic status	Am J Health Behav	x		1	6	1	1
Daniels, P., Noe, G. F. and Mayberry, R.	2006	Barriers to prenatal care among Black women of low socioeconomic status	Am J Health Behav	x		1	2	1	10
Darby, C.	2002	Patient parent assessment of the quality of care	Ambul Pediatr	1.475		1			
Dayton, E., Zhan, C., Sangl, J., Darby, C. and Moy, E.	2006	Racial and ethnic differences in patient assessments of interactions with providers: disparities or measurement biases?	Am J Med Qual	0.823		1			
Dick, A. W., Allison, R. A., Haber, S. G., Brach, C. and Shenkman, E.	2002	Consequences of states' policies for SCHIP disenrollment	Health Care Financ Rev	1.068	19	2	6	2	2
Dick, A. W., Brach, C., Allison, R. A., Shenkman, E., Shone, L. P., Szilagyi, P. G., Klein, J. D. and Lewit, E. M.	2004	SCHIP's impact in three states: how do the most vulnerable children fare?	Health Aff (Millwood)	3.158	8	2	1	2	2
Dick, A. W., Brach, C., Allison, R. A., Shenkman, E., Shone, L. P., Szilagyi, P. G., Klein, J. D. and Lewit, E. M.	2004	SCHIP's impact in three states: how do the most vulnerable children fare?	Health Aff (Millwood)	3.158	8	2	6	2	2
Dick, A. W., Klein, J. D., Shone, L. P., Zwanziger, J., Yu, H. and Szilagyi, P. G.	2003	The evolution of the State Children's Health Insurance Program (SCHIP) in New York: changing program features and enrollee characteristics	Pediatrics	4.272	3	2	1	2	2
Dick, A., Allison, R., Haber, S., Brach, C. and Shenkman, B.	2002	Consequences of States' Policies for SCHIP Disenrollment	Health Care Financing Review	1.068		2			
Dickey, B., Normand, S. L., Hermann, R. C., Eisen, S. V., Cortes, D. E., Cleary, P. D. and Ware, N.	2003	Guideline recommendations for treatment of schizophrenia: the impact of managed care	Arch Gen Psychiatry	12.642	9	2	1	5	1
Dimand, R. J., Marcin, J. P., Kallas, H. J. and Mawes, R.	2002	Clinical outcomes of pediatric intensive care unit based telemedicine consultations for infants and children in a rural adult intensive care unit	Critical Care Medicine	5.077		NA	2	3	4
Dodd, J. M., Crowther, C. A., Huertas, E., Guise, J. M. and Horey, D.	2004	Planned elective repeat caesarean section versus planned vaginal birth for women with a previous caesarean birth	Cochrane Database Syst Rev	x		3	3	1	8
Dominguez, T. E. and Portnoy, J. D.	2004	Incident reporting in the information age	Crit Care Med	5.077		NA	1	6	6
Donahue, J. G., Fuhlbrigge, A. L., Finkelstein, J. A., Fagan, J., Livingston, J. M., Lozano, P., Platt, R., Weiss, S. T. and Weiss, K. B.	2000	Asthma pharmacotherapy and utilization by children in 3 managed care organizations. The Pediatric Asthma Care Patient Outcomes Research Team	J Allergy Clin Immunol	7.667	19	1	1	2	2

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Donahue, J. G., Fuhlbrigge, A. L., Finkelstein, J. A., Fagan, J., Livingston, J. M., Lozano, P., Platt, R., Weiss, S. T. and Weiss, K. B.	2000	Asthma pharmacotherapy and utilization by children in 3 managed care organizations	Journal of Allergy and Clinical Immunology	7.667	18	1	1	2	2
Dougherty, D. and Simpson, L. A.	2004	Measuring the quality of children's health care: a prerequisite to action	Pediatrics	4.272		1			
Dougherty, D., Kelley, E., Meikle, S. and Owens, P.	2004	Children's Healthcare: Findings, Challenges, and Opportunities for the NHQR and NHDR	Medical Care Mar.	x		NA			
Dougherty, D., Meikle, S. F., Owens, P., Kelley, E. and Moy, E.	2005	Children's Health Care in the First National Healthcare Quality Report and National Healthcare Disparities Report	Med Care	2.994		1			
Dougherty, D., Simpson, L. and Eisenberg, J.	2000	AHRQ Update: Children's Health Care Issues: A Continuing Priority	HSR	2.466		NA			
Downs, S. M. and Uner, H.	2002	Expected value prioritization of prompts and reminders	Proc AMIA Symp	x		1	2	1	1
Downs, S. M. and Wallace, M. Y.	2000	Mining association rules from a pediatric primary care decision support system	Proc AMIA Symp	x		1	2	1	1
Dreachslin, J. L., Weech-Maldonado, R. and Dansky, K. H.	2004	Racial and ethnic diversity and organizational behavior: a focused research agenda for health services management	Social Science & Medicine	x	5	1	1	6	6
Drissel, A.	1996	Managed care and children and family services: A guide for State and local officials	Managed care: Implications for children and family services	x		2			
D'Souza-Vazirani, D., Minkovitz, C. S. and Strobino, D. M.	2005	Validity of maternal report of acute health care use for children younger than 3 years	Arch Pediatr Adolesc Med	3.566	3	1	1	2	2
Edelstein, B. L.	2001	Moving the agenda on pediatric oral health	Ambul Pediatr	1.475		NA			
Edelstein, B. L., Manski, R. J. and Moeller, J. E.	2002	Child dental expenditures: 1996	Pediatr Dent	x		1			
Edelstein, B. L., Manski, R. J. and Moeller, J. F.	2000	Pediatric dental visits during 1996: an analysis of the federal Medical Expenditure Panel Survey	Pediatr Dent	x		1			
Eden, K. B., Hashima, J. N., Osterweil, P., Nygren, P. and Guise, J. M.	2004	Childbirth preferences after cesarean birth: a review of the evidence	Birth	0.875		1	3	1	8
Edwards, J. N., Bronstein, J. and Rein, D. B.	2002	Do enrollees in 'look-alike' Medicaid and SCHIP programs really look alike? State Children's Health Insurance Program	Health Aff (Millwood)	3.158	3	2	1	2	2
Eichenwald, E. C., Blackwell, M., Lloyd, J. S., Tran, T., Wilker, R. E. and Richardson, D. K.	2001	Inter-neonatal intensive care unit variation in discharge timing: influence of apnea and feeding management	Pediatrics	4.272	4	1	1	1	1
Eklund, S. A. and Pittman, J. L.	2001	Third-molar removal patterns in an insured population	J Am Dent Assoc	0.935		1	1	1	1
Eklund, S. A., Pittman, J. L. and Heller, K. E.	2000	Professionally applied topical fluoride and restorative care in insured children	J Public Health Dent	0.854	3	1	1	1	1
Eklund, S. A., Pittman, J. L. and Smith, R. C.	1997	Trends in dental care among insured Americans: 1980 to 1995	J Am Dent Assoc	0.935	33	1	1	1	1
Eklund, S. A., Pittman, J. L. and Smith, R. C.	1998	Trends in per-patient gross income to dental practices from insured patients, 1980-1995	J Am Dent Assoc	0.935	9	1	1	1	1
Elixhauser, A., Leidy, N. and M, H.	2000	Cost and outcome implications for prevention		NA		1			



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Elixhauser, A., Machlin, S. R., Zodet, M. W., Chevarley, F. M., Patel, N., McCormick, M. C. and Simpson, L.	2002	Health care for children and youth in the United States: 2001 annual report on access, utilization, quality, and expenditures	Ambul Pediatr	1.475		1			
Encinosa, W. E., Bernard, D. M., Steiner, C. A. and Chen, C. C.	2005	Use and costs of bariatric surgery and prescription weight loss medications	Health Aff (Millwood)	3.158		1			
Ensign, J.	2004	Quality of health care: the views of homeless youth	Health Serv Res	2.466		1	6	6	6
Ensign, J.	2003	Ethical issues in qualitative health research with homeless youths	J Adv Nurs	0.912	1	1	6	6	6
Ensign, J.	2003	Illness experiences of homeless youth: Age and gender differences	Journal of Adolescent Health	2.013		NA	6	6	6
Ensign, J. and Bell, M.	2004	Illness experiences of homeless youth	Qual Health Res	x		1	6	6	6
Ensign, J. and Panke, A.	2002	Barriers and bridges to care: voices of homeless female adolescent youth in Seattle, Washington, USA	J Adv Nurs	0.912	8	1	6	6	6
Farber, H. J., Capra, A. M., Finkelstein, J. A., Lozano, P., Quesenberry, C. P., Jensvold, N. G., Chi, F. W. and Lieu, T. A.	2003	Misunderstanding of asthma controller medications: association with nonadherence	J Asthma	1.346	15	1	1	2	2
Farber, H. J., Chi, F. W., Capra, A., Jensvold, N. G., Finkelstein, J. A., Lozano, P., Quesenberry, C. P., Jr. and Lieu, T. A.	2004	Use of asthma medication dispensing patterns to predict risk of adverse health outcomes: a study of Medicaid-insured children in managed care programs	Ann Allergy Asthma Immunol	1.987		1	1	2	2
Feinberg, E., Swartz, K., Zaslavsky, A., Gardner, J. and Klein Walker, D.	2001	Family income and crowd out among children enrolled in Massachusetts Children's Medical Security Plan	Health Serv Res	2.466	1	2	1	2	2
Feinberg, E., Swartz, K., Zaslavsky, A., Gardner, J. and Walker, D. K.	2002	Family income and the impact of a children's health insurance program on reported need for health services and unmet health need	Pediatrics	4.272	7	2	1	2	2
Felix-Aaron, K., Moy, E., Kang, M., Patel, M., Chesley, F. D. and Clancy, C.	2005	Variation in quality of men's health care by race ethnicity and social class	Med Care	2.994		1			
Fernald, D. H., Pace, W. D., Harris, D. M., West, D. R., Main, D. S. and Westfall, J. M.	2004	Event reporting to a primary care patient safety reporting system: a report from the ASIPS collaborative	Ann Fam Med	x		1	1	6	6
Ferris, T. G., Dougherty, D., Blumenthal, D. and Perrin, J. M.	2001	A report card on quality improvement for children's health care	Pediatrics	4.272		1			
Feudtner, C.	2005	Hope and the prospects of healing at the end of life	J Altern Complement Med	1.051		1	1	1	1
Feudtner, C. and Marcuse, E. K.	2001	Ethics and immunization policy: promoting dialogue to sustain consensus	Pediatrics	4.272	9	1	1	1	1
Feudtner, C., Christakis, D. A. and Connell, F. A.	2000	Pediatric deaths attributable to complex chronic conditions: a population-based study of Washington State, 1980-1997	Pediatrics	4.272		1	1	1	1
Feudtner, C., Christakis, D. A., Zimmerman, F. J., Muldoon, J. H., Neff, J. M. and Koepsell, T. D.	2002	Characteristics of deaths occurring in children's hospitals: implications for supportive care services	Pediatrics	4.272	14	1	1	1	1
Feudtner, C., DiGiuseppe, D. L. and Neff, J. M.	2003	Hospital care for children and young adults in the last year of life: a population-based study	BMC Med	x		1	1	1	1

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Feudtner, C., Haney, J. and Dimmers, M. A.	2003	Spiritual care needs of hospitalized children and their families: a national survey of pastoral care providers' perceptions	Pediatrics	4.272	6	1	1	1	1
Feudtner, C., Hays, R. M., Haynes, G., Geyer, J. R., Neff, J. M. and Koepsell, T. D.	2001	Deaths attributed to pediatric complex chronic conditions: national trends and implications for supportive care services	Pediatrics	4.272		1	1	1	1
Feudtner, C., Silveira, M. J. and Christakis, D. A.	2002	Where do children with complex chronic conditions die? Patterns in Washington state, 1980-1998	Pediatrics	4.272	1	1	1	1	1
Feudtner, C., Silveira, M. J., Shabbout, M. and Hoskins, R. E.	2006	Distance from home when death occurs: a population-based study of Washington State, 1989-2002	Pediatrics	4.272	12	1	1	1	1
Feudtner, C., Villareale, N. L., Morray, B., Sharp, V., Hays, R. M. and Neff, J. M.	2005	Technology-dependency among patients discharged from a children's hospital: a retrospective cohort study	BMC Pediatr	x		1	1	1	1
Finkelstein, J. A., Davis, R. L., Dowell, S. F., Metlay, J. P., Soumerai, S. B., Rifas-Shiman, S. L., Higham, M., Miller, Z., Miroshnik, I., Pedan, A. and Platt, R.	2001	Reducing antibiotic use in children: A randomized trial in 12 practices	Pediatrics	4.272		3	3	1	8
Finkelstein, J. A., Fuhlbrigge, A., Lozano, P., Grant, E. N., Shulruff, R., Arduino, K. E. and Weiss, K. B.	2002	Parent-reported environmental exposures and environmental control measures for children with asthma	Arch Pediatr Adolesc Med	3.566	2	1	1	2	2
Finkelstein, J. A., Fuhlbrigge, A., Lozano, P., Grant, E. N., Shulruff, R., Arduino, K. E. and Weiss, K. B.	2002	Parent-reported environmental exposures and environmental control measures for children with asthma	Archives of Pediatrics & Adolescent Medicine	3.566	8	1	1	2	2
Finkelstein, J. A., Huang, S. S., Daniel, J., Rifas-Shiman, S. L., Kleinman, K., Goldmann, D., Pelton, S. I., DeMaria, A. and Platt, R.	2003	Antibiotic-resistant Streptococcus pneumoniae in the heptavalent pneumococcal conjugate vaccine era: Predictors of carriage in a multicomunity sample	Pediatrics	4.272		1	3	1	8
Finkelstein, J. A., Lozano, P., Farber, H. J., Miroshnik, I. and Lieu, T. A.	2002	Underuse of controller medications among Medicaid-insured children with asthma	Arch Pediatr Adolesc Med	3.566	8	1	1	2	2
Finkelstein, J. A., Lozano, P., Fuhlbrigge, A. L., Carey, V. J., Inui, T. S., Soumerai, S. B., Sullivan, S. D., Wagner, E. H., Weiss, S. T. and Weiss, K. B.	2005	Practice-level effects of interventions to improve asthma care in primary care settings: the Pediatric Asthma Care Patient Outcomes Research Team	Health Serv Res	2.466	9	3	1	2	2
Finkelstein, J. A., Lozano, P., Shulruff, R., Inui, T. S., Soumerai, S. B., Ng, M. and Weiss, K. B.	2000	Self-reported physician practices for children with asthma: are national guidelines followed?	Pediatrics	4.272	16	1	1	2	2
Finkelstein, J. A., Lozano, P., Streiff, K. A., Arduino, K. E., Sisk, C. A., Wagner, E. H., Weiss, K. B. and Inui, T. S.	2002	Clinical effectiveness research in managed-care systems: lessons from the Pediatric Asthma Care PORT. Patient Outcomes Research Team	Health Serv Res	2.466		1	1	2	2
Finkelstein, J. A., Lozano, P., Streiff, K. A., Arduino, K. E., Sisk, C. A., Wagner, E. H., Weiss, K. B. and Inui, T. S.	2002	Clinical effectiveness research in managed-care systems: Lessons from the Pediatric Asthma Care PORT	Health Services Research	2.466	7	1	1	2	2

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Finkelstein, J. A., Metlay, J. P., Davis, R. L., Rifas-Shiman, S. L., Dowell, S. F. and Platt, R.	2000	Antimicrobial use in defined populations of infants and young children	Archives of Pediatrics & Adolescent Medicine	3.566	33	1	3	1	8
Finkelstein, J. A., Stille, C. J., Rifas-Shiman, S. L. and Goldmann, D.	2005	Watchful waiting for acute otitis media: Are parents and physicians ready?	Pediatrics	4.272	42	1	3	1	8
Fiscella, K.	2004	Racial disparity in infant and maternal mortality: confluence of infection, and microvascular dysfunction	Matern Child Health J	x		1	6	2	2
Fiscella, K.	2004	Socioeconomic status disparities in healthcare outcomes Selection bias or biased treatment?	Medical Care	2.994		NA	6	6	6
Fiscella, K. and Williams, D. R.	2004	Health disparities based on socioeconomic inequities: Implications for urban health care	Academic Medicine	1.94	1	1	6	6	6
Fiscella, K., Franks, P., Gold, M. R. and Clancy, C. M.	2000	Inequality in quality - Addressing socioeconomic, racial, and ethnic disparities in health care	Jama-Journal of the American Medical Association	23.332	211	1	6	6	6
Fishman, P. A., Goodman, M. J., Hornbrook, M. C., Meenan, R. T., Bachman, D. J. and O'Keeffe Rosetti, M. C.	2003	Risk adjustment using automated ambulatory pharmacy data: the RxRisk model	Med Care	2.994		1	1	2	2
Flaherty, E. G. and Sege, R.	2005	Barriers to physician identification and reporting of child abuse	Pediatr Ann	0.383	0	1	2	1	1
Flaherty, E. G., Sege, R., Binns, H. J., Mattson, C. L. and Christoffel, K. K.	2000	Health care providers' experience reporting child abuse in the primary care setting. Pediatric Practice Research Group	Arch Pediatr Adolesc Med	3.566	36	1	2	1	1
Flaherty, E. G., Sege, R., Mattson, C. L. and Binns, H. J.	2002	Assessment of suspicion of abuse in the primary care setting	Ambul Pediatr	1.475		1	2	1	1
Fleishman, J. A., Cohen, J. W., Manning, W. G. and Kosinski, M.	2006	Using the SF-12 health status measure to improve predictions of medical expenditures	Med Care	2.994		1			
Flores, G., Abreu, M., Brown, V. and Tomany-Korman, S. C.	2005	How Medicaid and the State Children's Health Insurance Program can do a better job of insuring uninsured children: the perspectives of parents of uninsured Latino children	Ambul Pediatr	1.475	3	2	1	2	2
Flores, G., Abreu, M., Chaisson, C. E., Meyers, A., Sachdeva, R. C., Fernandez, H., Francisco, P., Diaz, B., Diaz, A. M. and Santos-Guerrero, I.	2005	A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children	Pediatrics	4.272		3	1	2	2
Flottemesch, T. J., Gordon, B. D., Feaver, S. L. and Asplin, B. R.	2005	In the eye of the beholder: How emergency department doctors and nurses differ in their perception and approach to emergency department crowding	Annals of Emergency Medicine	2.782		NA	1	1	1
Forrest, C. B.	2004	Outcomes research on children, adolescents, and their families: directions for future inquiry	Med Care	2.994	37	1	1	2	2
Forrest, C. B. and Riley, A. W.	2004	Childhood origins of adult health: a basis for life-course health policy	Health Aff (Millwood)	3.158		1	1	2	2
Forrest, C. B., Riley, A. W., Vivier, P. M., Gordon, N. P. and Starfield, B.	2004	Predictors of children's healthcare use: the value of child versus parental perspectives on healthcare needs	Med Care	2.994		1	1	2	2

