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We thank Haber et al for bringing their global health program to our attention. Their program may benefit from being publicized on the department's Web site. As described in our article, we agree with Haber et al that interest in global health among medical students appears to be on the upswing. Providing prospective residency applicants with access to official, up-to-date information [1] about their program may help to attract students with specific interests in global health.

It is possible that their program would have been included in our analysis if we had employed a study design such as a survey of program directors or of graduating residents. As we described, these alternatives would likely have been limited by unpredictable biases resulting from low response rates, a common issue with surveys in this literature [2,3]. It is also possible that a study design with multiple, potentially redundant streams of data collection (e.g., similar to that which has been employed to measure HIV treatment adherence [4]) might have greater sensitivity for detecting global health opportunities at community hospital-based residency programs. Such a study might include a Web-based search protocol, a survey of program directors, and a survey of graduating residents, with pre-specified algorithms to consistently reconcile the conflicting data we might get from different sources in a single program. To our knowledge, such a study design, while appealing, has not yet been attempted.

It is unclear whether a Web presence or a different study design, counter to fact, would have substantively altered the data available to us for analysis. Future updates of our study, potentially with some of the adaptations described above, may permit the inclusion of

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programs such as the one described by Haber et al that were established subsequent to the conduct of our study [5].

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