

Annual Report

July 2017-June 2018



**Institute of
Public Health
Research and Policy**



Iowa Institute of Public Health Research and Policy

The influence of public health is all around us. From the air we breathe to the water we drink to the policies that promote healthy lifestyles and guidelines for disease and injury prevention. Public health impacts all of us in many different ways, yet public health is often misunderstood due to the preventive and broad nature of the subject. Sometimes public health goes unnoticed because bad things **are prevented** but the power of public health is at work every day. The **Iowa Institute of Public Health Research and Policy (IIPHRP)** an Iowa Board of Regents approved institute, was established to expand the scope, scale and impact of public health research at the University of Iowa. The IIPHRP fosters and nurtures collaborations, and **promotes the vital development, implementation, and grassroots application of cutting edge, public health research** to address grand challenges in population health. The IIPHRP **serves as a catalyst and creates intellectual communities that reach across disciplinary boundaries** by bringing together researchers, health organizations, providers, citizens, community leaders, private partners and policy makers to help shape and inform public health policy. Fostering and nurturing new collaborations, within and outside the University of Iowa helps us to expand the field of public health and to create meaningful opportunities for scientists, students, policy makers and communities to interact and network.



*Vickie Miene
Interim Director*

Although a young enterprise, the IIPHRP has built a strong portfolio that continues to expand collaborations, and increase opportunities for students, faculty and communities that would not otherwise exist. We are delighted to present this annual report, which showcases the IIPHRP's contributions **to University of Iowa student success, community outreach and engagement, and, research and discovery.** From our **Executive-in-Residence program** where industry experts are integrated into the life of the college through sharing knowledge and exploring new initiatives, to our **policy fellowship program** in which faculty are supported to translate their research into practice/policy, to the **Collaboratory** where new teams of investigators come together to develop new research portfolio's, to the **Healthy Lifestars** initiative which impacts a national obesity epidemic, the IIPHRP is **creating partnerships and alliances** to address critical population health issues across the nation.



As you peruse this report you will discover numerous aspirational people who are working together to impact public health policy and research through the IIPHRP. Are you interested in Public Health? Would you like to join us and get involved in the many initiatives dedicated to promoting research and policy related to disease and injury prevention? **Lets talk about the possibilities! Check out the website at www.public-health.uiowa.edu/iiphrp/ to learn more!**

IIPHRP Programming

Policy Fellowship Program for Faculty

[The College of Public Health's Policy Fellow Program](#), offered through the IIPHRP, provides faculty with opportunities to translate their public health research into practice and policy. The policy fellows work closely with the IIPHRP, their cohort, and with CPH Leadership to learn engagement strategies and to deploy activities that result in direct impact to practice or policy initiatives

Policy fellows design an Action Learning Project (ALP) focused on a critical public health issue, which is the cornerstone of their work over the course of the year-long program. Through the year, fellows are provided technical assistance and a supportive learning environment through the IIPHRP. Activities to advance and complete the ALP include:

- Building stakeholder coalitions and facilitating collaborative meetings.
- Developing educational materials, issue briefs, and other pertinent documents.
- Preparing dissemination plans to achieve greatest impact.

These techniques are best practice strategies, however few faculty have been formally trained in these practices. Using a “hands-on” approach helps advance the impact of the fellow’s current research while providing concrete skills to implement similar strategies in the future. Participation in the Policy Fellow Program occurs through a competitive application process early in the fall semester.

2017-2018 Policy Fellows:



Paul Gilbert is an assistant professor in the Community and Behavioral Health Department. He conducts research to understand and address alcohol-related disparities. He is particularly interested in ways that gender, race/ethnicity, and sexual orientation shape drinking patterns, risk of alcohol use disorders, and utilization of treatment services.

[As a policy fellow, Gilbert is looking at ways to reduce underage drinking, specifically through social host liability laws.](#) Social host liability

maintains that adults who provide alcohol to minors, or who allow minors to consume alcohol on their property, should be accountable for violations of the minimum legal drinking age. In 2014, the Iowa state code was amended to enact a statewide social host liability law that covers all jurisdictions.

Gilbert is assessing variation in enforcement of Iowa’s social host liability laws. He has reviewed statewide enforcement records and interviewed stakeholders to understand when and how the law is enforced, including barriers to enforcement. Gilbert will draw on local experts for knowledge and scientific literature to make recommendations to strengthen Iowa’s adolescent alcohol prevention policies. He will introduce an issue brief describing the social host liability policies at a summit in fall of 2018.

“I had always hoped that my research findings would contribute to legislation and policy, but apart from one class on health policy during my master’s program, I’ve had no experience with it. This program was a way to learn how to engage more directly in that process.”

