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American Society of Health Economists

Newsletter of the
American Society of Health Economists

Volume 4, Spring 2010

Contents

Symposium on Careers in Health Economics

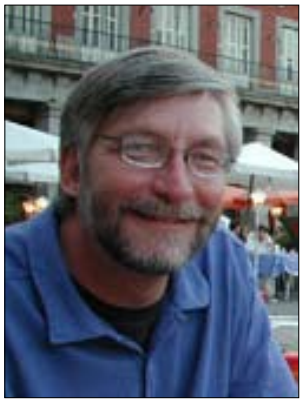
Who Are We? And Why Are We Here?

John Cawley and Michael A. Morrisey

John Cawley
Cornell University

The title of this essay, inspired by James Stockdale's odd yet profound opening lines in the 1992 Vice-Presidential debate, reflects our interest in better understanding the field of health economics; in particular, who health economists are, where they work, what they research, and their satisfaction with their jobs.

Economists extensively study all manner of labor markets, but relatively little of their effort is devoted to studying the market for themselves. Five years ago, we were struck that relatively little current information existed on health economists; the last survey of the field was conducted in 1990. To fill the gap of information, we conducted a survey of U.S. health economists in the Fall of 2005. ASHEcon did not yet exist, so we surveyed members of two other organizations: the U.S.-based members of the International Health Economics Association, and members of the Health Economics Interest Group of AcademyHealth.



Michael A. Morrisey
University of Alabama, Birmingham

The survey results were published in the articles listed below. Here, we summarize some of the findings. For example, interdisciplinary degree programs are producing an increasing percentage of health economists. The percentage of health economists with a doctorate in health economics, health services research, or health policy was 8.4% among those who received their doctorates

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ASHEcon Member Resources Webpage

http://resources.healtheconomics.us

It's here! We now have up and running the site that we described in the Spring 2009 Newsletter for sharing public goods in health economics. The ASHEcon Member Resources webpage is a new tab on the ASHEcon main page, and is also directly accessible at http://resources.healtheconomics.us. ASHEcon members have access to it through a personalized login id and password that is being emailed soon from ASHEcon. If you do not get it or misplace it, please feel free to contact one of us.

The site is divided into content areas containing public goods such as:

- **Health economics course materials**, including syllabi, readings lists, Powerpoint slides, assignments and so forth. All levels welcome.
- **Statistical software programs**, especially generic SAS and Stata code that could be used as a template for other people's analyses, or non-standard ones that might require more complex programming (contributors can choose to remain anonymous and we will include a caution on the website that users should double-check the code themselves for any errors).
- **Links to statistical or data archive websites**, or any others useful to researchers, links to funding agencies and foundations, relevant journals, faculty member pages with useful information.

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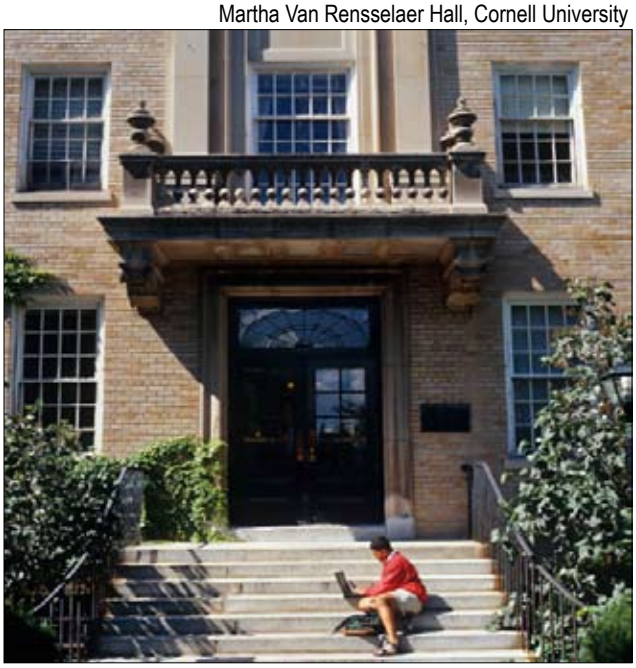
Letter from ASHEcon President Michael Grossman

ASHEcon independence. The Executive Director, Officers, and Board are hard at work at making ASHEcon an independent organization. The goal of independence by 2010 was established by our charter and is being encouraged by iHEA. The official separation does not occur until the end of 2010. However, many things must be in place prior to that time to facilitate a smooth transition. Joe Newhouse, Jody Sindelar, Randy Ellis, Dick Arnould, and I reviewed several management proposal and models. We decided to recommend to the ASHEcon Board of Directors that the National Tax Association (NTA) manage our association and its web site. We were greatly impressed by NTA's proposal, and Jim Poterba, the current President of that association, gave it an extremely favorable recommendation. The ASHEcon Board approved our recommendation at its meeting on January 3, 2010.

