

2024 Annual Research Meeting (ARM) Conference Themes

The 2024 ARM is organized around the following 21 themes in health services research and policy:

AGING AND END-OF-LIFE

This theme encourages abstract submissions regarding health services and policy research impacting older adults and families using a broad, life-course perspective. Submissions can include new methods and data resources (or gaps in methods or data), the role of retirement/estate planning, health behaviors, health care, long-term care, and families in shaping quality of life for older adults, and the disparities in later life outcomes. This theme is also interested in the factors that contribute to reliance in later life. In addition, this theme also welcomes submissions on the intersection of COVID-19 and the issues below.

- Innovative strategies to improve access, quality, and coordination of services and/or reduce disparities within and across care settings (e.g., post-acute, long-term care, hospice), especially for people with marginalized identities (e.g. racial/ethnic minorities, sexual gender minorities, etc.)
- Alternative service delivery and payment models in long-term services and supports (LTSS) across the care spectrum
- Promoting patient- and family-centered care across the lifespan, including patient self-determination, advance care planning, chronic disease treatments and management (e.g., pharmacological interventions, drugs related to treatment for Alzheimer's Disease and Its' Related Dementias [ADRD]) and caregiver support
- Addressing discrimination (interpersonal, social and structural) by incorporating patient and caregiver preferences and needs in the design of health systems, services, and technology applications
- The roles of structural factors (historical, legal, political, and social structures that support and maintain inequities especially for individuals with complex care needs and increasing medical debt and care-related costs
- Innovative strategies that promote healthy aging (physical health, mental health, cognitive function)
- Optimizing function and quality of life for people with long-term disabilities and/or degenerative diseases

CHILD AND FAMILY HEALTH

This theme encourages abstract submissions regarding health services and policy research impacting children and families using a broad, life-course perspective. Submissions can include new methods and data resources (or gaps in methods or data), the role of pregnancy and perinatal health, family context, and the dynamics of transitions from childhood to adolescence to young adulthood in shaping health and well-being of children and families. This theme also welcomes submissions on the intersection of COVID-19 and the issues below, notably related to the impact of the pandemic on child and adolescent access to education and the impact on mental health.

- Health care innovations (including methods, data sources, and care delivery) reducing inequities for vulnerable children and families (e.g., children or adolescents with special health care needs, those diagnosed with chronic diseases, those affected by structural racism, immigrant children and families, low-income families, those affected by climate change)
- Identification and inclusion of risk and protective factors, and policy and prevention strategies to eliminate child disparities and maltreatment, and improve child and family health care delivery and/or health outcomes
- Advances in the measurement of pediatric and adolescent health care access, quality, safety, and costs, including transitions in care and impact on the life course
- Preventive health services (e.g. immunizations, oral health, screenings – developmental, autism, social drivers of health, violence, mental health) and their access, quality, coverage, utilization, and unmet needs

- Integration or evaluation of developmental, community-based, and social services impacting the health and well-being of children and families
- Addressing the needs of LGBTQ+ children and youth, including access and policy related services such as gender-affirming care, experiences of discrimination, violence, abuse, and other pertinent research questions

DIGITAL TECHNOLOGIES, DATA, AND ANALYTICS

This theme welcomes submissions that address a wide range of digital technologies including clinical informatics (e.g., EHRs, remote monitoring), use of telehealth, consumer-oriented technologies such as wearables, administrative systems (e.g., insurance, scheduling), public health informatics (e.g., vaccination registries), artificial intelligence (including machine learning, deep learning, and natural language processing), generative AI, ethical and responsible AI, implementation of digital technologies, and ancillary systems (e.g., pharmacy, radiology), and encourages work that examines and promotes health equity.

