

Annual Report

Department of Health Management and Policy
College of Public Health | The University of Iowa

Center for Health Policy and Research

2012

Research and Educational Activities

105 River Street, N200 CPHB
Iowa City, IA 52242

Phone: (319) 384-3830
Fax: (319) 384-4371

<https://www.public-health.uiowa.edu/chpr/> 

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Center for Health Policy and Research

Contact:

Department of Health Management and Policy
College of Public Health
University of Iowa
105 River Street, N200 CPHB
Iowa City, IA 52242

Participant-Based Research:

5237 Westlawn
Iowa City, IA 52242

Telephone: 319/384-3830 | FAX: 319/384-4371

<https://www.public-health.uiowa.edu/chpr/>

CENTER ASSOCIATES



Christopher Atchison, M.P.A.



Padmaja Ayyagari, Ph.D.



Susan Curry, Ph.D.



Loreen Herwaldt, M.D.



Brian Kaskie, Ph.D.



Samuel Levey, Ph.D.



A. Clinton MacKinney,
M.D., M.S.



Keith Mueller, Ph.D.



Dan Shane, Ph.D.



Tanya Uden-Holman,
Ph.D.



Thomas Vaughn, Ph.D.



Marcia Ward, Ph.D.



George Wehby, Ph.D.



Fredric Wolinsky, Ph.D.



Brad Wright, Ph.D.



Xi Zhu, 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 *

Barbara Braun, Ph.D.	The Joint Commission
John Brooks, Ph.D.	College of Pharmacy
William Budelier	Department of Epidemiology
Jacinda Bunch, R.N.	College of Nursing
Joseph Cavanaugh, Ph.D.	Department of Biostatistics
Jill Cawiezell, Ph.D., R.N.	College of Nursing
Kaare Christensen, Ph.D.	University of Southern Denmark
Brent Collett	Seattle Children's Hospital
Megan Dotson	Department of Health Management and Policy
Charles Fluharty	University of Missouri-Columbia
Florence Swis Mei Foo	Department of Epidemiology
Joanne Hafner	The Joint Commission
Kristine Hardin	Department of Epidemiology
Michael Jones, Ph.D.	Department of Biostatistics
Leah Kemper	Washington University-St Louis
Rolv T. Lie, PhD	University of Bergen
Charles Lynch, M.D., Ph.D.	Department of Epidemiology
Abby Maples	Department of Occup. and Environ. Health
Michelle Martin	Department of Health Management and Policy
Timothy McBride, Ph.D.	Washington University-St Louis
Julia Moody	HCA Healthcare
Lina Moreno Uribe, Ph.D., D.D.S.	College of Dentistry
Ronald Munger, Ph.D.	University of Utah
Sue Nardie	University of Nebraska Medical Center
Nichole Nidey	Carver College of Medicine: Pediatrics
Daniel Olson	Department of Epidemiology
Eli Perencevich, M.D., M.S.	Carver College of Medicine
George Pink	University of North Carolina-Chapel Hill
Cheryl Richards	The Joint Commission
Jocelyn Richgels	University of Missouri-Columbia
Jonathan Rohrer	Department of Geography
Paul Romitti, Ph.D.	Department of Epidemiology
Gerard Rushton, Ph.D.	Department of Geography
Alicia Sachtjen	Department of Geography
Abby Sawyer	Department of Health Management and Policy
Diane Schaeffer	Department of Health Management and Policy
Marin Schweizer, Ph.D.	Department of Internal Medicine
Edward Septimus, M.D.	HCA Healthcare
Greg Stewart, Ph.D.	Tippie College of Business
Chika Takeuchi	Dows Institute
Linda Thiesen	Statewide Residency Training Program
Kelli Todd, M.P.H.	Department of Health Management and Policy

Roger Tracy, M.A.	Carver College of Medicine
Fred Ullrich	Department of Health Management and Policy
Smruti Vartak, Ph.D.	Department of Health Management and Policy
Kelli Vellinga, R.N.	Telligen
Barbara Wagoner	Department of Health Management and Policy
Melissa Ward	Department of Internal Medicine
Kristi Yeggy	Department of Health Management and Policy

*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 **

Jure Baloh	Department of Health Management and Policy
Suzanne Bentler	Department of Health Management and Policy
Jason Brubaker	Department of Health Management and Policy
Christine Brunner Luse	Department of Health Management and Policy
Bryant Conkling	Department of Health Management and Policy
Stephen Courtright	Tippie College of Business
Anthony Eves	Department of Health Management and Policy
Nicholas Howald	Department of Health Management and Policy
Lori Jarmon	Department of Epidemiology
Russell Leslie	Department of Health Management and Policy
Grant Lientz	College of Law
Yiyue Lou	Department of Biostatistics
Kirstin Manges	College of Nursing
Thuy Nguyen	Department of Epidemiology
Kwame Nyarko	Department of Health Management and Policy
Anthony Pirrello	Department of Health Management and Policy
Andrew Potter	Department of Health Management and Policy
Kaitlin Prater	Department of Health Management and Policy
Mehwish Qasim	Department of Health Management and Policy
Paige Wallace	Department of Health Management and Policy
Paula Weigel	Department of Health Management and Policy
Katherine Westfall	Department of Health Management and Policy
Mark Willis	Department of Health Management and Policy
Daniel Winegarden	Department of Health Management and Policy
Sarah Zafar	Department of Health Management and Policy

**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

Padmaja Ayyagari, PhD (PI)

Heterogeneity in the Impact of Tobacco Policies across Racial and Ethnic Groups

University of Iowa College of Public Health

Direct Funds: \$10,000 | Funding Period: 2011 – 2012

Tobacco use is a leading cause of preventable morbidity and mortality in the U.S. with an estimated 400,000 annual deaths attributed to smoking. Ayyagari's research will study heterogeneity in the impact of policy instruments, such as excise tax on tobacco and smoking bans, on tobacco use. Specifically, the project will examine whether these policies have differential effects on the smoking behavior of individuals belonging to different racial and/or ethnic groups.

