Dear Colleagues,

We are pleased to provide you with this annual report of the Center for Health Policy and Research (CHPR). It covers the research educational activities during 2009.

Affiliated with CHPR are 13 Center Associates, including faculty in the Department of Health Management and Policy and other Principal Investigators who use CHPR as their base for research activities. CHPR-based projects provided salary support to an additional 24 Center Affiliates and 15 Graduate Research Assistants. This report provides descriptions of the 15 funded research projects housed in the Center. Also listed are 10 other research projects, housed outside CHPR, that support Center Associates. We have listed the 34 publications and 34 presentations during 2009 involving our Center Associates. In addition, we show 19 forthcoming publications for Center Associates.

The Center supports the Department of Health Management and Policy doctoral program and offers weekly educational activities. This annual report lists the Seminar Series, Research Updates, and Methods Workshop presentations during 2009. We also list the 5 publications during 2009 that were co-authored by HMP doctoral students and several that are forthcoming.

As you will see from this report, the CHPR Associates, Affiliates, and Graduate Research Assistants are actively engaged in important work focused on health policy and research issues. We enjoy sharing news of our research and educational activities and hope you find this report interesting.

Sincerely yours,

Marcia M. Ward, Ph.D.
Director
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CENTER ASSOCIATES*

Rachel Anderson, Ph.D. | Lawrence Prybil, Ph.D.
Christopher Atchison, M.P.A. | Tanya Uden-Holman, Ph.D.
Susan Curry, Ph.D. | Thomas Vaughn, Ph.D.
Barry Greene, Ph.D. | Marcia Ward, Ph.D.
Jason Hockenberry, Ph.D. | George Wehby, Ph.D.
Brian Kaskie, Ph.D. | Fredric Wolinsky, Ph.D.
Samuel Levey, Ph.D. | 

*Center Associates include faculty in the Department of Health Management and Policy and others who are principal investigators on research projects based in the Center for Health Policy and Research.

CENTER AFFILIATES **

Alison Amendola | Department of Health Management and Policy
Elizabeth Chrischilles, Ph.D. | Department of Epidemiology
Megan Dotson | Department of Health Management and Policy
John Geweke, Ph.D. | Department of Economics
Tim Gutshall, M.D. | Iowa Foundation for Medical Care
Chris Hatcher | Dotcomments, Inc.
Loreen Herwaldt, M.D. | Department of Internal Medicine
Michael Jones, Ph.D. | Department of Biostatistics
Mark Koepke | Iowa Foundation for Medical Care
Eugene Kroch, Ph.D. | Premier CareScience
Rene Martin, Ph.D. | College of Nursing
Jeff Murray, M.D. | Department of Pediatrics
Claire Pavlik, Ph.D. | Department of Geography
Gary Rosenthal, M.D. | Department of Internal Medicine
Diane Schaeffer | Department of Health Management and Policy
Linda Snetselaar, Ph.D. | Department of Epidemiology
Christopher Tompkins, Ph.D. | Brandeis University
Mark Vander Weg, Ph.D. | Department of Internal Medicine
Kelli Vellinga, R.N. | Iowa Foundation for Medical Care
Barbara Wagoner | Department of Health Management and Policy
Douglas Wakefield, Ph.D. | University of Missouri
Robert Wallace, M.D., M.Sc. | Department of Epidemiology
Laurie Walkner | Institute for Public Health Practice
Kara Wright | Department of Epidemiology

**Center Affiliates include faculty and staff who receive a portion of salary support from research projects based in the Center for Health Policy and Research.
### GRADUATE RESEARCH ASSISTANTS ***

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<tr>
<th>Name</th>
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<tr>
<td>Suzanne Bentler</td>
<td>Department of Health Management and Policy</td>
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<td>Elizabeth Cook</td>
<td>Department of Health Management and Policy</td>
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<td>Ammon Fillmore</td>
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<td>Gina Kasowski</td>
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<td>Kyle Kingsley</td>
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<td>Li Liu</td>
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<td>Justin McDonald</td>
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<td>Troy Mills</td>
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<td>John Nganga</td>
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<td>Kwame Nyarko</td>
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<td>Maksym Obrizan</td>
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<td>Kaitlin Prater</td>
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<td>Lance Roberts</td>
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<td>Paula Weigel</td>
<td>Department of Health Management and Policy</td>
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***Graduate Research Assistants are students in masters and Ph.D. programs who receive a portion of salary support from research projects based in the Center for Health Policy and Research.
RESEARCH PROJECTS WITH CHPR ASSOCIATES AS PRINCIPAL INVESTIGATORS

Susan Curry, PhD (PI)
Continued Oversight of HYSQ Initiative
Robert Wood Johnson Foundation
Direct Funds: $42,552 | Funding Period: 2008 – 2009
This national project conducts longitudinal evaluations of youth cessation evaluation programs across the country.

