HPSS Newsletter

Greetings from our incoming 2026 HPSS Chair

Jason Brinkley (jason.scott.brinkley@gmail.com)

Good day HPSS enthusiasts,

For those of you who don't know me, I am Jason Brinkley, and I am taking over as HPSS Chair for 2026. I am a long-time HPSS member, and I have been active with the Executive Committee for several years, including serving as Treasurer, JSM Program Chair, and a member of several ICHPS program committees. I love this Section, and I am thrilled to serve as Chair!

Going into next year, my primary goal is to increase engagement with all of you great HPSS members. I want to have more interactions with our members either through webinars or online networking events; I want to have new collaborations with other ASA Sections and with external health policy groups; and I want to create more ad hoc volunteer HPSS committees to provide guidance to early career statisticians, promote our work to different audiences, and better support members looking to become ASA Fellows.

Special thanks to our departing HPSS Chair, Mousumi, who has started several new outreach efforts in these areas that I will be contributing and adding to. But we need your help. Be on the lookout both in our newsletters and in ASA Community emails for some opportunities to become engaged in HPSS, either with these new initiatives or to help with the HPSS program at JSM or the next ICHPS.

We want your feedback as well, so please reach out via ASA Connect to myself or any of the HPSS Executive Committee members with ideas, to make connections, or just to say that you want to volunteer for something and want to know what you could do to help.
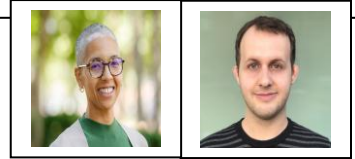
Jason Brinkley
2026 Chair, HPSS

2026 HPSS Executive Committee

Chair: Jason Brinkley
Chair-Elect: Theresa Kim
Past Chair: Mousumi Banerjee
Secretary: Soumik Purkayastha
Treasurer: Zhenke Wu
Publications Officer: Robert Tumasian III
Council of Sections Rep: Lane Burgette
JSM Program Chair: Zheyu Wang
JSM Program Chair-Elect: Elizabeth Chase
ICHPS Co-Chairs: Rebecca Hubbard & Andrew Spieker
Fundraising: Jason Roy & Mingyang Shan

ICHPS 2027
January 13-15, 2027
Annapolis, MD
Co-Chairs:
Rebecca Hubbard (rebecca_hubbard@brown.edu)
Andrew Spieker (andrew.spieker@vumc.org)

ASA and HPSS are planning the 16th International Conference on Health Policy Statistics (ICHPS)! The conference will be held January 13-15, 2027, in Annapolis, Maryland, at The Graduate by Hilton. The conference co-chairs are Rebecca Hubbard and Andrew Spieker, and the theme will be **Evidence-based Policy in Action: Statistics, AI, and Digital Health in Practice**. In the next few months, we will be soliciting suggestions for workshops and invited sessions.

ICHPS is a smaller meeting (typically 300-350 attendees) that provides an excellent opportunity to get to know a community of statisticians and other professionals working in health policy and health services. We look forward to being able to gather and share science and community at ICHPS 2027! Stay tuned for volunteer opportunities. Feel free to reach out to the co-chairs (at the emails above) to express early interest in helping to organize the conference!

Greetings from our outgoing 2025 HPSS Chair

Mousumi Banerjee (mousumib@umich.edu)

Dear HPSS community,

It was a great honor and pleasure to serve as Chair in 2025. I am grateful for the tremendous teamwork of colleagues and friends on the HPSS Executive Committee. Our Section continues to thrive, with membership now exceeding 1000 members and increased HPSS representation on the Council of Sections Governing Board! We also made significant strides toward building a forward-thinking partnership with AcademyHealth and created a new Fundraising subcommittee to engage in sustained fundraising for HPSS at large and our flagship conference, ICHPS. I am also proud of our successful efforts to amplify early career engagement, diversify HPSS officer appointments across academe, industry and government, and broaden geographical representation. Our HPSS/MHSS joint mixer at JSM 2025 was a great event where I had the opportunity to see familiar faces, meet new members, and recognize the accomplishments of our student paper competition winners and new ASA Fellows. Finally, I am very excited about the planning of ICHPS 2027. Thank you, Rebecca Hubbard and Andrew Spieker, for your leadership as co-chairs of ICHPS 2027!

I also want to give a huge shout out to all the Section officers for their hard work, dedication, and ongoing support of HPSS! 2025 was a turbulent year, but I continued to be inspired by the strength and resilience of our community taking on scary things one day at a time, yet all working together to improve population health through evidence and innovation. As I transition from this role, I look forward to seeing our momentum continue and hope to connect with many of you at JSM 2026 in Boston!