- Positive and negative impacts of digital technology use on health outcomes, health care access, and health care experiences of patients, caregivers, clinical teams, clinical systems, populations with particular emphasis on artificial intelligence and machine learning methods
- Generating timely and accurate real-world evidence to directly inform healthcare systems, healthcare providers and to respond to public health emergencies (e.g., infectious diseases, wildfires, hurricanes, and others)
- Factors instrumental in digital technology adoption, implementation, interoperability, and value-creation and their role in ameliorating/worsening health inequities
- Emerging digital technologies and data sources, including patient-generated health data and analytic methods
- Progress in the governance, ethical, legal, and regulatory/policy issues surrounding digital technologies including artificial intelligence, and machine learning and their impact on promoting health equity

DISSEMINATION, IMPLEMENTATION, AND IMPACT

- This theme encourages abstract submissions that address one or more of its three dimensions, dissemination, implementation, and impact, including submissions on advances in methods and measures for assessing and evaluating implementation, including economic evaluation. Innovative approaches to counter misinformation in health (e.g. vaccinations)
- Deimplementation strategies – those used to reduce use of non-evidence based interventions
- Approaches for partnering with and methods for measuring the implementation and impact of patient, community, and stakeholder engagement/involvement with research teams with a particular interest in strategies to facilitate partnership with historically excluded populations
- Implementation and impact of adapting effective in-person interventions to web-based/mobile application delivery
- Methods for assessing the impact of specific implementation strategies on health equity, as well as evidence from evaluations of those strategies
- Strategies and approaches for sustaining effective evidence-based programs and interventions
- Innovative approaches and strategies for designing communications, implementing interventions, and disseminating results, particularly those that include stakeholder perspectives and/or a focus on health and digital literacy

GLOBAL HEALTH RESEARCH

This theme encourages abstract submissions from studies conducted in all countries including low, middle, and high-income. Submissions may include single or multi-country studies.

- Political, organizational, and technical initiatives to address social determinants of health in the global context, including initiatives centering on systems of oppression
- Implementation science, health systems research, economic evaluation, social science analyses,

feasibility, proof of concept, or scale-up studies, and mixed methods research conducted in resource-constrained settings in the US or globally

- Multi-country studies that consider resiliency and sustainability; and evaluate cost, quality, access, outcomes, or policy across health systems
- Studies presenting strategies and lessons learned on building meaningful partnerships with stakeholders, agencies, and community members across public/private sectors
- Global phenomena—including climate change, economic crises, migration, conflict/violence, social movements/uprisings, and pandemics—and their effects on health, health care delivery, health equity, and/or health disparities

HEALTH WORKFORCE

This theme encourages submissions on health workforce related research, including studies on health professions practice, policy, and the educational pipeline, among others.

- Health workforce diversity, representation, inclusion, and equity, including the impacts of the Supreme Court ruling that banned affirmative action
- Insights into factors linked to recruitment and retention challenges within healthcare settings in different geographies (e.g., supply/demand imbalances; generational differences in workplace values), as well as strategies used to address these issues (e.g., innovations in workforce development; worker resilience)
- The role of technology and artificial intelligence in addressing healthcare workforce challenges, enhancing care delivery, quality and access (e.g., telehealth), as well as the potential new challenges that may arise
- Innovations in health workforce projection modeling: capturing key workforce dynamics of supply and demand, breaking out of profession-specific silos, and making the models more useful and informative for policymakers
- Measuring impacts of public policies, as well as regulatory and practice environments on deployment and roles of the health workforce (e.g., workforce innovations, scope of practice, team-based care, staffing reconfigurations).
- Insights into the barriers, facilitators, and the impact of integrating social care into health care delivery and care coordination within the health workforce

IMPROVING SAFETY, QUALITY AND VALUE

- Studies focused on building effective, equitable, and sustainable improvement capacities within health and health care systems
- Studies focused on identifying effective, equitable, and sustainable strategies for applying improvement and learning methods in health and health care. These can include novel applications of methods including The Model for Improvement, Lean Six Sigma and Quality Management Systems
- Studies focused on novel policy and delivery approaches to improve and make equitable the quality, safety, or value of care. These can include policies, payment strategies, care delivery models at the federal, state, local, and institutional levels
- Research on increasing patient, community, and key stakeholder partnerships and engagement in improving quality, safety and/or value. Including approaches to addressing diversity and inclusion in all stages of research
- Studies describing interventions, delivery models, or policies that address the impacts of systemic disenfranchisement and discrimination on the safety, quality, or value of health care. These can focus on disparities related to race/ethnicity, gender and gender identity, sexual orientation, disability status, and age, among others