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Forrest, C. B., Riley, A. W., Vivier, P. M., Gordon, N. P. and Starfield, B.	2004	Predictors of children's healthcare use - The value of child versus parental perspectives on healthcare needs	Medical Care	2.994		1	2	1	1
Forrest, C. B., Shipman, S. A., Dougherty, D. and Miller, M. R.	2003	Outcomes research in pediatric settings: recent trends and future directions	Pediatrics	4.272		1			
Forrest, C. B., Simpson, L. and Clancy, C.	1997	Child health services research. Challenges and opportunities	Jama	23.332		1			
Fortescue, E. B., Kaushal, R., Landrigan, C. P., McKenna, K. J., Clapp, M. D., Federico, F., Goldmann, D. A. and Bates, D. W.	2003	Prioritizing strategies for preventing medication errors and adverse drug events in pediatric inpatients	Pediatrics	4.272	11	3	1	6	7
Friedman, B. and Basu, J.	2001	Health Insurance, Primary Care, and Preventable Hospitalization of Children in a Large State	American Journal of Managed Care	1.443		2			
Friedman, B. and Basu, J.	2004	The rate and cost of hospital readmissions for preventable conditions	Med Care Res Rev	1.475		1			
Friedman, B., Devers, K., Steiner, C. and Fox, S.	2002	The Use of Expensive Health Technologies in the Era of Managed Care: The Remarkable Case of Neonatal Intensive Care	Journal of Health Politics, Policy and Law	0.718		1			
Friedman, B., Jee, J. and Steiner, C., et al.	1999	Tracking the State Children's Health Insurance Program with hospital data: National baselines, State variations, and some cautions	Medical Care Research and Review	1.475		2			
Friedman, N. R., McCormick, D. P., Pittman, C., Chonmaitree, T., Teichgraeber, D. C., Uchida, T., Baldwin, C. D. and Saeed, K. A.	2006	Development of a practical tool for assessing the severity of acute otitis media	Pediatr Infect Dis J	3.047		1	1	1	7
Fuhlbrigge, A. L., Carey, V. J., Finkelstein, J. A., Lozano, P., Inui, T. S., Weiss, S. T. and Weiss, K. B.	2005	Validity of the HEDIS criteria to identify children with persistent asthma and sustained high utilization	Am J Manag Care	1.443	1	1	1	2	2
Fuhlbrigge, A. L., Carey, V. J., Finkelstein, J. A., Lozano, P., Inui, T. S., Weiss, S. T. and Weiss, K. B.	2005	Validity of the HEDIS criteria to identify children with persistent asthma and sustained high utilization	American Journal of Managed Care	1.443	1	1	1	2	2
Fuhlbrigge, A., Carey, V. J., Adams, R. J., Finkelstein, J. A., Lozano, P., Weiss, S. T. and Weiss, K. B.	2004	Evaluation of asthma prescription measures and health system performance based on emergency department utilization	Med Care	2.994		1	1	2	2
Fuhlbrigge, A., Carey, V. J., Adams, R. J., Finkelstein, J. A., Lozano, P., Weiss, S. T. and Weiss, K. B.	2004	Evaluation of asthma prescription measures and health system performance based on emergency department utilization	Medical Care	2.994	9	1	1	2	2
Fuloria, M., Hiatt, D., Dillard, R. G. and O'Shea, T. M.	2000	Gastroesophageal reflux in very low birth weight infants: association with chronic lung disease and outcomes through 1 year of age	J Perinatol	x		1	1	1	1
Galbraith, A. A., Stevens, J. and Klein, J. D.	1997	Health care access and utilization among pregnant adolescents	J Adolesc Health	2.013	1	1	1	2	2
Galbraith, A. A., Wong, S. T., Kim, S. E. and Newacheck, P. W.	2005	Out-of-pocket financial burden for low-income families with children: socioeconomic disparities and effects of insurance	Health Serv Res	2.466		2	6	2	2
Gallagher, T. H., Waterman, A. D., Ebers, A. G., Fraser, V. J. and Levinson, W.	2003	Patients' and physicians' attitudes regarding the disclosure of medical errors	Jama	23.332	52	3	1	6	6

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Gandhi, T. K., Bartel, S. B., Shulman, L. N., Verrier, D., Burdick, E., Cleary, A., Rothschild, J. M., Leape, L. L. and Bates, D. W.	2005	Medication safety in the ambulatory chemotherapy setting	Cancer	4.8		3	1	6	7
Garbutt, J. M., Highstein, G., Jeffe, D. B., Dunagan, W. C. and Fraser, V. J.	2005	Safe medication prescribing: training and experience of medical students and housestaff at a large teaching hospital	Acad Med	1.94		1	1	6	6
Gardiner, J. C., Huebner, M., Jetton, J. and Bradley, C. J.	2000	Power and sample assessments for tests of hypotheses on cost-effectiveness ratios	Health Econ	1.919		1	1	2	2
Gaskin, D. J. and Mitchell, J. M.	2005	Health status and access to care for children with special health care needs	J Ment Health Policy Econ	x		1	1	2	2
Gendo, K., Sullivan, S. D., Lozano, P., Finkelstein, J. A., Fuhlbrigge, A. and Weiss, K. B.	2003	Resource costs for asthma-related care among pediatric patients in managed care	Ann Allergy Asthma Immunol	1.987	5	1	1	2	2
Gendo, K., Sullivan, S. D., Lozano, P., Finkelstein, J. A., Fuhlbrigge, A. and Weiss, K. B.	2003	Resource costs for asthma-related care among pediatric patients in managed care	Annals of Allergy Asthma & Immunology	1.987	5	1	1	2	2
Gergen, P. J.	2001	Environmental tobacco smoke as a risk factor for respiratory disease in children	Respir Physiol	x		1			
Gergen, P. J., Fowler, J. A., Maurer, K. R., Davis, W. W. and Overpeck, M. D.	1998	The burden of environmental tobacco smoke exposure on the respiratory health of children 2 months through 5 years of age in the United States: Third National Health and Nutrition Examination Survey, 1988 to 1994	Pediatrics	4.272		1			
Gergen, P. J., Macri, C. J. and Murrillo, S.	2002	The need for sickle cell screening among pediatric latino immigrants	Arch Pediatr Adolesc Med	3.566		NA			
Gergen, P. J., Mitchell, H. and Lynn, H.	2002	Understanding the seasonal pattern of childhood asthma: results from the National Cooperative Inner-City Asthma Study (NCICAS)	J Pediatr	3.837		1			
Gesler, W.	2001	Urban-rural variations in health care	Progress in Human Geography	x		NA	6	2	2
Gesler, W. M., Arcury, T. A., Skelly, A. H., Nash, S., Soward, A. and Dougherty, M.	2005	Identifying diabetes knowledge network nodes as sites for a diabetes prevention program	Health Place	x		1	6	2	2
Gesler, W. M., Hayes, M., Arcury, T. A., Skelly, A. H., Nash, S. and Soward, A. C.	2004	Use of mapping technology in health intervention research	Nurs Outlook	0.725		NA	6	2	2
Gesler, W., Arcury, T. A. and Koenig, H. G.	2000	An introduction to three studies of rural elderly people: effects of religion and culture on health	J Cross Cult Gerontol	x		1	6	2	2
Ghetti, C., Chan, B. K. and Guise, J. M.	2004	Physicians' responses to patient-requested cesarean delivery	Birth	0.875	2	1	3	1	8
Gilmer, T., Kronick, R., Fishman, P. and Ganiats, T. G.	2001	The Medicaid Rx model: pharmacy-based risk adjustment for public programs	Med Care	2.994		1	1	2	2
Glasgow, T. S., Young, P. C., Wallin, J., Kwok, C., Stoddard, G., Firth, S., Samore, M. and Byington, C. L.	2005	Association of intrapartum antibiotic exposure and late-onset serious bacterial infections in infants	Pediatrics	4.272	2	3	2	1	10
Goldfarb, M. G., Bazzoli, G. J. and Coffey, R. M.	1996	Trauma systems and the costs of trauma care	Health Serv Res	2.466		1			

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Goldstein, E., Farquhar, M., Crofton, C., Darby, C. and Garfinkel, S.	2005	Measuring hospital care from the patients' perspective: an overview of the CAHPS Hospital Survey development process	Health Serv Res	2.466		1	1	6	6
Gonzales, R., Corbett, K. K., Leeman-Castillo, B. A., Glazner, J., Erbacher, K., Darr, C. A., Wong, S., Maselli, J. H., Sauaia, A. and Kafadar, K.	2005	The "minimizing antibiotic resistance in Colorado" project: impact of patient education in improving antibiotic use in private office practices	Health Serv Res	2.466		3	1	1	7
Gonzales, R., Malone, D. C., Maselli, J. H. and Sande, M. A.	2001	Excessive antibiotic use for acute respiratory infections in the United States	Clinical Infectious Diseases	6.51	73	1	1	1	7
Gordon, B. D. and Asplin, B. R.	2004	Using online analytical processing to manage emergency department operations	Acad Emerg Med	1.789	7	1	1	1	1
Gordon, L. V. and Selden, T. M.	2001	How much did the Medicaid expansions for children cost? An analysis of state Medicaid spending, 1984-1994	Med Care Res Rev	1.475		2			
Gorelick, M. H.	2003	Severity of illness measures for pediatric emergency care: are we there yet?	Ann Emerg Med	2.782		NA	1	2	2
Gorelick, M. H., Alpern, E. R. and Alessandrini, E. A.	2005	A system for grouping presenting complaints: the pediatric emergency reason for visit clusters	Acad Emerg Med	1.789		1	1	2	2
Gorelick, M. H., Lee, C., Cronan, K., Kost, S. and Palmer, K.	2001	Pediatric emergency assessment tool (PEAT): a risk-adjustment measure for pediatric emergency patients	Acad Emerg Med	1.789		1	1	2	2
Gorelick, M. H., Yen, K. and Yun, H. J.	2005	The effect of in-room registration on emergency department length of stay	Ann Emerg Med	2.782	15	3	1	2	2
Gould, J. B., Danielsen, B., Korst, L. M., Phibbs, R., Chance, K., Main, E., Wirtschafter, D. D. and Stevenson, D. K.	2004	Cesarean delivery rates and neonatal morbidity in a low-risk population	Obstet Gynecol	4.17		3	1	2	2
Grant, E. N., Malone, A., Lyttle, C. S. and Weiss, K. B.	2005	Asthma morbidity and treatment in the Chicago metropolitan area: one decade after national guidelines	Ann Allergy Asthma Immunol	1.987	1	1	1	2	2
Greek, A. A., Kieckhefer, G. M., Kim, H., Joesch, J. M. and Baydar, N.	2006	Family Perceptions of the Usual Source of Care among Children with Asthma by Race/Ethnicity, Language, and Family Income	J Asthma	1.346	1	1	6	1	1
Griffith, J. R., Alexander, J. A. and Jelinek, R. C.	2002	Measuring comparative hospital performance	J Healthc Manag	x		1	1	5	2
Griffith, J. R., Knutzen, S. R. and Alexander, J. A.	2002	Structural versus outcomes measures in hospitals: a comparison of Joint Commission and Medicare outcomes scores in hospitals	Qual Manag Health Care	x		1	1	5	2
Grzywacz, J. G., Rao, P., Woods, C. R., Preisser, J. S., Gesler, W. M. and Arcury, T. A.	2005	Children's health and workers' productivity: an examination of family interference with work in rural America	J Occup Health Psychol	x		1	6	2	2
Guagliardo, M. F.	2004	Spatial accessibility of primary care: concepts, methods and challenges	Int J Health Geogr	x		1	1	2	2
Guagliardo, M. F., Jablonski, K. A., Joseph, J. G. and Goodman, D. C.	2004	Do pediatric hospitalizations have a unique geography?	BMC Health Serv Res	1.625		1	1	2	2
Guendelman, S. and Pearl, M.	2004	Children's ability to access and use health care	Health Aff (Millwood)	3.158		2	1	2	2
Guendelman, S., Angulo, V. and Oman, D.	2005	Access to health care for children and adolescents in working poor families: recent findings from California	Med Care	2.994		1	1	2	2

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Guendelman, S., Angulo, V., Wier, M. and Oman, D.	2005	Overcoming the odds: access to care for immigrant children in working poor families in California	Matern Child Health J	x		1	1	2	2
Guendelman, S., Schaffler, H. and Samuels, S.	2002	Differential access and utilization of health services by immigrant and native-born children in working poor families in California	J Health Care Poor Underserved	x		NA	1	2	2
Guendelman, S., Wier, M., Angulo, V. and Oman, D.	2006	The effects of child-only insurance coverage and family coverage on health care access and use: recent findings among low-income children in California	Health Serv Res	2.466	3	2	1	2	2
Guendelman, S., Wyn, R. and Tsai, Y. W.	2002	Children of working poor families in California: the effects of insurance status on access and utilization of primary health care	J Health Soc Policy	x		2	1	2	2
Guess, H. A.	2006	Exposure-time-varying hazard function ratios in case-control studies of drug effects	Pharmacoepidemiol Drug Saf	x		1	2	1	10
Guirguis-Blake, J. and Hales, C. M.	2004	Screening for suicide risk	Am Fam Physician	1.251		NA			
Guise, J. M.	2001	The ethics of childbirth: are all roads leading to cesarean?	Obstet Gynecol Surv	3.437		NA	3	1	8
Guise, J. M.	2001	A guest editorial: The ethics of childbirth: Are all roads leading to cesarean?	Obstetrical & Gynecological Survey	3.437	1	NA	3	1	8
Guise, J. M., Austin, D. and Morris, C. D.	2005	Review of case-control studies related to breastfeeding and reduced risk of childhood leukemia	Pediatrics	4.272		3	3	1	8
Guise, J. M., Berlin, M., McDonagh, M., Osterweil, P., Chan, B. and Helfand, M.	2004	Safety of vaginal birth after cesarean: a systematic review	Obstet Gynecol	4.17	6	3	3	1	8
Guise, J. M., Hashima, J. and Osterweil, P.	2005	Evidence-based vaginal birth after Caesarean section	Best Pract Res Clin Obstet Gynaecol	1.512		3	3	1	8
Guise, J. M., McDonagh, M. S., Osterweil, P., Nygren, P., Chan, B. K. and Helfand, M.	2004	Systematic review of the incidence and consequences of uterine rupture in women with previous caesarean section	Bmj	x		3	3	1	8
Guise, J. M., Palda, V., Westhoff, C., Chan, B. K., Helfand, M. and Lieu, T. A.	2003	The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the US Preventive Services Task Force	Ann Fam Med	x	10	3	3	1	8
Gurvitz, M. Z., Chang, R. K., Ramos, F. J., Allada, V., Child, J. S. and Klitzner, T. S.	2005	Variations in adult congenital heart disease training in adult and pediatric cardiology fellowship programs	J Am Coll Cardiol	9.2		1	1	1	1
Gurvitz, M., Chang, R. K., Drant, S. and Allada, V.	2004	Frequency of aortic root dilation in children with a bicuspid aortic valve	Am J Cardiol	3.059		1	1	1	1
Guthery, S. L., Hutchings, C., Dean, J. M. and Hoff, C.	2004	National estimates of hospital utilization by children with gastrointestinal disorders: analysis of the 1997 kids' inpatient database	J Pediatr	3.837		1	2	1	10
Hall, C. B., Wakefield, D., Rowe, T. M., Carlisle, P. S. and Cloutier, M. M.	2001	Diagnosing pediatric asthma: validating the Easy Breathing Survey	J Pediatr	3.837		3	2	1	1
Halterman, J. S., McConnochie, K. M., Conn, K. M., Yoos, H. L., Kaczorowski, J. M., Holzhauer, R. J., Allan, M. and Szilagyi, P. G.	2003	A potential pitfall in provider assessments of the quality of asthma control	Ambul Pediatr	1.475	6	1	2	1	1

