2025 Annual Research Meeting (ARM) Conference Themes

The 2025 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), and may focus on health behaviors, health care, long-term services and supports (LTSS), and families in shaping quality of life for older adults, and the inequities in later life outcomes. This theme is also interested in the intersection of COVID-19 and aging and end-of-life issues. This theme welcomes submissions on the following:

- Innovative strategies to improve access, quality, and coordination of services and/or increase equity within and across care settings (e.g., post-acute, long-term care, hospice) and payors, especially for people with marginalized identities (e.g. racial/ethnic minorities, sexual gender minorities, etc.)
- Evaluation of alternative service delivery and payment models in (LTSS) across the care spectrum
- Promoting patient- and family-centered care across the lifespan, including patient self-determination and dignity, advance care planning, chronic disease treatments and management (e.g., non-pharmacological and pharmacological interventions, drugs related to treatment for Alzheimer's Disease and Its Related Dementias [ADRD]) and caregiver support.
- Supporting care teams, inclusive of family and unpaid caregivers, the direct care workforce, and providers (e.g., clinicians, care coordinators) who coordinate and deliver LTSS and medical care across varying geographic proximities, technologies (e.g., patient-portals), and settings (e.g., traditional community, assisted living, nursing homes).
- Addressing discrimination (interpersonal, social and structural) by incorporating diverse patient and caregiver preferences and needs in the design, implementation, monitoring, and evaluation 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) and optimize 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 and community context across development, 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 delivery and policy innovations across systems (e.g., preventive, acute, chronic, and mental health care) aimed at addressing critical child and family health issues including reducing systemic inequities and improving access, integration, affordability, and quality of care for children and families made vulnerable by existing systems (e.g., LGBTQ+ children and youth, those with special health care needs or diagnosed with chronic diseases, those affected by structural racism, immigrant children and families, low-income families, those affected by climate change)
- Impact of policies and policy changes to improve child and family health and well-being (e.g., Child Income Tax Credit, WIC/SNAP, or Mental and Physical Health Equity in Coverage)

- Advances in health services research methods and data pertaining to pediatric and adolescent health care access, quality, safety, and costs; transitions in care and impact on the life course; evidence-based and patient-centered care; cost-inclusive evaluation; participatory research with children and families
- Preventive health services (e.g. immunizations, oral health, screenings – developmental, autism, social drivers of health, violence, mental health) and factors related to their access, quality, coverage, utilization, and unmet needs
- Integration or evaluation of innovations in health care delivery, social services, and community-based services that positively impact the health, well-being, and development of children and adolescents

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 behaviors, health care access, equitable health care quality and health outcomes. and health care experiences of patients, caregivers, clinical teams, clinical systems, populations with particular emphasis on artificial intelligence and machine learning methods
- Cost-inclusive evaluation of digital health technologies, including cost-effectiveness, economic impact on different stakeholders (e.g., patients, providers, payers, health systems), and cost implications for health equity
- 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, natural disasters, 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
- Frameworks that support patients, providers, health systems, and payers to make evidence- and equity-based decisions about whether to adopt and sustain use of digital technologies
- Progress in the governance, ethical, legal, and regulatory/policy issues surrounding digital technologies including data privacy, 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 related methods, measures, and theories/frameworks for assessing and evaluating implementation and dissemination, including economic evaluation. Innovative approaches to counter misinformation in health (e.g., vaccinations, treatments, and preventive measures) are also encouraged.

- Innovative approaches and strategies for designing communications, implementing interventions, and disseminating results, particularly those that address constituent perspectives
- Strategies and approaches for sustaining effective evidence-based programs and interventions
- Deimplementation strategies – those used to reduce use of non-evidence-based interventions
- Methods and interventions assessing the impact of specific implementation strategies on health equity, as well as evidence from evaluations of those strategies
- Approaches for partnering with and methods for measuring the implementation and impact of approaches related to patient, community, employee, and constituent engagement/involvement in 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, including those addressing digital literacy
- Strategies and approaches for implementing and/or sustaining programs involving team-based care/services.

