Dear Colleagues,

We are pleased to provide you with this annual report of the research and educational activities of the Center for Health Policy and Research (CHPR). This year we have added highlights to this report on sample projects and publications in the Center.

This report provides descriptions of the 23 funded research projects housed in the Center. 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 22 Center Affiliates and 15 Graduate Research Assistants. Also listed are other research projects, housed outside CHPR, that support Center Associates. We have listed the 33 publications and 28 presentations during 2007 involving our 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 2008. We also list the 3 publications during 2008 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.          Samuel Levey, Ph.D.
Christopher Atchison, M.P.A.    Lawrence Prybil, Ph.D.
James Bahensky, M.S.           Tanya Uden-Holman, Ph.D.
Barry Greene, Ph.D.            Thomas Vaughn, Ph.D.
Jason Hockenberry, Ph.D.       Marcia Ward, Ph.D.
Brian Kaskie, Ph.D.            George Wehby, Ph.D.
Donna Katen-Bahensky, M.S.     Fredric Wolinsky, 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
Hyonggin An, Ph.D.              Department of Biostatistics
Elizabeth Chrischilles, Ph.D.   Department of Epidemiology
John Geweke, Ph.D.              Department of Economics
Tim Gutshall, M.D.              Iowa Foundation for Medical Care
Loreen Herwaldt, M.D.           Department of Internal Medicine
Michael Jones, Ph.D.            Department of Biostatistics
Mark Koepke                     Iowa Foundation for Medical Care
Jeff Murray, M.D.               Department of Pediatrics
Robert Ohsfeldt, Ph.D.          Texas A&M University
Claire Pavlik, Ph.D.            Department of Geography
James Price, Ph.D.              Department of Health Management and Policy
Gary Rosenthal, M.D.            Department of Internal Medicine
Diane Schaeffer                 Department of Health Management and Policy
Linda Snetselaar, Ph.D.         Department of Epidemiology
Marita Titler, Ph.D., R.N.      College of Nursing
Kelli Vellinga, R.N.            Iowa Foundation for Medical Care
Rujuta Vidal                   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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<td>Suzanne Bentler</td>
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<td>John Nganga</td>
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<td>Kwame Nyarko</td>
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<td>Rebecca O’Rourke</td>
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<td>Qian Qiu</td>
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<td>Lance Roberts</td>
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<td>Smruti Vartak</td>
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<td>Matthew Wyatt</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

Rachel Anderson, PhD (PI)
*Evaluation of Multi-Dimensional Treatment Foster Care*
Tanager Place
Direct Funds: $3,704, Funding Period: 2007 - 2008
This project evaluates Multi-Dimensional Treatment (MDT) Foster Care. Evaluation components include clinical, social and environmental outcomes of children and their families, the quantity and quality of out-of-home placements, MDT family foster care retention and satisfaction, and mental health service utilization.

Division of Mental Health and Disability Services--Technical Assistance: Policy Briefs & Data Analysis
Iowa Department of Human Services
Direct Funds: $131,545 | Funding Period: 2007 - 2008
This project involves participation in the re-design of the children’s mental health system in Iowa by steering committee membership, conducting data analyses relative to current trends in service delivery, and the development of a white paper on the history of Iowa’s mental health system since the implementation of managed behavioral health care.

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”

Brian Kaskie, PhD (PI)
*The Development of an EBP Model of Service Delivery for Older Adults with Mental Illnesses*
Iowa Department of Human Services
Direct Funds: $72,081 | Funding Period: 2006 - 2008
The goal of this work contract is to initiate a planning process that leads to the development and evaluation of an evidence-based practice for older adults with mental illnesses who present in primary health care settings.

Iowa Coalition on Mental Health and Aging (4th Phase)
Iowa Department of Human Services
Direct Funds: $111,941 | Funding Period: 2006 - 2008
This project is a continuation of the Iowa Coalition on Mental Health and Aging (ICMHA) efforts. The goal of the contract is to build on the existing efforts of the coalition. This phase continues to include staff support of ICMHA efforts.
HMP Faculty Develop Hospital Leadership Quality Assessment Tool

Ask any health care executive whether he or she cares about quality improvement within their organization, and you will likely hear an unequivocal, emphatic affirmative response. Yet does executive commitment to quality translate into measurable outcomes? For Professor Sam Levey, PhD, this question provided the impetus for a stream of research that has captured the interest of researchers and practitioners across the country.