Activities at 2010 Allied Social Science Associations Convention.
As has been the case in the past, we sponsored a luncheon at the ASSA Convention in Atlanta. Michael Chernew of Harvard University was kind enough to replace Sherry Glied as the luncheon speaker. Sherry had to cancel because she was recently appointed Assistant Secretary for Planning and Evaluation the Department of Health and Human Services. Michael gave a very interesting talk titled "Bending the Cost Curve." As usual, the discussions among those in attendance went on long after the formal talk concluded. The sessions and reception were well attended.

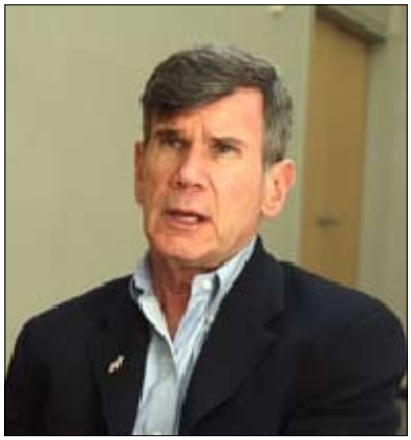
Martha Van Rensselaer Hall, Cornell University



Cornell Conference. The Executive Director, Officers, Board, and the Cornell planning committee are hard at work on our third biennial conference to be held in June 2010. Grants have been submitted to NIDA, NIA, AHRQ, private foundations, pharmaceutical companies, insurance companies, consulting firms and other health and health economics related organizations to keep down the costs of the conference to members. This will also help to ensure that we have enough resources to host a high-level, quality conference. We are optimistic about receiving funding from AHRQ, NIDA and NIA. If you have any leads for funding, please contact our Executive Director, Dick Arnould (rarnould@ad.uiuc.edu) or contact me (mgrossman@gc.cuny.edu). Kip Viscusi has agreed to give a plenary address at the conference one of the plenary sessions and Sherry Glied will speak at the other. A very large number of abstracts have been submitted and are currently under review by the members of the Scientific Committee. Announcements regarding acceptance will be forthcoming soon.

Future Conferences. I am very pleased to announce that work is well under way to hold the 2012 conference at the Carlson School at the University of Minnesota, with Steve Parente as Chair of the Local Committee. Plans are well under way for a west coast conference in 2014.

Regards,
Michael Grossman



Michael Grossman
Professor CUNY, The Graduate Center

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Editor:
Melayne Morgan McInnes,
mcinnes.mm@gmail.com
University of South Carolina

Co-Editors:
Anthony T. Lo Sasso,
losasso@uic.edu
University of Illinois at Chicago

Kosali Simon,
kosali.simon@cornell.edu
Cornell University

Newsletter Board:
Gloria Bazzoli,
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Mission Statement:
The mission of the newsletter will be to develop the social capital of the health economics profession by providing a forum for community building and networking among health economics faculty, researchers, and students. This newsletter will be published thrice yearly and is not intended to engage in advocacy or to provide information already available in other newsletters.

Symposium on Careers in Health Economics Part 1: Beyond Academia

Symposium Introduction

We open our symposium on Careers in Health Economics with John Cawley's and Mike Morrisey's article giving us with the best available data on the profession of health economics. To complement the numbers game, we've assembled a panel of health economists representing a broad spectrum of career paths both inside traditional academic homes and beyond. We've asked our panel to give us a more detailed picture of the career path in his or her area. We expect this to be very useful to newly-minted PhDs seeking first placements (and their mentors), but we all like to know what the grass is like on the other side of the fence. In this issue we have Part I of the symposium focusing on careers outside traditional academia. While our columnists are quite diverse, representing private industry, consulting, non-profits, and government, some similarities became immediately apparent. First, almost all of our columnists noted that there was little guidance or information for those seeking career alternatives to academia. That may explain why our panelists were so generous with their time in agreeing to write a column for us describing their experiences and providing advice for new graduates who may wish to follow. A second key difference was that all columns came in on time and to spec. Those of you considering a career outside academics take heed!

Melayne Morgan McInnes
editor

An Economist's Career in an Association Vis-à-vis Academia

José R. Guardado

José R. Guardado
Economist, American Medical Association

Economics PhD students usually plan to work in academia and often receive little advice about alternative careers. The purpose of this article is to shed light on a career in a different setting. Since obtaining a PhD in economics from the University of Illinois at Chicago with a specialization in health, I have been an economist in the Department of Economic and Health Policy Research at the American Medical Association (AMA). Here I will discuss the pathway to this job as well as its advantages and disadvantages relative to jobs in academia.

The pathway to my position was no different from the one to an academic job. I was on the market in search of a good match, while the AMA was on the market for a PhD economist. I learned about the job from a posting on JOE. The AMA invited me to an interview at the 2007 ASSA meetings. After a second interview (the "flyout"), the AMA made an offer, and I began work in June, 2007.