GLOBAL HEALTH RESEARCH
This theme invites abstract submissions from studies conducted in countries of all income levels, including low, middle, and high-income nations. Submissions may include single or multi-country studies.
- Political, organizational, and technical initiatives to address structural and social determinants of health in the global context, including initiatives centering on systems of oppression
- Health policy research, health systems research, economic evaluation, social science analyses, feasibility, proof of concept, or scale-up studies, implementation science and mixed methods research conducted outside of the US or globally (e.g. multi-country), with particular interest in resource-constrained settings
- Multi-country studies evaluating resiliency, sustainability, cost, quality, access, outcomes, or policy across health systems (such as cross-EU or cross-OECD policy examinations)
- Strategies and lessons learned for building meaningful partnerships with stakeholders, agencies, or community members across public and private sectors
- Research on global phenomena—including climate change, economic crises, migration, conflict/violence, social movements/uprisings, supply chain issues, and pandemics—and their impact on health, health care delivery, health equity, and/or global health security
- Research on global health policy issues relevant to pressing US health services research / policy e.g. value-based care, reproductive justice & policy, pharmaceutical cost-effectiveness, etc.

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 in different geographies (e.g., supply/demand imbalances; generational differences in workplace values; the impact of employer policies and practices or organizational structures on workforce; public vs private sector), 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 health 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
- Impacts of the health workforce growth and distribution on public health, health care, and/or health outcomes

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
- Strategies for data collection, data use (such as AI applications) and data integration related to identifying, categorizing, and caring for 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 including telehealth, digital tools, and community-based supports, or system-level factors on access, quality, whole-person centered outcomes, and costs of care for populations living with disability
- Understanding the impact on life and health outcomes of intersecting social, behavioral, mental health, medical care needs, and caregiver supports across the life course.
- Measuring and improving care quality, outcomes, value, and access to care for populations living with disability through clinical innovations or innovations in financing or payment of care delivery
- Understanding the macro- and individual-level economic impact of living with disability, different disability services and supports, and disability policies.
- Infusing methods for authentic community engagement in research, outcome measurement, and policy and program design.

MEASURING SAFETY, QUALITY AND VALUE
This theme welcomes submissions focused on the measurement of safety, quality, value, and equity (SQVE) in medical care, population health, and management of health outcomes. Submissions that develop, adapt, evaluate, validate, compare, or critique SQVE measures in diverse settings and using empirical or theory-based approaches are requested.
- Novel data sources, methodological approaches, stakeholder perspectives, and evidence-informed instruments to improve the measurement of SQVE in the delivery of health care and management of health outcomes
- Using SQVE measures to compare the effectiveness of innovations spanning diverse health care services and settings
- Outcomes research highlighting patient, family, clinical, or societal perspectives with demonstrated value in health care decision making or policy development
- Contextual factors influencing the utility, magnitude or validity of SQVE measures, including policy changes, practical considerations, and cross-national differences
- Community-driven measures and methods for identifying and acting on structural racism in health care at the interpersonal, organizational, or system level
- Studies highlighting deficiencies and challenges in current approaches to measurement of SQVE in health services or outcomes research, including unintended consequences

- Studies evaluating the validity and reliability of measurement tools used in the assessment of SQVE, with a focus on ensuring measurement precision and consistency across diverse populations and settings

MEDICAID, COVERAGE, AND ACCESS
- Medicaid policy impacts on coverage, access, spending, health outcomes, non-health outcomes (e.g., poverty, food security), and inequality
- The impacts of social determinants on Medicaid coverage, spending, and health outcomes
- Data and methodological advances in Medicaid policy research
- The interactions between Medicaid and private (e.g., marketplace) health insurance coverage
- Analyses of trends in the design of health insurance plans (e.g., physician networks and participation, benefits, premiums)
- Qualitative accounts of Medicaid member experiences (e.g., patient satisfaction, issues of plan adequacy, quality of care)
- Innovative studies on the impacts of unwinding the COVID-19 public health emergency provisions in 2023 (e.g., ending continuous Medicaid enrollment)