In order to gather some preliminary data about the relationship between hospital leadership and performance, Dr. Levey and his colleagues, including HMP alum Mark Koepke (JD, MHA), conducted interviews with 96 hospital executives (i.e., CEOs, CMOs, and governing board members) in 18 community hospitals. This research indicated a gap between executive rhetoric on the importance of quality initiatives and actual execution of activities designed to support quality performance activities. This research, conducted in 2004-2005, was published in Journal of Patient Safety.

This research was very timely as a variety of initiatives at the national level focused attention on the importance of leadership engagement on quality. In concert with this work, researchers from the Department of Health Management and Policy (HMP), including Dr. Levey and Dr. Thomas Vaughn, Ph.D., developed a web-based survey that was completed by 413 health care executives working in eight states. This research indicated that when a board: 1) spends more than 25% of its time on quality issues; 2) receives a formal quality performance measurement report; 3) bases senior executives’ compensation partially on performance; and 4) interacts with hospital staff on quality issues that the hospital will experience better outcomes.

In 2006, realizing the potential importance of this research for health care organizations of all sizes, the Hospital Leadership Collaborative (of which researchers in HMP were an integral part) created a public-private partnership to develop a self-assessment tool that could be used to help hospitals improve quality through enhanced leader engagement. This tool, known as “The Hospital Leadership and Quality Assessment Tool” (HLQAT), has the potential to make a significant contribution to the field.

The HLQAT, noted Dr. Levey, helps hospitals obtain “a thorough self-assessment of its strengths and weaknesses. It’s basically an instrument that gives hospitals the opportunity to conduct a SWOT analysis on quality.”

These researchers quickly realized that simply identifying the organization’s strengths and weaknesses is only the first step in the process. If they were truly committed to helping hospitals achieve their quality improvement goals they must help them develop strategies to bridge the gap between the current and desired situation. A 2-year, $458,939 grant from the Commonwealth Fund has provided these researchers, joined by Professor Barry Greene, Ph.D. the opportunity to do just that.

This grant funding has allowed Drs. Levey, Vaughn, and Greene to focus on developing Technical Assistance Protocols (TAPs), essentially an on-line toolkit to bridge gaps in performance identified by the HLQAT. The final phase of this project will evaluate the entire process.

Barry Greene, PhD, Department Head and Professor
Samuel Levey, PhD, Gerhard Hartman Professor
Thomas Vaughn, PhD, Associate Professor and Director of Masters Programs
**Brian Kaskie, PhD (PI) (cont.)**
The Development of an EBP Model of Service Delivery for Older Adults with Mental Illnesses
Iowa Department of Human Services
Direct Funds: $29,975 | Funding Period: 2007 - 2008
This project is a continuation of a previous award. The goal of this work contract is to initiate a planning process that leads to the development and evaluation of an evidence-based practice for older adults with mental illnesses who present in primary health care settings.

**Lawrence Prybil, PhD (PI)**
Studying Governance in Community Healthcare Systems
W. K. Kellogg Foundation
Co-Investigator: Samuel Levey
Direct Funds: $237,000 | Funding Period: 2006 - 2008
This study examines governance structures, practices, and culture in a group of non-profit community health systems. It compares the existing structures, practices, and culture to emerging standards (“best practices”) in the nonprofit field.

**Baseline Survey of Governing Boards in Community Healthcare Systems**
Grant Thornton LLP
Co-Investigator: Samuel Levey
Direct Funds: $36,000 | Funding Period: 2006 - 2008
This grant supports a mail survey of the CEOs of 201 nonprofit community health systems. The purpose is to obtain the CEO’s perspectives on the structure, practices, and cultures. This survey supplements and compliments a related project funded by the W.K. Kellogg Foundation.

**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.

**Tanya Uden-Holman, PhD (PI)**
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.
Tanya Uden-Holman, PhD (PI) (cont.)
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 complements 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.