Loreen Herwaldt, MD (PI)

Optimizing Pre-Operative Antibiotic Prophylaxis for Cardiac and Orthopedic Procedures

US Department of Health & Human Services, Agency for Healthcare Research & Quality

Co-Investigators: Barbara Braun, Joe Cavanaugh, Eli Perencevich, Marcia Ward

Direct Funds: \$1,541,787 | Funding Period: 2010 – 2013

This project includes creating a meta-analysis of the literature on pre-operative antibiotic prophylaxis to prevent surgical site infections and assembling existing practice algorithms on this topic. The second phase involves a multi-site trial of the algorithms in practice.

A. Clinton MacKinney, MD, MS (PI)

Frontier Extended Stay Clinic Program – An Analysis

Federal Office of Rural Health Policy

Co-Investigator: Keith Mueller

Direct Funds: \$217,645 | Funding Period: 2011 – 2012

Our goal is to provide the Southeast Alaska Regional Health Consortium (SEARHC) an in-depth analysis of the FESC program that is both comprehensive and credible. We anticipate that our report will be the foundation for policy discussions to support continuation and/or expansion of the FESC program.

Payment Reform Evaluation

Oregon Association of Hospitals and Health Systems

Co-Investigator: Keith Mueller

Direct Funds: \$16,343 | Funding Period: 2012 – 2013

The Oregon Association of Hospitals and Health Systems (OAHHS) engaged the RUPRI Center for Rural Health Policy Analysis to assist Oregon's rural hospitals understand national trends in rural health care payment and explore the implications of an as-yet-undefined Medicaid hospital financing system. The RUPRI Center assisted OAHHS review and select individual rural hospital financial performance metrics and community/population characteristics likely to place local health care providers at financial risk.

RURAL HEALTH SYSTEM ANALYSIS AND TECHNICAL ASSISTANCE

Understanding and Facilitating Rural Health Transformation



Dramatic changes are underway in health care delivery and finance. The changing landscape creates new opportunities to design and strengthen local systems of care in rural America. This project, funded by the Federal Office of Rural Health Policy, utilizes the extensive analytic and technical assistance capacity of the RUPRI Center for Rural Health Policy Analysis and Stratis Health (with consultation from Stroudwater Associates) to understand how new health care delivery and financing systems affect rural communities and providers. The project will help rural providers transition to new approaches that support success in a rapidly changing environment. The project team has considerable experience and success analyzing the rural implications of changes in health services, providing input to shape U.S. rural health care delivery, and helping providers and communities transition to new health care paradigms while maintaining and strengthening essential local services.

RHSATA'S THREE AIMS

1. Assess rural implications and facilitate rural adaptability to changes in health care delivery, organization, and finance.
2. Develop and test technical assistance tools and resources to enable rural providers and communities prepare for and take full advantage of public policy changes and private sector initiatives.
3. Inform further developments in public policy and private action through dissemination of findings.

Major Changes Affecting Rural Health Care

Four forces will influence rural health delivery in the coming years: changes in payment policies and financing sources, continually evolving quality measures and expectations, alternative models of care to deliver services locally including from distant sources, and regional health care affiliations. We have designed three specific project aims that will help rural providers and policy makers to better understand the implications of changes and emerging models and will assist rural providers to participate in national and local demonstrations and pilots. In doing so, we envision that the collective effort will contribute to transforming rural health care to a high-performance system.

RURAL HEALTH SYSTEM ANALYSIS AND TECHNICAL ASSISTANCE

Sponsor: US Department of Health & Human Services, Health Resources & Services Administration

Keith Mueller
Principle Investigator

Keith Mueller, PhD (PI)*Rapid Response to Requests for Rural Data Analysis and Issue Specific Rural Research Studies*

University of North Carolina at Chapel Hill/US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigator: A. Clinton MacKinney

Direct Funds: \$339,179 | Funding Period: 2010 – 2012

This subaward to the University of Iowa from the University of North Carolina involves two primary tasks. These tasks are to respond rapidly to requests for rural data analysis and to conduct issue-specific rural research studies within 9 to 12 months from the date of request for the study.

Rural Policy Analysis Cooperative Agreement

University of Missouri-Columbia/US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigator: A. Clinton MacKinney

Direct Funds: \$106,000 | Funding Period: 2010 – 2012

The RUPRI Health Panel will continue its analysis of proposals to reform health care delivery and finance in the US. Our work will produce brief analytical papers (ranging from quick analysis products to policy briefs) that the Office of Rural Health Policy will disseminate through its web site and the reform web site of the DHHS.

Rural Health Research Center - Cooperative Agreement Program

US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Marcia Ward, Xi Zhu

Direct Funds: \$1,677,100 | Funding Period: 2010 – 2016

The purpose of this award is to establish the Rural Health Research Center-Cooperative Agreement Program at the University of Iowa--RUPRI Center

Supporting the Policy Advisory Activities of the Health Panel, Rural Policy Research

Leona M. and Harry B. Helmsley Charitable Trust

Co-Investigator: A. Clinton MacKinney

Direct Funds: \$183,228 | Funding Period: 2012 – 2015

This funding supports the work of the RUPRI panel who's aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs.

Rural Health System Analysis and Technical Assistance Cooperative Agreement

US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigators: A. Clinton MacKinney, Thomas Vaughn, Marcia Ward, Xi Zhu

Direct Funds: \$1,363,178 | Funding Period: 2012 – 2015

The purpose of this project is to analyze rural implications of changes in the organization, finance, and delivery of healthcare services in the US, and to assist rural communities and providers transition to a high performance rural health system. (See further description on previous page.)



Marcia M. Ward, PhD
Principal Investigator

The American Heart Association's **Mission: Lifeline** is a national, community-based initiative. Its goals are to improve quality of care and outcomes in heart attack patients and improve healthcare system readiness and response. In particular, this initiative aims to increase the number of patients with timely access to reperfusion by addressing the continuum of care for ST-segment-elevation myocardial infarction (STEMI).