INDIVIDUALS LIVING WITH DISABILITY OR OTHER COMPLEX CONDITIONS

- Identifying and defining vulnerable individuals and populations living with disability or other complex health conditions, integrating existing and novel data sources with whole-person centered approach
- Using data to identify disparities in whole-person centered outcomes including access, utilization, and health-related outcomes in populations living with disability or other complex conditions
- Understanding the effects of interventions or programs or system-level factors on access, quality, whole-person centered outcomes, and costs of care for populations living with disability or other complex conditions
- Understanding the intersection of complex social, behavioral, mental health and medical care needs across the life course, across health and human services, or across health care settings
- Measuring and improving care quality, outcomes, value, and access to care for populations living with disability or other complex conditions through clinical innovations or innovations in financing or payment of care delivery
- Understanding interventions and strategies that have positive or negative effects on engagement, care quality, access, and whole-person centered outcomes for populations living with disability or other complex conditions

MEASURING SAFETY, QUALITY AND VALUE

This theme welcomes submissions utilizing quantitative, qualitative, and mixed methods to measure safety, quality, value, and equity of health services or outcomes with the focus of studies on aspects of the measures themselves.

- Measures for value-based care models including population health, community health, and family and patient-reported outcomes
- Community driven measures and methods for identifying and acting on structural racism in healthcare at the interpersonal, organizational, or system level
- New data, approaches, and tools to measure safety, quality, value, and equity of health services or outcomes, including digital health (e.g., telehealth, mobile health, etc.)
- Research highlighting deficiencies and challenges in measurement of safety, quality, value, and equity of health services or outcomes, including unintended consequences
- New measures and measurement challenges related to understanding the COVID-19 pandemic and impact on the healthcare system

MEDICAID, COVERAGE, AND ACCESS

- Medicaid policies impacts on coverage, access, spending, outcomes, and inequality
- The impacts of social determinants of Medicaid coverage, spending, and health outcomes
- Data and methodological advances in Medicaid policy research
- The interactions between public (e.g., Medicaid) and private (e.g., marketplace) health insurance coverage
- The effects of coverage on health and non-health outcomes
- Analyses of trends in the design of health insurance plans (e.g., physician networks and participation, benefits, premiums)

MEDICARE

- Comparison of Medicare Advantage (MA) to Traditional Fee-for-Service Medicare (TM) on: coverage, access to care including new and innovative technologies and services, quality, outcomes, beneficiary costs, and special populations
- Value-based and Alternative Payment Models (e.g., ACOs, bundled payments, other CMMI models) within TM: impact on coverage, access, quality, outcomes, program solvency and beneficiary costs, health equity, and special populations

- Health equity and care of special populations of interest: dually enrolled Medicare-Medicaid beneficiaries, beneficiaries with disability entitlement, -beneficiaries residing in rural areas, racial and ethnic minority beneficiaries, sexual and gender minority beneficiaries
- Evaluating Medicare program solvency, methods to improve risk adjustment and opportunities to lower spending for Medicare and beneficiaries (including novel care delivery and advances in machine learning and AI-influenced models)

MENTAL HEALTH AND SUBSTANCE USE

This theme welcomes submissions on the exploration and analysis of inequities in mental health and/or substance use outcomes and care and the intersection of equity with the issues below. Submissions that explore these themes as they relate to persons with lived experience (e.g., persons in recovery, peer navigators, community health advocates) are of high priority.