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Harris, D., Andrews, R. and Elixhauser, A.	1996	Race/Ethnicity and Treatment of Children and Adolescents, by Diagnosis	AHCPR Publication No. 96-0012	NA		1			
Harris, R. A., Washington, A. E., Feeny, D. and Kuppermann, M.	1998	The cost effectiveness of prenatal diagnosis: Does the 35 year-old threshold make sense?	Medical Decision Making	1.822		NA	2	1	1
Harris, R. A., Washington, A. E., Nease, R. F., Jr. and Kuppermann, M.	2004	Cost utility of prenatal diagnosis and the risk-based threshold	Lancet	23.407		3	2	1	1
Hartley, H., Seccombe, K. and Hoffman, K.	2005	Planning for and securing health insurance in the context of welfare reform	J Health Care Poor Underserved	x	1	2	1	2	2
Hartling, L., Craig, W. R., Russell, K., Stevens, K. and Klassen, T. P.	2004	Factors influencing the publication of randomized controlled trials in child health research	Arch Pediatr Adolesc Med	3.566	9	1	3	1	8
Hashima, J. N., Eden, K. B., Osterweil, P., Nygren, P. and Guise, J. M.	2004	Predicting vaginal birth after cesarean delivery: a review of prognostic factors and screening tools	Am J Obstet Gynecol	3.083		1	3	1	8
Heller, G., Richardson, D. K., Schnell, R., Misselwitz, B., Kunzel, W. and Schmidt, S.	2002	Are we regionalized enough? Early-neonatal deaths in low-risk births by the size of delivery units in Hesse, Germany 1990-1999	Int J Epidemiol	4.045	8	2	1	1	1
Heller, G., Schnell, R., Richardson, D. K., Misselwitz, B. and Schmidt, S.	2003	[Assessing the impact of delivery unit size on neonatal survival: estimation of potentially avoidable deaths in Hessen, Germany, 1990-2000]	Dtsch Med Wochenschr	x	3	1	1	1	1
Hellinger, F. J.	1993	The use of health services by women with HIV infection	Health Serv Res	2.466		1			
Helmkamp, J., Hungerford, D., Williams, J., Furbee, M., Manley, B. and Horn, K.	2000	Differences in alcohol risk profiles between college students and college-age non-students presenting for care in the emergency department	Ann Epidemiol	2.289		1	1	1	1
Hermann, R. C. and Palmer, R. H.	2002	Common ground: A framework for selecting core quality measures for mental health and substance abuse care	Psychiatric Services	2.7	16	1	1	5	1
Hermann, R. C. and Provost, S.	2003	Best practices: Interpreting measurement data for quality improvement: standards, means, norms, and benchmarks	Psychiatr Serv	2.7		NA	1	5	1
Hermann, R. C., Finnerty, M., Provost, S., Palmer, R. H., Chan, J., Lagodmos, G., Teller, T. and Myrhol, B. J.	2002	Process measures for the assessment and improvement of quality of care for schizophrenia	Schizophrenia Bulletin	2.871	12	1	1	5	1
Hermann, R. C., Leff, H. S., Palmer, R. H., Yang, D., Teller, T., Provost, S., Jakubiak, C. and Chan, J.	2000	Quality measures for mental health care: results from a national inventory	Med Care Res Rev	1.475	7	1	1	5	1
Hermann, R. C., Palmer, H., Leff, S., Schwartz, M., Provost, S., Chan, J., Chiu, W. and Lagodmos, G.	2004	Achieving consensus across diverse stakeholders on quality measures for mental healthcare	Medical Care	2.994	1	1	1	5	1
Hermann, R. C., Regner, J. L., Erickson, P. and Yang, D.	2000	Developing a quality management system for behavioral health care: the Cambridge Health Alliance Experience	Harv Rev Psychiatry	x	5	1	1	5	1
Higgins, P. S., Wakefield, D. and Cloutier, M. M.	2005	Risk factors for asthma and asthma severity in nonurban children in Connecticut	Chest	4.008		1	2	1	1



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Hille, E. T., den Ouden, A. L., Saigal, S., Wolke, D., Lambert, M., Whitaker, A., Pinto-Martin, J. A., Hoult, L., Meyer, R., Feldman, J. F., Verloove-Vanhorick, S. P. and Paneth, N.	2001	Behavioural problems in children who weigh 1000 g or less at birth in four countries	Lancet	23.407	41	1	1	1	1
Holbrook, T. L., Hoyt, D. B., Coimbra, R., Potenza, B., Sise, M. and Anderson, J. P.	2005	Long-term posttraumatic stress disorder persists after major trauma in adolescents: new data on risk factors and functional outcome	J Trauma	1.722		1	1	1	1
Holl, J. L., Dick, A. W., Shone, L. P., Rodewald, L. E., Zwanziger, J., Mukamel, D. B., Trafton, S., Raubertas, R. F. and Szilagyi, P. G.	2000	A profile of the population enrolled in New York State's Child Health Plus	Pediatrics	4.272		2	1	2	2
Holl, J. L., Szilagyi, P. G., Rodewald, L. E., Shone, L. P., Zwanziger, J., Mukamel, D. B., Trafton, S., Dick, A. W., Barth, R. and Raubertas, R. F.	2000	Evaluation of New York State's Child Health Plus: access, utilization, quality of health care, and health status	Pediatrics	4.272		2	1	2	2
Hollon, S. D., Munoz, R. F., Barlow, D. H., Beardslee, W. R., Bell, C. C., Bernal, G., Clarke, G. N., Franciosi, L. P., Kazdin, A. E., Kohn, L., Linehan, M. M., Markowitz, J. C., Miklowitz, D. J., Persons, J. B., Niederehe, G. and Sommers, D.	2002	Psychosocial intervention development for the prevention and treatment of depression: Promoting innovation and increasing access	Biological Psychiatry	6.779	26	1	1	1	1
Holzman, M. D., Mitchel, E. F., Ray, W. A. and Smalley, W. E.	2001	Use of healthcare resources among medically and surgically treated patients with gastroesophageal reflux disease: a population-based study	J Am Coll Surg	2.621		1	2	1	10
Homa, D. M., Mannino, D. M. and Lara, M.	2000	Asthma mortality in U.S. Hispanics of Mexican, Puerto Rican, and Cuban heritage, 1990-1995	Am J Respir Crit Care Med	8.689	44	1	6	1	1
Homer, C. J., Forbes, P., Horvitz, L., Peterson, L. E., Wypij, D. and Heinrich, P.	2005	Impact of a quality improvement program on care and outcomes for children with asthma	Arch Pediatr Adolesc Med	3.566	14	3	1	5	1
Hope, C., Brown, A., Bailey, J., Murphey, L. M. and Rudman, W.	2005	The impact of strong pharmacy leadership on inpatient medication error web-based occurrence reports	Pharmacotherapy	1.92		NA	1	6	6
Horbar, J. D., Badger, G. J., Carpenter, J. H., Fanaroff, A. A., Kilpatrick, S., LaCorte, M., Phibbs, R. and Soll, R. F.	2002	Trends in mortality and morbidity for very low birth weight infants, 1991-1999	Pediatrics	4.272		1	1	2	2
Horbar, J. D., Carpenter, J. H., Buzas, J., Soll, R. F., Suresh, G., Bracken, M. B., Leviton, L. C., Plsek, P. E. and Sinclair, J. C.	2004	Collaborative quality improvement to promote evidence based surfactant for preterm infants: a cluster randomised trial	Bmj	x		3	1	1	1
Horbar, J. D., Carpenter, J. H., Buzas, J., Soll, R. F., Suresh, G., Bracken, M. B., Leviton, L. C., Plsek, P. E. and Sinclair, J. C.	2004	Timing of initial surfactant treatment for infants 23 to 29 weeks' gestation: is routine practice evidence based?	Pediatrics	4.272	6	3	1	1	1

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Horbar, J. D., Rogowski, J., Plsek, P. E., Delmore, P., Edwards, W. H., Hocker, J., Kantak, A. D., Lewallen, P., Lewis, W., Lewit, E., McCarroll, C. J., Mjuscce, D., Payne, N. R., Shiono, P., Soll, R. F., Leahy, K. and Carpenter, J. H.	2001	Collaborative quality improvement for neonatal intensive care. NIC/Q Project Investigators of the Vermont Oxford Network	Pediatrics	4.272	23	3	1	2	2
Horn, K., Gao, X., Williams, J., Helmkamp, J., Furbee, M. and Manley, W.	2000	Conjoint smoking and drinking: a case for dual-substance intervention among young emergency department patients	Acad Emerg Med	1.789		1	1	1	1
Horn, K., Leontieva, L., Williams, J. M., Furbee, P. M., Helmkamp, J. C. and Manley, W. G., 3rd	2002	Alcohol problems among young adult emergency department patients: making predictions using routine sociodemographic information	J Crit Care	1.429	4	1	1	1	1
Horwitz, S., Owens, P. and MD, S.	2000	Specialized Assessments for Children in Foster Care	Pediatrics	4.272		3			
Hsia, D. C.	1998	Medications used for paediatric HIV infection in the USA, 1991-1992	AIDS Care	x		1			
Hsia, D. C., Fleishman, J. A., East, J. A. and Hellinger, F. J.	1995	Pediatric human immunodeficiency virus infection. Recent evidence on the utilization and costs of health services	Arch Pediatr Adolesc Med	3.566		1			
Hsu, J., Reed, M., Brand, R., Fireman, B., Newhouse, J. P. and Selby, J. V.	2004	Cost-sharing: patient knowledge and effects on seeking emergency department care	Med Care	2.994	6	2	1	2	2
Huang, M. I., Schnyer, R. and Manber, R.	2005	The impact of acupuncture for depression on sleep during pregnancy	Sleep	4.95		NA	1	1	1
Huang, S. S., Finkelstein, J. A., Rifas-Shiman, S. L., Kleinman, K. and Platt, R.	2004	Community-level predictors of pneumococcal carriage and resistance in young children	Am J Epidemiol	5.068		1	3	1	8
Huang, S. S., Platt, R., Rifas-Shiman, S. L., Pelton, S. I., Goldmann, D. and Finkelstein, J. A.	2005	Post-PCV7 changes in colonizing pneumococcal serotypes in 16 Massachusetts communities, 2001 and 2004	Pediatrics	4.272		1	3	1	8
Hudson, J.	2005	Trends in Children's Eligibility for Public Insurance for Families with Children, 1996-2002 (First Half)	MEPS Statistical Brief #100	NA		1			
Hudson, J.	2005	Trends in Children's Health Insurance Coverage for Families with Children, 1996-2002 (First Half)	MEPS Statistical Brief No. 99	NA		1			
Hudson, J. L., Selden, T. M. and Banthin, J. S.	2005	The impact of SCHIP on insurance coverage of children	Inquiry	x		2			
Hughes, R. G. and Edgerton, E. A.	2005	Reducing pediatric medication errors: children are especially at risk for medication errors	Am J Nurs	0.405		NA			
Hwang, L. and Shafer, M. A.	2004	Chlamydia trachomatis infection in adolescents	Adv Pediatr	x		1	3	1	8
Hwang, L. Y., Tebb, K. P., Shafer, M. A. and Pantell, R. H.	2005	Examination of the treatment and follow-up care for adolescents who test positive for Chlamydia trachomatis infection	Arch Pediatr Adolesc Med	3.566		1	3	1	8
Indurkha, A., Gardiner, J. C. and Luo, Z.	2001	The effect of outliers on confidence interval procedures for cost-effectiveness ratios	Stat Med	1.477		1	1	2	2
Inkelas, M.	2005	Incentives in a Medicaid carve-out: impact on children with special health care needs	Health Serv Res	2.466	8	2	1	2	2
Irwin, C. E.	2005	Clinical preventive services for adolescents: Still a long way to go	Journal of Adolescent Health	2.013	1	NA	2	1	1

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Irwin, C. E., Jr.	2006	Beyond abstinence: what we need to do to decrease the risks of sexual behavior during adolescence	J Adolesc Health	2.013		NA	2	1	1
Irwin, C. E., Jr.	2006	To test or not to test: screening for substance use in adolescents	J Adolesc Health	2.013		NA	2	1	1
Irwin, C. E., Jr. and Rickert, V. I.	2005	Coercive sexual experiences during adolescence and young adulthood: a public health problem	J Adolesc Health	2.013	1	NA	2	1	1
Jaffee, K. D. and Perloff, J. A.	2003	An ecological analysis of racial differences in low birthweight: Implications for maternal and child health social work	Health & Social Work	x	3	1	6	1	1
Jaffee, K. D., Liu, G. C., Canty-Mitchell, J., Qi, R. A., Austin, J. and Swigonski, N.	2005	Race, urban community stressors, and behavioral and emotional problems of children with special health care needs	Psychiatr Serv	2.7		1	1	2	2
Janicke, D. M., Finney, J. W. and Riley, A. W.	2001	Children's health care use - A prospective investigation of factors related to care-seeking	Medical Care	2.994	24	1	2	1	1
Jeffe, D. B., Dunagan, W. C., Garbutt, J., Burroughs, T. E., Gallagher, T. H., Hill, P. R., Harris, C. B., Bommarito, K. and Fraser, V. J.	2004	Using focus groups to understand physicians' and nurses' perspectives on error reporting in hospitals	Jt Comm J Qual Saf	x		1	1	6	6
Jenkins, P. C., Flanagan, M. F., Jenkins, K. J., Sargent, J. D., Canter, C. E., Chinnock, R. E., Vincent, R. N. and O'Connor, G. T.	2001	Somatic growth and morbidities in patients with hypoplastic left heart syndrome	Circulation	1.998		NA	1	1	1
Jiang, H. J., Andrews, R., Stryer, D. and Friedman, B.	2005	Racial ethnic disparities in potentially preventable readmissions: the case of diabetes	Am J Public Health	3.566		1			
Jiang, H. J., Stryer, D., Friedman, B. and Andrews, R.	2003	Multiple hospitalizations for patients with diabetes	Diabetes Care	7.844		1			
Johnson, K. B.	2001	Barriers that impede the adoption of pediatric information technology	Archives of Pediatrics & Adolescent Medicine	3.566		NA	2	3	4
Johnson, K. B. and Cowan, J.	2002	Clictate: a computer-based documentation tool for guideline-based care	J Med Syst	x		1	2	3	4
Johnson, K. B. and Davison, C. L.	2004	Information technology: its importance to child safety	Ambul Pediatr	1.475	1	NA	1	6	6
Johnson, K. B. and Feldman, M. J.	1995	Medical Informatics and Pediatrics - Decision-Support Systems	Archives of Pediatrics & Adolescent Medicine	3.566		NA	2	3	4
Johnson, K. B., Serwint, J. R., Fagan, L. M., Thompson, R. E. and Wilson, M. H.	2005	Computer-based documentation: effect on parent and physician satisfaction during a pediatric health maintenance encounter	Arch Pediatr Adolesc Med	3.566	3	3	2	3	4
Johnson, R. F. and Stewart, M. G.	2004	Outcomes research in pediatric otolaryngology	ORL J Otorhinolaryngol Relat Spec	x		1	2	1	1
Johnston, B. D., Grossman, D. C. and Connell, F. A.	2001	Are siblings of children who had unintentional injuries at increased risk of injury?	Western Journal of Medicine	x		NA	1	1	1
Johnston, B. D., Grossman, D. C. and Thompson, R. S.	2003	Transient elevation in risk of injury in siblings following injury encounters	J Pediatr	3.837	12	1	1	1	1
Johnston, B. D., Grossman, D. C., Connell, F. A. and Koepsell, T. D.	2000	High-risk periods for childhood injury among siblings	Pediatrics	4.272		1	1	1	1
Joyce, G. F., Goldman, D. P., Leibowitz, A., Carlisle, D., Duan, N., Shapiro, M. F. and Bozzette, S. A.	1999	Variation in inpatient resource use in the treatment of HIV: do the privately insured receive more care?	Med Care	2.994	9	1	1	2	2

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Kalish, C. W.	1998	Young children's predictions of illness: failure to recognize probabilistic causation	Dev Psychol	x	5	1	1	1	1
Kanter, D. E., Turenne, W. and Slonim, A. D.	2004	Hospital-reported medical errors in premature neonates	Pediatr Crit Care Med	x		1	1	1	1
Kaufman, N. K., Rohde, P., Seeley, J. R., Clarke, G. N. and Stice, E.	2005	Potential mediators of cognitive-behavioral therapy for adolescents with comorbid major depression and conduct disorder	Journal of Consulting and Clinical Psychology	x	1	3	1	1	1
Kaushal, R., Barker, K. N. and Bates, D. W.	2001	How can information technology improve patient safety and reduce medication errors in children's health care?	Arch Pediatr Adolesc Med	3.566	4	1	1	6	7
Kaushal, R., Bates, D. W., Clapp, M. D., Federico, F., Landrigan, C., McKenna, K. J. and Goldmann, D. A.	2001	Medication errors in children - Reply	Jama-Journal of the American Medical Association	23.332	25	NA	1	6	7
Kaushal, R., Jaggi, T., Walsh, K., Fortescue, E. B. and Bates, D. W.	2004	Pediatric medication errors: what do we know? What gaps remain?	Ambul Pediatr	1.475	3	NA	1	6	7
Keren, R., Pati, S. and Feudtner, C.	2004	The generation gap: differences between children and adults pertinent to economic evaluations of health interventions	Pharmacoeconomics	3.623		1	1	1	1
Kieckhefer, G. M., Greek, A. A., Joesch, J. M., Kim, H. and Baydar, N.	2005	Presence and characteristics of medical home and health services utilization among children with asthma	J Pediatr Health Care	x		1	6	1	1
Kim, M., Zaslavsky, A. M. and Cleary, P. D.	2005	Adjusting Pediatric Consumer Assessment of Health Plans Study (CAHPS) Scores to Ensure Fair Comparison of Health Plan Performances	Med Care	2.994	7	1	1	6	6
Kimberly, M. B., Forte, A. L., Carroll, J. M. and Feudtner, C.	2005	Pediatric do-not-attempt-resuscitation orders and public schools: a national assessment of policies and laws	Am J Bioeth	2.509		1	1	1	1
Kirby, J. B.	2002	The influence of parental separation on smoking initiation in adolescents	J Health Soc Behav	x		1			
Kirby, J. B. and Kaneda, T.	2002	Health insurance and family structure: the case of adolescents in skipped-generation families	Med Care Res Rev	1.475		1			
Kirby, J. B., Machlin, S. R. and Cohen, J. W.	2003	Has the increase in HMO enrollment within the Medicaid population changed the pattern of health service use and expenditures?	Med Care	2.994		2			
Klein, J. D., Allan, M. J., Elster, A. B., Stevens, D., Cox, C., Hedberg, V. A. and Goodman, R. A.	2001	Improving adolescent preventive care in community health centers	Pediatrics	4.272		3	1	2	2
Kon, A. A. and Marcin, J. P.	2005	Using telemedicine to improve communication during paediatric resuscitations	J Telemed Telecare	0.749		NA	2	3	4
Kraemer, D. F., Berlin, M. and Guise, J. M.	2004	The relationship of health care delivery system characteristics and legal factors to mode of delivery in women with prior cesarean section: a systematic review	Womens Health Issues	x		1	3	1	8
Kuhlthau, K., Nyman, R. M., Ferris, T. G., Beal, A. C. and Perrin, J. M.	2004	Correlates of use of specialty care	Pediatrics	4.272	1	1	1	2	2
Kuppermann, M., Golderg, J. D., Nease, R. F. and Washington, A. E.	1999	Prenatal diagnosis - Response	American Journal of Public Health	3.566		NA	2	1	1