The Leona M. and Harry B. Helmsley Charitable Trust awarded multi-million dollar grants to the American Heart Association (AHA) to implement a STEMI system of care in South Dakota and in North Dakota. Goals for the grants in South Dakota and North Dakota are the same – to implement a system of care via: education, placement of 12-lead ECG equipment in ambulances, data collection tools and procedures, standardized outcomes and quality improvement tools provided to all hospitals, and a public awareness campaign. We received two grants from the AHA with funds from The Helmsley Charitable Trust to conduct a program evaluation of the **Mission: Lifeline** activities in each state. The program evaluation is focused around assessing the progress towards implementation, facilitators and barriers, changes in processes as a result of **Mission: Lifeline**, the factors involved in sustainability and spread, and the implications for policy. Our evaluation involves review of documents on the program supplied by program staff and interviews with selected key informants including **Mission: Lifeline** staff, Taskforce members, Emergency Medical Services, and Emergency Department staff and supervisors, referring hospital personnel, and receiving hospital personnel including invasive cardiologists at the hospitals that perform PCI.

Our program evaluation plan is designed to provide reliable data to characterize the fidelity of the program and the effectiveness of its primary activities. Overall, the primary goal of this program evaluation is to identify a set of recommendations related to the sustainability and spread of the program. We understand that a primary question for The Helmsley Charitable Trust is how best to use their resources to improve healthcare in the upper Midwest.

Determining which features of the current **Mission: Lifeline** implementation approach are working well and which could be enhanced will help AHA and The Helmsley Charitable Trust develop plans for sustaining and spreading **Mission: Lifeline** in other states.

Program Evaluation of AHA's STEMI Program in North and South Dakota

Sponsor: Leona M. and Harry B. Helmsley Charitable Trust

Marcia Ward, PhD (PI)*Evaluation of TeamSTEPPS™ Implementation for Community Hospital Patient Safety*

US Department of Health & Human Services, Agency for Healthcare Research & Quality

Co-Investigators: Jill Scott-Cawiezell, Greg Stewart, Thomas Vaughn, Xi Zhu

Direct Funds: \$1,692,436 | Funding Period: 2010 – 2015

This study is designed to retrospectively and prospectively evaluate in community hospitals the elements of the TeamSTEPPS approach including organizational readiness, culture, training effectiveness, implementation strategies and fidelity, staff behaviors, burden/cost, and outcomes to identify the elements that are most important for success.

ASCO Study of Geographical Access to Oncology Care

American Society of Clinical Oncology

Co-Investigators: Charles Lynch, Gerard Rushton, Roger Tracy

Direct Funds: \$204,093 | Funding Period: 2010 – 2013

The primary objective of the project is to analyze the supply and demand for oncology services in a specific geographic area.

Assessing the Impact of e-Health Services in Rural Settings

The Leona M. and Harry B. Helmsley Charitable Trust

Co-Investigators: Padmaja Ayyagari, A. Clinton MacKinney, Keith Mueller

Direct Funds: \$901,469 | Funding Period: 2011 – 2014

This project determines the impacts of tele-health care in Avera Health hospitals on the delivery of services, patient satisfaction, provider use, and cost of care.

Telligen: Quality Improvement and Patient Safety Activities in Iowa's Critical Access Hospitals

Iowa Department of Public Health

Direct Funds: \$9,609 | Funding Period: 2012 – 2013

Project conducts the evaluations of all Iowa TeamSTEPPS trained CAHs and develop a report of the outcomes, barriers, lessons learned and successes. Present at QI Coordinator meeting, and participate in 2 QI coordinator meetings.

Program Evaluation of AHA's STEMI Program in South Dakota

American Heart Association

Direct Funds: \$150,000 | Funding Period: 2012 – 2014

This project conducts a program evaluation of AHA's STEMI program as it has been implemented in the state of South Dakota including interviews, document review, and analysis of performance data. (See further description on previous page.)

Program Evaluation of AHA's STEMI Program in North Dakota

American Heart Association

Direct Funds: \$110,000 | Funding Period: 2012 - 2014

This project conducts a program evaluation of AHA's STEMI program as it has been implemented in the state of North Dakota including interviews, document review, and analysis of performance data. (See further description on previous page.)

George Wehby, PhD (PI)*Identifying Determinants of Birth Outcomes in South America*

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

Direct Funds: \$26,520 | Funding Period: 2010 – 2013

This project aims at identifying determinants of adverse birth outcomes including low birth weight, preterm birth and intrauterine growth restriction in several understudied South American populations. Study results are highly relevant for identifying prevention strategies not only for the included countries but also for others including the United States.

Genetic Instrumental Variable Studies of Maternal Risk Behaviors for Oral Clefts

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

Co-Investigators: Lina Moreno Uribe, Jeff Murray, Paul Romitti

Direct Funds: \$1,953,992 | Funding Period: 2010 – 2015

The objective of this study is to estimate the effects of maternal risk behaviors during pregnancy including smoking, alcohol, obesity and caffeine use on cleft lip/palate risks using a genetic instrumental variable (IV) model that accounts for unobserved confounders.

Academic Achievement of Children and Adolescents with Oral Clefts

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

Co-Investigator: Paul Romitti

Direct Funds: \$210,220 | Funding Period: 2011 – 2013

This study will identify the impacts of NS cleft lip/palate on the educational achievement of children and adolescents with oral clefts and assess how these impacts vary by socioeconomic, demographic and health backgrounds.

Improving Knowledge and Understanding of Appropriate Treatment of Orofacial Clefts

Operation Smile, Inc.

Direct Funds: \$18,788 | Funding Period: 2012 – 2013

Investigate barriers of access to treatment and care for individuals with orofacial clefts in the United States by conducting a comprehensive review of available knowledge and publications to assist with the creating of effective strategies to improve access to health care services for children with orofacial clefts.

Fredric Wolinsky, PhD (PI)*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.