There are advantages and disadvantages of working at the AMA compared to academia. Starting with what may be regarded as disadvantages, in this job there is no possibility of tenure. That said, however, note that other members of my Department have been with the AMA an average of 19 years. Also, if one's objective is primarily to engage in time-intensive, peer-reviewed research, then this may not be a good match. It is possible to conduct such research, but publishing is not a principal objective of the job. Finally, if freedom is desired to choose one's research independently, then this would not be a good match either. In short, the job is meant to be responsive to the needs of the AMA. In essense, a major function of the job is to be an internal consultant.

There are several advantages to working at the AMA. This job shares positive features with an academic job. One must be able to conduct original, high quality research. We can also attend seminars and conferences, as continuing development is a requisite. The position also helps develop communications skills perhaps more than an academic job since one has to explain economic concepts to persons from different backgrounds. The job also affords the opportunity to work with external economic consultants to the AMA. Moreover, there are opportunities to obtain data that may sometimes be infeasible to get in an academic setting. We may either purchase data or engage in primary data collection.

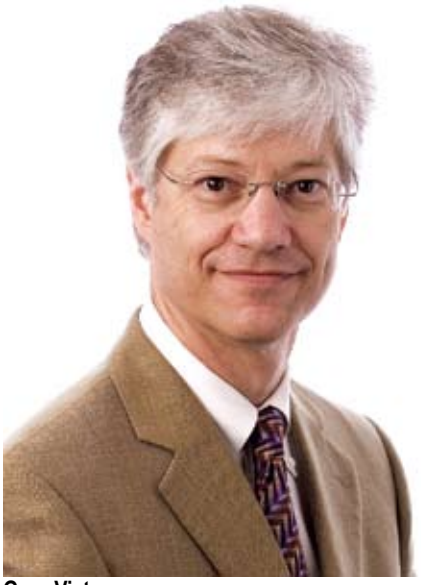
Other attributes are that there is no need to obtain external funds to pay one's salary, and there is no "publish or perish" phenomena. In fact, publishing is neither encouraged nor discouraged. However, if the AMA is interested in a question that is amenable to research, then I can conduct it subject to other demands for my time. Finally, the hours are reasonable and flexible, which facilitates a good balance between work and other activities.

My position as an AMA economist has been productive and rewarding. The pathway to this job is no different than the one to academia. There are both advantages and disadvantages of my position vis-à-vis an academic job, though, at least in my case, my revealed preference is evidence that the advantages outweigh the disadvantages. ◆

Symposium on Careers in Health Economics Part 1: Beyond Academia

The Consulting World - *Greg Vistnes*

To many economists, economic consulting is a great unknown. So just what does the world of economic consulting entail? Given the broad variety of economic consulting positions that are out there, I'll focus on what I know about: economic consulting regarding competition and antitrust issues of the type I work on here at Charles River Associates (CRA).



Greg Vistnes
Charles River Associates

Antitrust consulting economists address a variety of issues relating to competition: how will a merger affect competition; will an exclusive contract likely cause harm to consumers; under what circumstances can volume discounts be used to foreclose rivals; and what magnitude of harm were consumers or particular firms likely to have incurred as a consequence of certain types of anticompetitive behavior? These types of questions are also commonly asked in a variety of healthcare settings: how will a hospital merger affect competition and the quality of care; do any benefits of physician integration outweigh any problems stemming from increased bargaining leverage; is how will vertical integration between a hospital and health plan affect market outcomes; and how does legislation regarding modified patent protection for pharmaceuticals affect competition and drug prices?

The projects that economic consultants like myself work upon are often very high profile, and very high stakes. This means that our work rarely involves the application of off-the-shelf models or theories. Rather, each model or theory is typically modified or refined to fit the particular facts of the case. In many instances, this leads to the development of entirely new theories or models, some of which subsequently can be written up and submitted to economics journals. An example here is my own work regarding the analysis of hospital competition: unhappy with how hospital mergers had previously been analyzed, I worked with other economists to articulate a new conceptual framework for analyzing the nature of competition between hospitals. This framework now provides much of the conceptual basis for the Department of Justice and Federal Trade Commission now assess hospital mergers, and provided the springboard for several subsequent journal publications.

Perhaps one of the biggest differences between academics and economic consulting have to do with the audience. In academics, the audience is principally your students and, through your participation in conferences and your publications, your academic colleagues. My audience consists of business people and lawyers, as well as government officials, courts and juries. Similarly, my teaching takes the form of presentations to business people and government officials, the creation of expert reports or white papers summarizing both theoretical and empirical economic analyses, and expert testimony before judges and juries. My audience, while oftentimes lacking sophisticated economic skills, is nevertheless a very intelligent one. Thus, teaching skills are critically important: one needs to distill the key economic intuitions of potentially complex economic modeling or estimation into something that this audience can understand and believe, and thus be willing to base important decisions upon. And to make things even more interesting, the government audience frequently includes one or more of its own extremely bright and dedicated economists.