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Kushel, M. B., Perry, S., Bangsberg, D., Clark, R. and Moss, A. R.	2002	Emergency department use among the homeless and marginally housed: results from a community-based study	Am J Public Health	3.566	16	1	6	2	2
Kuzujanakis, M., Kleinman, K., Rifas-Shiman, S. and Finkelstein, J. A.	2003	Correlates of parental antibiotic knowledge, demand, and reported use	Ambulatory Pediatrics	1.475	4	1	3	1	8
Lan, Y. T., Chang, R. K. and Laks, H.	2004	Outcome of patients with double-inlet left ventricle or tricuspid atresia with transposed great arteries	J Am Coll Cardiol	9.2		4	1	1	1
Lan, Y. T., Chang, R. K., Alejos, J. C., Burch, C. and Wetzel, G. T.	2004	B-type natriuretic peptide in children after cardiac transplantation	J Heart Lung Transplant	2.992		1	1	1	1
Lara, M. and Brook, R. H.	2000	Quality of emergency department care for inner-city children with asthma	Journal of Allergy and Clinical Immunology	7.667		NA	6	1	1
Lara, M., Akinbami, L., Flores, G. and Morgenstern, H.	2006	Heterogeneity of childhood asthma among Hispanic children: Puerto Rican children bear a disproportionate burden	Pediatrics	4.272	4	1	6	1	1
Lara, M., Duan, N., Sherbourne, C., Halfon, N., Leibowitz, A. and Brook, R. H.	2003	Children's use of emergency departments for asthma: persistent barriers or acute need?	J Asthma	1.346		1	6	1	1
Lara, M., Rosenbaum, S., Rachelefsky, G., Nicholas, W., Morton, S. C., Emont, S., Branch, M., Genovese, B., Vaiana, M. E., Smith, V., Wheeler, L., Platts-Mills, T., Clark, N., Lurie, N. and Weiss, K. B.	2002	Improving childhood asthma outcomes in the United States: a blueprint for policy action	Pediatrics	4.272	20	2	6	1	1
Lawrence, W. F. and Fleishman, J. A.	2004	Predicting EuroQoL EQ-5D preference scores from the SF-12 Health Survey in a nationally representative sample	Med Decis Making	x		1			
Learman, L. A., Drey, E. A., Gates, E. A., Kang, M. S., Washington, A. E. and Kuppermann, M.	2005	Abortion attitudes of pregnant women in prenatal care	Am J Obstet Gynecol	3.083		1	2	1	1
Learman, L. A., Kuppermann, M., Gates, E., Nease, R. F., Jr., Gildengorin, V. and Washington, A. E.	2003	Social and familial context of prenatal genetic testing decisions: are there racial/ethnic differences?	Am J Med Genet C Semin Med Genet	4.265		1	2	1	1
Lee, J. Y., Rozier, R. G., Norton, E. C. and Vann, W. F., Jr.	2005	Addressing selection bias in dental health services research	J Dent Res	3.192		1	1	2	2
Lee, J. Y., Rozier, R. G., Norton, E. C., Kotch, J. B. and Vann, W. F., Jr.	2004	Effects of WIC participation on children's use of oral health services	Am J Public Health	3.566	3	2	1	2	2
Lee, J. Y., Rozier, R. G., Norton, E. C., Kotch, J. B. and Vann, W. F., Jr.	2004	The effects of the Women, Infants, and Children's Supplemental Food Program on dentally related Medicaid expenditures	J Public Health Dent	0.854	1	2	1	2	2
Lee, J. Y., Rozier, R. G., Vann, W. F. and Norton, E. C.	2002	Controlling for the endogeneity of WIC on dental services use	Journal of Dental Research	3.192		NA	1	2	2
Lee, T. J., Baraff, L. J., Guzy, J., Johnson, D. and Woo, H.	2003	Does telephone triage delay significant medical treatment?: Advice nurse service vs on-call pediatricians	Arch Pediatr Adolesc Med	3.566		3	1	1	1
Lee, T. J., Baraff, L. J., Wall, S. P., Guzy, J., Johnson, D. and Woo, H.	2003	Parental compliance with after hours telephone triage advice: nurse advice service versus on-call pediatricians	Clin Pediatr (Phila)	0.679	1	3	1	1	1

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Lee, T. J., Guzy, J., Johnson, D., Woo, H. and Baraff, L. J.	2002	Caller satisfaction with after-hours telephone advice: nurse advice service versus on-call pediatricians	Pediatrics	4.272	4	1	1	1	1
Lee, T. J., Johnson, D. and Baraff, L. J.	2003	Caller satisfaction with after-hours telephone advice: Nurse advice service versus on-call pediatricians - Reply	Pediatrics	4.272		NA	1	1	1
Leslie, L. K., Kelleher, K. J., Burns, B. J., Landsverk, J. and Rolls, J. A.	2003	Foster care and Medicaid managed care	Child Welfare	x		1	1	2	2
Levine, L. J., Schwarz, D. F., Argon, J., Mandell, D. S. and Feudtner, C.	2005	Discharge disposition of adolescents admitted to medical hospitals after attempting suicide	Arch Pediatr Adolesc Med	3.566		1	1	1	1
Levine, R. S., Husaini, B. A., Briggs, N. C., Foster, I., Hull, P. C., Pamies, R. J., Tropez-Sims, S. and Emerson, J. S.	2005	HEDIS prevention performance indicators, prevention quality assessment and Healthy People 2010	J Health Care Poor Underserved	x	4	1	3	1	8
Lewinsohn, P. M. and Clarke, G. N.	1999	Psychosocial treatments for adolescent depression	Clinical Psychology Review	x	4	3	1	1	1
Lewis, C. W., Carron, J. D., Perkins, J. A., Sie, K. C. and Feudtner, C.	2003	Tracheotomy in pediatric patients: a national perspective	Arch Otolaryngol Head Neck Surg	1.586		1	1	1	1
Lewit, E. and Monheit, A.	1992	Expenditures on health care for children and pregnant women	The Future of Children	x		NA			
Lewit, E. M.	1998	The State Children's Health Insurance Program (CHIP)	Future Child	x		NA			
Lewit, E. M. and Baker, L. S.	1995	Children's health and the environment	Future Child	x		NA			
Lewit, E. M. and Kerrebrock, N.	1997	Childhood hunger	Future Child	x		NA			
Lewit, E. M., Baker, L. S., Corman, H. and Shiono, P. H.	1995	The direct cost of low birth weight	Future Child	x		1			
Li, T., Rhoads, G. G., Smulian, J., Demissie, K., Wartenberg, D. and Kruse, L.	2002	Physician cesarean delivery rates and risk-adjusted perinatal outcomes	American Journal of Epidemiology	5.068		NA	1	1	1
Li, T., Rhoads, G. G., Smulian, J., Demissie, K., Wartenberg, D. and Kruse, L.	2003	Physician cesarean delivery rates and risk-adjusted perinatal outcomes	Obstet Gynecol	4.17		1	1	1	1
Lieu, T. A., Finkelstein, J. A., Lozano, P., Capra, A. M., Chi, F. W., Jensvold, N., Quesenberry, C. P. and Farber, H. J.	2004	Cultural competence policies and other predictors of asthma care quality for Medicaid-insured children	Pediatrics	4.272	24	1	1	2	2
Lieu, T. A., Lozano, P., Finkelstein, J. A., Chi, F. W., Jensvold, N. G., Capra, A. M., Quesenberry, C. P., Selby, J. V. and Farber, H. J.	2002	Racial/ethnic variation in asthma status and management practices among children in managed Medicaid	Pediatrics	4.272	9	1	1	2	2
Lohr, K., Dougherty, D. and Simpson, L.	2001	Methodologic Challenges in Health Services Research in the Pediatric Population	Ambulatory Pediatrics	1.475		NA			
London, A. S., Fleishman, J. A., Goldman, D. P., McCaffrey, D. F., Bozzette, S. A., Shapiro, M. F. and Leibowitz, A. A.	2001	Use of unpaid and paid home care services among people with HIV infection in the USA	AIDS Care	x		1	1	2	2
Lorch, S. A., Zhang, X., Rosenbaum, P. R., Evan-Shoshan, O. and Silber, J. H.	2004	Equivalent lengths of stay of pediatric patients hospitalized in rural and nonrural hospitals	Pediatrics	4.272		1	1	1	1

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Lottenberg, R., Reddy, S., Boyette, R. L., Schwartz, R. and Konrad, T. R.	2002	Hydroxyurea therapy for sickle cell disease in community-based practices: A survey of Florida and North Carolina hematologists/oncologists	Blood	10.131		NA	2	1	1
Lowe, R. A., Localio, A. R., Schwarz, D. F., Williams, S., Tuton, L. W., Maroney, S., Nicklin, D., Goldfarb, N., Vojta, D. D. and Feldman, H. I.	2005	Association between primary care practice characteristics and emergency department use in a medicaid managed care organization	Med Care	2.994		1	1	2	2
Lozano, P. and Lieu, T. A.	1999	Asthma in managed care	Pediatr Ann	0.383	6	NA	1	2	2
Lozano, P., Finkelstein, J. A., Carey, V. J., Wagner, E. H., Inui, T. S., Fuhlbrigge, A. L., Soumerai, S. B., Sullivan, S. D., Weiss, S. T. and Weiss, K. B.	2004	A multisite randomized trial of the effects of physician education and organizational change in chronic-asthma care: health outcomes of the Pediatric Asthma Care Patient Outcomes Research Team II Study	Arch Pediatr Adolesc Med	3.566		4	1	2	2
Lozano, P., Finkelstein, J. A., Carey, V. J., Wagner, E. H., Inui, T. S., Fuhlbrigge, A. L., Soumerai, S. B., Sullivan, S. D., Weiss, S. T. and Weiss, K. B.	2004	A multisite randomized trial of the effects of physician education and organizational change in chronic-asthma care - Health outcomes of the Pediatric Asthma Care Patient Outcomes Research Team II Study	Archives of Pediatrics & Adolescent Medicine	3.566	3	4	1	2	2
Lozano, P., Finkelstein, J. A., Hecht, J., Shulruff, R. and Weiss, K. B.	2003	Asthma medication use and disease burden in children in a primary care population	Arch Pediatr Adolesc Med	3.566		1	1	2	2
Lozano, P., Finkelstein, J. A., Hecht, J., Shulruff, R. and Weiss, K. B.	2003	Asthma medication use and disease burden in children in a primary care population	Arch Pediatr Adolesc Med	3.566	4	1	1	2	2
Lozano, P., Grothaus, L. C., Finkelstein, J. A., Hecht, J., Farber, H. J. and Lieu, T. A.	2003	Variability in asthma care and services for low-income populations among practice sites in managed Medicaid systems	Health Serv Res	2.466		1	1	2	2
Luce, B., Zangwill, K. and Palmer, C., et al.	2001	Cost-effectiveness analysis of an intranasal influenza vaccine for the prevention of influenza in healthy children	Pediatrics	4.272		3			
Lucey, J. F., Rowan, C. A., Shiono, P., Wilkinson, A. R., Kilpatrick, S., Payne, N. R., Horbar, J., Carpenter, J., Rogowski, J. and Soll, R. F.	2004	Fetal infants: the fate of 4172 infants with birth weights of 401 to 500 grams--the Vermont Oxford Network experience (1996-2000)	Pediatrics	4.272		1	1	2	2
Lynch, A., McDuffie, R., Jr., Murphy, J., Faber, K. and Orleans, M.	2002	Preeclampsia in multiple gestation: the role of assisted reproductive technologies	Obstet Gynecol	4.17	16	3	1	2	2
Lynch, A., McDuffie, R., Murphy, J., Faber, K., Leff, M. and Orleans, M.	2001	Assisted reproductive interventions and multiple birth	Obstet Gynecol	4.17	15	3	1	2	2
Lynch, A., McDuffie, R., Stephens, J., Murphy, J., Faber, K. and Orleans, M.	2003	The contribution of assisted conception, chorionicity and other risk factors to very low birthweight in a twin cohort	Bjog	2.171	6	3	1	2	2
Mabry, I. R.	2006	Screening for overweight in children and adolescents	Am Fam Physician	1.251		NA			
Mabry, I. R., Clark, S. J., Kemper, A., Fraser, K., Kileny, S. and Cabana, M. D.	2005	Variation in establishing a diagnosis of obesity in children	Clin Pediatr (Phila)	0.679		1			
MacDougall, C., Guglielmo, B. J., Maselli, J. and Gonzales, R.	2005	Antimicrobial drug prescribing for pneumonia in ambulatory care	Emerg Infect Dis	5.308		3	1	1	7
Macek, M. D., Edelstein, B. L. and Manski, R. J.	2001	An analysis of dental visits in U.S. children, by category of service and sociodemographic factors, 1996	Pediatr Dent	x		1			

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Madden, J. M., Soumerai, S. B., Lieu, T. A., Mandl, K. D., Zhang, F. and Ross-Degnan, D.	2002	Effects of a law against early postpartum discharge on newborn follow-up, adverse events, and HMO expenditures	New England Journal of Medicine	44.016	10	2	1	2	2
Madden, J. M., Soumerai, S. B., Lieu, T. A., Mandl, K. D., Zhang, F. and Ross-Degnan, D.	2003	Effects on breastfeeding of changes in maternity length-of-stay policy in a large health maintenance organization	Pediatrics	4.272	66	2	1	2	2
Madden, J. M., Soumerai, S. B., Lieu, T. A., Mandl, K. D., Zhang, F. and Ross-Degnan, D.	2004	Length-of-stay policies and ascertainment of postdischarge problems in newborns	Pediatrics	4.272		2	1	2	2
Magid, D. J., Asplin, B. R. and Wears, R. L.	2004	The quality gap: searching for the consequences of emergency department crowding	Ann Emerg Med	2.782		NA	1	1	1
Mahabee-Gittens, E. M., Dowd, M. D., Beck, J. A. and Smith, S. Z.	2000	Clinical factors associated with focal infiltrates in wheezing infants and toddlers	Clin Pediatr (Phila)	0.679	1	3	2	1	1
Mahabee-Gittens, E. M., Grupp-Phelan, J., Brody, A. S., Donnelly, L. F., Bracey, S. E., Duma, E. M., Mallory, M. L. and Slap, G. B.	2005	Identifying children with pneumonia in the emergency department	Clin Pediatr (Phila)	0.679	1	3	2	1	1
Mahle, W. T., Jenkins, P. C., Visconti, K. J., Freier, M. C., Kanne, S. M., Hamilton, W. G., Sharkey, A. M., Chinnock, R. E. and Jenkins, K. J.	2004	The influence of transplant versus reconstructive approach on neurodevelopmental outcome in hypoplastic left heart syndrome	Circulation	1.998		NA	1	1	1
Mahle, W. T., Visconti, K. J., Freier, M. C., Kanne, S. M., Hamilton, W. G., Sharkey, A. M., Chinnock, R. E., Jenkins, K. J., Isquith, P. K., Burns, T. G. and Jenkins, P. C.	2006	Relationship of surgical approach to neurodevelopmental outcomes in hypoplastic left heart syndrome	Pediatrics	4.272	13	3	1	1	1
Maisels, M. J., Baltz, R. D., Bhutani, V. K., Newman, T. B., Palmer, H., Rosenfeld, W., Stevenson, D. K. and Weinblatt, H. B.	2004	Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation	Pediatrics	4.272	4	3	1	6	6
Malkin, J. D., Broder, M. S. and Keeler, E.	2000	Do longer postpartum stays reduce newborn readmissions? Analysis using instrumental variables	Health Serv Res	2.466		2	1	2	2
Malkin, J. D., Garber, S., Broder, M. S. and Keeler, E.	2000	Infant mortality and early postpartum discharge	Obstet Gynecol	4.17	11	2	1	2	2
Malkin, J. D., Keeler, E., Broder, M. S. and Garber, S.	2003	Postpartum length of stay and newborn health: a cost-effectiveness analysis	Pediatrics	4.272	2	2	1	2	2
Manber, R., Allen, J. J. and Morris, M. M.	2002	Alternative treatments for depression: empirical support and relevance to women	J Clin Psychiatry	5.038	2	3	1	1	1
Manber, R., Chambers, A. S., Hitt, S. K., McGahuey, C., Delgado, P. and Allen, J. J.	2003	Patients' perception of their depressive illness	J Psychiatr Res	3.301	2	1	1	1	1
Manber, R., Schnyer, R. N. and Allen, J. J. B.	2003	Does acupuncture hold promise as a treatment for depression during pregnancy?	Biological Psychiatry	6.779		NA	1	1	1
Manber, R., Schnyer, R. N., Allen, J. J., Rush, A. J. and Blasey, C. M.	2004	Acupuncture: a promising treatment for depression during pregnancy	J Affect Disord	3.078		4	1	1	1
Mangione-Smith, R., Elliott, M. N., McDonald, L. and McGlynn, E. A.	2002	An observational study of antibiotic prescribing behavior and the Hawthorne effect	Health Services Research	2.466		1	1	1	1