Grant:

***Methodologies to Adjust for
Respondent Status Effects on
Health Outcomes***

Sponsor:

***Patient-Centered Outcomes
Research Institute (PCORI)***



Fredric Wolinsky, PhD
Principal Investigator

The use of proxy-respondents and assisted-interviews is an unavoidable necessity when surveys are conducted with older adults, and such data are routinely used in comparative effectiveness analyses and other health services research that seeks to evaluate alternative and competing medical treatments. Little is known, however, about the potential bias that assisted-interviews and proxy-reports may have on estimating prevalence and other model parameters, although our preliminary work suggests that these effects may be considerable. We propose to apply inverse probability of treatment weights combined with multiple regression models (IPTW-weighted regression) and instrumental variable (IV) methods to adjust for potential self-selection bias in respondent status when predicting disease histories, insurance status, procedures, and the type and volume of health services in data from the *Survey on Assets and Health Dynamics among the Oldest Old (AHEAD)* baseline and follow-up survey data linked to Medicare claims for a nationally representative sample of 6,645 older adults. When combined with cognitive interviews of target persons, their assistants and proxy-reporters on the front-end, and a modified Delphi expert panel on the back-end, this study will develop a strategic plan for re-engineering surveys and survey items to maximize their accuracy for use in comparative effectiveness studies to determine the relative value of different treatment methods so that patients, their families, and their physicians can make the most informed health care choices.

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

Direct Funds: \$66,282 | Funding Period: 2008 – 2012

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 – 2012

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.

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 – 2012

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.

Co-Management of Back Pain by Chiropractic and Medical Physicians

Palmer Chiropractic University/US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigators: Jason Hockenberry, Paul Mulhausen, Robert Wallace

Direct Funds: \$151,758 | Funding Period: 2009 – 2012

This project is designed to address three interrelated specific aims: (1) characterizing co-occurrence of chiropractic and medical physician treatments for older adults with back pain; (2) development of a multi-disciplinary model for patient-centered collaborative care between chiropractic and medical physicians for older adults with back pain; and, (3) comparing the clinical effectiveness of this collaborative care model with conventional medical care and a co-occurrence model for older adults with back pain in a large, prospective cohort study.

Identifying Re-Hospitalization Trajectories and Their Antecedents

US Department of Health & Human Services, Centers for Medicare & Medicaid Services

Co-Investigator: Jason Hockenberry

Direct Funds: \$65,627 | Funding Period: 2011 – 2012

The project involves identifying re-hospitalization "gap-time" (i.e., the number of days between index and re-hospitalization episodes) trajectories among Medicare beneficiaries in the Health and Retirement Study (HRS). The second specific aim involves identifying the antecedents of those trajectories among Medicare beneficiaries, first using only administrative (claims) data (reflecting predictive models that CMS could readily implement without additional data collection), and then incorporating information from the baseline and

biennial follow-up HRS interviews (reflecting the potential benefit of acquiring additional information on Medicare beneficiaries on a routine basis).

Methodologies to Adjust for Respondent Status Effects on Health Outcomes

Patient-Centered Outcomes Research Institute (PCORI)

Direct Funds: \$464,095 | Funding Period: 2012 – 2014

We propose to gain a better understanding of respondent status effects on the measurement of health and health outcomes of older adults, and the identification of their risk factors.

Xi Zhu, PhD (PI)

A Community Engaged Study of Social Networks and Long-Term Care

University of Arkansas for Medical Sciences

Direct Funds: \$9,977 | Funding Period: 2011 – 2012

Dr. Zhu will advise study investigators in collecting social network measures and in analyzing data using advanced network analysis techniques.

Ayyagari Awarded CPH New Faculty Research Award



Title: *Heterogeneity in the Impact of Tobacco Policies across Racial and Ethnic Groups*

Tobacco use is a leading cause of preventable morbidity and mortality in the U.S. with an estimated 400,000 annual deaths attributed to smoking. Ayyagari's research will study heterogeneity in the impact of policy instruments, such as excise tax on tobacco and smoking bans, on tobacco use. Specifically, the project will examine whether these policies have differential effects on the smoking behavior of individuals belonging to different racial and/or ethnic groups.

CPH New Faculty Research Awards are competitive. The principal investigator/applicant must be a primary faculty member in the College of Public Health, any rank or track. The award recipients' proposed research projects are chosen on the basis of scientific merit, relevance to the College of Public Health mission, and probability of attracting subsequent extramural research funding. The College's Mission Statement is "To promote health and prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice."

PROJECTS WITH CHPR ASSOCIATES AS PRINCIPAL INVESTIGATORS, FUNDED THROUGH OTHER CENTERS

Christopher Atchison, MPA (PI)

Iowa Laboratory Preparedness and Emergency Response Research Center

US Department of Health & Human Services, Centers for Disease Control & Prevention

Direct Funds: \$6,653,949 | Funding Period: 2008 – 2013

This project establishes an Iowa Laboratory Preparedness and Emergency Research Center (ILPERRC) under the auspices of the University of Iowa College of Public Health and the State Hygienic Laboratory. The purpose of ILPERRC is to identify, organize, prioritize, investigate, evaluate and translate a research agenda intended to ensure the optimization of an inclusive and integrated laboratory system supporting state preparedness. The mission of the ILPERRC is carried out by staff and faculty of the University of Iowa and Iowa State University supported by an Advisory Committee consisting of key and responsible preparedness officials and topic experts from a wide range of offices and organizations across the State.

2012 IDOH General Agreement

Iowa Department of Public Health

Direct Funds: \$15,560,662 | Funding Period: 2011 – 2012

The State Hygienic Laboratory shall provide IDPH, healthcare providers and local public health agencies with detection, results, analysis, monitoring and/or screening for notifiable diseases.