Tobacco Dependence: Treatment Outcomes
US Department of Health & Human Services, National Institutes of Health
Direct Funds: $20,483 | Funding Period: 2008 – 2009
Study involves longitudinal examination of health care utilization and costs for smokers. This includes timely and rigorous implementation of all study activities, and the development of data transfer protocols, data, and data analysis

Barry Greene, PhD (PI)
Hospital Leadership Quality Assessment: Building a Technical Assistance Program for Hospital Quality Improvement
Commonwealth Fund
Co-Investigators: Samuel Levey, Thomas Vaughn
Direct Funds: $457,519 | Funding Period: 2008 – 2010
The project aims to establish and support Technical Assistance Protocols (TAP) derived from the Hospital Leadership Collaborative’s “Hospital Leadership Quality Assessment Tool”

Lawrence Prybil, PhD (PI)
Promoting Wellness and Reducing Obesity Among Children
Principal Financial Group Foundation
Co-Investigator: Linda Snetselaar
Direct Funds: $250,000 | Funding Period: 2008 – 2013
Funds are to provide resources to support the collaborative efforts of the College of Public Health and the communities of Muscatine and Fort Dodge in the evaluation of community-based initiatives directed at attacking obesity and promoting health of children in those communities. The goal is to create national models of evidence-based, community-wide programs that can be replicated in other communities.

Marcia Ward, PhD (PI)
Collaborative EHR Implementation to Bridge the Continuum of Care in Rural Iowa
AHRQ through Hancock County Memorial Hospital
Co-Investigator: Douglas Wakefield
Direct Funds: $482,178 | Funding Period: 2005 - 2009
This study provides a unique opportunity to evaluate how implementation of an integrated electronic health record and computerized provider order entry (EHR/CPOE) system using common tools, including decision supports, affects patient care in seven small rural hospitals throughout Mercy Health Network-North Iowa, and on a regional basis with regard to changes in access to medical specialty, pharmacy, and laboratory consultation services.
HMP Faculty Receive CPH Research Awards

HMP faculty members Jason Hockenberry, Ph.D. and George Wehby, Ph.D. have been awarded 2009-10 College of Public Health-Carver College of Medicine New Investigator Research Awards. The awards assist newly appointed faculty with primary or joint appointments in the colleges to advance their research. The recipients, both assistant professors of health management and policy in the College of Public Health, will each receive up to $10,000 of funding for independent research projects.

"The Effects of Temporal Distance on Surgeon Human Capital and the Impact on Surgical Quality"
There is a longstanding hypothesis that the volume of procedures a surgical provider has performed impacts the quality of the procedure, and that this difference in quality is observable through patient health outcomes, the so-called volume-outcome relationship. Recent work examining the performance of surgeons and outcomes of patients in Taiwan has shown that rather than volume itself, the relatively more important factor is how much time has elapsed since the surgeon last performed the procedure. This is referred to as the temporal distance between procedures. This project will investigate whether there is a temporal distance effect observable among surgeons in the United States and the relative magnitude of the effect of temporal distance on quality and efficiency.

Jason Hockenberry, PhD
Assistant Professor

"Genetic Instrumental Variable Studies of the Impacts of Maternal Risk Behaviors on Infant Health"
Birth outcomes, including birth weight, gestational age, and fetal growth, are important predictors of child and adult health, education, and wealth. Improvement in health care over the past several decades has substantially improved the likelihood of survival for preterm and low birth weight (LBW) infants. At the same time, preterm birth and LBW rates have been increasing in the United States and other countries. There has been slow progress in unraveling the determinants of adverse birth outcomes and developing preventive interventions. A complex etiology of behavioral, social, and genetic factors with interactive effects is thought to be involved. This study will examine the "causal" effects of major maternal risk behaviors on birth outcomes using a novel application of genetic instrumental analysis.

George Wehby, PhD
Assistant Professor
Marcia Ward, PhD (PI) (cont.)