Mousumi Banerjee
2026 Past Chair, HPSS

JSM 2025 – HPSS/MHSS Joint Mixer

Perspectives on Data and Statistics in Health Policy
An Interview with Dr. Summer Han (summer.han@stanford.edu)
By Robert Tumasian III (ratumasian@gmail.com)

Data and statistics are central to effective health policy by informing evidence-based decision-making and strategic planning. They can reveal disease patterns, utilization trends, and outcomes across populations to guide priority setting and resource allocation. Statistical analysis can evaluate interventions, compare policy options, and measure cost-effectiveness and value. Timely data can enable surveillance, early warning, and rapid response to emerging health threats. Transparent metrics strengthen accountability and public trust, and continuous monitoring can support learning and adjustment. Without rigorous data collection and sound statistical methods, health policies risk inaccuracy, inefficiency, bias, and unintended consequences for the public. For further insights, we interviewed Dr. Summer Han from Stanford University.

Robert: Could you start off by telling us a little bit about yourself and your day-to-day work at Stanford? What do you enjoy most about your job?

Summer: I am an Associate Professor at Stanford University with appointments in Medicine, Neurosurgery, and Epidemiology & Population Health, and I serve as the Director of the Cancer Data Science Shared Resources Core at the Stanford Cancer Institute. In this capacity, I lead the Han Lab, where we focus on the intersection of data science and oncology – specifically developing statistical and machine learning methods to improve cancer screening, risk prediction, and health policy. My day-to-day is a dynamic mix of methods development and clinical collaboration. One hour I might be working with a PhD student on a theoretical framework for handling missing data in multi-modal electronic health records (EHRs), and the next I am meeting with oncologists to discuss how to translate those findings into clinical guidelines. What I enjoy most is the "translation gap." As statisticians, we often work in the abstract; but in my role, I get to see how rigorous quantitative methods can directly influence patient care and public health guidelines. There is a unique satisfaction in seeing a mathematical model evolve into a policy that actually saves lives.

Robert: What opportunities does Stanford offer for students or others interested in health policy?

Summer: Stanford offers a uniquely porous ecosystem for health policy. Because the School of Medicine, the Department of Statistics, and the Computer Science Department are all in close proximity, students can easily work at the intersection of these fields. For those interested in policy specifically, we have the Department of Health Policy and the Stanford Health Policy (SHP) Institute, which are hubs for inter-disciplinary research. My own lab, for instance, sits in the School of Medicine, allowing trainees to access massive real-world datasets and work directly with clinicians who are asking policy-relevant questions. We encourage students to not just "crunch numbers," but to understand the clinical and economic context of the data they are analyzing.

Robert: How would you describe the role of statistics in shaping and evaluating health policies?

Summer: Statistics provides a framework for asking and answering "what if" questions about policies. We can use designs and analytic methods to estimate causal effects of interventions, compare alternative policy scenarios through decision models, and monitor outcomes and disparities once policies are implemented. In my view, statistics is not just a set of tools for analyzing data; it structures policy debates around uncertainty, trade-offs between benefits and harms, and distributional impacts across different populations.

Robert: From your experience, can you give me an example where statistical analyses significantly influenced a health policy decision?

Summer: A prime example from my own field is the evolution of National Lung Cancer Screening guidelines. While large randomized trials – specifically the National Lung Screening Trial (NLST), which established that

low-dose CT screening reduces lung cancer mortality – provided proof of principle, they are inherently limited. A single trial cannot empirically test every combination of age, smoking history, and screening frequency. To bridge this gap, the US Preventive Services Task Force (USPSTF) complemented this trial evidence with microsimulation modeling. In our work, we used these models to simulate the natural history of lung cancer across millions of virtual life histories. This allowed us to evaluate the counterfactual effects of hundreds of different screening strategies – essentially asking, "What would the population-level outcomes be if we implemented policy X versus policy Y?" – that were not observed in the actual trials. This application of causal inference via simulations provided critical additional evidence to support expanding eligibility in the 2013 and 2021 USPSTF recommendations, demonstrating how advanced statistical modeling can directly shape national coverage policy.

Robert: What are some effective strategies to communicate complex statistical results to non-expert stakeholders, such as policymakers and the general public?

Summer: I find that using "toy examples" combined with clear visualizations is the most effective strategy. For instance, when explaining causal inference methods like Inverse Probability Treatment Weighting (IPTW) to general public, I avoid the heavy math. Instead, I use a visual analogy: I explain that we are creating a "pseudo-population" to make fair comparisons. If we are comparing Treatment A to Treatment B, but the patients in Group A are older and sicker, we can't compare them directly. I explain IPTW as "re-weighting" the data – giving more weight to the few young/healthy people in Group A and less weight to the over-represented older people – so that the two groups look identical on the scale. Once they understand the concept of "balancing the scale" through a simple diagram, the statistical results become more intuitive.

Robert: From your perspective, what are the most common and reliable sources of health data for policymakers today?

Summer: We are in a transition period. The "gold standard" sources remain the large, curated population-based registries (like SEER for cancer) and national surveys (like NHANES), as they are designed to be representative. However, we are increasingly relying on real-world data (RWD) derived from EHRs and claims data. While these sources offer massive sample sizes and granularity, I hesitate to call them "reliable" without qualification, as they are prone to selection bias, missingness, and coding errors. The role of the statistician is becoming less about finding the data and more about cleaning and de-biasing these messy data sources so they can be reliably used for policy.