- Considering challenges and/or promising evidence-based innovations for engaging and supporting populations facing greater disparities in mental health and substance use access and outcomes, including, but not limited to, pregnant/postpartum women, communities of color, LGBTQ+ populations, refugees, asylum seekers, and survivors of forced displacement, persons experiencing homelessness, formerly incarcerated people (returning citizens), caregivers, human trafficking survivors, veterans, persons experiencing trauma/chronic health conditions/special health care needs
- The effects of COVID-19 on mental health and/or substance use, including the rise in overdose, the influence of pandemic conditions (e.g., isolation, social distancing) on outcomes, and factors that may buffer adverse outcomes
- Evaluating the implementation and effects of telehealth and virtual care delivery for mental health and substance use services across the lifespan, including (but not limited to) its impact on low socioeconomic status and/or rural populations
- Structural, institutional, cultural, and individual factors contributing to the under-utilization of evidence-based mental health and substance use treatments
- Evaluating the implementation and effects of policy and financing changes on health services utilization, cost, outcomes, and equity among people with mental health and substance use disorders across the lifespan
- Development, testing, and implementation of mental health and substance use services and innovations (especially those addressing the prevention of suicide, overdose, and violence) to improve access, quality, and equity of care for diverse populations

METHODS RESEARCH

- Methods for measuring structural inequities that impact health/healthcare (e.g., structural racism, sexism, ageism, classism, ableism, xenophobia, etc.) and for examining the linkages between structural inequities and access/outcomes
- Artificial intelligence (AI), precision medicine, predictive analytics/modeling, machine learning, deep learning, generative AI, natural language processing, and social network analysis, including ethical considerations arising from using these methods (e.g., racially biased algorithms that use race as a predictor of health/healthcare, testing and validation (internal and external) of model performance including interpretability and/or explainability, operational considerations that impact the quality of patient care when failing to validate and/or update algorithms developed on different patient populations or during time periods well beyond the current delivery of care, etc.)
- Development/refinement of novel statistical methods (e.g., machine-learning methods) to make causal inference with potential consideration of heterogeneity, and also to use those methods to assess health inequities and changes in health inequities
- Methods for adapting and scaling up innovations toward complex settings, including measuring and conceptualizing access to care in the context of multi-level policies
- Qualitative, quantitative, and mixed-methods approaches, including advanced mixed methods in implementation, dissemination, and evaluation research, through patient/stakeholder engagement or collaborative partnerships
- Novel community-led research approaches to set, prioritize, implement, or examine existing

health policies

- Real-world evidence using compilation, linkage, and analysis of structured and unstructured health data (e.g., claims, electronic health records, laboratory, survey, genomics, imaging, digital apps, patient registries, informatics tools, pragmatic clinical trials, etc.), including linkage of health data to non-health data (e.g., social media use, climate patterns)

ORGANIZATIONAL BEHAVIOR AND MANAGEMENT

- Organizational and management factors influencing health care quality, cost, equity, and patient experience, and other contemporary issues such as enhanced consumerism
- Team functioning and coordination within and across health care teams, including leadership responses during a crisis
- Management approaches to implementing and evaluating change within organizations, including new care models (structures and processes), cross-sector efforts, networks, and digital technologies
- Strategies to enhance health care professionals' well-being, reduce their burnout and disengagement, and support them during crisis
- Impact of changing relationships among health care organizations, including mergers, acquisitions, closures, and partnerships
- Organizational learning, climate, and culture, especially with respect to equity, inclusion, belonging, and anti-racism

PATIENT AND CONSUMER PREFERENCES AND NEEDS

- Strategies for engaging and supporting patients, their caregivers, and their communities in the design, delivery, and improvement of health care
- Development and communication of patient-centered measures of provider, health system, health plan quality and cost, and the effects of these measures on consumer decision-making
- Relationships between health insurance features (e.g., benefit design, network breadth and quality, customer service), health plan choice, and utilization of services
- Influence of behavioral and psychological factors (e.g., framing of information, cognitive biases, heuristics) on consumer decision-making about health care and efforts to encourage patient decision-making consistent with **needs** and high-value care (e.g. behavioral economic approaches, shared decision making)
- Impact of consumer preferences on trends in practice and health system changes (e.g., health system and clinic price transparency, digital health innovations, care delivery modality)
- Understanding the influence of social determinants on patient and caregiver needs and health care decisions (e.g., past experiences of discrimination in health care settings)
- Meeting the needs of patients from structurally and socially marginalized groups (i.e. LGBTQ+, BIPOC, non-Native English speaking, etc. populations)