Thomas Vaughn, PhD (PI)
Quality Care on Acute Inpatient Units
University of California, San Francisco
Direct Funds: $31,971 | Funding Period: 2006 - 2008
The purpose of this project is to determine the impact of direct care nurse staffing hours measured as recommended by the National Quality Forum (hours per patient day) on patient outcome indicators also recommended by the NQF (failure to rescue, decubitus ulcers, injury from falls, urinary tract infections, central line associated blood stream infections, ventilator associated pneumonias) and to determine the accuracy, availability, variation, and usefulness of those and other indicators of the quality of care.

Marcia Ward, PhD (PI)
Health Information Technology Value in Rural Hospitals
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Co-Investigators: James Bahensky, Tanya Uden-Holman, Thomas Vaughn, Douglas Wakefield
Direct Funds: $901,793 | Funding Period: 2004 - 2008
Goals of this project are to assess the current use of Health Information Technology (HIT) in rural hospitals, evaluate the potential value of HIT system enhancements, and develop a tool to assist rural hospitals when making decisions about investments in HIT system enhancements.

Collaborative EHR Implementation to Bridge the Continuum of Care in Rural Iowa
Hancock County Memorial Hospital
Co-Investigators: Rujuta Vidal, 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.
Health Information Technology Value in Rural Hospitals

“Our research has studied health information technologies in small rural hospitals and identified factors related to their progress in adopting these systems.”

Marcia Ward, PhD

Health information technology (HIT) solutions, such as electronic medical records, are often touted as having the ability to streamline patient care and improve patient safety. Most of the research on the efficacy of these technological advances has focused on large hospitals operating in urban settings and academic medical centers. Yet little is known about whether HIT solutions have a similarly positive impact in rural hospitals. And, even if the impact is positive, do the benefits outweigh the financial costs associated with implementation? Further, what impact do these technologies have on quality and patient safety?

A desire to answer these questions led Professor Marcia Ward, PhD, and her colleagues to apply for a grant from the Agency for Healthcare Research and Quality (AHRQ).

The three-year $1.3 million grant was awarded in 2004 and has resulted in a steady stream of publications. Using data collected from Iowa’s 89 rural hospitals (80 of which were classified as critical access hospitals), Dr. Ward and colleagues have focused on identifying and evaluating those HIT capacities and practices most strongly related to patient safety and healthcare quality.

This grant allowed Dr. Ward and her colleagues to conduct in-depth research on these hospitals utilizing a broad range of approaches including: 1) literature reviews; 2) primary data collection, such as surveys, key-informant interviews, and workgroup discussions; 2) secondary data analysis of hospital discharge datasets and HIT databases; and 4) economic analysis. The research supported by the AHRQ grant has made a significant contribution to our understanding of how rural hospitals are implementing HIT solutions and has resulted in 17 publications, in journals such as Health Services Research, Journal of Rural Health, Health Care Management Review, and American Journal of Medical Quality.
Marcia Ward, PhD (PI) (cont.)
University of Iowa College of Public Health, Department of Health Management & Policy Doctoral Student Data Analysis Projects for AHRQ Inpatient, Safety and Prevention Quality Reports

Iowa Healthcare Collaborative
Direct Funds: $36,723 | Funding Period: 2006 - 2008
This agreement involves analysis of hospital discharge data to support the Iowa Healthcare Collaborative annual report of hospital performance and website. The project also involves designing, conducting, and analyzing a survey of Iowa hospitals on priority and progress on national patient safety goals and hospital leadership.

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-Investigators: Loreen Herwaldt, Marita Titler
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)
Physical Frailty in Urban African Americans
Indiana University
Direct Funds: $191,905 | Funding Period: 2004 - 2009
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.
Accomplished methodologist and researcher, Professor Fred Wolinsky, PhD, John W. Colloton Chair in Health Management and Policy, has spent his career studying the health and health behavior of older adults.

Given that individuals over the age of 65 account for nearly half of days of care in short stay health care facilities, comprise the majority of nursing home residents, and make up more than 75% of home-based care, interventions that are designed to improve the mental and physical health of this population are extremely important. Research by Dr. Wolinsky and his colleagues, funded by the National Institutes of Health, describes an intervention that appears to have a substantial impact on the well-being of older adults.