TeamSTEPPSTM Adoption in Action
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Co-Investigators: Tim Gutshall, Thomas Vaughn, Kelli Vellinga
Direct Funds: $210,728 | Funding Period: 2006 - 2009
This task order is funded through the AHRQ ACTION network. It’s purpose is to examine the implementation of TeamSTEPPS, a team building approach developed by the Department of Defense, in two community hospitals in Iowa.

Reducing Hospital Associated Infection (HAI)
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Co-Investigator: Loreen Herwaldt
Direct Funds: $268,737 | Funding Period: 2007 - 2009
This task order is funded through the AHRQ ACTION network. It involves disseminating a set of tools to reduce hospital associated infections (HAI) to hospitals throughout Iowa. The project team is working with the Iowa Healthcare Collaborative’s HAI Initiative to disseminate the tools to infection control professionals throughout the state. Surveys and interviews are being conducted in 16 Iowa hospitals to form case studies of HAI prevention and control efforts.

Fredric Wolinsky, PhD (PI)

Health and Health Services Use in the HRS/AHEAD
US Department of Health & Human Services, National Institutes of Health
Co-Investigators: Hyonggin An, Elizabeth Chrischilles, John Geweke, Robert Ohsfeldt, Claire Pavlik, Gary Rosenthal, Robert Wallace
Direct Funds: $1,213,254 | Funding Period: 2004 - 2010
This is an in-depth examination of the health and health services use of the 7,447 HRS/AHEAD respondents aged 70 years old or older at baseline, and involves the baseline (1993) and 1995, 1998, 2000, 2002, and 2004 follow-up interviews merged with Medicare claims (since 1988), the National Death Index, and household geocodes.

Physical Frailty in Urban African Americans
Indiana University
Direct Funds: $191,905 | Funding Period: 2004 - 2012
The objective of this study is to continue annual follow-ups of the 865 surviving members of the original random sample of 998 middle aged African Americans living in two geographic areas of St. Louis, MO. The project focuses on three specific aims: 1) investigate further the timing, antecedents, sequence, and consequences of the disablement process; 2) study recovery from disablement; and 3) examine longitudinally the antecedents and consequences of sarcopenia.
Fredric D. Wolinsky Awarded NIH Challenge Grant

For more than a decade, Fredric D. Wolinsky, Ph.D., the John W. Colloston Chair in Health Management and Policy, has been a co-investigator on the multi-site randomized controlled trial known as ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly). The largest experimental study ever funded by the National Institutes of Health (NIH) to study cognitive decline in high functioning older adults, ACTIVE’s purpose was to try and prevent the onset of cognitive decline and its effect on activities of daily living by using three brief (10 contact hour) structured intervention programs that trained participants in either memory, reasoning, or speed of processing, compared to a control group receiving no training. Two papers published in JAMA demonstrated that each of cognitive interventions substantially improved cognitive performance in the trained areas.

Dr. Wolinsky has had primary responsibility for looking at the effects of ACTIVE’s cognitive training interventions on various health outcomes. His group has consistently shown that only those participants assigned to the speed of processing intervention were protected relative to the no-contact control group. This included a $244 per person-year (3%) reduction ($p = .012$) in predicted medical expenses at one-year post-baseline, a 38% reduction in the risk of global decline in health-related quality of life (HRQoL) at two-years and a 25.6% reduction in the risk of global decline in HRQoL ($p < .038$) at five-years post-baseline, a 30% reduction in the risk of worsening depressive symptoms at both one-year ($p = .012$) and five-years ($p = .023$) post-baseline, a 38% reduction in the risk of the onset of suspected clinical depression at one-year ($p < .01$) post baseline, improvements in self-rated health at two-, three-, and five-years ($p$ values $< .05$) which translates to a 0.8% absolute reduction in the five-year mortality rate and a 10% relative mortality reduction, and a 64% greater likelihood ($p < .05$) of improvements in internal locus of control at five-years post-baseline.

Dr. Wolinsky is now directing a second-generation randomized controlled trial here at the University of Iowa, funded by a prestigious NIH Challenge Grant. About 600 patients who receive their care from the UIHC’s Primary Care Center are being randomized to three groups. The first group will receive 10 hours of the second-generation speed of processing training computer program onsite in Dr. Wolinsky’s Westlawn lab. The second group will spend 10 hours doing computer-generated crossword puzzles in the Westlawn lab. And the third group will be shown how to use the speed of processing software and given a copy to take home and use as often as they like. All participants receive an extensive baseline assessment and an extensive follow-up assessment one year later. Enrollment is ongoing and should be complete this fall, with all follow-up interviews completed by the fall of 2011.
Fredric Wolinsky, PhD (PI) (cont.)