PATIENT-CENTERED, -PARTNERED, OR -LED RESEARCH

- Share evidence on stakeholder engagement strategies, including establishing stakeholder partnerships early in the research process, to engage diverse populations that experience health disparities in patient-centered outcomes research (PCOR)
- Share exemplary evidence of patient, caregiver, and community-led research partnerships that have led to sustainable efforts and supported the use of real-world evidence and data in practice and in advancing health equity
- Development of novel PCOR/CER methodology and measurements to demonstrate improvement in clinical and patient-centered outcomes in diverse patient populations
- Design and testing of patient-centered interventions and clinical trials that include enrollment of diverse sub-populations with an emphasis on outcomes that matter to patients and their caregivers
- Develop research directions and strategies for the dissemination and adoption of evidence into healthcare systems, and examine the impact on policy, payment models and value-based quality

measures

- Advance effective and patient centered innovative strategies for communicating real-world evidence and health data to support shared decision-making

PAYMENT AND DELIVERY SYSTEMS INNOVATIONS

- Impact of payment and delivery reforms on health equity, including impact on safety-net delivery organizations and populations with complex physical, behavioral health, or social needs
- Population-based payment and delivery models focused on specialty care as well as those that aim to improve integration of primary and specialty care
- Implementation support and glidepaths for adoption of value-based payment or delivery models by different participant types, especially primary care and independent medical groups
- Impact of payment and delivery reforms on health outcomes, quality, and value, particularly among Medicare Advantage and commercial populations
- Payment and delivery models that bring care to patients in their homes, including acute care, telehealth, and virtual care, and their effectiveness in reducing avoidable healthcare utilization or improving care for people with complex physical, behavioral health, or social needs.
- Use and impact of value-based payment or delivery models on access and outcomes among Medicaid populations, including integration of behavioral health or social services

PUBLIC AND POPULATION HEALTH

- New evidence on what works to increase the health of populations, including multi-sector partnerships with public health organizations, public health laws and policies, and community level initiatives.
- System and policy innovations that promote the efficiency of public health agencies, transform the delivery of population health services by health systems, promote connections between public health agencies and health care providers and/or take a community-centered design or health in all policies approach. This includes but is not limited to: new workforce models, reorganization of governmental public health services, and cross-sector efforts to holistically address community well-being.
- Innovations and approaches for communication about public health, ways to address misinformation, address lack of trust of public health professionals, and improve stakeholder engagement.
- Ethical dimensions of resource allocation and public policy affecting community health regarding vulnerable populations and access to vaccines, therapeutics, facilities, etc. related to infectious disease spread, natural disasters, and other public health crises.
- Lessons learned/best practices regarding public health emergencies including ongoing systems changes post-COVID-19, racism, gun and gender violence, deaths of despair, trauma and exploitation, climate change, and wildfires. May also include preparedness/mitigation and resiliency topics.
- Innovative approaches to measuring the impact of public and population health interventions, including those that promote greater accountability to communities served by health systems and those that make the business case for community health (e.g., economic evaluations of evidence-based interventions to advance public health)

SOCIAL DETERMINANTS AND SOCIAL NEEDS

Research submitted under this theme should reflect efforts to understand or intervene on drivers of health, including upstream structural factors as well as individual-level social risk factors and needs. In particular, research on the following topics is requested:

- Assessments of health, health care utilization and cost-effectiveness of initiatives undertaken to improve community-level conditions and structural drivers of health, including but not limited to housing and food access, asset- and wealth-building and financial literacy, digital access and literacy, efforts to better align and coordinate social care systems, etc.