This intervention, known as the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE), is the largest, community-based, multisite randomized controlled trial ever conducted that focuses on improving or maintaining cognitive performance in older adults. Participants were randomly assigned to four groups: one group engaged in computerized brain exercises, one group received instruction in memory strategies, one group received instruction in reasoning, and the final group was a control group.

Earlier study results focused primarily on whether and how ACTIVE affected cognition and quality of life, while recent results, published in The Journals of Gerontology, explore the impact of cognitive training on mood. Analysis of data collected from 2,036 participants over a five-year period revealed that those individuals who completed the computerized brain exercises experienced fewer depressive symptoms than those in the other three groups. Specifically, these individuals were 30% less likely to see an increase in depressive symptoms during the course of this study.

“There are several reasons why this area is so important, not the least of which are the growing imbalance of the population pyramid on which US health and welfare policy is based, the disproportionally higher expenditures of health care for older adults, and health care’s increasingly burdensome share of GNP.”

Fred Wolinsky, PhD

Wolinsky Continues ACTIVE Work
Fredric Wolinsky, PhD (PI) (cont.)

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 - 2009
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.

Adverse Outcomes of Dual Use of Health Systems Among Older Male Veterans
US Department of Health & Human Services, National Institutes of Health
Direct Funds: $45,000 | Funding Period: 2006 - 2008
This study examines the potentially adverse outcomes of dual use of both the VHA and Medicare among older male veterans. The overall hypothesis is that dual use increases the risk of being hospitalized for ambulatory care sensitive conditions, and increases the risk of mortality. The presumed etiologic mechanism is the lack of continuously coordinated health care.

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
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.
OTHER RESEARCH PROJECTS SUPPORTING CHPR ASSOCIATES

Upper Midwest Public Health Training Center
Health Resources & Services Administration
Tanya Uden-Holman (PI) | Center Investigators: Christopher Atchison, Barry Greene
Direct Funds: $3,166,261 | Funding Period: 2001 – 2011

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
National Institutes of Health
Toni Tripp-Reimer (PI) | Center Investigator: Fredric Wolinsky
Direct Funds: $1,592,741 | Funding Period: 2004 – 2009

Upper Midwest Center for Public Health Preparedness
Centers for Disease Control and Prevention
Christopher Atchison (PI) | Center Investigators: Barry Greene, Tanya Uden-Holman
Direct Funds: $4,452,281 | Funding Period: 2004 – 2009

Promoting Health and Reducing Obesity in Children: A Community-Based Pilot Project in Iowa
W.K. Kellogg Foundation
Linda Snetselaar (PI) | Center Investigator: Lawrence Prybil

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
Effects of Oral Clefts on Birth Outcomes and Cleft Risks Due to Maternal Smoking
US Department of Health & Human Services, National Institutes of Health
George Wehby (PI)
Direct Funds: $198,900 | 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

Health Outcomes and Improved Phenotypic Characterization of Cleft Lip and Palate
US Department of Health & Human Services, Centers for Disease Control & Prevention
George Wehby (PI)
Direct Funds: $1,119,921 | 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

Older Adult Mental Health Services Project
Iowa Department of Human Services
Brian Kaskie (PI)

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
PUBLICATIONS BY CHPR ASSOCIATES


Center Project Results in New Book

In the past, disease pattern mapping depended on census tracts based on political units, such as states and counties. However, with the advent of geographic information systems (GIS), researchers can now achieve a new level of precision and flexibility in geographic locating. This emerging technology allows the mapping of many different kinds of geographies, including disease rates in relation to pollution sources.

Geocoding Health Data presents a state-of-the-art discussion on the current technical and administrative developments in geographic information science. In particular, it discusses how geocoded residential addresses can be used to examine the spatial patterns of cancer incidence, staging, survival, and mortality. The book, published by Taylor and Francis and released in 2008, had its origin in a project supported by the Centers for Disease Control and Prevention (CDC) to assess issues that arise in the Geocoding of cancer incidences and in their subsequent use.