The economists involved in antitrust consulting work have a fairly diverse background. Most have a strong microeconomics background – usually in industrial organization, but sometimes with a focus in labor economics, health economics or econometrics. Although I went into consulting after first spending 10 years with the federal antitrust agencies (the Department of Justice and the Federal Trade Commission), others come to consulting straight from graduate school and others start their consulting career after first spending time in academics. Still others start consulting while remaining in academics. Thus, there is no single pathway into consulting, nor is there a single pathway for success.

Ultimately the issue of whether economic consulting might be a good fit for you is one that only you can answer. But as economists know, decisions are best rendered with full information, yet economists frequently have very limited, and sometimes biased, information about what economic consulting is all about. If you're looking for your first job, or considering a change, economic consulting is one of your options that you may want to learn more about. And while the audience for those skills is different than what is typically seen in academics, the skills you bring and develop over time can be quite similar, and your career can be quite fulfilling. ◆

Symposium on Careers in Health Economics Part 1: Beyond Academia

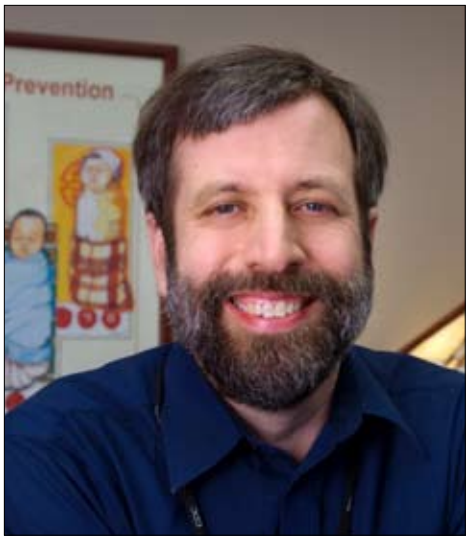
A Career in Health Economics at the Centers for Disease Control and Prevention - *Scott Grosse*

After completing doctoral studies in economics at the University of Michigan, with prelim fields in labor, development, and demography, I began my economics career conducting training and providing technical assistance. I switched to public health and received a doctorate in Population Planning and International Health in 1996. I arrived at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia in 1996 through the Prevention Effectiveness (PE) postdoctoral fellowship, where I was able to combine my previous training in economics and public health. In 1998, after completing the fellowship, I entered the US civil service at the GS-13 level, comparable in pay to an assistant professor, and worked in the National Center for Environmental Health. In 2002, I was hired as the lead economist in the National Center on Birth Defects and Developmental Disabilities, where I worked on analyses of the economic costs and health outcomes associated with genetic or congenital conditions such as cystic fibrosis, hearing loss, cardiac malformations, and spina bifida, and the costs, benefits, and policy implications of newborn screening and genetic testing strategies as well as folic acid fortification and supplementation programs. Most of these analyses, as well as methods papers such as an article in a Medical Care supplement on costing, were published in Medline-indexed journals. In September 2009 I was appointed to a GS-15 Research Economist position as Associate Director for Health Services Research and Evaluation in the Division of Blood Disorders, which focuses on bleeding, clotting, and hemoglobin disorders.

Public health economics is a small but rapidly growing field of health economics that addresses the economic impacts of disease, injury, and disability, the economics of providing public health services, and the economic evaluation of health programs and policies. The CDC currently employs about 60 PhD level researchers who conduct economic and quantitative policy analyses and collaborate in multidisciplinary teams to address public health problems. These health economists are dispersed throughout the agency, and most are assigned to work on specific types of diseases or injuries. Unlike academia, there are no teaching obligations, no grant proposals to write, and no tenure review. On the other hand, flexibility and responsiveness are a must because analysts have to address agency priorities. The opportunity to contribute to analyses that can affect public health policies and programs is one of the major motivators for researchers at the CDC. Therefore, it is important for health economists at the CDC to be able to explain economic concepts in easy-to-understand terms to other scientists and government officials. Economists working in research positions at the CDC publish an average of one to five articles per year in peer-reviewed journals, often in collaboration with colleagues, and present at professional conferences. The 2009 ASHE conference agenda features an organized session with presentations by three CDC health economists, as well as individual submissions by other CDC researchers.

Most CDC health economists arrive through the Steven M. Teutsch Prevention Effectiveness (PE) Fellowship, a 2-year postdoctoral, applied training program established in 1995. Most PE fellows have PhDs in Economics, Applied or Resource Economics, Health Services Research, or Policy Analysis. Fellows attend short training courses but primarily learn through on-the-job training and mentoring in public health economics. Fellows work on projects chosen in consultation with their supervisors and mentors that relate to the priorities of the program to which they are assigned. Some projects can influence policy. For example, one fellow analyzed a law banning travel and immigration of HIV-positive individuals to the US and calculated that the benefits did not outweigh the costs, information which contributed to the repeal of the law. Fellows are expected to complete at least two papers for publication in addition to training and service requirements. At the end of the two years, it is common for fellows to obtain a position at the CDC as full-time employees. The PE fellowship accepts non-US citizens as well as US citizens; the CDC helps non-citizens to obtain visas. For more information or to apply for the fellowship, go to http://www.cdc.gov/pef. In addition, CDC's National Center for Health Statistics has a separate Postdoctoral Research Program; see http://www.cdc.gov/nchs/about/postdoc.htm.