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 in Medicare-Medicaid, with disability entitlement, residing in rural areas, racial and ethnic minority populations, sexual and gender minority populations
- 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., people who use drugs, persons in recovery, peer navigators, community health advocates) and vulnerable populations (e.g., pregnant/postpartum, people of color, rural, low socioeconomic status) are of high priority.
- Considering challenges and/or promising evidence-based innovations for engaging and supporting populations facing inequities in mental health and substance use access to care, quality of care, and/or health outcomes
- Examining the risk and protective factors associated with COVID-19 on mental health and/or substance use, including the rise in overdose and the influence of pandemic conditions (e.g., isolation, social distancing)
- Evaluating the implementation and effects of digital technologies and models, such as artificial intelligence, telehealth and virtual care delivery, for mental health and substance use services and access to care across the lifespan
- Understanding the structural, institutional, cultural, and individual factors contributing to the under-utilization of evidence-based mental health and substance use treatments and services
- 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
- Highlighting the development, testing, and implementation of mental health and substance use

services and innovations (especially related to suicide, overdose, and violence prevention) to improve access, quality, and equity of care for diverse populations
- Exploring the design, implementation, and efficacy of harm reduction services/policies, clinical programs, and other strategies to improve outcomes among people who use drugs.

METHODS RESEARCH
- Methods for measuring structural inequities that impact health/healthcare (e.g., structural racism, sexism, ageism, classism, ableism, colonization, xenophobia, etc.) and for examining the linkages between structural inequities and healthcare 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.).
- Qualitative, quantitative, and mixed methods approaches in implementation, dissemination, and evaluation research. Novel methodologies for causal inference, including consideration of heterogeneity. Advances in primary data collection and analysis methods. Effective use of mixed-methods frameworks to integrate findings and assess implementation and program effectiveness.
- Innovative methods for linking and analyzing structured and unstructured health data (e.g., claims, electronic health records, lab results, surveys, genomics, imaging, digital apps, patient registries, informatics tools, and pragmatic clinical trials), as well as integrating health data with non-health data (e.g., social media, climate patterns) to address emerging healthcare policy challenges.
- Advancements, challenges, and opportunities in dissemination and implementation science frameworks and methodologies.
- New and emerging methods for comparative effectiveness and patient-centered outcomes research.
- Development and use of theoretical frameworks that underlie health policy research, as a key component of rigorous scholarship.

ORGANIZATIONAL BEHAVIOR AND MANAGEMENT
- Organizational and management factors influencing health care quality, cost, equity, and patient experience/engagement, and other contemporary issues such as enhanced consumerism
- Team functioning and coordination within and across health care teams, including leadership responses during a crisis, workforce dynamics, and interprofessional collaboration
- 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, promoting resilience, 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 diverse 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
- Influence of behavioral and psychological factors (e.g., framing of information, cognitive biases,

heuristics) on consumer decision-making about health care
- Efforts to encourage patient decision-making consistent with patient needs and high-value care (e.g. behavioral economic approaches, shared decision making)
- Relationship of consumer preferences with trends in practice, utilization, and health system changes (e.g., health insurance features, 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

This theme invites abstracts that explore patient and consumer preferences, influence healthcare, with a focus on better outcomes for all populations. It emphasizes culturally responsive methods, transparent communication, and sustainable impact. Submissions should emphasize capacity building, diverse patient/ community participation, and community-led research. We welcome innovative approaches and collaborative partnerships with patients, their care partners, and communities, highlighting strategies that promote equitable, patient-centered care.
- Strategies for engaging and supporting patients, their care partners, their communities including agencies, stakeholders and community members in the design and delivery of care that is both responsive and relevant for local needs and improvement of health care.
- 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 and communication of patient-centered or community focused 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., SDOH referral and support, benefit design, network breadth and quality, customer service), health plan choice, utilization of services and. or its impact on health outcomes or health equity.
- 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 patient 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 care partner needs and health care decisions (e.g., past experiences of discrimination in health care settings)