- Assessments of health, health care utilization and cost-effectiveness of interventions directed at patients and consumers of health and social services to address social needs or mitigate drivers of health, including but not limited to medically tailored meals, health literacy interventions, medical and non-medical transportation, interpretation etc.
- Efforts to improve social care provided in health care settings at patient and population levels, including efforts to increase social care activities offered through ACOs, value-based payment models, use of social data and technology, and integration of non-clinical services into clinical settings, such as medical-legal partnerships
- Research on exposure to violence (personal/domestic, family, community or political) as a social determinant of health and/or screening and intervening to address exposure to violence as a social need as well as the provision of trauma-informed care in health care and other systems.
- Efforts to understand the implementation and impacts of patient-level social risk screening in clinical settings, whether undertaken by payers or health care delivery organizations, and to increase patient/member and clinician acceptance of screening and referral pathways
- Studies on how social risk data affects risk clinical and/or payment prediction/adjustment, including studies that examine both positive and negative consequences of adding such data to calculations
- Efforts to understand the experience and social needs of immigrants, refugees and other newcomers and to evaluate the impacts of involvement with immigration systems as a social determinant of health

STRUCTURAL RACISM, DISPARITIES, AND EQUITY IN HEALTH

This theme welcomes interdisciplinary, quantitative, qualitative, and mixed methods research on the issues below.

- Interdisciplinary approaches to studying and addressing structural racism in health
- Share evidence of patient, patient advisory and community-led efforts to address structural racism
- Assessments of physical, behavioral, and social health care utilization, quality, and cost-effectiveness of initiatives to mitigate/counter structural racism and structural drivers of health
- Previously under- or un-investigated health and health care inequities that arise due to structural racism and discrimination. Of particular interest is the intersectionality of multiple factors with racism to impact health equity, such as age, sexual orientation, gender identity, geography, immigration status, nativity, religion, language, and disability status
- Policy, financing, and system change models aimed at eliminating structural racism in healthcare, behavioral health, and long-term care systems and evaluations of these models.
- Studies focused on understanding, addressing, and measuring disparities in access to and quality of care across diverse populations. Specifically, we are interested in evidence-based performance measures and initiatives around health equity with a focus on quality of care, clinical outcomes, and health care costs
- Best practices for addressing structural racism at the level of care delivery, including primary care, hospital, home care, pharmacy, and other clinical settings

WOMEN AND GENDER HEALTH

This theme encourages abstracts that address the full continuum of health care for women and individuals assigned female at birth (e.g., non-binary and genderqueer individuals and transgender men). The term 'women' encompasses all women, including transgender and cisgender women. This theme welcomes an intersectional approach to health that centers marginalized populations and prioritizes an equity lens across the lifespan.

- Preventive health services and chronic disease management for sex-specific conditions (e.g. those based on presence of reproductive organs and sex hormones) and conditions that disproportionately affect those assigned female at birth or women (e.g., cancer screening, HPV vaccination, cardiovascular disease, chronic pains, osteoporosis, anxiety/depression)

- Reproductive health and perinatal health (e.g., contraception, abortion, preconception care, pregnancy and childbirth, parental morbidity and mortality, congenital syphilis, breast/chestfeeding, fertility)
- Care and treatment, including gynecology care, for sex-specific conditions for cis- and transgender women and transgender men (e.g., gynecologic cancers, menopause, uterine fibroids, endometriosis, PCOS, PMDD, pelvic floor disorders, prostate exams for transgender women, gynecologic care for transgender men)
- Disparities/inequities and social determinants of health and related issues affecting the health of women and individuals assigned female at birth, (e.g., access to care, intimate partner violence, caregiving roles, social needs, stress, police violence, discrimination, HIV risk and diagnosis, PrEP access and utilization)
- Quality, delivery, and financing of gender and sex-specific health care for women and those assigned female at birth (e.g., evidence-based practices, comparative effectiveness, quality measures, safety bundles, shared decision making, care coordination, telehealth, cost-effectiveness, value-based payment, innovative care delivery models)
- Policies that affect care access, outcomes, and disparities with particular attention to pregnancy options counseling and abortion services and the impact of legal threats and responses to these policies (e.g., Dobbs, restrictions on contraception and abortion Title X funding, Affordable Care Act, Medicaid expansion, insurance coverage)