More information about health economics careers at the CDC and profiles of selected CDC health economists as of 2006 can be found at http://www.cdc.gov/about/opportunities/careers/healthEconom.htm, with additional information about economics research at CDC's National Institute of Occupation Safety and Health found at http://www.cdc.gov/niosh/programs/econ/ ◆



Scott Grosse
Centers for Disease Control and Prevention

Symposium on Careers in Health Economics Part 1: Beyond Academia

Health Economists in Think Tanks - *Stephen Zuckerman*

Health economists who work at think tanks will find themselves engaged in analysis of policy-oriented issues that would be likely to include health insurance coverage, access to care and utilization, provider payments and markets, and quality of care. In reality, any topic that academic health economists may work on could be a topic for those of us working at think tanks. If there is one distinction worth making it would be that think tank research is much less likely to be solely theoretical. Instead, think tanks tend to focus on applied studies that have direct policy relevance and that often rely on data and statistical analyses.

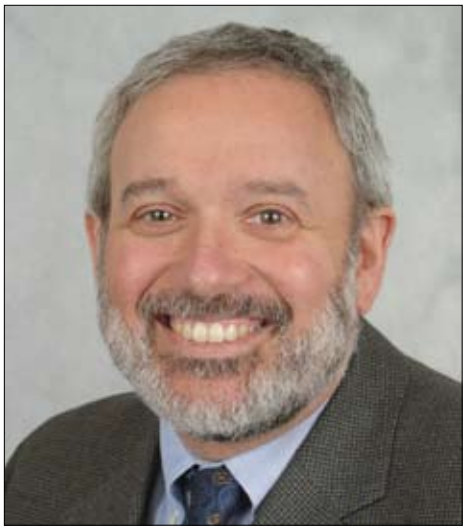
The work environment at a think tank is very much like an academic research center without the students and the teaching. Economists will often find themselves in interdisciplinary settings working with political scientists, sociologists, physicians, public health experts, and lawyers. In this sense, the colleagues you have at think tanks are more like those you would have at public health or public policy schools and less like a traditional economics department.

Not all think tanks are the same. Some think tanks have a clearly defined political leaning and this may influence their research topics and their findings. For example, The Heritage Foundation has a distinctly conservative point of view, while the Center for Budget and Policy Priorities will lean more to the left. The think tank at which I work, The Urban Institute, strives for non-partisan, objective research, a challenging standard when we are working in the increasingly politically polarized world of Washington, DC. The Urban Institute is probably closer to The Brookings Institution, The Rand Corporation and organizations that focus more heavily on contract research, e.g., Mathematica Policy Research and RTI, than it is to the more ideologically driven think tanks.

The Urban Institute and other organizations like it rely on foundations and the government for support. In this predominantly soft-money environment, senior researchers are responsible for fund-raising for themselves and junior members of the research staff. Think tanks generally provide funding to give staff time to work on proposals. Individual projects may be researcher initiated or come out of a response to a request for proposals (RFPs). Some researcher-initiated projects emerge from general announcements about funder interest in a research area. These announcements may come from places such as the Robert Wood Johnson Foundation or the NIH. Other projects evolve from very specific RFPs. These tend to be more heavily government oriented, but don't always have to be. For example, Urban Institute health economists led evaluations of Medicaid waiver programs in response to a government RFP and developed policy options that were incorporated into the 2006 Massachusetts health reform in response to a foundation RFP.

The types of projects we undertake can fall into three broad categories. First, projects may provide basic information on, say, trends in insurance coverage or Medicaid spending or the types of policies that states are adopting. These tend to be descriptive in nature. Second, some projects may develop and analyze policy options that address specific problems. For example, a recent study used micro-simulation modeling to consider how alternative approaches to the level of subsidies offered through health care reform bills might affect the financial burden associated with coverage mandates. Finally, we conduct studies that use existing and special surveys to evaluate the impacts of a range of different policies. These quasi-experimental designs have evaluated, among other topics, the impact of expansions in eligibility for public coverage, the adoption of managed care, insurance market reforms, and provider payment reforms.

As a health economist at a think tank, you can expect to present papers at national conferences and submit articles based on your research to peer-reviewed journals. Getting these articles published can affect your career advancement, although think tanks are not "publish or perish" environments. Given the applied nature of the research, articles are more likely to be placed in journals such as Health Services Research (HSR), Medical Care, or Health Affairs than in mainstream economics journals. However, not all policy-focused research can wait to go through the peer-review process before it is released. Some research is time-sensitive and, as such, could get released on your think tank's website or one sponsored by your funder. Although these articles would still be subject to review, the process would not be as rigorous or time consuming as that experienced through peer review.