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 payer attempts at value-based payment or delivery models by different participant types, especially primary care, independent medical groups, and low-resource settings
- Impact of value-based payment or delivery model reforms on health outcomes, access, quality, and value
- Payment and delivery models that bring care to patients in their homes, including hospital at home, 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

- Integration of digital health technologies into delivery models including remote patient monitoring, artificial intelligence and machine learning, wearables, and mobile health apps
- Advancements and results from third-party payers to achieve improved access, health outcomes, and reductions in spending growth through new payment models that change incentives in delivery systems

PUBLIC AND POPULATION HEALTH

- New evidence on what works to increase the health of populations, including multi-sector partnerships with public health organizations and other health systems, public health laws and policies, and community level initiatives. This includes studies that examine the use social screenings and referrals or the SDOH playbook.
- System and policy innovations that promote the efficiency of public health agencies, transform the delivery of population health services by health systems, or employ 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.
- Studies examining resource allocation and public policy affecting community health regarding the provision of foundation services for ensuring access to communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child and family health; and access to and linkage with clinical care.
- Studies examining public health's ability to address current challenges including gun violence, racism, deaths of despair, environmental disasters, climate-related crises, infectious disease outbreaks, and trust/mistrust of public health.
- 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., community assessments and economic evaluations of evidence-based interventions to advance public health).
- Examinations and uses of public health and population health datasets and methods that offer new insights for use in applied research. These may include population health indices, asset-based approaches to community assessments, qualitative approaches, etc.

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:

- Assessment of health, health care utilization, and cost-effectiveness of initiatives, interventions, or policies undertaken to improve community-level conditions, address social needs, and improve structural drivers of health, including but not limited to: housing and food access, financial security and financial literacy, transportation access, digital access and health literacy, efforts to coordinate care across multiple providers or sites of care, efforts to align and coordinate other social supports, and efforts to make care more culturally responsive
- Efforts to improve care related to social needs and social determinants of health 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
- Research on exposure to violence (personal/domestic, family, community, political, or historical) as a social determinant of health and/or the implementation or impact of screening, interventions, or the provision of culturally-consonant trauma-informed care to address exposure to violence and/or legacies of mistrust in historically marginalized communities
- Assessments of the implementation, effectiveness, and impacts of patient-level social risk screening, whether undertaken by payers or health care delivery organizations, and efforts to improve implementation of screening,   referral and pathways for effective linkage to services

- Studies on how the social determinants of health and social needs affect clinical risk prediction 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
- Studies that demonstrate the bidirectional relationship between social determinants of health and social needs and health outcomes and health care utilization, particularly those that utilize rigorous causal methods and/or novel data to demonstrate the impact of social needs on health, the impact of health events on social needs, or the impact of interventions, initiatives, or policies that may impact either social needs or health utilization and health outcomes

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 or partnered efforts to address structural racism
- Comprehensive 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
- Evaluation of how policies, financing, and system change models can mitigate or exacerbate health disparities, including the Impact of restrictive policies on gender affirming care, reproductive rights, and voting access.
- 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, access to care, clinical outcomes, and health care value
- 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 seeks abstracts that address the full continuum of health care for women and gender minorities (e.g., non-binary, genderqueer, and transgender individuals). We encourage work that uses an intersectional approach, centers marginalized populations and applies an equity lens across the lifespan. We welcome qualitative, quantitative, and mixed methods research on the following topics.
- Preventive health services and chronic disease management for sex-specific conditions and conditions that disproportionately affect women and gender minorities
- Gynecologic care and treatment
- Disparities/inequities and social determinants of health affecting the health of women and gender minorities
- Reproductive health, preconception care, and perinatal health (pregnancy, delivery, and postpartum)
- Abortion care, contraception, pregnancy options counseling, and the impact of legal threats and responses to related policies
- Quality, delivery, and financing of reproductive, perinatal, or gender and sex-specific health care
- Methodological innovations and data resources (or gaps in methods or data) related to health care for women and gender minorities, including approaches to primary and patient-centered data collection