APHL Innovation Grant – Baldrige with L-SIP for Strategic PHL System Performance Improvements

Association of Public Health Laboratories

Direct Funds: \$20,000 | Funding Period: 2011 – 2012

APHL Innovation Grant – The Affordable Care Act and Health Care Market Reforms: Implications for Public Health Laboratories

Association of Public Health Laboratories

Direct Funds: \$18,504 | Funding Period: 2011 – 2012

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 are used to provide essential equipment for the planned College of Public Health Academic Building. This equipment is utilized by all COPH departments and faculty who lead departmental and center-based research, education and outreach programs.

Increasing Young Adult Smokers' Demand for Internet-based Cessation Treatment

University of Illinois at Chicago

Direct Funds: \$104,091 | Funding Period: 2009 – 2012

This project involves use of CADE to increase young adult smokers' demand for internet-based cessation treatment.

Brian Kaskie, PhD (PI)*Promoting Successful Aging within Institutions of Higher Learning*

TIAA-CREF Foundation

Direct Funds: \$265,225 | Funding Period: 2009 – 2012

The goal of this study is to examine programs, services, and role accommodations targeted toward aging employees within academic institutions

The Collaborative Model of Mental Health Care for Older Iowans

US Department of Health & Human Services, Agency for Healthcare Research and Quality

Direct Funds: \$1,096,626 | Funding Period: 2009 – 2012

The purpose of this demonstration project is to establish the evidence-based Collaborative Model of Mental Health Care for Older Iowans in three rural locations where a community mental health center partners with a primary health care clinic.

Tanya Uden-Holman, PhD (PI)*Upper Midwest Public Health Training Center*

US Department of Health & Human Services, Health Resources & Services Administration

Co-Investigators: Christopher Atchison, Marcia Ward

Direct Funds: \$3,166,261 | Funding Period: 2001 – 2015

The goals of this project 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.

Upper Midwest Preparedness and Emergency Response Learning Center

Centers for Disease Control and Prevention

Co-Investigators: Christopher Atchison, Marcia Ward

Direct Funds: \$3,433,688 | Funding Period: 2010 – 2015

The Upper Midwest Preparedness and Emergency Response Learning Center (UMPERLC) operates in Iowa and Nebraska and was established to strengthen the capacity of the public health workforce to respond to public health emergencies. UMPERLC creates training programs to prepare the public health workforce in the necessary competencies to prepare for, promptly identify, and respond to public health threats.

OTHER RESEARCH PROJECTS SUPPORTING CHPR ASSOCIATES

A Collaborative Model to Improve BP Control and Minimize Racial Disparities-CCC

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

Barry Carter (PI) | Center Investigator: Thomas Vaughn

Direct Funds: \$3,526,647 | Funding Period: 2009 – 2014

A Patient Activation Intervention to Enhance Bone Health

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

Peter Cram (PI) | Center Investigator: Fredric Wolinsky

Direct Funds: \$6,167,397 | Funding Period: 2010 – 2015

Improving Mood in Assisted Living Using a Cognitive Training Intervention

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

Marianne Smith (PI) | Center Investigator: Fredric Wolinsky

Direct Funds: \$1,964,079 | Funding Period: 2012 – 2017

PUBLICATIONS BY CHPR ASSOCIATES

Allareddy, V., **Ward, M. M., Wehby, G. L.**, Konety, B. R. (2012). The connection between selective referrals for radical cystectomy and radical prostatectomy and volume-outcome effects: An instrumental variables analysis. *American Journal of Medical Quality*, 27, 434-440.

Ayyagari, P., Ullrich, F., Malmstrom, T. K., Andresen, E. M., Schootman, M., Miller, J. P., Miller, D. K., **Wolinsky, F.** (2012). Self-Rated Health Trajectories in the African American Health Cohort. *PLoS ONE*, 7(12), 1-9.

Boyle, K., Ullrich, F., **Mueller, K. J.** (2012). Independently Owned Pharmacy Closures in Rural America. *RUPRI - Rural Policy Brief*, July.

Brokel, J., **Ward, M. M.**, Wakefield, D. S., Ludwig, A., Schwichtenberg, T., Atherton, M. (2012). Changing patient care orders from paper to computerized provider order entry-based process. *Computer Informatics and Nursing Journal*, 30, 417-425.

Courtright, S. H., Stewart, G., **Ward, M. M.** (2012). Applying research to save lives: Learning from team training approaches in aviation and health care. *Organizational Dynamics*, 41, 291-301.

Feng, Z., **Wright, D. B.**, Mor, V. (2012). Sharp Rise in Medicare Enrollees Being Held in Hospitals for Observation Raises Concerns About Causes and Consequences. *Health Affairs*, 31(6), 1251-1259.

Jaana, M., **Ward, M. M.**, Bahensky, J. (2012). EMR and clinical IS implementation in hospitals: A statewide survey. *Journal of Rural Health*, 28(1), 34-43.

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MacKinney, A. C., Mueller, K. J., Coburn, A. F., Lundblad, J. P., McBride, T. D., Watson, S. D. (2012). Pursuing High Performance in Rural Health. RUPRI Rural Futures Lab Foundation, *Paper No. 4*.

MacKinney, A. C., Mueller, K. J., Lillios, N. P. (2012). Anticipating the rural impact of Medicare value-based purchasing. *RUPRI Health Panel Policy Paper*, April-2012, 1-16.

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Mueller, K. J., Coburn, A., Lundblad, J., **MacKinney, A. C.**, McBride, T., Watson, S. (2012). *The Current and Future Role and Impact of Medicaid in Rural Health. RUPRI Health Panel Policy Paper*, September 2012.

Schootman, M., Andresen, E.M., **Wolinsky, F.D.**, Miller, J.P., Miller, D.K. (2012) Effect of street connectivity on incidence of lower-body functional limitations among middle-aged African Americans. *Annals of Epidemiology*, 22, 568-574.

Ullrich, F. A., **Mueller, K. J.**, **MacKinney, A. C.** (2012). Are Primary Care Practices Ready to Become Patient-Centered Medical Homes? *The Journal of Rural Health*, 29, 1-8.