Stephen Zuckerman
The Urban Institute

One reason that articles sometimes need to get released quickly is that think tanks serve an important role in educating policy makers and the public. As part of this education process, think tank researchers are sometimes asked to testify before Congress and to brief members of the executive branch, but only after building a strong national reputation on specific issues. In addition, think tank public affairs departments often connect members of the media working on a story with researchers who have expertise in the relevant topics.

Health economists who are looking for alternatives to academia and who have a strong interest in applied research and a willingness to work in a soft-money environment, can have a long and successful career in the world of think tanks. ◆

Having a Real Impact: A Health Economist in Industry

Amber Batata

Most students, I imagine, begin their PhD training expecting to become academics enjoying the freedom to pursue research of their own choosing that few other careers offer. How ever many of us held that expectation at the start, at least some of us contemplate alternative careers by the end because, for whatever reason, we aren't well-suited to a purely academic career. I'm one of those. Despite a love of research, and broad interest in health economics and health care reform, I realized I wouldn't be happy in a purely academic post, not least because I felt I lacked enough real-world experience to develop a robust research agenda that would have a meaningful impact. I suffered from a deficit of ideas. So instead I found my way into the pharmaceutical industry working in Pfizer's policy division in a small economics unit that funds economics research with an industry focus. At the time, it was an ideal job to transition from a full-time academic research position to an industry job with a focus on developing and funding research as long as it related in some way to the industry. Examples ranged from methodological limitations in health technology assessment (HTA) and implications for optimal HTA implementation; to the impact of health insurance benefit design on patient behavior and outcomes; or estimating the value of new innovations in medical care. Acting as a bridge between academic and corporate worlds, it was a position that exposed me to the industry perspective, without completely losing touch with the academic one.

Even so, policy divisions within pharma are several steps removed from the core business: R&D decisions and market access. If you really want to understand pharma, working with product teams (in-line or pipeline) is the best way to do it. And global companies like Pfizer offer a wealth of opportunities to pursue career alternatives. After 3 years in policy and some intensive lobbying on my part, I eventually won approval for a secondment to work with the Pricing & Reimbursement (P&R) team in Pfizer's French office. It was a wonderful opportunity to learn how direct government negotiation on pharmaceutical prices/access works, and ultimately facilitated my move to one of Pfizer's Market Access teams supporting Alzheimer's candidates. Product support is far more operational, with concrete deadlines and clear lines of responsibility, but it is also far more educational. If you want to learn how a pharmaceutical company brings a drug to market and what factors influence their decisions (whether to move a candidate forward, how to design a clinical trial, how they set prices and how these decisions are affected by the external environment), this is the way to do it. P&R is an obvious option for an economist, as is outcomes research (OR), but given a few years' experience, other options will present themselves as well (such as a market access leader for a pipeline product developing the strategic plan to secure payer access across all markets; working in different therapeutic areas such as cancer, pain or Alzheimer's; or working in different countries). Many people transition into new roles after 2-4 years in a post.

Amber Batata
Primary Care Business Unit, Market Access team
Pfizer Inc.

If you consider an industry position, think about the following:

Company: Small companies are leaner and can be more immediately challenging/rewarding, but large companies with a global reach have extensive internal labor markets that facilitate career transitions/development over time.

Manager: Unlike academia, management matters a lot in the private sector, perhaps more so than the perfect job function. Don't shy away from asking about management style, team cohesion and career development opportunities and philosophy during your interviews. (And of course, if you want a research-oriented position, the training of your manager matters. PhDs are a much stronger, albeit imperfect, signal of quality control than a Master's.)

What: If you love research, the policy division or market analytics teams conduct data analyses that support products, account managers (for health plans or employers) or lobbying activities and may be the most directly similar to what you know. But they lack independence (topics are limited and ultimately you are expected to support the arguments senior management want to make), and they're also several steps removed from the core business function. The best learning opportunities are in the business units supporting products (especially pipeline if you want to understand R&D decision-making) – Pfizer's Market Access teams are a great starting point in that respect.

Industry may not be for everyone, and it doesn't have to be forever. But it's a great way to study how economic theory is put into practice, when it isn't and why. And by the way, it also cured my ideas problem – I have new research ideas every week (even if I don't have time to pursue them). It's a nice side effect of working in a challenging job where you learn every day. ◆

Health Economists: Who Are We? And Why Are We Here?

Continued from page 1

before 1995 but 27.3% among those who received their doctorates after 1995. Respondents indicated that their employers find such training acceptable in new hires; this is especially true for respondents employed in schools of public health and medicine, the private sector, or government.

Formal training in health economics is not a prerequisite for entry into the field. Two-thirds of respondents (all types of doctorates combined) said that their graduate program lacked a formal sequence in health economics.

Health economists are employed in a wide variety of academic units. Among those in the academy, 26% were in a school of public health, 18% in a school of medicine, 17% in Arts and Sciences and 16% in a business school (in total, 24% were in an economics department, which could be in Arts and Sciences or Business), and 6% were employed in a school or department of public policy.