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Mangione-Smith, R., Elliott, M. N., Stivers, T., McDonald, L., Heritage, J. and McGlynn, E. A.	2004	Racial/ethnic variation in parent expectations for antibiotics: Implications for public health campaigns	Pediatrics	4.272		1	1	1	1
Mangione-Smith, R., Elliott, M. N., Stivers, T., McDonald, L., Heritage, J. and McGlynn, E. A.	2004	Racial/ethnic variation in parent expectations for antibiotics: implications for public health campaigns	Pediatrics	4.272	47	1	1	1	7
Mangione-Smith, R., McGlynn, E. A., Elliott, M. N., McDonald, L., Franz, C. E. and Kravitz, R. L.	2001	Parent expectations for antibiotics, physician-parent communication, and satisfaction	Archives of Pediatrics & Adolescent Medicine	3.566		NA	1	1	1
Mangione-Smith, R., McGlynn, E. A., Elliott, M. N., McDonald, L., Franz, C. E. and Kravitz, R. L.	2000	The relationship between parent expectation fulfillment for antibiotics, doctor-parent communication, and satisfaction	Pediatric Research	2.875	x	1	1	1	1
Mangione-Smith, R., Stivers, T., Elliott, M., McDonald, L. and Heritage, J.	2003	Online commentary during the physical examination: a communication tool for avoiding inappropriate antibiotic prescribing?	Social Science & Medicine	x	44	3	1	1	1
Manski, R. J., Edelstein, B. L. and Moeller, J. F.	2001	The impact of insurance coverage on children's dental visits and expenditures, 1996	J Am Dent Assoc	0.935		2			
Marcin, J. P. and Kon, A. A.	2005	The use of telemedicine to provide support during pediatric resuscitations	Journal of Investigative Medicine	x		NA	2	3	4
Marcin, J. P. and Pollack, M. M.	2002	Triage scoring systems, severity of illness measures, and mortality prediction models in pediatric trauma	Crit Care Med	5.077		1	1	6	6
Marcin, J. P., Nesbitt, T. S., Cole, S. L., Knuttel, R. M., Hilty, D. M., Prescott, P. T. and Daschbach, M. M.	2005	Changes in diagnosis, treatment, and clinical improvement among patients receiving telemedicine consultations	Telemed J E Health	0.817		3	2	3	4
Marcin, J. P., Nesbitt, T. S., Kallas, H. J., Struve, S. N., Traugott, C. A. and Dimand, R. J.	2004	Use of telemedicine to provide pediatric critical care inpatient consultations to underserved rural Northern California	J Pediatr	3.837	6	3	2	3	4
Marcin, J. P., Nesbitt, T. S., Struve, S., Traugott, C. and Dimand, R. J.	2004	Financial benefits of a pediatric intensive care unit-based Telemedicine program to a rural adult intensive care unit: Impact of keeping acutely ill and injured children in their local community	Telemedicine Journal and E-Health	0.817		2	2	3	4
Marcin, J. P., Schepps, D. E., Page, K. A., Struve, S. N., Nagrampa, E. and Dimand, R. J.	2004	The use of telemedicine to provide pediatric critical care consultations to pediatric trauma patients admitted to a remote trauma intensive care unit: a preliminary report	Pediatr Crit Care Med	x		3	2	3	4
Marcin, J. P., Slonim, A. D., Pollack, M. M. and Ruttimann, U. E.	2001	Long-stay patients in the pediatric intensive care unit	Critical Care Medicine	5.077		1	1	6	6
Marcus, M., Maida, C. A., Freed, J. R., Younai, F., Coulter, I. D., Der-Martirosian, C., Liu, H., Freed, B., Guzman-Becerra, N. and Shapiro, M.	2005	Oral white patches in a national sample of medical HIV patients in the era of HAART	Community Dent Oral Epidemiol	x		1	1	2	2
Marcus, M., Yamamoto, J. M., Der-Martirosian, C., Freed, B. A., Maida, C. A., Younai, F. and Shapiro, M.	2005	National estimates of out-of-pocket dental costs for HIV-infected users of medical care	J Am Dent Assoc	0.935		1	1	2	2
Margolis, P. A., Lannon, C. M., Stuart, J. M., Fried, B. J., Keyes-Elstein, L. and Moore, D. E., Jr.	2004	Practice based education to improve delivery systems for prevention in primary care: randomised trial	Bmj	x	16	3	3	1	8

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Mark, B. A.	2002	What explains nurses' perceptions of staffing adequacy?	Journal of Nursing Administration	x	4	1	1	6	6
Mark, B. A., Harless, D. W. and McCue, M.	2005	The impact of HMO penetration on the relationship between nurse staffing and quality	Health Economics	1.919		1	1	6	6
Mark, B. A., Harless, D. W., McCue, M. and Xu, Y.	2004	A longitudinal examination of hospital registered nurse staffing and quality of care	Health Serv Res	2.466	2	1	1	6	6
Mark, B. A., Harless, D. W., McCue, M. and Xu, Y. H.	2004	A longitudinal examination of hospital registered nurse staffing and quality of care (vol 2, pg 279, 2004)	Health Services Research	2.466		NA	1	6	6
Mark, B. A., Hughes, L. C. and Jones, C. B.	2004	The role of theory in improving patient safety and quality health care	Nursing Outlook	1.528		1	1	6	6
Maselli, J. H. and Gonzales, R.	2001	Measuring antibiotic prescribing practices among ambulatory physicians: accuracy of administrative claims data	J Clin Epidemiol	2.538	12	1	1	1	7
Mason, M., Meleedy-Rey, P., Christoffel, K. K., Longjohn, M., Garcia, M. P. and Ashlaw, C.	2006	Prevalence of overweight and risk of overweight among 3 to 5-year-old Chicago children, 2002-2003	J Sch Health	0.721		1	2	1	1
Mayer, M. L., Konrad, T. R. and Dvorak, C. C.	2003	Hospital resource utilization among patients with sickle cell disease	J Health Care Poor Underserved	x		1	2	1	1
McBride, J. T. and McConnochie, K. M.	1998	RSV, recurrent wheezing, and ribavirin	Pediatr Pulmonol	1.589	2	NA	1	1	1
McBroome, K., Damiano, P. C. and Willard, J. C.	2005	Impact of the Iowa S-SCHIP program on access to dental care for adolescents	Pediatr Dent	x	1	2	1	2	2
McConnochie, K. M., Wood, N. E., Kitzman, H. J., Herendeen, N. E., Roy, J. and Roghmann, K. J.	2005	Telemedicine reduces absence resulting from illness in urban child care: evaluation of an innovation	Pediatrics	4.272	2	3	2	3	4
McCormick, D. P., Chonmaitree, T., Pittman, C., Saeed, K., Friedman, N. R., Uchida, T. and Baldwin, C. D.	2005	Nonsevere acute otitis media: a clinical trial comparing outcomes of watchful waiting versus immediate antibiotic treatment	Pediatrics	4.272	4	3	1	1	7
McCormick, D. P., Pittman, C. V., Saeed, K., Friedman, N. R., Baldwin, C. D., Uchida, T. and Chonmaitree, T.	2004	Immediate antibiotic versus watchful waiting in children with non-severe acute otitis media (AOM)	Journal of Investigative Medicine	x		NA	1	1	7
McCormick, D. P., Saeed, K. A., Pittman, C., Baldwin, C. D., Friedman, N., Teichgraeber, D. C. and Chonmaitree, T.	2003	Bullous myringitis: a case-control study	Pediatrics	4.272	4	1	1	1	7
McCormick, D. P., Saeed, K., Baldwin, C. D., Friedman, N., Diaz, E., Pittman, C. and Chonmaitree, T.	2003	A severity assessment scale for acute otitis media (AOM)	Journal of Investigative Medicine	x		NA	1	1	7
McCormick, M. C.	2001	Prenatal care--necessary but not sufficient	Health Serv Res	2.466		1			
McCormick, M. C. and Richardson, D. K.	2002	Premature infants grow up	N Engl J Med	44.016	9	NA	1	1	1
McCormick, M. C., Weinick, R. M., Elixhauser, A., Stagnitti, M. N., Thompson, J. and Simpson, L.	2001	Annual report on access to and utilization of health care for children and youth in the United States--2000	Ambul Pediatr	1.475		1			
McCormick, M., Kass, B. and Elixhauser, A., et al.	2000	Annual report on access to and utilization of health care for children and youth in the United States--1999	Pediatrics	4.272		1			

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McCue, M., Mark, B. A. and Harless, D. W.	2003	Nurse staffing, quality, and financial performance	J Health Care Finance	x		1	1	6	6
McDonagh, M. S., Osterweil, P. and Guise, J. M.	2005	The benefits and risks of inducing labour in patients with prior caesarean delivery: a systematic review	Bjog	2.171		3	3	1	8
McFarlane, J. M., Groff, J. Y., O'Brien J. A. and Watson, K.	2005	Behaviors of children exposed to intimate partner violence before and 1 year after a treatment program for their mother	Appl Nurs Res	0.58		3	3	1	8
McFarlane, J. M., Groff, J. Y., O'Brien, J. A. and Watson, K.	2005	Behaviors of children following a randomized controlled treatment program for their abused mothers	Issues Compr Pediatr Nurs	x		3	3	1	8
McFarlane, J. M., Groff, J. Y., O'Brien, J. A. and Watson, K.	2006	Secondary prevention of intimate partner violence: a randomized controlled trial	Nurs Res	1.528		3	3	1	8
McFarlane, J. M., Groff, J. Y., O'Brien, J. A. and Watson, K.	2003	Behaviors of children who are exposed and not exposed to intimate partner violence: an analysis of 330 black, white, and Hispanic children	Pediatrics	4.272		1	3	1	8
McFarlane, J. M., Groff, J. Y., O'Brien, J. A. and Watson, K.	2005	Prevalence of partner violence against 7,443 African American, White, and Hispanic women receiving care at urban public primary care clinics	Public Health Nurs	0.693	1	1	3	1	8
McLearn, K. T., Strobino, D. M., Minkovitz, C. S., Marks, E., Bishai, D. and Hou, W.	2004	Narrowing the income gaps in preventive care for young children: Families in healthy steps	Journal of Urban Health-Bulletin of the New York Academy of Medicine	2.485	1	2	1	2	2
McNeill, D. and Kelley, E.	2005	How the national healthcare quality and disparities reports can catalyze quality improvement	Med Care	2.994		1			
Meurer, J. R., George, V., Subichin, S. J., Malloy, M. and Gehring, L.	2000	Risk factors for pediatric asthma emergency visits. Milwaukee Childhood Asthma Project Team	J Asthma	1.346	8	1	1	2	2
Meurer, J. R., George, V., Subichin, S., Yauck, J. and Layde, P.	2000	Asthma severity among children hospitalized in 1990 and 1995	Arch Pediatr Adolesc Med	3.566	4	1	1	2	2
Meurer, J. R., Kuhn, E. M., George, V., Yauck, J. S. and Layde, P. M.	1998	Charges for childhood asthma by hospital characteristics	Pediatrics	4.272	2	1	1	2	2
Meurer, J. R., Kuhn, E. M., Yauck, J. S., George, V. T. and Layde, P. M.	1998	Severity-adjusted charges and bed days for childhood asthma by hospital ownership and teaching status	Journal of Allergy and Clinical Immunology	7.667		NA	1	2	2
Meyerhoefer, C., Cawley, J. and Newhouse, D.	2005	The Impact of State Physical Education Requirements on Youth Physical Activity and Overweight	NBER Working Paper No. 11411	NA		2			
Miller, C. A., Tebb, K., Neuhaus, J. and Shafer, M. A.	2006	Urine sexually transmitted infection screening in urgent care visits: Reported acceptability in teens is associated with doctor communication	Journal of Investigative Medicine	x		NA	3	1	8
Miller, G. and Carroll, W.	2005	Trends in Children's Antibiotic Use: 1996 to 2001	MEPS Research Findings #23	NA		1			
Miller, G. E. and Hudson, J.	2006	Children and antibiotics: analysis of reduced use, 1996-2001	Med Care	2.994		1			
Miller, M. R., Elixhauser, A. and Zhan, C.	2003	Patient safety events during pediatric hospitalizations	Pediatrics	4.272		1			
Miller, M. R., Elixhauser, A., Zhan, C. and Meyer, G. S.	2001	Patient Safety Indicators: using administrative data to identify potential patient safety concerns	Health Serv Res	2.466		1			
Miller, M. R., Gergen, P., Honour, M. and Zhan, C.	2005	Burden of illness for children and where we stand in measuring the quality of this health care	Ambul Pediatr	1.475		1			
Miller, R. A., Gardner, R. M., Johnson, K. B. and Hripcsak, G.	2005	Clinical decision support and electronic prescribing systems: a time for responsible thought and action	J Am Med Inform Assoc	4.339		NA	1	6	6

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Minkovitz, C. S., Hughart, N., Strobino, D., Scharfstein, D., Grason, H., Hou, W., Miller, T., Bishai, D., Augustyn, M., McLearn, K. T. and Guyer, B.	2003	A practice-based intervention to enhance quality of care in the first 3 years of life: the Healthy Steps for Young Children Program	Jama	23.332	21	3	1	2	2
Minkovitz, C. S., Strobino, D., Hughart, N., Scharfstein, D., Hou, W., Miller, T., Bishai, D. and Guyer, B.	2003	Developmental specialists in pediatric practices: Perspectives of clinicians and staff	Ambulatory Pediatrics	1.475		3	1	2	2
Minkovitz, C. S., Strobino, D., Scharfstein, D., Hou, W., Miller, T., Mistry, K. B. and Swartz, K.	2005	Maternal depressive symptoms and children's receipt of health care in the first 3 years of life	Pediatrics	4.272		1	1	2	2
Mitchell, J. B., Haber, S. G. and Hoover, S.	2005	Premium subsidy programs: who enrolls, and how do they fare? Oregon's premium subsidy program and SCHIP serve low-income children equally well, but additional efforts are needed to enroll some populations	Health Aff (Millwood)	3.158	5	2	1	2	2
Mitchell, J. M. and Gaskin, D. J.	2005	Factors affecting plan choice and unmet need among supplemental security income eligible children with disabilities	Health Serv Res	2.466		1	1	2	2
Mitchell, J. M. and Gaskin, D. J.	2004	Do children receiving Supplemental Security Income who are enrolled in Medicaid fare better under a fee-for-service or comprehensive capitation model?	Pediatrics	4.272		2	1	2	2
Modi, A. C. and Quittner, A. L.	2006	Barriers to Treatment Adherence for Children with Cystic Fibrosis and Asthma: What Gets in the Way?	J Pediatr Psychol	x		1	1	1	1
Monheit, A. and Cunningham, P.	1992	Children without health insurance	The Future of Children	x		NA			
Monheit, A. C.	1994	Underinsured Americans: a review	Annu Rev Public Health	3.674		NA			
Montalto, D., Bruzzese, J. M., Moskaleva, G., Higgins-D'Alessandro, A. and Webber, M. P.	2004	Quality of life in young urban children: does asthma make a difference?	J Asthma	1.346	4	1	1	1	1
Moy, E., Arispe, I. E., Holmes, J. S. and Andrews, R. M.	2005	Preparing the national healthcare disparities report: gaps in data for assessing racial, ethnic, and socioeconomic disparities in health care	Med Care	2.994		1			
Murphy, N. A., Hoff, C., Jorgensen, T., Norlin, C. and Young, P. C.	2006	Costs and complications of hospitalizations for children with cerebral palsy	Pediatr Rehabil	x		1	2	1	10
Nabors, L. A. and Lehmkuhl, H. D.	2004	Children with chronic medical conditions: Recommendations for school mental health clinicians	Journal of Developmental and Physical Disabilities	x		3	1	1	1
Nabors, L. A., Ramos, V. and Weist, M. D.	2001	Use of focus groups as a tool for evaluating programs for children and families	Journal of Educational and Psychological Consultation	x	2	1	1	1	1
Nabors, L. A., Weist, M. D. and Reynolds, M. W.	2000	Overcoming challenges in outcome evaluations of school mental health programs	J Sch Health	0.721		1	1	1	1
Nelson, S. P., Chen, E. H., Syniar, G. M. and Christoffel, K. K.	2000	Prevalence of symptoms of gastroesophageal reflux during childhood: a pediatric practice-based survey. Pediatric Practice Research Group	Arch Pediatr Adolesc Med	3.566	6	1	2	1	1
Nesbitt, T. S., Marcin, J. P., Daschbach, M. M. and Cole, S. L.	2005	Perceptions of local health care quality in 7 rural communities with telemedicine	J Rural Health	0.866	1	1	2	3	4
Neumann, P. J. and Levine, B. S.	2002	Do HEDIS measures reflect cost-effective practices?	Am J Prev Med	3.167		1	1	5	1

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Newacheck, P. W., Wong, S. T., Galbraith, A. A. and Hung, Y. Y.	2003	Adolescent health care expenditures: a descriptive profile	J Adolesc Health	2.013	2	1	6	2	2
Newgard, C. D. and Lewis, R. J.	2002	The paradox of human subjects protection in research: some thoughts on and experiences with the Federalwide Assurance Program	Acad Emerg Med	1.789	3	NA	2	1	1
Newgard, C. D. and Lewis, R. J.	2005	Effects of child age and body size on serious injury from passenger air-bag presence in motor vehicle crashes	Pediatrics	4.272	7	1	2	1	1
Newgard, C. D. and Lewis, R. J.	2002	Statistical methods for prehospital care research	Prehosp Emerg Care	x		NA	2	1	1
Newgard, C. D., Hui, S. H., Griffin, A., Wuerstle, M., Pratt, F. and Lewis, R. J.	2005	Prospective validation of an out-of-hospital decision rule to identify seriously injured children involved in motor vehicle crashes	Acad Emerg Med	1.789		1	2	1	1
Newgard, C. D., Hui, S. H., Stamps-White, P. and Lewis, R. J.	2005	Institutional variability in a minimal risk, population-based study: recognizing policy barriers to health services research	Health Serv Res	2.466		1	2	1	1
Newgard, C. D., Hui, S., Griffin, A. and Lewis, R. J.	2004	Prospective validation of an out-of-hospital decision rule to identify severely injured children involved in motor vehicle crashes	Annals of Emergency Medicine	2.782	6	NA	2	1	1
Newgard, C. D., Lewis, R. J. and Jolly, B. T.	2002	Use of out-of-hospital variables to predict severity of injury in pediatric patients involved in motor vehicle crashes	Ann Emerg Med	2.782	1	1	2	1	1
Newgard, C. D., Lewis, R. J. and Kraus, J. F.	2005	Steering wheel deformity and serious thoracic or abdominal injury among drivers and passengers involved in motor vehicle crashes	Ann Emerg Med	2.782	1	1	2	1	1
Newgard, C. D., Lewis, R. J., Kraus, J. F. and McConnell, K. J.	2005	Seat position and the risk of serious thoracoabdominal injury in lateral motor vehicle crashes	Accid Anal Prev	x		1	2	1	1
Newgard, C. D., Martens, K. A. and Lyons, E. M.	2002	Crash scene photography in motor vehicle crashes without air bag deployment	Acad Emerg Med	1.789		1	2	1	1
Olson, L. M., Lara, M. and Frintner, M. P.	2004	Measuring health status and quality of life for US children: Relationship to race, ethnicity, and income status	Ambulatory Pediatrics	1.475		1	6	1	1
Ouwariye, T., Webber, M. P. and Ozuah, P.	2003	Do school-based health centers provide adequate asthma care?	J Sch Health	0.721	2	1	1	1	1
O'Shea, T. M. and Doyle, L. W.	2001	Perinatal glucocorticoid therapy and neurodevelopmental outcome: an epidemiologic perspective	Semin Neonatol	x		3	1	1	1
Owens, P. L., Kerker, B. D., Zigler, E. and Horwitz, S. M.	2006	Vision and oral health needs of individuals with intellectual disability	Ment Retard Dev Disabil Res Rev	x		1			
Owens, P., Hoagwood, K., Horowitz, S., Leaf, P., Poduska, J., Kellam, S. and Jalongo, N.	2002	Barriers to Children's Mental Health Services	Journal of the American Academy of Child & Adolescent Psychiatry	x		1			
Ozer, E. M., Adams, S. H., Gardner, L. R., Mailloux, D. E., Wibbelsman, C. J. and Irwin, C. E., Jr.	2004	Provider self-efficacy and the screening of adolescents for risky health behaviors	J Adolesc Health	2.013	2	1	2	1	1
Ozer, E. M., Adams, S. H., Lustig, J. L., Gee, S., Garber, A. K., Gardner, L. R., Rehbein, M., Addison, L. and Irwin, C. E., Jr.	2005	Increasing the screening and counseling of adolescents for risky health behaviors: a primary care intervention	Pediatrics	4.272	2	3	2	1	1