Ward, M. M., Clabaugh, G., Evans, T. C., **Herwaldt, L.** (2012). Iowa Healthcare Collaborative initiatives to reduce healthcare associated infections: Success of a multi-component statewide approach. *American Journal of Medical Quality*, 27(1), 66-73.

Ward, M. M., Vartak, S., Loes, J., O'Brien, J., Mills, T., Halbesleben, J. R., Wakefield, D. S. (2012). CAH staff perceptions of patient care processes and quality before and after implementation of a comprehensive clinical information system. *American Journal of Managed Care*, 18(5), 244-252.

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Wholey, D. R., **Zhu, X.**, Knoke, D., Shah, P., Zellmer-Bruhn, M., Witheridge, T. F. (2012). Measuring teamwork in assertive community treatment (TACT) teams: Scale development and validation. *Psychiatric Services*, 63(11), 1108-1117.

Wolinsky, F.D., Andresen, E.M., Malmstrom, T.K., Miller, J.P., Schootman, M., Miller, D.K. (2012) Childhood school segregation and later life sense of control and physical performance in the African American Health cohort. *BMC Public Health*, 12(827), 1-13.

Wright, D. B. (2012). Consumer Governance and the Provision of Enabling Services at Community Health Centers. *Medical Care*, 50(8), 668-675.

FORTHCOMING PUBLICATIONS BY CHPR ASSOCIATES

Ayyagari, P., Deb, P., Fletcher, J., Gallo, W., Sindelar, J.. Understanding heterogeneity in price elasticities in the demand for alcohol for older individuals. *Health Economics*.

Edmonds, S.W., **Wolinsky, F.D.**, Christensen, A.J., Lu, X., Jones, M.P., Roblin, D.W., Saag, K.G., Cram, P. and on behalf of the PAADRN Investigators. The PAADRN study: a design for a randomized controlled practical clinical trial to improve bone health. *Contemporary Clinical Trials*.

Leira, E., **Kaskie, B.**, Froehler, M., Adams, H. (2013). The growing shortage of vascular neurologists in the era of health reform: Planning is brain. *Stroke*.

Nyarko, K., Lopez-Camelo, J., Castilla, E.E., **Wehby, G.L.** Does the relationship between prenatal care and birth weight vary by oral clefts? Evidence using South American and United States samples. *Journal of Pediatrics*.

Nyarko, K., Lopez-Camelo, J., Castilla, E.E., **Wehby, G.L.** Explaining racial disparities in infant health in Brazil. *American Journal of Public Health*.

Nyarko, K., **Wehby, G. L.** Residential segregation and the health of African-American infants: Does the effect vary by prevalence? *Health and Place*.

Ward, M. M., Ullrich, F., Matthews, K., Rushton, G., Goldstein, M. A., Bajorin, D. F., Hanley, A., Lynch, C. F. Who Does Not Receive Treatment for Cancer? *Journal of Oncology Practice*.

Wehby, G. L., Murray, J. C., McCarthy, A. M., Castilla, E. E. Racial Gaps in Child Health Insurance Coverage in Four South American Countries: The Role of Wealth, Human Capital and Other Household Characteristics. *Health Services Research*.

Wehby, G. L., Murray, J. C., Wilcox, A., Lie, R. T. Smoking and body weight: Evidence using genetic instruments. *Economics and Human Biology*.

Wehby, G.L., Nyarko, K.A., Lopez-Camelo, J.S. Fetal health shocks and early inequalities in health capital accumulation. *Health Economics*.

Wright, D. B. Consumer Governance May Harm Health Center Finances. *Journal of Primary Care & Community Health*.

Wright, D. B. Rural-Urban Differences in Consumer Governance at Community Health Centers. *Journal of Rural Health*.

Wright, D. B. Who Governs Federally Qualified Health Centers? *Journal of Health Politics, Policy and Law*.

Wright, D. B., Jung, H.-Y., Feng, Z., Mor, V. Trends in Observation Care among Medicare Fee-for-Service Beneficiaries at Critical Access Hospitals, 2007 - 2009. *Journal of Rural Health*.

Wright, D. B., Ricketts, T. C. When Patients Govern: Federal Grant Funding and Uncompensated Care at Federally Qualified Health Centers. *Journal of Health Care for the Poor and Underserved*.

HMP PhD Student Publications

Qasim M, Andrews RM. (2012) Post-Surgical readmissions among patients living in the poorest communities, 2009. *HCUP Statistical Brief #142*. Agency for Healthcare Research and Quality, Rockville, MD. Available at <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb142.pdf>.

Weigel P, Hockenberry JM, **Bentler SE**, Kaskie B, Wolinsky FD. (2012) Chiropractic episodes and the co-occurrence of chiropractic and health services use among older Medicare beneficiaries. *Journal of Manipulative and Physiological Therapeutics*, March 2012, 35(3): 168-175.

Forthcoming PhD Student Publications

Nyarko K, Lopez-Camelo J, Castilla EE, & Wehby GL. Does the relationship between prenatal care and birth weight vary by oral clefts? Evidence using South American and United States samples. *Journal of Pediatrics*.

Nyarko KA, Lopez-Camelo J, Castilla EE & Wehby GL. Explaining racial disparities in infant health in Brazil. *American Journal of Public Health*.

Nyarko KA, Wehby GL. Residential segregation and the health of African-American infants: Does the effect vary by prevalence? *Health and Place*.

Wehby GL, **Nyarko KA** & Lopez-Camelo JS. Fetal health shocks and early inequalities in health capital accumulation. *Health Economics*.



**2012 Bonnie J. and Douglas S.
Wakefield Award winners
Michelle Lampman and
Paula Weigel**



PhD Student Publications

PRESENTATIONS BY CHPR ASSOCIATES

Atchison, C. G., "Overview of the State Hygienic Laboratory and Partnership Opportunities," DMACC Board of Directors Meeting, Des Moines Area Community College, Des Moines, IA. (2012).

Atchison, C. G., "State Hygienic Laboratory Report," State Board of Health Meeting, State of Iowa, Des Moines, IA. (2012).