Continuity of Care and Health Outcomes: Does It Really Matter?
US Department of Health & Human Services, National Institutes of Health
Co-Investigators: Michael Jones, Gary Rosenthal, Robert Wallace
Direct Funds: $225,500 | Funding Period: 2007 - 2009
This is a secondary analysis of the Survey of Assets and Health Dynamics Among the Oldest Old (AHEAD) to determine whether continuity of care with a physician has beneficial effects on health status trajectories, the risk of being hospitalized for ambulatory care sensitive conditions, and mortality.

ED Use Patterns, Antecedents, and Consequences in Older Adults
US Department of Health & Human Services, National Institutes of Health
Co-Investigators: Michael Jones, Brian Kaskie, Gary Rosenthal, Robert Wallace
Direct Funds: $225,500 | Funding Period: 2008 – 2010
This project proposes to develop one or more typologies that reflect an older adult’s pattern of ED use over time (as opposed to focusing on single ED visits) among a nationally representative sample of Medicare beneficiaries, and to examine the antecedents and consequences of these ED use patterns.

Health Service Use at the End of Life: A Biracial Population Study of AD
Rush University Medical Center/US Department of Health & Human Services, National Institutes of Health
This project examines the relationship between Alzheimer’s disease (AD) and cognitive decline with the use of health care services at the end of life, focusing on comparisons among people with AD, mild cognitive impairment, and normal cognition.

Use of Health Services by Caregivers in an Older Biracial Population Sample
Rush University Medical Center/US Department of Health & Human Services, National Institutes of Health
Direct Funds: $52,670 | Funding Period: 2009 – 2010
Informal caregivers are a vital part of the health care system and their importance will grow with the aging of the US population. The general hypothesis is that self-care is compromised among caregivers, especially those experiencing emotional strain, resulting in greater progression of treatable conditions, as shown by patterns of service use.

Chiropractic Use Patterns, and Their Antecedents and Consequences in Older Adults
US Department of Health & Human Services, National Institutes of Health
Co-Investigators: Jason Hockenberry, Michael Jones, Robert Wallace
Direct Funds: $275,000 | Funding Period: 2009 – 2011
As the 2005 IOM report noted, the use of complementary and alternative medicine (CAM) in the United States, including its most readily identifiable form, chiropractic, is widespread but not well understood. Indeed, prior to this application, there have been no studies of chiropractic use patterns over time, or their antecedents and consequences among older Americans. In this R21 application, therefore, we propose to do exactly what the 2005 IOM report recommended, to conduct an extensive, secondary analysis of the nationally representative sample of older adults in the AHEAD, which is a large, prospective cohort study.
**Fredric Wolinsky, PhD (PI) (cont.)**

ARRA: *RCT of Two Speed of Processing Modes to Prevent Cognitive Decline in Older Adults*

US Department of Health & Human Services, National Institutes of Health

Co-Investigators: Michael Jones, Rene Martin, Mark Vander Weg

Direct Funds: $664,503 | Funding Period: 2009 – 2011

This project builds on previous research showing that age-related cognitive decline is amenable to intervention. Through randomized controlled trials we hope to show that a value-added version of ACTIVE that can be used on home computers is at least as efficacious as the original implementation at reducing or preventing age-related cognitive decline.
HMP Faculty Examine Hospital and Health System Governance

Governance of public companies and nonprofit organizations is squarely in the national spotlight. In light of recent governance failures and increasing scrutiny, a series of studies examining board structure, practice, and cultures led by Lawrence Prybil, PhD, and Samuel Levey, PhD, in concert with several associates is proving to be timely and pertinent.

The initial study examined governance in a set of high-performing nonprofit hospitals versus a matched comparison group. Its purpose was to determine whether board structures, practices, and cultures in high-performing hospitals differ from hospitals similar to them in several characteristics (e.g., size, ownership, location) but whose performance is mid-range and, if so, in what ways. The study found that high-performing boards had a higher proportion of physician members, more fully-defined and formalized board processes, and a more engaged and interactive board culture. Funded by grants from the W. K. Kellogg Foundation and four other organizations, the Health Research and Educational Trust published the results in: Governance in High-Performing Organizations: A Comparative Study of Governance in Not-For-Profit Hospitals (2005).