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Ozer, E. M., Adams, S. H., Lustig, J. L., Millstein, S. G., Camfield, K., El-Diwany, S., Volpe, S. and Irwin, C. E., Jr.	2001	Can it be done? Implementing adolescent clinical preventive services	Health Serv Res	2.466		3	2	1	1
Ozer, E., Adams, S., Lustig, J., Millstein, S., Wibbelsman, C., Elster, A. and Irwin, C.	2003	Do clinical preventive services make a difference in adolescent behavior?	Journal of Adolescent Health	2.013		NA	2	1	1
Ozer, E., Lustig, J., Adams, S., Gee, A. G. S., Wibbelsman, C., Bonar, R., Fuster, C. D. and Irwin, C.	2003	Integrating training into practice: Increasing the delivery of adolescent clinical preventive services	Journal of Adolescent Health	2.013	1	NA	2	1	1
Pace, W. D., Staton, E. W., Higgins, G. S., Main, D. S., West, D. R. and Harris, D. M.	2003	Database design to ensure anonymous study of medical errors: a report from the ASIPS Collaborative	J Am Med Inform Assoc	4.339	6	1	1	6	6
Palmer, R. H., Clanton, M., Ezhuthachan, S., Newman, C., Maisels, J., Plsek, P. and Salem-Schatz, S.	2003	Applying the "10 simple rules" of the institute of medicine to management of hyperbilirubinemia in newborns	Pediatrics	4.272	11	NA	1	6	6
Palmer, R. H., Ezhuthachan, S., Maisels, M. J. and Testa, M. A.	2004	Management of hyperbilirubinemia in newborns: Measuring performance using a benchmarking model	Pediatrics	4.272	5	NA	1	6	6
Palmer, R. H., Ezhuthachan, S., Maisels, M. J. and Testa, M. A.	2004	Hyperbilirubinemia benchmarking	Pediatrics	4.272	2	NA	1	6	6
Palmer, R. H., Keren, R., Maisels, M. J. and Yeargin-Allsopp, M.	2004	National Institute of Child Health and Human Development (NICHD) conference on kernicterus: a population perspective on prevention of kernicterus	J Perinatol	x		1	1	6	6
Paneth, N., Qiu, H., Rosenbaum, P., Saigal, S., Bishai, S., Jetton, J., Broyles, S., Tyson, J. and Kugler, K.	2003	Reliability of classification of cerebral palsy in low-birthweight children in four countries	Developmental Medicine and Child Neurology	1.79	2	1	1	1	1
Payne, N. R., Carpenter, J. H., Badger, G. J., Horbar, J. D. and Rogowski, J.	2004	Marginal increase in cost and excess length of stay associated with nosocomial bloodstream infections in surviving very low birth weight infants	Pediatrics	4.272		1	1	2	2
Perloff, J. D. and Jaffee, K. D.	1999	Late entry into prenatal care: the neighborhood context	Soc Work	x	8	1	6	1	1
Perrin, J. M., Kuhlthau, K. A., Gortmaker, S. L., Beal, A. C. and Ferris, T. G.	2002	Generalist and subspecialist care for children with chronic conditions	Ambul Pediatr	1.475	8	1	1	2	2
Peterson-Sweeney, K., McMullen, A., Yoos, H. L. and Kitzman, H.	2003	Parental perceptions of their child's asthma: management and medication use	J Pediatr Health Care	x		1	2	1	1
Phibbs, C. S.	2002	Commentary: Does patient volume matter for low-risk deliveries?	Int J Epidemiol	4.045		NA	1	2	2
Phibbs, C. S. and Schmitt, S. K.	2006	Estimates of the cost and length of stay changes that can be attributed to one-week increases in gestational age for premature infants	Early Hum Dev	1.282		1	1	2	2
Pinto-Martin, J. A., Whitaker, A. H., Feldman, J. F., Van Rossem, R. and Paneth, N.	1999	Relation of cranial ultrasound abnormalities in low-birthweight infants to motor or cognitive performance at ages 2, 6, and 9 years	Dev Med Child Neurol	1.79	27	1	1	1	1
Pinto-Martin, J., Whitaker, A., Feldman, J., Cnaan, A., Zhao, H., Bloch, J. R., McCulloch, D. and Paneth, N.	2004	Special education services and school performance in a regional cohort of low-birthweight infants at age nine	Paediatr Perinat Epidemiol	1.767	4	1	1	1	1

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Pirraglia, P. A., Stafford, R. S. and Singer, D. E.	2002	National trends in depression diagnosis and antidepressant use in primary care	Journal of General Internal Medicine	3.013		NA	1	1	7
Porter, S. C., Cai, Z., Gribbons, W., Goldmann, D. A. and Kohane, I. S.	2004	The asthma kiosk: a patient-centered technology for collaborative decision support in the emergency department	J Am Med Inform Assoc	4.339	2	3	2	3	4
Porter, S. C., Forbes, P., Feldman, H. A. and Goldmann, D. A.	2006	Impact of patient-centered decision support on quality of asthma care in the emergency department	Pediatrics	4.272		3	2	3	4
Porter, S. C., Kohane, I. S. and Goldmann, D. A.	2005	Parents as partners in obtaining the medication history	J Am Med Inform Assoc	4.339	1	1	2	3	4
Portnoy, J. D., Dominguez, T. E., Lin, R. J., Silber, J. H., Yeh, T. S. and Glick, H. A.	2003	Epidemiology of medication errors in the pediatric intensive care unit	Critical Care Medicine	5.077		NA	1	6	6
Portnoy, J. D., Dominguez, T. E., Lin, R. J., Silber, J. H., Yeh, T. S. and Glick, H. A.	2003	Medication errors in the pediatric intensive care unit: Risk factors and outcome	Critical Care Medicine	5.077		NA	1	6	6
Posner, S. F., Learman, L. A., Gates, E. A., Washington, A. E. and Kuppermann, M.	2004	Development of an attitudes measure for prenatal screening in diverse populations	Social Indicators Research	x		NA	2	1	1
Rajmil, L., Berra, S., Estrada, M. D., Serra-Sutton, V., Rodriguez, M., Borrell, C., Riley, A. and Starfield, B.	2004	[Spanish version of the Child Health and Illness Profile-Child Edition Parent Report Form [CHIP-CE/PRF]]	Gac Sanit	x		1	2	1	1
Rajmil, L., Serra-Sutton, V., Estrada, M. D., Fernandez De Sanmamed, M. J., Guillaumon, I., Riley, A. and Alonso, J.	2004	[Cross-cultural adaptation of the Spanish version of the Child Health and Illness Profile, Child Edition (CHIP-CE)]	An Pediatr (Barc)	x		1	2	1	1
Ramsey, C. D., Celedon, J. C., Sredl, D. L., Weiss, S. T. and Cloutier, M. M.	2005	Predictors of disease severity in children with asthma in Hartford, Connecticut	Pediatr Pulmonol	1.589	2	1	2	1	1
Randolph, G., Fried, B., Loeding, L., Margolis, P. and Lannon, C.	2005	Organizational characteristics and preventive service delivery in private practices: a peek inside the "black box" of private practices caring for children	Pediatrics	4.272	2	1	3	1	8
Rappaport, K. M., Forrest, C. B. and Holtzman, N. A.	2004	Adoption of liquid-based cervical cancer screening tests by family physicians and gynecologists	Health Serv Res	2.466	6	3	1	2	2
Rappold, J. F., Coimbra, R., Hoyt, D. B., Potenza, B. M., Fortlage, D., Holbrook, T. and Minard, G.	2002	Female gender does not protect blunt trauma patients from complications and mortality	J Trauma	1.722		1	1	1	1
Ray, M. N., Wall, T., Casebeer, L., Weissman, N., Spettell, C., Abdolrasulnia, M., Mian, M. A., Collins, B., Kiefe, C. I. and Allison, J. J.	2005	Chlamydia screening of at-risk young women in managed health care: characteristics of top-performing primary care offices	Sex Transm Dis	2.738		1	2	1	1
Reed, M., Fung, V., Brand, R., Fireman, B., Newhouse, J. P., Selby, J. V. and Hsu, J.	2005	Care-seeking behavior in response to emergency department copayments	Med Care	2.994	7	2	1	2	2
Reichley, R. M., Resetar, E., Doherty, J., Noirot, L. A., Micek, S., Augustin, K., Fraser, V. J., Dunagan, W. C. and Bailey, T. C.	2003	Implementing a commercial rule base as a medication order safety net	AMIA Annu Symp Proc	x		1	1	6	6

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Reichley, R. M., Seaton, T. L., Resetar, E., Micek, S. T., Scott, K. L., Fraser, V. J., Dunagan, C. and Bailey, T. C.	2005	Implementing a commercial rule base as a medication order safety net	Journal of the American Medical Informatics Association	4.339		1	1	6	6
Reid, R. J., Hurtado, M. P. and Starfield, B.	1996	Managed care, primary care, and quality for children	Curr Opin Pediatr	1.639		1	6	2	2
Rein, D. B.	2005	A matter of classes: stratifying health care populations to produce better estimates of inpatient costs	Health Serv Res	2.466	6	1	1	2	2
Rhoades, J.	2005	Health Insurance Status of Children in America, 1996-2004: Estimates for the U.S. Civilian Noninstitutionalized Population under Age 18	MEPS Statistical Brief #85	NA		1			
Rhoades, J. A. and Sommers, J. P.	2003	Trends in nursing home expenses, 1987 and 1996	Health Care Financ Rev	1.068		1			
Rhoades, J. and Cohen, J.	2003	Health Insurance Status of Children in America: 1996-2002 Estimates for the Non-institutionalized Population Under Age 18	MEPS Statistical Brief #28	NA		1			
Rhoades, J. and Cohen, J.	2004	Health Insurance Status of Children in America, 1996-2003: Estimates for the U.S. Population under Age 18	MEPS Statistical Brief #44	NA		1			
Richardson, L. D., Asplin, B. R. and Lowe, R. A.	2002	Emergency department crowding as a health policy issue: past development, future directions	Ann Emerg Med	2.782	14	NA	1	1	1
Riley, A. W.	2004	Evidence that school-age children can self-report on their health	Ambulatory Pediatrics	1.475		1	2	1	1
Riley, A. W., Forrest, C. B., Rebok, G. W., Starfield, B., Green, B. F., Robertson, J. A. and Friello, P.	2004	The Child Report Form of the CHIP-Child Edition: reliability and validity	Med Care	2.994	2	1	2	1	1
Riley, A. W., Forrest, C. B., Rebok, G. W., Starfield, B., Green, B. F., Robertson, J. A. and Friello, P.	2004	The child report form of the CHIP-Child Edition - Reliability and validity	Medical Care	2.994	6	1	2	1	1
Riley, A. W., Forrest, C. B., Starfield, B., Rebok, G. W., Robertson, J. A. and Green, B. F.	2004	The Parent Report Form of the CHIP-Child Edition: reliability and validity	Med Care	2.994	3	1	2	1	1
Riley, A. W., Forrest, C. B., Starfield, B., Rebok, G. W., Robertson, J. A. and Green, B. F.	2004	The parent report form of the CHIP-Child Edition - Reliability and validity	Medical Care	2.994	7	1	2	1	1
Rinderknecht, K. and Smith, C.	2002	Body-image perceptions among urban Native American youth	Obes Res	3.972	8	1	6	1	1
Roberto, P. N., Mitchell, J. M. and Gaskin, D. J.	2005	Plan choice and changes in access to care over time for SSI-eligible children with disabilities	Inquiry	x		2	1	2	2
Rogowski, J. A., Horbar, J. D., Plsek, P. E., Baker, L. S., Deterding, J., Edwards, W. H., Hocker, J., Katak, A. D., Lewallen, P., Lewis, W., Lewit, E., McCarroll, C. J., Mulsce, D., Payne, N. R., Shiono, P., Soll, R. F. and Leahy, K.	2001	Economic implications of neonatal intensive care unit collaborative quality improvement	Pediatrics	4.272	4	3	1	2	2
Rogowski, J. A., Horbar, J. D., Staiger, D. O., Kenny, M., Carpenter, J. and Geppert, J.	2004	Indirect vs direct hospital quality indicators for very low-birth-weight infants	Jama-Journal of the American Medical Association	23.332		1	1	2	2



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Rose, L.	1998	Benefits and limitations of professional-family interactions: The family perspective	Archives of Psychiatric Nursing	0.527	10	1	1	1	1
Rose, L. E.	1996	Families of psychiatric patients: A critical review and future research directions	Archives of Psychiatric Nursing	0.527	31	1	1	1	1
Rose, L. E.	1983	Understanding Mental-Illness - the Experience of Families of Psychiatric-Patients	Journal of Advanced Nursing	0.912		NA	1	1	1
Rose, L. E.	1998	Gaining control: Family members relate to persons with severe mental illness	Research in Nursing & Health	1.077	5	1	1	1	1
Rose, L. E., Mallinson, R. K. and Gerson, L. D.	2006	Mastery, burden, and areas of concern among family caregivers of mentally ill persons	Arch Psychiatr Nurs	0.527		1	1	1	1
Rose, L. E., Mallinson, R. K. and Walton-Moss, B.	2004	Barriers to family care in psychiatric settings	J Nurs Scholarsh	0.945	3	1	1	1	1
Rosenbaum, S. and Budetti, P.	2003	Low-income children and health insurance: old news and new realities	Pediatrics	4.272		NA	1	2	2
Rosenberg, A. L., Zimmerman, J. E., Alzola, C., Draper, E. A. and Knaus, W. A.	2000	Intensive care unit length of stay: Recent changes and future challenges	Critical Care Medicine	5.077	9	1	1	2	2
Rubin, D. M., Alessandrini, E. A., Feudtner, C., Localio, A. R. and Hadley, T.	2004	Placement changes and emergency department visits in the first year of foster care	Pediatrics	4.272		1	1	1	1
Rust, G., Nembhard, W. N., Nichols, M., Omole, F., Minor, P., Barosso, G. and Mayberry, R.	2004	Racial and ethnic disparities in the provision of epidural analgesia to Georgia Medicaid beneficiaries during labor and delivery	Am J Obstet Gynecol	3.083		1	6	1	1
Saeed, K., McCormick, D., Baldwin, C., Friedman, N., Diaz, E., Pittman, C. and Chonmaitree, T.	2003	Is bullous myringitis a severe form of acute otitis media?	Journal of Investigative Medicine	x		NA	1	1	7
Salem-Schatz, S., Peterson, L. E., Palmer, R. H., Clanton, S. M., Ezhuthachan, S., Luttrell, R. C., Newman, C. and Westbury, R.	2004	Barriers to first-week follow-up of newborns: findings from parent and clinician focus groups	Jt Comm J Qual Saf	x		1	1	6	6
Samet, J. M., Lewit, E. M. and Warner, K. E.	1994	Involuntary smoking and children's health	Future Child	x		NA			
Schafermeyer, R. W. and Asplin, B. R.	2003	Hospital and emergency department crowding in the United States	Emerg Med (Fremantle)	0.801		1	1	1	1
Schmitt, S. K., Sneed, L. and Phibbs, C. S.	2006	Costs of newborn care in California: a population-based study	Pediatrics	4.272	2	1	1	2	2
Schneider, D. A., Hardwick, K. S., Marconi, K. M., Niemcryk, S. J. and Bowen, G. S.	1993	Delivery of oral health care through the Ryan White CARE Act to people infected with HIV	J Public Health Dent	0.854		2			
Scribano, P. V., Baker, M. D., Holmes, J. and Shaw, K. N.	2000	Use of out-of-hospital interventions for the pediatric patient in an urban emergency medical services system	Academic Emergency Medicine	1.789		3	3	1	8
Scribano, P. V., Lerer, T., Kennedy, D. and Cloutier, M. M.	2001	Provider adherence to a clinical practice guideline for acute asthma in a pediatric emergency department	Acad Emerg Med	1.789		3	3	1	8
Scribano, P. V., Wiley, J. F., 2nd and Platt, K.	2001	Use of an observation unit by a pediatric emergency department for common pediatric illnesses	Pediatr Emerg Care	0.644	11	3	3	1	8
Seid, M. and Stevens, G. D.	2005	Access to care and children's primary care experiences: Results from a prospective cohort study	Health Services Research	2.466		1	6	1	1