The book begins with an introduction of various codes and their uses, including census geographic, health area, and street level codes. It goes on to describe the specific application of geocodes to cancer, detailing methods, materials, and technical issues. The text illustrates how to compile data maps for analysis and addresses issues, such as mismatch correction and data quality. It describes the current state of geocoding practices and discusses the use of individually geocoded cancer incidences in spatial epidemiology, distance estimation and spatial accessibilities, and tips for handling non-geocoded cases. Special consideration is given to privacy and confidentiality issues by focusing on disclosure limitation methods.

With recent disease outbreaks and escalating concerns about bioterrorism, interest in the application of GIS to individual data is growing. The fundamental concepts presented by this book are of great value to anyone trying to understand the causes, prevention, and control of cancer as well as a variety of other diseases.

Funding for work in this book came from the following source:

Prostate Cancer Geocoding: Ensuring Fitness for Use
Association of Schools of Public Health
Barry Greene (PI)
Direct Funds: $509,441
Period of Funding: 2003-2006


How do breaks in production impact healthcare worker productivity? Assistant professor Jason Hockenberry and his colleagues addressed this very question by examining outcomes for a sample of cardiac surgeons in Taiwan. They examined the extent to which the time since surgeons last performed a given procedure affected patient health outcomes. Their results indicated the length of time between surgeries does, in fact, have a negative impact on surgeon productivity as measured by patient health outcomes. There is little evidence to suggest that this relationship is mitigated by the level of surgical volume (i.e. task repetition) prior to the break.


Researchers have long theorized about the reasons why older Americans do not utilize available mental health services. Scant attention has been paid to the impact of Medicare’s local service policies on this relationship and, since these policies affect service outcomes, it is important to establish clear and concise policies. By examining the local coverage determination policies (LCDs) of 21 insurance carriers across the country in 2003 and again in 2006, Brian Kaskie and his colleagues were able to document how these policies evolved over time. Although there is room for improvement, results indicate that LCDs have become more specific and detailed.


Expectant mothers are routinely exhorted to take prenatal vitamins containing folic acid during their pregnancies. Precisely what impact does folic acid have on child development and is the effect appreciable? A study by two UI researchers, George Wehby and Jeffrey Murray, confirms the importance of this vitamin during pregnancy. Specifically, they found use of folic acid was associated with improved gross-motor development in children but note that further research is needed to determine the impact of these supplements on personal-social development.


**HMP PhD STUDENT PUBLICATIONS**


FORTHCOMING PUBLICATIONS BY CHPR ASSOCIATES

**Kaskie B**, Gregory D, Van Gilder R. Community mental health service used by persons with dementia. *Psychological Services*. In press.


FORTHCOMING HMP PhD STUDENT PUBLICATIONS


PRESENTATIONS BY CHPR ASSOCIATES

Anderson RL. Policy intervention research via public health problems. Department of Community and Behavioral Health, University of Iowa, Seminar Series, Iowa City, IA, February 7, 2008.


Anderson, RL. Mental health services in Iowa: A view from the data. Iowa Division of Mental Health and Disability Services, Iowa Department of Human Services, Des Moines, IA 2008.


Atchison CG. Rural health delivery systems issues. 2008 Rural Health Scholars Program, University of Iowa, Iowa City, IA, May 2008.

Atchison CG. Moderator: Defining a medical home in a state health care program and it’s not a house; it’s a medical home. National Academy for State Health Policy’s 21st Annual State Health Policy Conference, Tampa, FL, October 2008.


Curry SJ. Meeting public health challenges in prevention research, practice, and policy. St. Louis University, St. Louis, MO, 2008.


Kaskie B. Providing collaborative care to older Iowans with mental illnesses. Iowa Coalition on Mental Health and Aging, Wartburg College, Waverly, IA, April 2008.

Li P and Ward MM. Hospital quality indicators and Iowa rural hospitals. AHRQ Annual Meeting, Bethesda, MD, September, 2008.

Prybil LD. Community benefit and the role of nonprofit community health system boards. Association for Community Health Improvement Annual Conference, Atlanta, GA, 2008.

Prybil LD. Perspectives on career planning & development: tips for making a successful transition. CPH Department of Epidemiology Seminar Series, University of Iowa, Iowa City, IA, 2008.