The second study’s purpose was to examine the structures, practices, and cultures of 201 community health systems in 40 states and compare them to contemporary benchmarks of good governance. Funded by grants from the W. K. Kellogg Foundation and Grant Thornton LLP, data was secured from the AHA, publicly-available sources, a mail survey of the systems’ CEOs, and on-site visits to ten of the highest-performing systems, including in-depth interviews with board leaders and CEOs. The findings were published by Grant Thornton LLP in two reports: Governance in Nonprofit Community Health Systems: An Initial Report on CEO Perspectives (2008), and Governance in High-Performing Community Health Systems: A Report on Trustee and CEO Views (2009).

This study found that: (1) board structures, practices, and cultures in community health systems that are part of larger parent organizations are more consistent with benchmarks of good governance as compared to independent systems; and (2) governance in high-performing systems as measured by three years of operating performance are more consistent with benchmarks of good governance as compared to mid-range and low-performing systems. However, the study group concluded that “...there are substantial gaps between current reality and current benchmarks” for the entire set of these systems.

Looking ahead, the third study in this governance trilogy has received grant funding from a coalition of five organizations and will be launched in June, 2010. This two-year project will examine board structures, practices, and policies in a set of the nation’s largest nonprofit systems in relation to benchmarks of good governance for large-scale, geographically-dispersed organizations. Through on-site visits, interviews with board leaders and CEOs, and close review of organizational documents, the study group also will identify and describe cutting-edge “best practices” that actually are in use and have proven to be effective.
PROJECTS WITH CHPR ASSOCIATES AS PRINCIPAL INVESTIGATORS, FUNDED ELSEWHERE

Christopher Atchison, MPA (PI)
Upper Midwest Center for Public Health Preparedness
Centers for Disease Control and Prevention
Co-Investigators: Barry Greene, Tanya Uden-Holman
Direct Funds: $4,452,281 | Funding Period: 2004 – 2009
Protecting the health of our communities requires a well-trained public health workforce that is able to prepare for, promptly identify, and respond to public health threats. The Upper Midwest Center for Public Health Preparedness (UMCPHP) is funded by a grant from the Centers for Disease Control and Prevention. UMCPHP serves the Upper Midwest and was established to strengthen the capacity of the public health workforce to respond to bioterrorism and other public health emergencies.

Susan Curry, PhD (PI)
Health Care and Other Facilities Award – Congressional Earmark
US Department of Health & Human Services, Health Resources & Services Administration
Direct Funds: $3,074,631 | Funding Period: 2008 – 2013
The HCOF funds will be used to provide essential equipment for the planned College of Public Health Academic Building. This equipment will be utilized by all COPH departments and faculty who lead departmental and center-based research, education and outreach programs.

Brian Kasikie, PhD (PI)
Older Adult Mental Health Services Project
Iowa Department of Human Services
This project is a continuation of the efforts of two prior projects- the Iowa Coalition on Mental Health and Aging and the Collaborative Models of Mental Health Care for Older Iowans. The goal of the contract is to build on the existing efforts of the coalition and provide technical assistance to sites wanting to try the collaborative model. Efforts will include assistance with the development of CMHC pilot programs.

Mental Health and Aging Project
Iowa Department of Human Services
Direct Funds: $108,500 | Funding Period: 2009 – 2010
Developing collaborative models of mental health care for older Iowans, and analyzing service use patterns.
**Tanya Uden-Holman, PhD (PI)**

*Upper Midwest Public Health Training Center*

Health Resources & Services Administration  
Co-Investigators: Christopher Atchison, Barry Greene  
Direct Funds: $3,166,261 | Funding Period: 2001 – 2011

This project established the Upper Midwest Public Health Training Center. The goals of this Training Center include: 1) Establish an Upper Midwest Public Health Training Center with the states of Iowa, Nebraska, North Dakota and South Dakota, 2) Assess the public health workforce and competency needs, assets and educational programming to meet the minority and underserved needs of the four-state region and delineate available resources, 3) Develop a workplan for addressing the identified gaps within the UMPHTC and develop/implement new curricula and training programs, 4) Evaluate the overall impact of the State’s programs and the Center on an ongoing basis to assure continuous quality improvement.