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Seid, M. and Varni, J. W.	2005	Measuring primary care for children of Latino farmworkers: Reliability validity of the parent's perceptions of primary care measure (P3C)	Maternal and Child Health Journal	x		1	6	1	1
Seid, M., Castaneda, D., Mize, R., Zivkovic, M. and Varni, J. W.	2003	Crossing the border for health care: Access and primary care characteristics for young children of Latino farm workers along the US-Mexico border	Ambulatory Pediatrics	1.475	5	1	6	1	1
Seid, M., Stevens, G. D. and Varni, J. W.	2003	Parents' perceptions of pediatric primary care quality: Effects of race/ethnicity, language, and access	Health Services Research	2.466	10	1	6	1	1
Seid, M., Varni, J. W. and Jacobs, J. R.	2000	Pediatric health-related quality-of-life measurement technology: Intersections between science, managed care, and clinical care	Journal of Clinical Psychology in Medical Settings	x		1	6	1	1
Seid, M., Varni, J. W. and Kurtin, P. S.	2000	Measuring quality of care for vulnerable children: challenges and conceptualization of a pediatric outcome measure of quality	Am J Med Qual	0.823	10	1	6	1	1
Seid, M., Varni, J. W., Bermudez, L. O., Zivkovic, M., Far, M. D., Nelson, M. and Kurtin, P. S.	2001	Parents' perceptions of primary care: Measuring parents' experiences of pediatric primary care quality	Pediatrics	4.272		1	6	1	1
Selden, T. M. and Hudson, J. L.	2006	Access to care and utilization among children: estimating the effects of public and private coverage	Med Care	2.994		2			
Selden, T. M., Banthin, J. S. and Cohen, J. W.	1998	Medicaid's problem children: eligible but not enrolled	Health Aff (Millwood)	3.158		2			
Selden, T. M., Banthin, J. S. and Cohen, J. W.	1999	Waiting in the wings: eligibility and enrollment in the State Children's Health Insurance Program	Health Aff (Millwood)	3.158		2			
Selden, T. M., Hudson, J. L. and Banthin, J. S.	2004	Tracking changes in eligibility and coverage among children, 1996-2002	Health Aff (Millwood)	3.158		2			
Sentongo, T. A., Seshadri, R., Quinn, A. and Alonso, E.	2004	Growth and dietary patterns in children after liver transplantation	Gastroenterology	12.386		NA	1	1	1
Serlin, M., Shafer, M. A., Tebb, K., Gyamfi, A. A., Moncada, J., Schachter, J. and Wibbelsman, C.	2002	What sexually transmitted disease screening method does the adolescent prefer? Adolescents' attitudes toward first-void urine, self-collected vaginal swab, and pelvic examination	Archives of Pediatrics & Adolescent Medicine	3.566	17	3	3	1	8
Shafer, M. A. B., Pantell, R. H. and Schachter, J. H.	1999	Is the routine pelvic examination needed with the advent of urine-based screening for sexually transmitted diseases?	Archives of Pediatrics & Adolescent Medicine	3.566	33	3	3	1	8
Shafer, M. A. B., Tebb, K. P., Pantell, R. H., Wibbelsman, C. J., Neuhaus, J. M., Tipton, A. C., Kunin, S. B., Ko, T. H., Schweppe, D. M. and Bergman, D. A.	2002	Effect of a clinical practice improvement intervention on chlamydial screening among adolescent girls	Jama-Journal of the American Medical Association	23.332	6	3	3	1	8
Sharp, B. A., Meikle, S. F., James, M. D., Steiner, C. and Remus, D.	2005	NHQR NHDR measures for women of reproductive age	Med Care	2.994		1			
Shekelle, P., Takata, G., Chan, L. S., Mangione-Smith, R., Corley, P. M., Morpew, T. and Morton, S.	2002	Diagnosis, natural history, and late effects of otitis media with effusion	Evid Rep Technol Assess (Summ)	x		NA	1	1	1
Shenkman, E. A., Vogel, B., Boyett, J. M. and Naff, R.	2002	Disenrollment and re-enrollment patterns in a SCHIP	Health Care Financ Rev	1.068		2	6	2	2
Shenkman, E., Bucciarelli, R., Wegener, D. H., Naff, R. and Freedman, S.	1999	Crowd out: evidence from the Florida Healthy Kids Program	Pediatrics	4.272		2	6	2	2

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Shenkman, E., Tian, L. L., Nackashi, J. and Schatz, D.	2005	Managed care organization characteristics and outpatient specialty care use among children with chronic illness	Pediatrics	4.272	10	1	1	2	2
Shenkman, E., Wu, S. S., Nackashi, J. and Sherman, J.	2003	Managed care organizational characteristics and health care use among children with special health care needs	Health Serv Res	2.466	13	1	1	2	2
Shick, E. A., Lee, J. Y. and Rozier, R. G.	2005	Determinants of dental referral practices among WIC nutritionists in North Carolina	J Public Health Dent	0.854		1	1	2	2
Shields, A. E., Comstock, C. and Weiss, K. B.	2004	Variations in asthma care by race/ethnicity among children enrolled in a state Medicaid program	Pediatrics	4.272		1	1	2	2
Shields, A. E., Comstock, C., Finkelstein, J. A. and Weiss, K. B.	2003	Comparing asthma care provided to Medicaid-enrolled children in a Primary Care Case Manager plan and a staff model HMO	Ambul Pediatr	1.475	1	2	1	2	2
Shields, A. E., Finkelstein, J. A., Comstock, C. and Weiss, K. B.	2002	Process of care for Medicaid-enrolled children with asthma: served by community health centers and other providers	Med Care	2.994		1	1	2	2
Shone, L. P., Dick, A. W., Brach, C., Kimminau, K. S., LaClair, B. J., Shenkman, E. A., Col, J. F., Schaffer, V. A., Mulvihill, F., Szilagyi, P. G., Klein, J. D., VanLandeghem, K. and Bronstein, J.	2003	The role of race and ethnicity in the State Children's Health Insurance Program (SCHIP) in four states: are there baseline disparities, and what do they mean for SCHIP?	Pediatrics	4.272		2	1	2	2
Shone, L. P., Dick, A. W., Brach, C., Kimminau, K. S., LaClair, B. J., Shenkman, E. A., Col, J. F., Schaffer, V. A., Mulvihill, F., Szilagyi, P. G., Klein, J. D., VanLandeghem, K. and Bronstein, J.	2003	The role of race and ethnicity in the State Children's Health Insurance Program (SCHIP) in four states: are there baseline disparities, and what do they mean for SCHIP?	Pediatrics	4.272	10	2	1	2	2
Shone, L. P., Dick, A. W., Brach, C., Kimminau, K. S., LaClair, B. J., Shenkman, E. A., Col, J. F., Schaffer, V. A., Mulvihill, F., Szilagyi, P. G., Klein, J. D., VanLandeghem, K. and Bronstein, J.	2003	The role of race and ethnicity in the State Children's Health Insurance Program (SCHIP) in four states: are there baseline disparities, and what do they mean for SCHIP?	Pediatrics	4.272		2	6	2	2
Short, P. F. and Lefkowitz, D. C.	1992	Encouraging preventive services for low-income children. The effect of expanding Medicaid	Med Care	2.994		2			
Short, P. F., Hahn, B. A., Beauregard, K., Harvey, P. H. and Wilets, M. L.	1997	The effect of universal coverage on health expenditures for the uninsured	Med Care	2.994		2			
Shye, D., Feldman, V., Hokanson, C. S. and Mullooly, J. P.	2004	Secondary prevention of domestic violence in HMO primary care: evaluation of alternative implementation strategies	Am J Manag Care	1.443		3	1	2	2
Sices, L., Feudtner, C., McLaughlin, J., Drotar, D. and Williams, M.	2003	How do primary care physicians identify young children with developmental delays? A national survey	J Dev Behav Pediatr	1.943		1	1	1	1
Silber, J. H., Rosenbaum, P. R., Even-Shoshan, O., Shabbout, M., Zhang, X., Bradlow, E. T. and Marsh, R. R.	2003	Length of stay, conditional length of stay, and prolonged stay in pediatric asthma	Health Serv Res	2.466	10	2	1	1	1

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Simonsen, L., Morens, D., Elixhauser, A., Gerber, M., Van Raden, M. and Blackwelder, W.	2001	Effect of rotavirus vaccination programme on trends in admission of infants to hospital for intussusception	Lancet	23.407		3			
Simonsen, L., Viboud, C., Elixhauser, A., Taylor, R. J. and Kapikian, A. Z.	2005	More on RotaShield and intussusception: the role of age at the time of vaccination	J Infect Dis	4.953		3			
Simpson, L.	2001	Quality of care: time to make the grade	Pediatrics	4.272		NA			
Simpson, L. and Fraser, I.	1999	Children and managed care: What research can, can't, and should tell us about impact	Medical Care Research and Review	1.475		1			
Simpson, L., Kamerow, D. and I, F.	1998	Pediatric guidelines and managed care: Who is using what and what difference does it make?	Pediatric Annals	0.383		3			
Simpson, L., Owens, P. L., Zodet, M. W., Chevarley, F. M., Dougherty, D., Elixhauser, A. and McCormick, M. C.	2005	Health care for children and youth in the United States: annual report on patterns of coverage, utilization, quality, and expenditures by income	Ambul Pediatr	1.475		1			
Simpson, L., Zodet, M. W., Chevarley, F. M., Owens, P. L., Dougherty, D. and McCormick, M.	2004	Health care for children and youth in the United States: 2002 report on trends in access, utilization, quality, and expenditures	Ambul Pediatr	1.475		1			
Sinha, A., Madden, J., Ross-Degnan, D., Soumerai, S. and Platt, R.	2003	Reduced risk of neonatal respiratory infections among breastfed girls but not boys	Pediatrics	4.272	10	1	1	2	2
Skelly, A. H., Arcury, T. A., Gesler, W. M., Cravey, A. J., Dougherty, M. C., Washburn, S. A. and Nash, S.	2002	Sociospatial knowledge networks: Appraising community as place	Research in Nursing & Health	1.077	7	1	6	2	2
Slonim, A. D., Kurtines, H. C., Sprague, B. M. and Singh-Naz, N.	1999	Estimation of the costs associated with hospital acquired sepsis in pediatric intensive care unit (PICU) patients	Critical Care Medicine	5.077		NA	1	1	1
Slonim, A. D., LaFleur, B. J., Ahmed, W. and Joseph, J. G.	2003	Hospital-reported medical errors in children	Pediatrics	4.272		1	1	1	1
Smith, P. C., Araya-Guerra, R., Bublitz, C., Parnes, B., Dickinson, L. M., Van Vorst, R., Westfall, J. M. and Pace, W. D.	2005	Missing clinical information during primary care visits	Jama	23.332		1	1	6	6
Sobo, E. J., Seid, M. and Gelhard, L. R.	2006	Parent-identified barriers to pediatric health care: A process-oriented model	Health Services Research	2.466	2	1	6	1	1
Solberg, L. I., Asplin, B. R., Weinick, R. M. and Magid, D. J.	2003	Emergency department crowding: Consensus development of potential measures	Annals of Emergency Medicine	2.782	8	1	1	1	1
Sommers, A. R. and Wholey, D. R.	2003	The effect of HMO competition on gatekeeping, usual source of care, and evaluations of physician thoroughness	Am J Manag Care	1.443		1			
Spillman, B. C.	1992	The impact of being uninsured on utilization of basic health care services	Inquiry	x		1			
Spillman, B. C. and Kemper, P.	1992	Long term care arrangements for elderly persons with disabilities: private and public roles	Home Health Care Serv Q	x		1			
Srivastava, R., Norlin, C., James, B. C., Muret-Wagstaff, S., Young, P. C. and Auerbach, A.	2005	Community and hospital-based physicians' attitudes regarding pediatric hospitalist systems	Pediatrics	4.272	4	1	2	1	10
St Peter, R., Allison, R. A. and LaClair, B. J.	2003	Technical appendix B: Kansas survey methods	Pediatrics	4.272	12	NA	1	2	2
Starfield, B., Riley, A. W., Witt, W. P. and Robertson, J.	2002	Social class gradients in health during adolescence	Journal of Epidemiology and Community Health	3.003	9	1	2	1	1

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Steiner, C., Elixhauser, A. and Schnaier, J.	2002	The healthcare cost and utilization project: an overview	Eff Clin Pract	x		1			
Stevens, T. P., Sinkin, R. A., Hall, C. B., Maniscalco, W. M. and McConnochie, K. M.	2000	Respiratory syncytial virus and premature infants born at 32 weeks' gestation or earlier: hospitalization and economic implications of prophylaxis	Arch Pediatr Adolesc Med	3.566	6	1	1	1	1
Stewart, M. G.	2000	Pediatric outcomes research: development of an outcomes instrument for tonsil and adenoid disease	Laryngoscope	1.617	6	1	2	1	1
Stewart, M. G., Friedman, E. M., Sulek, M., deJong, A., Hulka, G. F., Bautista, M. H. and Anderson, S. E.	2001	Validation of an outcomes instrument for tonsil and adenoid disease	Arch Otolaryngol Head Neck Surg	1.586	7	1	2	1	1
Stewart, M. G., Friedman, E. M., Sulek, M., Hulka, G. F., Koppersmith, R. B., Harrill, W. C. and Bautista, M. H.	2000	Quality of life and health status in pediatric tonsil and adenoid disease	Arch Otolaryngol Head Neck Surg	1.586	14	1	2	1	1
Stivers, T.	2002	Presenting the problem in pediatric encounters: "Symptoms only" versus "candidate diagnosis" presentations	Health Communication	x	10	1	1	1	7
Stivers, T.	2005	Parent resistance to physicians' treatment recommendations: One resource for initiating a negotiation of the treatment decision	Health Communication	x		1	1	1	7
Stivers, T.	2002	Participating in decisions about treatment: overt parent pressure for antibiotic medication in pediatric encounters	Soc Sci Med	x		1	1	1	7
Stivers, T.	2005	Non-antibiotic treatment recommendations: delivery formats and implications for parent resistance	Soc Sci Med	x	13	3	1	1	7
Stivers, T., Mangione-Smith, R., Elliott, M. N., McDdonald, L. and Heritage, J.	2003	Why do physicians think parents expect antibiotics? What parents report vs what physicians believe	Journal of Family Practice	1.327	12	1	1	1	7
Struve, S., Nesbitt, T., Dimand, R. J., Marcin, J. P., Kallas, H. J. and Mawes, R.	2003	Clinical outcomes of pediatric intensive care unit based telemedicine consultations for infants and children in a rural adult intensive care unit	Critical Care Medicine	5.077		NA	2	3	4
Stuart, B., Singhal, P. K., Magder, L. S. and Zuckerman, I. H.	2003	How robust are health plan quality indicators to data loss? A Monte Carlo simulation study of pediatric asthma treatment	Health Serv Res	2.466		1	1	2	2
Sullivan, S. D., Lee, T. A., Blough, D. K., Finkelstein, J. A., Lozano, P., Inui, T. S., Fuhlbrigge, A. L., Carey, V. J., Wagner, E. and Weiss, K. B.	2005	A multisite randomized trial of the effects of physician education and organizational change in chronic asthma care: cost-effectiveness analysis of the Pediatric Asthma Care Patient Outcomes Research Team II (PAC-PORT II)	Arch Pediatr Adolesc Med	3.566	6	3	1	2	2
Sullivan, S. D., Lee, T. A., Blough, D. K., Finkelstein, J. A., Lozano, P., Inui, T. S., Fuhlbrigge, A. L., Carey, V. J., Wagner, E. and Weiss, K. B.	2005	A multisite randomized trial of the effects of physician education and organizational change in chronic asthma care - Cost-effectiveness analysis of the Pediatric Asthma Care Patient Outcomes Research Team II (PAC-PORT II)	Archives of Pediatrics & Adolescent Medicine	3.566	3	3	1	2	2
Sun, Y., van Wingerde, F. J., Kohane, I. S., Harary, O., Mandl, K. D., Salem-Schatz, S. R. and Homer, C. J.	1999	The challenges of automating a real-time clinical practice guideline	Clin Perform Qual Health Care	x		1	2	1	1

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Szilagyi, P. G., Dick, A. W., Klein, J. D., Shone, L. P., Barthauer, L., McInerney, T. K. and Zwanziger, J.	2003	Improvements in access to health care after enrollment in the State Children's Health Insurance Program (SCHIP)	Pediatric Research	2.875		2	1	2	2
Szilagyi, P. G., Dick, A. W., Klein, J. D., Shone, L. P., Zwanziger, J. and McInerney, T.	2004	Improved access and quality of care after enrollment in the New York State Children's Health Insurance Program (SCHIP)	Pediatrics	4.272	8	2	1	2	2
Szilagyi, P. G., Dick, A. W., Klein, J. D., Shone, L. P., Zwanziger, J., Bajorska, A. and Yoos, H. L.	2006	Improved asthma care after enrollment in the State Children's Health Insurance Program in New York	Pediatrics	4.272	8	2	1	2	2
Szilagyi, P. G., Holl, J. L., Rodewald, L. E., Shone, L. P., Zwanziger, J., Mukamel, D. B., Trafton, S., Dick, A. W. and Raubertas, R. F.	2000	Evaluation of children's health insurance: from New York State's CHild Health Plus to SCHIP	Pediatrics	4.272	8	2	1	2	2
Szilagyi, P. G., Holl, J. L., Rodewald, L. E., Yoos, L., Zwanziger, J., Shone, L. P., Mukamel, D. B., Trafton, S., Dick, A. W. and Raubertas, R. F.	2000	Evaluation of New York State's Child Health Plus: Children who have asthma	Pediatrics	4.272		2	1	2	2
Szilagyi, P. G., Shenkman, E., Brach, C., LaClair, B. J., Swigonski, N., Dick, A., Shone, L. P., Schaffer, V. A., Col, J. F., Eckert, G., Klein, J. D. and Lewit, E. M.	2003	Children with special health care needs enrolled in the State Children's Health Insurance Program (SCHIP): patient characteristics and health care needs	Pediatrics	4.272		2	1	2	2
Szilagyi, P. G., Shenkman, E., Brach, C., LaClair, B. J., Swigonski, N., Dick, A., Shone, L. P., Schaffer, V. A., Col, J. F., Eckert, G., Klein, J. D. and Lewit, E. M.	2003	Children with special health care needs enrolled in the State Children's Health Insurance Program (SCHIP): patient characteristics and health care needs	Pediatrics	4.272		2	1	2	2
Szilagyi, P. G., Shenkman, E., Brach, C., LaClair, B. J., Swigonski, N., Dick, A., Shone, L. P., Schaffer, V. A., Col, J. F., Eckert, G., Klein, J. D. and Lewit, E. M.	2003	Children with special health care needs enrolled in the State Children's Health Insurance Program (SCHIP): patient characteristics and health care needs	Pediatrics	4.272	14	2	6	2	2
Szilagyi, P. G., Shone, L. P., Holl, J. L., Rodewald, L. E., Jennings, J., Zwanziger, J., Mukamel, D. B., Trafton, S., Dick, A. W., Barth, R. and Raubertas, R. F.	2000	Evaluation of New York State's Child Health Plus: methods	Pediatrics	4.272	6	2	1	2	2
Szilagyi, P. G., Zwanziger, J., Rodewald, L. E., Holl, J. L., Mukamel, D. B., Trafton, S., Shone, L. P., Dick, A. W., Jarrell, L. and Raubertas, R. F.	2000	Evaluation of a state health insurance program for low-income children: implications for state child health insurance programs	Pediatrics	4.272		2	1	2	2
Szilagyi, P., Vann, J., Bordley, C., Chelminski, A., Kraus, R., Margolis, P. and Rodewald, L.	2002	Interventions aimed at improving immunization rates	Cochrane Database Syst Rev	x		3	3	1	8
Taylor, A. K., Beaugerard, K. M. and Vistnes, J. P.	1995	Who belongs to HMOs: a comparison of fee-for-service versus HMO enrollees	Med Care Res Rev	1.475		1			