Prybil LD. Keys to effective governance. Iowa Health System Rural Network Trustee Forum, Des Moines, IA, 2008.


Vaughn TE. Hospital leadership and quality: a collaborative attempt to support hospital quality improvement. Tulane University, New Orleans, LA, May 2008.


Wehby GL. Health outcomes and improved sub phenotypic characterization of cleft lip and palate. CDC, Division of Birth Defects and Developmental Disabilities, Atlanta, GA, October 2008.


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<tr>
<th>Date</th>
<th>Invited Speaker</th>
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| February 13, 2008 | Xin Xu  
PhD Candidate  
Department of Economics and Institute of Government and Public Affairs  
University of Illinois at Chicago | Does a Rising Tide Lift Health of the Low-Educated?                                      |
| February 15, 2008 | Stephen Barnes  
PhD Candidate  
Department of Economics  
Louisiana State University | Once You Pop, You Can’t Stop! Food Addiction, Obesity, and Tax Policy                    |
| May 2, 2008     | Yang Xie, PhD  
Assistant Professor  
College of Pharmacy  
| October 24, 2008 | Peter Kaboli, MD, MS  
Associate Professor of Internal Medicine  
Center for Research in the Implementation of Innovative Strategies in Practice (CRIISP)  
VA Medical Center of Iowa City | Activating Patients to Promote Evidence-Based Hypertension Care: The Veterans Administration Project to Implement Diuretics (VAPID) |
| October 31, 2008 | Suzanne Cooner, Kevin Kincaid, Thomas E. Vaughn,  
and Kelli Vellinga  
TeamSTEPPS Researchers | Implementing a Teamwork Initiative to Improve Patient Safety                           |
| November 21, 2008 | Beth Virnig, PhD  
Associate Professor and Director  
Program in Healthcare Administration and Policy  
University of Minnesota | Hospice Care Prior to Death: Geographic Barriers and Policy Opportunities               |
| December 12, 2008 | Kyle Grazier, PhD  
Professor  
Department of Health Management and Policy  
School of Public Health  
University of Michigan | Paying for Mental Health Services: Challenges and Strategies                           |
# RESEARCH UPDATES and METHODS WORKSHOPS

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<th>Date</th>
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<tr>
<td>February 1, 2008</td>
<td>Fredric D. Wolinsky, PhD</td>
<td>The ACTIVE Cognitive Training Trial and Predicted Health Care Expenditures</td>
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<td>Professor and John W. Colloton Chair</td>
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<td>Jason Hockenberry, PhD</td>
<td>The Effect of Surgeon Task Repetition and Temporal Distance Between Surgeries on Cardiac Patient Health: Evidence from Taiwan</td>
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<td>February 29, 2008</td>
<td>Qian Qiu</td>
<td>Is the Patient Safety Composite Score a Good Indicator to Compare Hospital Performance</td>
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<td>March 7, 2008</td>
<td>Lawrence Prybil, PhD</td>
<td>Governance in Nonprofit Community Health Systems: An Initial Report on CEO Perspectives</td>
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<td>April 28, 2008</td>
<td>Ingrid Philibert</td>
<td>Adapting Strategies from High-Reliability Organizations to Improve Patient Hand-Offs in Teaching Hospitals</td>
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<td>April 25, 2008</td>
<td>Barry Greene, PhD</td>
<td>Weaving Information into the Research Craft</td>
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<td>September 5, 2008</td>
<td>Fredric D. Wolinsky, PhD</td>
<td>The ACTIVE Cognitive Training Interventions and the Onset of Clinically Relevant Levels of Depressive Symptoms</td>
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<td>September 19, 2008</td>
<td>Jason Hockenberry, PhD</td>
<td>The Impacts of Diffusion of Less Invasive Surgical Technology on the Use of Existing Technology and Implications for the Cost of Treating Disease: The Case of PTCA in the Stent Era in Pennsylvania</td>
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<td>October 3, 2008</td>
<td>Marcia Ward, PhD</td>
<td>Research Approaches to Understanding Rural Hospital Clinical Information System Strategies</td>
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