**Activate Iowa: Connecting Resources to Enhance the Health and Wellness of Iowans**

Wellmark Foundation  
Direct Funds: $10,000 | Funding Period: 2007 - 2010

The project goals include: 1) Improve the health of Iowa’s communities through citizen-focused educational programs; 2) Identify grass-roots resources to enhance and benefit community-based initiatives; and 3) Promote a collaborative, linked and sustained approach based on a three-year commitment.

**Strengthening WIC Nutrition Assessment Skills: Establishing a Competency-to-Training Framework in a Learning Management System**

Iowa Department of Public Health  
Direct Funds: $78,985 | Funding Period: 2007 - 2010

This project incorporates Women, Infants, and Children (WIC) nutrition assessment competencies and related training activities into an existing online learning management system. Nutrition assessment competency areas will also undergo extensive validity testing. This online system compliments the traditional training methods currently used by the Iowa WIC Program. The training system with a blended training approach will maximize limited training resources at the state and local levels.

**George Wehby, PhD (PI)**

*Effects of Oral Clefts on Birth Outcomes and Cleft Risks Due to Maternal Smoking*

US Department of Health & Human Services, National Institutes of Health  
Direct Funds: $100,000 | Funding Period: 2007 - 2010

This study aims at evaluating the impact of cleft lip and palate on birth outcomes and estimating and comparing infant health production functions for infants with and without oral clefts to identify approaches to improve prenatal health practices and health outcomes of affected pregnancies. The study uses multi-country data collected in South America by ECLAMC to study these aims. Another aim is to apply instrumental variable models using smoking and addiction genetic variants as instruments to estimate the “causal” effects of maternal smoking on risks of cleft lip and palate to improve prenatal counseling practices. Data for this aim is obtained from the Norway Facial Clefts Study.
George Wehby, PhD (PI) (cont.)

Health Outcomes and Improved Phenotypic Characterization of Cleft Lip and Palate

Centers for Disease Control and Prevention
Direct Funds: $382,241 | Funding Period: 2007 - 2010

The study will evaluate the effects of cleft lip and palate on long-term health, health care utilization and socioeconomic outcomes of affected individuals and their relatives using a unique population-level registry system in Denmark that includes all individuals born since 1936. The study also aims at identifying the utility of screening for sub-phenotypic characteristics in predicting adverse psychological and economic outcomes among affected individuals and their relatives which has important implications for early screening and diagnosis of at risk individuals. Another aim evaluates the net effects of prenatal diagnosis of oral clefts on child and parent health and quality of life outcomes in order to improve counseling practices.
OTHER RESEARCH PROJECTS SUPPORTING CHPR ASSOCIATES

Center for Research in the Implementation of Innovative Strategies in Practice (CRIISP)
US Department of Veterans Affairs, Iowa City Veterans Affairs Medical Center
Gary Rosenthal (PI) | Center Investigators: Jason Hockenberry, Thomas Vaughn, Fredric Wolinsky
Direct Funds: $3,600,000 | Funding Period: 2004 - 2009

Gerontological Nursing Interventions Research Center
US Department of Health & Human Services, National Institutes of Health
Toni Tripp-Reimer (PI) | Center Investigator: Fredric Wolinsky
Direct funds: $1,592,741 | Funding Period: 2004 – 2009

Oral Cleft Prevention Program
US Department of Health & Human Services, National Institutes of Health
Jeff Murray (PI) | Center Investigator: George Wehby
Direct Funds: $6,598,341 | Funding Period: 2006 – 2011

University of Iowa Older Adults CERT
Agency for Healthcare Research & Quality
Elizabeth Chrischilles (PI) | Center Investigator: Fredric Wolinsky
Direct Funds: $2,787,230 | Funding Period: 2006 – 2011

Promoting Health and Reducing Obesity in Children: Building a National Model for Community-Based Programs
W.K. Kellogg Foundation
Linda Snetselaar (PI) | Center Investigator: Lawrence Prybil
Direct Funds: $35,000 | Funding Period: 2007 – 2009

Impact of System-Centered Factors, and Processes of Nursing Care on Fall Prevalence and Injuries from Falls
Robert Wood Johnson Foundation
Marita Titler (PI) | Center Investigator: Marcia Ward
Direct Funds: $267,858 | Funding Period: 2007 – 2009