The median respondent worked 50 hours per week on professional activities, but this varies substantially by employer: those in the academy and the private sector report working longer hours than those in government.

Respondents were asked about their subspecialties within health economics, and could indicate more than one. Four subspecialties – health behaviors, health policy, health insurance and outcomes research – are each practiced by roughly half the sample. A third of the sample reported studying health care IO.

We asked a series of questions regarding satisfaction with the peer-review processes that allocate resources and recognition. Happily, far more health economists expressed satisfaction than dissatisfaction with these processes, which included review of papers for inclusion in conferences, review of papers for health economics journals, and grant review by foundations and government.

Another happy result is that over 85% of respondents were satisfied with their current employment, and only 21% thought there was a greater than 50% chance that they would be employed elsewhere within three years.

Our field is constantly evolving, so we plan to survey the field again in the next few years, focusing on the membership of ASHEcon. In the short term, we also plan to conduct a brief survey of ASHEcon members this Spring, and to disseminate the results at the ASHEcon conference at Cornell this June. We welcome suggestions of survey questions; please email them to us at: johncawley@cornell.edu and morrisey@uab.edu ◆

Cawley, J. and Morrisey, M.A., "The Earnings of U.S. Health Economists" Journal of Health Economics 26(2):358-372 (March 2007).

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Data Watch: Census Research Data Centers

Kristin McCue & Alice Zawacki

The Census Bureau has nine Research Data Centers (RDCs) located across the country to provide access to restricted-use data to researchers with approved projects. Partnerships with the Agency for Healthcare Research and Quality (AHRQ) and the National Centers for Health Statistics (NCHS) allow access to some of their data at the RDCs as well, greatly expanding the health data available through the RDCs. We provide basic information about the health data available and links to sites with more detailed information.

Researchers at an RDC have direct access to restricted-use data for their analysis, but can only remove estimates that have been reviewed to ensure they pose no risk to respondent confidentiality. Restricted-use data include both internal versions of public use files and data with no public-use equivalent. To protect confidentiality, public-use files often suppress some information (e.g. geographic detail) or include only a subset of respondents. One common use of internal files is linking in external data using detailed geographic codes. Data on employers, insurers or health providers may not be available in public use files because the size distribution of firms makes it impossible to provide useful data while protecting confidentiality.

Data available through the RDCs include internal versions of several household surveys that collect data on health insurance coverage. These surveys include the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), and the American Community Survey (ACS). These surveys can also be linked to data on earnings and work history from Census's Longitudinal Employer-Household Dynamics program. The CPS and SIPP also ask about health status, while SIPP has at times asked about medical expenses, utilization of health care services, child height and weight. Census

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Dear ASHEly,

I'm a freshly-minted PhD and I'm currently entertaining more than one job offer. I'm finding it difficult to decide which to take: each job has aspects I like and others I do not. What do I do???

The Curse of Choice

Dear Curse,
First of all, congratulations are in order. You've done well and you should be proud. Many people I know (myself included) would love to have your "problem". While it's difficult for me to sit here and tell you what to do, I will nonetheless do so. First, a little reminder of your economics training: if a decision you're facing is really a difficult one – I mean, really, really tough – it probably means the options lie on the same indifference curve and therefore you should just flip a coin and be done with it. You might find my cold, calculating logic repellent, but trust me I wouldn't be doing this job if I wasn't always right. However, in case you haven't fully considered all the aspects of each job, I will just remind you of a few of the biases of this column. First, think of yourself first: which job offers the greatest opportunity for you to achieve things that are externally rewarded – that is, lower teaching loads? Which environment has the greatest track record for creating independent scholars versus anonymous cogs in someone else's machine? Second, there is no second.

Dear ASHEly,
I'm in the final stages of accepting a job offer that I'm generally quite pleased with. However, I feel so grateful to have a job in this market that I feel a little weird asking for other items in the negotiating process.

Negotiating with Myself

Dear Negotiating,
I get this one a lot. What you need to remember is that for 99% of people, you'll never be as exciting to a prospective employer as you are right now. Why?

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Comments from the Executive Director

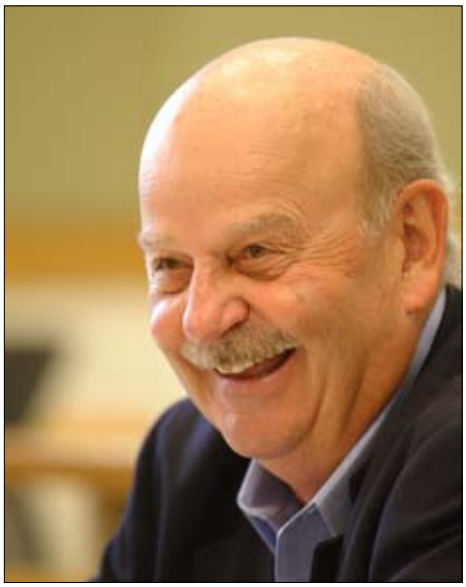
If you read the notes from President Mike Grossman you know that many exciting things are happening with respect to ASHEcon. I will only repeat a couple of Mike's points and then go to the important upcoming conference.