Robert: What ethical considerations arise when using data and statistical techniques to inform health policy decisions?

Summer: While we often think of ethics in terms of privacy, for a statistician, I believe reproducibility and rigor are ethical imperatives. When our models inform national guidelines that affect millions of lives, we have an ethical duty to ensure our findings are robust. This means performing diligent sensitivity analyses to check every assumption and evaluating how robust the findings are to changes in parameters. Furthermore, there is an ethical obligation to make code open and available. If a policy is based on a "black box" model that cannot be reproduced by other scientists, that is a failure of scientific integrity. Ensuring transparency is how we maintain the ethical trust placed in us by the public. Another pressing ethical issue today is algorithmic fairness and health equity. Models trained on historical data often encode historical biases. For example, in lung cancer risk prediction, many older models were developed using cohorts of heavy smokers who were predominantly white males. When we apply these models to diverse populations – such as Asian females who may develop lung cancer despite being non-smokers – the models often fail, leading to under-screening and delayed diagnosis for those groups. As statisticians, we have an ethical obligation to audit our models for performance disparities across race, gender, and socioeconomic status before suggesting they be used for policymaking. We must ensure that "optimizing population health" does not come at the expense of marginalized subgroups.

Robert: How is the increasing surge of big data, machine learning (ML), and artificial intelligence (AI) impacting the use of statistics in health policy today?

Summer: It is shifting the paradigm from "one-size-fits-all" to "precision policy." Traditionally, policy has relied on broad averages (e.g., "screen everyone over age 50"). With AI and multi-modal data (combining imaging, genetics, and EHR), we can identify risk with much higher granularity. This allows for risk-stratified policies where resources are allocated more efficiently to those who need them most. However, this surge brings challenges. AI models are often "black boxes." For policy, interpretability is crucial – we need to know why a model is flagging a population as high-risk to design the right intervention. The intersection of causal inference and machine learning is the new frontier – using ML to handle high-dimensional data while using statistical principles to ensure we are making valid causal claims.

Robert: What improvements would you like to see in the way statistics are integrated into the health policymaking process?

Summer: I would like to see statisticians involved at the conceptualization phase, not just the analysis phase. Often, we are brought in after the data is collected or the policy is drafted to "run the numbers." If statisticians are involved from the start, we can design better data collection mechanisms that minimize bias and ensure the appropriate variables are captured to answer the policy question. Furthermore, I advocate for greater transparency and reproducibility in policy modeling. The code and assumptions behind major health policy decisions should be open-source and auditable, allowing the broader statistical community to validate and improve upon the evidence base.

Congratulations to the 2026 HPSS Student Paper Awardees!

A big thank you to all the students who participated in the HPSS Student Paper Competition this year, and to the many HPSS members who reviewed the submissions. The 2026 winners are listed below (in alphabetical order by last name):

Martha Barnard, University of Minnesota, "Partially Retargeted Balancing Weights for Causal Effect Estimation under Positivity Violations"

Jiayi Hu, University of Minnesota, "A Bayesian Multivariate Meta-Analysis Model Incorporating a Monotonicity Constraint in Longitudinal Smoking Abstinence"

Lingxuan Kong, University of Michigan, "Optimizing Organ Transplant Decision on Continuous Time through Backward Ensemble Adaptive Segmentation Trees"

Jose Palacio, Rice University, "Inferring Transmission Dynamics of RSV from Houston Wastewater Data"

Constantin Schmidt, University of Cambridge, "A Fully Bayesian Causal Factor Model to Evaluate England's Hepatitis C Peer Support Program"

Events & Meeting Dates

ENAR 2026 – Eastern North American Region, Indianapolis, IN (March 15 – 18)

DISS 2026 – Duke-Industry Statistics Symposium, Cary, NC (April 8 – 10)

SDSS 2026 – Symposium on Data Science & Statistics, Milwaukee, WI (April 28 – May 1)

ARM 2026 – AcademyHealth Annual Research Meeting, Seattle, WA (May 30 – June 2)

ASHEcon 2026 – 15th Annual Conference of the American Society of Health Economists, Minneapolis, MN (June 7 – 10)

JSM 2026 – Joint Statistical Meetings, Boston, MA (August 1 – 6)

RISW 2026 – Regulatory-Industry Statistics Workshop, Rockville, MD (September 16 – 18)

ICHPS 2027 – International Conference on Health Policy Statistics, Annapolis, MD (January 13 – 15)

Announcements

Please consider getting involved with HPSS and attending our sessions at JSM 2026 and ICHPS 2027!

If you are interested in joining or learning more about HPSS, please email Jason Brinkley (2026 HPSS Chair) at jason.scott.brinkley@gmail.com.

A summary of the objectives and functions of HPSS can be found in our Charter.