Atchison, C. G., "Engaging Safety Net Providers in New Medicaid Delivery Models," NASHP 25th Annual State Health Policy Conference, Baltimore, MD. (October 2012).

Atchison, C. G., "Preconference: Improving Population Health Outcomes: Creating a Truly Comprehensive Health System," NASHP 25th Annual State Health Policy Conference, Baltimore, MD. (October 2012).

Atchison, C. G., "Overview of the State Hygienic Laboratory Role," Lakeside Laboratory Advisory Board Meeting, Milford, IA. (May 2012).

Atchison, C. G., "A Logical Solution: Using a Systems Model for Public Health Practice," Iowa Governor's Conference on Public Health, Ames, IA. (April 17, 2012).

Atchison, C. G., "Welcome Remarks, Trends and Best Practices in the Investigation of Foodborne Illnesses," Trends and Best Practices in the Investigation of Foodborne Illnesses, Iowa DIA, IDPH, State Hygienic Laboratory, Ames, IA. (April 16, 2012).

Ayyagari, P., "The Impact of Retirement on Smoking," Eastern Economic Association Conference. (2012).

Ayyagari, P., "The Impact of Retirement on Smoking," Seminar at Economics Department, University of Memphis. (2012).

Ayyagari, P., "The Impact of Smoking on Cognition," Southern Economic Association Meetings. (2012).

Ayyagari, P., "The Impact of Retirement on Smoking," American Society of Health Economists' Conference. (June 2012).

Harris, J., Barkema, E., Uden-Holman, T. M., "Public Health is Changing," 2012 Iowa Governor's Conference on Public Health, Iowa Public Health Association, Ames, IA. (April 17, 2012).

Kaskie, B., "Trends and issues: The aging academic workforce," TIAA CREF National Client Forum, Los Angeles, CA. (April 2012).

Kaskie, B., "Promoting wellness and retirement readiness," Iowa Municipal Management Institute, Iowa City, IA. (March 2012).

Kaskie, B., "Successful aging in academic institutions," National Association of Retired Staff and Emeriti Faculty, Chapel Hill, NC. (October 2012).

MackKinney, A. C., "The Triumvirate: Board, Medical Staff, and Administration," IHA Annual Conference, Idaho Hospital Association, Sun Valley, ID. (October 8, 2012).

MackKinney, A. C., "Transferring Risk – the Road to Health Care Value," IHA Annual Conference, Idaho Hospital Association, Sun Valley, ID. (October 8, 2012).

MackKinney, A. C., "Transferring Risk – The Road to Health Care Value," neRHA Annual Conference, Nebraska Rural Health Association, Kearney, NE. (September 20, 2012).

MackKinney, A. C., "Rural Perspective on Health Care Reform," ASHNHA Annual Conference, Alaska State Hospital and Nursing Home Association, Anchorage, AK. (September 7, 2012).

MackKinney, A. C., "The March to Value," Oregon Rural Health Reform Initiative, Oregon Association of Hospitals and Health Systems, Portland, OR. (May 16, 2012).

MackKinney, A. C., "Oregon CCOs - A Dialogue," Oregon Rural Health Reform Initiative, Oregon Association of Hospitals and Health Systems, Portland, OR. (May 16, 2012).

MackKinney, A. C., "March to Value - Playing Nice," Alabama Rural Health Conference, Alabama Department of Health, Montgomery, AL. (May 3, 2012).

MackKinney, A. C., "Advanced Payment Demonstration," Rural Health Care Leadership Conference, Health Forum, Phoenix, AZ. (February 6, 2012).

MackKinney, A. C., "Volume to Value - Charles Cole," Board meeting, Charles Cole Memorial Hospital, Coudersport, PA. (September 25, 2012).

MackKinney, A. C., "FESC Evaluation Interim Report," FESC Steering Committee Meeting, SEARHC, Anchorage, AK. (January 11, 2012).

MackKinney, A. C., "Patient-Centered Medical Homes," FESC Steering Committee Meeting, SEARHC, Anchorage, AK. (January 11, 2012).

MackKinney, A. C., "Preparing for Coordinated Care Organizations," Webinar, Oregon Association of Hospitals and Health Systems. (May 29, 2012).

Mueller, K. J., "Affordable Care Act: What is Next?" Monthly meeting, Johnson County Medical Society, Iowa City, IA. (November 8, 2012).

Mueller, K. J., "Transforming Health Care: Who Will Pay?" 39th Annual Meeting & Conference, American Academy of Nursing, Washington, D.C. (October 11, 2012).

Mueller, K. J., "The Impact of Health Care Reform on Rural Communities," 2012 Avera Rural Health Conference, Avera Health Rural Health Institute, Sioux Falls, SD. (October 4, 2012).

Mueller, K. J., "The Future of Rural Health Care," 2012 Joint Fall Meeting: Moving Rural Health Forward, Iowa Rural Health Association and Iowa Association of Rural Health Clinics, Johnston, IA. (September 20, 2012).

Mueller, K. J., "Accountable Care Organizations: A Viable Model for CAH Participation?," Northwest Regional Critical Access Hospital Conference, Spokane, WA. (March 13, 2012).

Mueller, K. J., "Transitioning from Volume to Value: Aligning Mission and Money," Mid America Hospital Association, Mid America Hospital Association, Omaha, NE. (September 28, 2012).

Mueller, K. J., "Sustaining Essential Services in Frontier Communities," National Advisory Commission on Rural Health and Human Services, Office of Rural Health Policy, US Department of Health and Human Services, Austin, TX. (September 26, 2012).

Mueller, K. J., "Rural Health Systems of the Future," National Advisory Committee on Rural Health and Human Services, National Advisory Committee, Office of Rural Health Policy, Kansas City, MO. (June 18, 2012).

Mueller, K. J., "Toward a High Performance, Sustainable Rural Health System," Rural Healthcare Leadership Conference, Phoenix, AZ. (February 5, 2012).