First, the Board unanimously approved seeking a contract from the National Tax Association to operate ASHEcon. Fred Giertz, their Executive Director, is working on a contract that will be reviewed by the ASHEcon Executive Committee prior to approval. If a satisfactory contract is forthcoming ASHEcon will have a presence in Washington, which I think raises some opportunities worth considering in the future. However, we have enough on our platter at the present time.

Second, ASHEcon is now established as a charitable corporation in Illinois and has received 501c3 tax exempt status from the IRS.

Third, and I seek your assistance here, ASHEcon needs a new logo because ASHE is used by the Society of Hispanic Economists (and they had it first). If any of you are artsy, give it a go and we will see what comes up. Otherwise we are contemplating running an internet competition. We would like the logo such that we continue to think of the organization as "ash" but the logo distinguishes us from the other ASHE.

Fourth, planning for the Third Biennial Conference at Cornell has been under way for a number of years and is now coming to a head. Under the direction of Program Chair and President Elect Randy Ellis and Local Committee Chair Will White, two excellent speakers have been lined up for the plenary sessions. The Scientific Committee is completing its work and we are in the process of selecting papers for oral and poster presentation. This is a 'good news/bad news' scenario. The good news is that you submitted 850 abstracts in organized sessions and individually. The bad news is that we are now going through the difficult task of determining where to draw the line between oral and poster presentations, and where to eliminate some



Dick Arnould
University of Illinois Urbana- Champaign

if necessary. The committee is diligently working to accommodate as many as possible in one of these two formats.
Plans for all other aspects of the conference are moving forward smoothly. Do remember that the opening plenary and reception will be late afternoon Sunday. The second plenary will be late afternoon Tuesday followed by dinner. The Presidential Address is scheduled for the lunch period on Monday and the ASHEcon business meeting will be the same time of Tuesday. Thus, a full schedule of activities is planned.

Please make sure you have registered for the conference and secured a hotel or campus townhouse for lodging, if you have not done so already.

Finally, I want to second Mike's comment about notifying me if you have leads on some individual or organization that I might contact to be a conference sponsor. Sponsorship funds are much needed as we 'go on our own' at the end of 2010.

My last point is that plans are under way to generate some donations from members and other organizations to provide funds needed for our early years of operation as an independent organization. You will be receiving information about this after the conference. See you in Ithaca.

Regards, ***Dick Arnould***

Data Watch
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business data may also be of interest to health researchers. For example, the Census of Services collects information from doctors and dentists offices, including sources of revenues and the occupational mix of employees.

Restricted-use data from AHRQ's Medical Expenditure Panel Survey household, nursing home, and medical provider components are also available as are the linked household/insurance component data. Interested researchers should consult www.meps.ahrq.gov/mepsweb/data_stats/onsite_datacenter.jsp. These files include measures such as marginal tax rates, detailed diagnostic codes, and geographic detail. AHRQ's insurance component, which collects information from employers about health insurance offerings, is also available but proposals to use it are submitted through the Census Bureau.

NCHS datasets available at the RDCs include the National Health Interview Survey, the National Health and Nutrition Examination Survey, and the National Vital Statistics System. Restricted-use versions of these data include additional information on the nature and time of health events in addition to exact age, and more detailed geography. See www.cdc.gov/rdc for more information on the proposal process and additional datasets.

The Census Bureau currently has RDCs in Boston, Berkeley, Los Angeles, Suitland MD (near Washington DC), Chicago, Ann Arbor, New York City, Cornell, and Durham. New centers are scheduled to open in 2010 in Stanford CA and Minneapolis and discussions are underway for additional locations. More detail on available data, contacts, and procedures is available at www.ces.census.gov. ◆

Kristin McCue and Alice Zawacki
U.S. Census Bureau

Dear ASHEly,

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Because you represent the inexplicable promise of what might be. For most, what you become will never quite match the transcendent vision of what you might become. Such is life. Nevertheless, you owe it to yourself to ask for anything and everything you might possibly need/want/desire/covet. If you get everything you ask for, you simply haven't asked for enough. I can assure you that your department chair will never again give you anything you want ever again (unless you really want a 1% raise, more committee assignments, and few new preps). Now is your one and only chance to ask until it hurts. Your would-be employer expects it. So say yes to higher salary, a lower teaching load, more research dollars, more RAs/TAs, relocation money, more computers, a bigger office, and anything else that strikes your fancy. You won't get everything, but I guarantee you'll get something. ◆

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- **A discussion board** for faculty and students, for example, to pair up abstracts for creating session proposals (similar to Econharmony http://www.aeaweb.org/econ-harmony/).

We have seeded the website with some initial material (thanks to all those who sent in items). But the success of this site will be entirely driven by the material you add to it, so please consider making a contribution and help grow this shared resource! ◆

Susan Ettner and Kosali Simon