Promoting Health and Reducing Obesity in Children: Building a National Model for Community-Based Programs
Roy J. Carver Charitable Trust
Linda Snetselaar (PI) | Center Investigator: Lawrence Prybil
Direct Funds: $150,000 | Funding Period: 2007 – 2010

Iowa Research Network (IRENE): A Rural Primary Care Practice Based Research Network
Agency for Healthcare Research & Quality
Barcey Levy (PI) | Center Investigator: Marcia Ward
Direct Funds: $325,595 | Funding Period: 2007 – 2010
GEIS – University of Iowa Certificate in Emerging Infectious Diseases
Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.
Gregory Gray (PI) | Center Investigator: Tanya Uden-Holman
Direct Funds: $880,927 | Funding Period: 2008 – 2011

First Preventive Dental Visit: Disparities in Needs, Costs, and Behavioral Insights
US Department of Health & Human Services, National Institutes of Health
Peter Damiano (PI) | Center Investigator: George Wehby
Direct Funds: $626,913 | Funding Period: 2009 – 2011
PUBLICATIONS BY CHPR ASSOCIATES


Kaskie B, Gregory D, Van Gilder R. Community mental health service use by persons with dementia. *Psychological Services*, 6, 1, 56-67, 2009


FORTHCOMING PUBLICATIONS BY CHPR ASSOCIATES


Miller DK, Malmstrom TK, Miller JP, Andresen EM, Schootman M, Wolinsky FD. Predictors of change in grip strength over three years in the African American Health project. *Journal of Aging and Health*, in press.


HMP PhD STUDENT PUBLICATIONS


FORTHCOMING HMP PhD STUDENT PUBLICATIONS


The Bonnie J. and Douglas S. Wakefield Award is presented to recognize HMP Doctoral students who best exemplify the mission of the HMP PhD Program in terms of excellence or promise of excellence in health services and policy research.

2009 Wakefield Award winners Suzanne Bentler and Lance Roberts

The Bonnie J. and Douglas S. Wakefield Award for Health Management and Policy Doctoral Student Performance
PRESENTATIONS BY CHPR ASSOCIATES

Anderson RL. Evolution of the Adult Needs and Strengths Assessment (ANSA) Tool: Items, Reliability, and Validity, The Department of Mental Health Services, Department of Psychiatry, Northwestern University, Chicago, IL, 2009.

Anderson RL. The Need for Mental Health Needs Assessment in Youth with Mental Retardation, Collaboration for Kids: The Disability and Mental Health Sectors, Chicago, IL, 2009.

Atchison C. Health Reform in Iowa: The Medical Home and Related Issues, College of Nursing Faculty Retreat, University of Iowa, Iowa City, IA, January 2009.

Atchison C. Applying Findings of Clinical Research Conducted at a Large Academic Health Center to the Community through Federally Chartered Community Health Centers, Community Engagement Key Function Conference, National Institutes of Health, May 2009.


Atchison C. University Hygienic Laboratory Response to Novel H1N1, State of Iowa Government Oversight Committee, September 2009.


Curry S. Women Faculty Career Development Conference, University of Iowa, Iowa City, IA, 2009.


Kaskie BP. Mental Health and Aging: From the Clinic to the Capitol, University of Alabama, Center on Mental Health and Aging, Tuscaloosa, AL, February 2009.
Kaskie BP. The Collaborative Model of Mental Health Care for Older Iowans, Joint Annual Meeting of National Association of PASRR Professionals & NASMHPD Older Persons Division, Des Moines, IA, October 2009.


Prybil LD. Governance Oversight of Community Benefit in Nonprofit Community Health Systems, University of Kentucky School of Public Policy and Administration Workshop Series, Lexington, KY, 2009.

Prybil LD. Governance in High-Performing Community Health Systems, National Audio-Webcast Presentation Sponsored by Grant Thornton LLP, Charlotte, NC, 2009.


Prybil LD. National Perspectives Regarding Involvement of Nurses on Hospital and Health System Boards, Robert Wood Johnson Foundation Advisory Committee on Nurse Leaders in the Boardroom, Washington, DC, 2009.

Prybil LD. Governance Oversight of Community Benefit Policy and Programs, Saint Louis University Invitational Conference on Community Benefit: Moving Forward with Evidence-Based Practice and Policy, Chicago, IL, 2009.


Prybil LD. The Basic Role of Nonprofit Boards, Grundy County Memorial Hospital Board Retreat, Grundy Center, IA, 2009.