Mueller, K. J., "State of Rural Health: Looking Forward," National Rural Health Association Policy Institute, Washington, DC. (January 30, 2012).

Shane, D., ""The Specialists Will See You Now: Evidence on the Impact of Private Health Insurance on Visits to Specialists versus GPs", " ASHEcon 4th Biennial Conference, Minneapolis, MN. (June 2012).

Shane, D., ""What Drives Differences in Health Care Demand: The Role of Health Insurance and Selection Bias", " ASHEcon 4th Biennial Conference, Minneapolis, MN. (June 2012).

Uden-Holman, T. M., Walkner, L. M., "Innovative Advances in Learning Technologies," Public Health Preparedness Summit 2012, NACCHO, Anaheim, CA. (February 22, 2012).

Uden-Holman, T. M., Murphy, M., "Interprofessional Models for Training for the Future," Rebalancing Health Care in the Heartland 5: Shaping Iowa's Health Care Landscape, UI Health Sciences Policy

Council, Des Moines, IA. (November 13, 2012).

Ward, M. M., "Implementation of TeamSTEPPS: Lessons Learned from Iowa Critical Access Hospitals," Critical Access and Rural Hospital Forum, Iowa Hospital Association, Des Moines, IA. (March 2012).

Ward, M. M., "Implementation of TeamSTEPPS in Iowa Critical Access Hospitals," MBQIP Workshop, IDPH FLEX - Telligen, Des Moines, IA. (April 2012).

Ward, M. M., "Quality Improvement Lessons Learned from TeamSTEPPS," CAH QI Coordinator Meeting, IDPH FLEX - Telligen, Des Moines, IA. (July 2012).

Wright, D. B., "Power to the Patients? What Consumer Governance Means for Health Center Services and Finances," Yale School of Public Health, Division of Health Policy and Administration, New Haven, CT. (January 25, 2012).

Wright, D. B., "The Increasing Use of Hospital Observation Services among Fee-for-Service Medicare Beneficiaries: 2007 - 2009," 18th Annual NRSA Trainees Research Conference, Agency for Healthcare Research and Quality, Orlando, FL. (June 23, 2012).

RESEARCH UPDATE PRESENTATIONS

Date	Presenter	Title of Presentation
January 27, 2012	Justin Glasgow MD Student, UI Carver College of Medicine PhD Student, CPH Department of Epidemiology	Sustaining Change in Healthcare: Patient Flow to Teamwork
February 3, 2012	Padmaja Ayyagari, PhD Assistant Professor Department of Health Management and Policy University of Iowa	The Impact of Retirement on Smoking Habits
February 10, 2012	Keith Mueller, PhD Gerhard Hartman Professor and Head Department of Health Management and Policy University of Iowa	The Intersection of Health System Change and Public Policy
February 17, 2012	Fredric Wolinsky, PhD Professor and John W. Colloton Chair Department of Health Management and Policy University of Iowa	The Iowa Health and Active Minds Study: One-Year Results from an RCT to Improve Cognitive Functioning in Older Adults
February 24, 2012	Yuexin Tang PhD Student UI College of Pharmacy	Effects of Women's Health and Cancer Rights Act on Mastectomy Use Among Early-Stage Breast Cancer Patients
March 9, 2012	Suzanne Bentler PhD Candidate Department of Health Management and Policy University of Iowa	A Measurement Model of Patient- Reported Continuity of Care among Medicare Beneficiaries
April 6, 2012	Thomas Vaughn, PhD Associate Professor Department of Health Management and Policy University of Iowa	Hospital Leadership and Quality: Governance, C-Suite, and Clinical Managers' Perceptions Versus Objective Measures
April 13, 2012	Steve Courtright Graduate Research Assistant Department of Health Management and Policy Department of Management & Organizations	Barriers and Solutions to Implementing Evidence-Based Management: Comparing Team Training Approaches in Healthcare and Aviation
April 20, 2012	Kwame Nyarko PhD Student Department of Health Management and Policy University of Iowa	Explaining Racial Disparities in Infant Health in Brazil
April 27, 2012	Kyle Kingsley PhD Student Department of Health Management and Policy University of Iowa	Hospitals as Charitable Institutions: Traveling from the Almshouse to CHNA
September 14, 2012	Xi Zhu, PhD Assistant Professor Department of Health Management and Policy University of Iowa	Pathways to Patient-Centered Care Management Team: Design, Interdependence, and Processes

September 21, 2012	Keith Mueller, PhD Gerhard Hartman Professor and Head Department of Health Management and Policy University of Iowa	The Portfolio of the RUPRI Center for Rural Health Policy Analysis
September 28, 2012	Dan Shane, PhD Assistant Professor Department of Health Management and Policy University of Iowa	Temporarily Uninsured: Assessing the Socioeconomic Composition and Health Services Utilization Compared to the Continuously Uninsured
October 5, 2012	Thomas Vaughn, PhD Associate Professor Department of Health Management and Policy University of Iowa	How Do We Define “Place”? How Do We Define “Communities Healthcare Services”?
October 26, 2012	Fredric Wolinsky, PhD Professor and John W. Colloton Chair Department of Health Management and Policy University of Iowa	The Patient-Centered Outcomes Research Institute: Pilots, Projects and Candles in the Wind
November 2, 2012	Michelle Lampman PhD Student Department of Health Management and Policy University of Iowa	Evaluating PCMH Implementation in the VA
November 9, 2012	Marcia Ward, PhD Professor and Director of the PhD Program Department of Health Management and Policy University of Iowa	Who Does Not Receive Treatment for Cancer: A Health Services Researcher Perspective
November 30, 2012	Padmaja Ayyagari, PhD Assistant Professor Department of Health Management and Policy University of Iowa	Determinants of Pneumonia Vaccinations Among Medicare Beneficiaries
December 7, 2012	Mehwish Qasim PhD Student Department of Health Management and Policy University of Iowa	Income-Related Disparities in Surgical Outcomes Have Declined, But Some Inequalities Persist

