Center for Health Policy and Research
2012
Research and Educational Activities

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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 *

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Chika Takeuchi Dows Institute
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Fred Ulrich  Department of Health Management and Policy
Smruti Vartak, Ph.D.  Department of Health Management and Policy
Kelli Vellinga, R.N.  Teigen
Barbara Wagener  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 **

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Katherine Westfall  Department of Health Management and Policy
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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.
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.)*
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.
Marcia Ward, PhD (PI)

Evaluation of TeamSTEPPSTM Implementation for Community Hospital Patient Safety
US Department of Health & Human Services, Agency for Healthcare Research & Quality
Co-Investigators: Jill Scott-Cawiezel, 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 Fraility 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 assisters 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
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


FORTHCOMING PUBLICATIONS BY CHPR ASSOCIATES


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*.


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


Forthcoming PhD Student Publications


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
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., “Overview of the State Hygienic Laboratory Role,” Lakeside Laboratory Advisory Board Meeting, Milford, IA. (May 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).


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


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., 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).


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