Prybil LD. Governance Oversight of Community Benefit and Programs, National Audio-Webinar, Association of Community Health Improvement, Facilitated by ACHI staff in Chicago, IL, 2009.


Wehby GL. Early Child Development in South America: The Role of Race, Socioeconomic Status and Parental Investments, Department of Economics, College of Business and Economics, Lehigh University, Bethlehem, PA, November 2009.

### INVITED SEMINAR PRESENTATIONS

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<th>Invited Speaker</th>
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<td>January 30, 2009</td>
<td>Jill Cawiezell, PhD, RN, FAAN</td>
<td>The Role of the Leader in Creating a Safe Practice Environment: A Reflection Across Studies</td>
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<td>February 6, 2009</td>
<td>Jane Pendergast, MS, PhD</td>
<td>The Wellmark Data Consortium: An Opportunity for UI Researchers</td>
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<td>February 27, 2009</td>
<td>Thomas D’Aunno, PhD</td>
<td>Evidence-Based Practices in the Nation’s Substance Abuse Treatment System</td>
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<td>March 13, 2009</td>
<td>Cormac O’Sullivan, PhD, CRNA</td>
<td>Drug Eluting Stents: A $5 Billion Innovation</td>
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<td>May 8, 2009</td>
<td>Kathryn Dorsey</td>
<td>Framework for National Health Care Reform</td>
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<td>September 18, 2009</td>
<td>Casey Quinn, PhD</td>
<td>Measuring Income-Related Inequalities in Self-Assessed Health Using a Parametric Dependence Function</td>
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<td>October 23, 2009</td>
<td>Yang Xie, PhD</td>
<td>Volume-Outcome Relationships for Early-Stage Breast Cancer Surgeries – An Instrumental Variable Approach</td>
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<td>December 11, 2009</td>
<td>Michael G. Kienzle, MD</td>
<td>The Biotechnology Pipeline: From Discovery to Therapy</td>
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## RESEARCH UPDATES and METHODS WORKSHOPS

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| February 13, 2009 | Christopher Atchison, MPA  
Clinical Professor  
Department of Health Management and Policy  
Director  
University of Iowa Hygienic Lab  
Associate Dean for Public Health Practice  
College of Public Health  
University of Iowa | Improving Care Connection: Will Medical Homes Meet the Challenge? |
| February 20, 2009 | Fredric D. Wolinsky, PhD  
Professor and John W. Colloston Chair  
Department of Health Management and Policy  
University of Iowa | The ACTIVE Cognitive Training Trial and Locus of Control |
| March 6, 2009  | Jason Hockenberry, PhD  
Assistant Professor  
Department of Health Management and Policy  
University of Iowa | Tobacco Use, Depression and Suicide Ideation in Teens |
| March 27, 2009 | Rachel Anderson, PhD  
Associate Professor  
Department of Health Management and Policy  
University of Iowa | EDs in Crisis: Turning Away the Uninsured |
| April 3, 2009  | Elizabeth Cook  
PhD Student  
Department of Health Management and Policy  
University of Iowa | The Changing Severity of Emergency Department Episodes Among Older Adults |
| April 10, 2009 | Suzanne Bentler  
PhD Student  
Department of Health Management and Policy  
University of Iowa | A 12-Year Prospective Study of Stroke Risk in Older Medicare Beneficiaries |
| April 24, 2009 | Lance Roberts  
PhD Candidate  
Department of Health Management and Policy  
University of Iowa | Health System Implementation of Health Information Technology and Its Impact on Adverse Drug Event (ADE) Error Identification Processes |
| May 1, 2009    | Lawrence Prybil, PhD  
Clinical Professor  
Department of Health Management and Policy  
University of Iowa | Board Oversight of Community Benefit in Nonprofit Community Health Systems |
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<th>Date</th>
<th>Name</th>
<th>Position and Affiliation</th>
<th>Research Topic</th>
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<tr>
<td>September 4, 2009</td>
<td>Fredric D. Wolinsky, PhD</td>
<td>Professor and John W. Colloton Chair</td>
<td>The Iowa Health and Active Minds Study</td>
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<td>September 25, 2009</td>
<td>Kwame Nyarko</td>
<td>PhD Student</td>
<td>The Impact of Residential Segregation</td>
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<td>Department of Health Management and Policy</td>
<td>on Racial Disparities in Infant Health</td>
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<td>University of Iowa</td>
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