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Taylor, A. K., Cohen, J. W. and Machlin, S. R.	2001	Being uninsured in 1996 compared to 1987: how has the experience of the uninsured changed over time?	Health Serv Res	2.466		1			
Taylor, J. A., Darden, P. M., Brooks, D. A., Hendricks, J. W., Baker, A. E. and Wasserman, R. C.	2002	Practitioner policies and beliefs and practice immunization rates: a study from Pediatric Research in Office Settings and the National Medical Association	Pediatrics	4.272	18	3	6	1	1
Taylor, J. A., Darden, P. M., Brooks, D. A., Hendricks, J. W., Wasserman, R. C. and Bocian, A. B.	2002	Association between parents' preferences and perceptions of barriers to vaccination and the immunization status of their children: a study from Pediatric Research in Office Settings and the National Medical Association	Pediatrics	4.272	21	1	6	1	1
Taylor, L. A., Wallander, J. L., Anderson, D., Beasley, P. and Brown, R. T.	2003	Improving health care utilization, improving chronic disease utilization, health status, and adjustment in adolescents and young adults with cystic fibrosis: A preliminary report	Journal of Clinical Psychology in Medical Settings	x		4	3	1	8
Tebb, K. P., Pantell, R. H., Wibbelsman, C. J., Neuhaus, J. M., Tipton, A. C., Pecson, S. C., Pai-Dhungat, M., Ko, T. H. and Shafer, M. A. B.	2005	Screening sexually active adolescents for Chlamydia trachomatis: What about the boys?	American Journal of Public Health	3.566		3	3	1	8
Tebb, K. P., Shafer, M. A., Wibbelsman, C. J., Pecson, S., Tipton, A. C., Neuhaus, J. M., Ko, T. H. and Pantell, R. H.	2004	To screen or not to screen: Prevalence of C-trachomatis among sexually active asymptomatic male adolescents attending health maintenance pediatric visits	Journal of Adolescent Health	2.013	1	1	3	1	8
Tebb, K., Ko, T., SantaMaria, B., Neuhaus, J., Wibbelsman, C., Tipton, A., Miller, K. and Shafer, M.	2005	Estimating sexual activity rates in teens and the impact on Chlamydial screening rates: Health plan employer data information set administrative data versus anonymous surveys	Journal of Investigative Medicine	x		NA	3	1	8
Tebb, K., Shafer, M. A., Pantell, R., Neuhaus, J., Newman, T., Bergman, D., Wibbelsman, C., Tipton, A., Schweppe, D., Brown, S., Cruz, S. and Gyamfi, A. A.	2002	Increasing chlamydial screening rates among sexually active adolescent females attending pediatric health supervision visits: A quality improvement based model in an HMO to meet HEDIS Guidelines	Journal of Adolescent Health	2.013	2	NA	3	1	8
Thomas, D., Flaherty, E. and Binns, H.	2004	Parent expectations and comfort with discussion of normal childhood sexuality and sexual abuse prevention during office visits	Ambul Pediatr	1.475	4	1	2	1	1
Thomas, E. J., Sexton, J. B. and Helmreich, R. L.	2004	Translating teamwork behaviours from aviation to healthcare: development of behavioural markers for neonatal resuscitation	Qual Saf Health Care	1.937		1	1	6	6
Tompson, M. C., McNeil, F. M., Rea, M. M. and Asarnow, J. R.	2000	Identifying and treating adolescent depression	West J Med	x		NA	3	1	8
Trafton, S., Shone, L. P., Zwanziger, J., Mukamel, D. B., Dick, A. W., Holl, J. L., Rodewald, L. E., Raubertas, R. F. and Szilagyi, P. G.	2000	Evolution of a children's health insurance program: lessons from New York State's Child Health Plus	Pediatrics	4.272	5	2	1	2	2
Travers, D. A. and Downs, S. M.	2000	Comparing user acceptance of a computer system in two pediatric offices: a qualitative study	Proc AMIA Symp	x		1	2	1	1

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Trowbridge, M. J., Sege, R. D., Olson, L., O'Connor, K., Flaherty, E. and Spivak, H.	2005	Intentional injury management and prevention in pediatric practice: results from 1998 and 2003 American Academy of Pediatrics Periodic Surveys	Pediatrics	4.272	5	1	2	1	1
Tsai, M., Weintraub, R., Gee, L. and Kushel, M.	2005	Identifying homelessness at an urban public hospital: a moving target?	J Health Care Poor Underserved	x		1	6	2	2
Twiggs, J. E., Fifield, J., Jackson, E., Cushman, R. and Apter, A.	2004	Treating asthma by the guidelines: developing a medication management information system for use in primary care	Dis Manag	0.425		3	2	3	4
Ulrich, Y. C., Cain, K. C., Sugg, N. K., Rivara, F. P., Rubanowice, D. M. and Thompson, R. S.	2003	Medical care utilization patterns in women with diagnosed domestic violence	Am J Prev Med	3.167		1	1	2	2
Van Niel, C. W., Feudtner, C., Garrison, M. M. and Christakis, D. A.	2002	Lactobacillus therapy for acute infectious diarrhea in children: a meta-analysis	Pediatrics	4.272	5	3	1	1	1
van Wingerde, F. J., Sun, Y., Harary, O., Mandl, K. D., Salem-Schatz, S., Homer, C. J. and Kohane, I. S.	1998	Linking multiple heterogeneous data sources to practice guidelines	Proc AMIA Symp	x		1	2	1	1
Vargas, P. A., Simpson, P. M., Gary Wheeler, J., Goel, R., Feild, C. R., Tilford, J. M. and Jones, S. M.	2004	Characteristics of children with asthma who are enrolled in a Head Start program	J Allergy Clin Immunol	7.667	2	1	1	1	1
Varni, J. W., Burwinkle, T. M. and Seid, M.	2006	The PedsQL(TM) 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity	Qual Life Res	1.915		1	6	1	1
Verrips, G. H. W., Vogels, A. G. C., den Ouden, A. L., Paneth, N. and Verloove-Vanhorick, S. P.	2000	Measuring health-related quality of life in adolescents: agreement between raters and between methods of administration	Child Care Health and Development	0.789	14	1	1	1	1
Verrips, G. H., Stuijbergen, M. C., den Ouden, A. L., Bonsel, G. J., Gemke, R. J., Paneth, N. and Verloove-Vanhorick, S. P.	2001	Measuring health status using the Health Utilities Index: agreement between raters and between modalities of administration	J Clin Epidemiol	2.538	9	1	1	1	1
Vistnes, J. P. and Hamilton, V.	1995	The time and monetary costs of outpatient care for children	Am Econ Rev	x		NA			
Vistnes, J. P., Morrisey, M. A. and Jensen, G. A.	2006	Employer choices of family premium sharing	Int J Health Care Finance Econ	x		1			
Vitiello, B., Zuvekas, S. H. and Norquist, G. S.	2006	National estimates of antidepressant medication use among U.S. children, 1997-2002	J Am Acad Child Adolesc Psychiatry	4.113		1			
Wall, T. C., Mian, M. A., Ray, M. N., Casebeer, L., Collins, B. C., Kiefe, C. I., Weissman, N. and Allison, J. J.	2005	Improving physician performance through Internet-based interventions: who will participate?	J Med Internet Res	x		1	2	1	1
Wall, T. P., Brown, L. J. and Manski, R. J.	2002	The funding of dental services among U.S. children 2 to 17 years old: recent trends in expenditures and sources of funding	J Am Dent Assoc	0.935		1			
Wasserman, R., Slora, E. and Bocian, A.	2003	Current status of pediatric practice-based research networks	Curr Probl Pediatr Adolesc Health Care	x		NA	6	1	1
Watson, M. R., Manski, R. J. and Macek, M. D.	2001	The impact of income on children's and adolescents' preventive dental visits	J Am Dent Assoc	0.935		1			
Webber, M. P., Carpiniello, K. E., Oruwariye, T. and Appel, D. K.	2002	Prevalence of asthma and asthma-like symptoms in inner city elementary schoolchildren	Pediatr Pulmonol	1.589	14	1	1	1	1
Webber, M. P., Carpiniello, K. E., Oruwariye, T., Lo, Y., Burton, W. B. and Appel, D. K.	2003	Burden of asthma in inner-city elementary schoolchildren: do school-based health centers make a difference?	Arch Pediatr Adolesc Med	3.566	47	1	1	1	1



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Webber, M. P., Hoxie, A. M., Odlum, M., Oruwariye, T., Lo, Y. and Appel, D.	2005	Impact of asthma intervention in two elementary school-based health centers in the Bronx, New York City	Pediatr Pulmonol	1.589		3	1	1	1
Weigers, M., Weinick, R. and Cohen, J.	1998	Children's Health 1996: Health Insurance, Access to Care, and Health Status	MEPS Chartbook #01	NA		1			
Weinberger, B., Anwar, M., Hegyi, T., Hiatt, M., Koons, A. and Paneth, N.	2000	Antecedents and neonatal consequences of low apgar scores in preterm newborns - A population study	Archives of Pediatrics & Adolescent Medicine	3.566	3	1	1	1	1
Weiner, B. J., Alexander, J. A., Baker, L. C., Shortell, S. M. and Becker, M.	2006	Quality improvement implementation and hospital performance on patient safety indicators	Medical Care Research and Review	1.475		1	1	5	2
Weinick, R. M.	2003	Researching disparities: strategies for primary data collection	Acad Emerg Med	1.789		1			
Weinick, R. M.	1995	Sharing a home: the experiences of American women and their parents over the twentieth century	Demography	x		1			
Weinick, R. M. and Cohen, J. W.	2000	Leveling the playing field: managed care enrollment and hospital use, 1987-1996	Health Aff (Millwood)	3.158		NA			
Weinick, R. M. and Krauss, N. A.	2000	Racial/ethnic differences in children's access to care	Am J Public Health	3.566		1			
Weinick, R. M. and Monheit, A. C.	1999	Children's health insurance coverage and family structure, 1977-1996	Med Care Res Rev	1.475		1			
Weinick, R. M., Jacobs, E. A., Stone, L. C., Ortega, A. N. and Burstin, H.	2004	Hispanic healthcare disparities: challenging the myth of a monolithic Hispanic population	Med Care	2.994		1			
Weinick, R. M., Weigers, M. E. and Cohen, J. W.	1998	Children's health insurance, access to care, and health status: new findings	Health Aff (Millwood)	3.158		2			
Weinick, R. M., Zuvekas, S. H. and Cohen, J. W.	2000	Racial and ethnic differences in access to and use of health care services, 1977 to 1996	Med Care Res Rev	1.475		1			
Weiss, K. B.	1998	Practice guidelines for practicing doctors	J Gen Intern Med	3.013	4	NA	1	2	2
Weiss, K. B.	2000	Asthma guidelines: invited commentaries	Proc (Bayl Univ Med Cent)	x		NA	1	2	2
Weist, M. D., Sander, M. A., Walrath, C., Link, B., Nabors, L., Adelsheim, S., Moore, E., Jennings, J. and Carrillo, K.	2005	Developing principles for best practice in expanded school mental health	Journal of Youth and Adolescence	x	1	1	1	1	1
Whittington, P. F., Alonso, E. M., Superina, R. A. and Freese, D. K.	2002	Liver transplantation in children	J Pediatr Gastroenterol Nutr	2.077		NA	1	1	1
Williams, D. E., Knowler, W. C., Smith, C. J., Hanson, R. L., Roumain, J., Saremi, A., Kriska, A. M., Bennett, P. H. and Nelson, R. G.	2000	Indian or Anglo dietary preferences and the incidence of diabetes in Pima Indians	Diabetes	8.028		NA	6	1	1
Williams, D. E., Knowler, W. C., Smith, C. J., Hanson, R. L., Roumain, J., Saremi, A., Kriska, A. M., Bennett, P. H. and Nelson, R. G.	2001	The effect of Indian or Anglo dietary preference on the incidence of diabetes in Pima Indians	Diabetes Care	7.844	12	4	6	1	1
Witt, W. P., Kasper, J. D. and Riley, A. W.	2003	Mental health services use among school-aged children with disabilities: the role of sociodemographics, functional limitations, family burdens, and care coordination	Health Serv Res	2.466		1	1	2	2

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Witt, W. P., Perrin, J. M. and Kuhlthau, K.	2002	The association between treatment for maternal depression and childhood behavioral problems: Findings from the 1996 Medical Expenditure Panel Survey	Pediatric Research	2.875		1	1	2	2
Witt, W. P., Riley, A. W. and Coiro, M. J.	2003	Childhood functional status, family stressors, and psychosocial adjustment among school-aged children with disabilities in the United States	Arch Pediatr Adolesc Med	3.566	60	1	1	2	2
Wong, S. T., Galbraith, A., Kim, S. and Newacheck, P. W.	2005	Disparities in the financial burden of children's healthcare expenditures	Arch Pediatr Adolesc Med	3.566	1	2	6	2	2
Woods, C. R., Arcury, T. A., Powers, J. M., Preisser, J. S. and Gesler, W. M.	2003	Determinants of health care use by children in rural western North Carolina: Results from the Mountain Accessibility Project survey	Pediatrics	4.272	9	1	6	2	2
Wurst, K. E., Sleath, B. L. and Konrad, T. R.	2003	Physicians' perceptions of factors influencing adherence to antibiotic prophylaxis in children with sickle cell disease	Current Therapeutic Research-Clinical and Experimental	0.346		1	2	1	1
Yaeger, K. A., Halamek, L. P., Coyle, M., Murphy, A., Anderson, J., Boyle, K., Braccia, K., McAuley, J., Sandre, G. D. and Smith, B.	2004	High-fidelity simulation-based training in neonatal nursing	Adv Neonatal Care	x		1	1	6	6
Yoos, H. L., Kitzman, H. and McMullen, A.	2003	Barriers to anti-inflammatory medication use in childhood asthma	Ambul Pediatr	1.475		1	2	1	1
Young, J., Flores, G. and Berman, S.	2004	Providing life-saving health care to undocumented children: controversies and ethical issues	Pediatrics	4.272	31	2	1	2	2
Youngblade, L. M., Col, J. and Shenkman, E. A.	2002	Health care use and charges for adolescents enrolled in a title XXI program	J Adolesc Health	2.013		1	1	2	2
Youngblade, L. M., Col, J. and Shenkman, E. A.	2002	Health care use and charges for adolescents enrolled in a Title XXI program	Journal of Adolescent Health	2.013		2	6	2	2
Zabinski, D., Selden, T. M., Moeller, J. F. and Banthin, J. S.	1999	Medical savings accounts: microsimulation results from a model with adverse selection	J Health Econ	2.708		2			
Zaoutis, T. E., Argon, J., Chu, J., Berlin, J. A., Walsh, T. J. and Feudtner, C.	2005	The epidemiology and attributable outcomes of candidemia in adults and children hospitalized in the United States: a propensity analysis	Clin Infect Dis	6.51		1	1	1	1
Zatzick, D., Russo, J., Grossman, D. C., Jurkovich, G., Sabin, J., Berliner, L. and Rivara, F.	2005	Posttraumatic Stress and Depressive Symptoms, Alcohol Use, and Recurrent Traumatic Life Events in a Representative Sample of Hospitalized Injured Adolescents and Their Parents	J Pediatr Psychol	x		1	1	1	1
Zhan, C., Arispe, I., Kelley, E., Ding, T., Burt, C. W., Shinogle, J. and Stryer, D.	2005	Ambulatory care visits for treating adverse drug effects in the United States, 1995-2001	Jt Comm J Qual Patient Saf	x		1			
Zhan, C., Miller, M. R., Wong, H. and Meyer, G. S.	2004	The effects of HMO penetration on preventable hospitalizations	Health Serv Res	2.466		1			
Zhan, C., Sangl, J., Meyer, G. S. and Zaslavsky, A. M.	2002	Consumer assessments of care for children and adults in health plans: how do they compare?	Med Care	2.994		1			
Zimmer, K. P. and Minkovitz, C. S.	2003	Maternal depression: an old problem that merits increased recognition by child healthcare practitioners	Curr Opin Pediatr	1.639	3	1	1	2	2
Zimmerman, J. E.	2002	Potentially ineffective care: A useful step forward	Critical Care Medicine	5.077		NA	1	2	2

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Zimmerman, R. K., Van Cleve, S. N., Medsger, A. R., Raymund, M. and Ball, J. A.	2000	Does the Vaccines for Children program influence pediatric nurse practitioner referral of disadvantaged children to public vaccine clinics?	Matern Child Health J	x	1	2	1	1	1
Zumberg, M. S., Reddy, S., Boyette, R. L., Schwartz, R. J., Konrad, T. R. and Lottenberg, R.	2005	Hydroxyurea therapy for sickle cell disease in community-based practices: a survey of Florida and North Carolina hematologists/oncologists	Am J Hematol	1.612	1	1	2	1	1
Zuvekas, S. H.	2001	Trends in mental health services use and spending, 1987-1996	Health Aff (Millwood)	3.158		1			
Zuvekas, S. H.	2005	Prescription drugs and the changing patterns of treatment for mental disorders, 1996-2001	Health Aff (Millwood)	3.158		1			
Zuvekas, S. H. and Hill, S. C.	2004	Does capitation matter? Impacts on access, use, and quality	Inquiry	x		2			
Zuvekas, S. H. and Weinick, R. M.	1999	Changes in access to care, 1977-1996: the role of health insurance	Health Serv Res	2.466		1			
Zuvekas, S. H., Regier, D. A., Rae, D. S., Rupp, A. and Narrow, W. E.	2002	The impacts of mental health parity and managed care in one large employer group	Health Aff (Millwood)	3.158		2			
Zuvekas, S. H., Vitiello, B. and Norquist, G. S.	2006	Recent trends in stimulant medication use among U.S. children	Am J Psychiatry	8.286		1			
Zwanziger, J., Mukamel, D. B., Szilagyi, P. G., Trafton, S., Dick, A. W., Holl, J. L., Rodewald, L. E., Shone, L. P., Jarrell, L. and Raubertas, R. F.	2000	Evaluating Child Health Plus in upstate New York: how much does providing health insurance to uninsured children increase health care costs?	Pediatrics	4.272	7	2	1	2	2