~ Paul Gilbert



Brandi Janssen is a clinical assistant professor in the Occupational and Environmental Health Department. She is also director of Iowa's Center for Agricultural Safety and Health (I-CASH) where she oversees a statewide coalition of public and private organizations devoted to reducing injuries and fatalities on farms. Her research examines local food production in Iowa to better understand how to develop food systems that are environmentally sustainable, accessible to consumers, and profitable for farmers.

As a policy fellow, Janssen is focused on engaging with agricultural lenders to improve farm safety in Iowa. Injuries among farmers and agricultural workers remain higher than nearly every other industry in the United States. Most years in Iowa, agriculture is responsible for more occupational fatalities than any other industry.

"I applied for a policy fellowship to formalize a project I had been thinking about for some time," said Janssen. "We know bankers are an important part of the agriculture industry and that they interact closely with their farm clients. Also, perhaps more than most agricultural stakeholders, bankers have a vested interest in ensuring the health and safety of farmers. Despite this, I did not know of any current models for merging bankers with the agriculture safety and health perspective."

Janssen's project aims to identify strategies for lenders to encourage and improve safe farm practices in Iowa. She is developing educational materials for dissemination among Iowa's agricultural lenders.

2016-2017 Policy Fellows:

Mary Charlton and Cara Hamann were selected as policy fellows for 2016-2017 and have continued work on their evolving projects with IIPHRP resources.



Mary Charlton is an assistant professor in the Department of Epidemiology as well as an investigator with the Iowa Cancer Registry. The Iowa Cancer Registry (ICR) is a population-based cancer registry that has served the State of Iowa since 1973. The registry is funded by the National Cancer Institute (NCI) as part of its Surveillance, Epidemiology, and End Result's (SEER) Program. As one of only 18 SEER registries in the U.S., ICR routinely collects data on patient demographics, primary tumor site, tumor morphology, stage at diagnosis, and first course of treatment. SEER is the authoritative source of information on cancer incidence and survival in the U.S. As a policy fellow, Charlton recommended policy changes to modernize Iowa cancer reporting laws and maintain high standards of quality reporting, while meeting new NCI funding requirements. Activities related to these policy changes are still underway and evolving, and the ICR recently received a 10-year contract to remain a NCI SEER Registry.

"Being a policy fellow was extremely worthwhile because it led to the development of a legislative strategy that will strengthen the Iowa Cancer Registry. I gained exposure to, and connections with, many people I would likely not have encountered including University leaders and elected officials"

~ Mary Charlton

"Being a policy fellow was extremely worthwhile," said Charlton, "because it greatly contributed to my objective of updating cancer reporting requirements in Iowa. It led to the development of a legislative strategy that will strengthen the Iowa Cancer Registry and the

data we collect, which is also the data I use in most of my research projects. At the same time, it inspired research ideas related to the engagement of small hospitals throughout Iowa to improve rural cancer control. These ideas were included in a grant application that will hopefully lead to additional funding”.

“I gained exposure to, and connections with, many people I would likely not have encountered, including University of Iowa leadership, legislators, leaders from the Iowa Hospital Association and Iowa Medical Society, and many others. I also got to meet Senator Tom Harkin, which was a huge honor.”



Cara Hamann is an Associate in the Department of Epidemiology. [As a policy fellow, Hamann has worked to create awareness of how safety for bicyclists can be improved](#) by sharing current research and proposing policy changes.

“My participation in the IIPHRP’s policy fellowship program has greatly advanced my ability to translate my work into action,” said Hamann. “It allowed me the time and resources to partner with our state bicycle advocacy organization. Through this partnership, we successfully influenced state-level legislative changes to increase penalties for distracted driving. We brought together stakeholders to develop an action framework, conducted a webinar on strategies to end fatal bicycle crashes in Iowa, made face-to-face visits with legislators on the hill, and created and distributed educational materials to policymakers and people of influence throughout the state.

“The policy fellowship has furthered my research by making more people aware of the work I do and has led to some new opportunities. I now have real world experience in dissemination of my research to influence policy change, which is very rewarding.”

Dr. Hamann hosted a webinar, “Strategies to End Fatal Bicycle Crashes” in December, 2017 that provided an overview of Iowa bicyclist crashes and fatalities data, the status of the Iowa DOT Bicycle and Pedestrian Long Range Plan, engineering and policy solutions, and priorities and recommendations for the 2018 legislative session. The mother of a teenager killed in a bicycle-motor vehicle crash in October, 2017 shared her story on the webinar.

Hamann added, “The encouragement from IIPHRP was huge. It was helpful to have an outside perspective to remind me of the importance and significance of my work. It’s easy to forget those things when it is what you do day in and day out. I am very grateful to have been given the opportunity to be one of the first IIPHRP fellows, which undoubtedly will be beneficial to both my career and my cause.”



Collaboratory

The [Public Health Collaboratory Award](#) was created to bring together a creative group to solve complex problems. Collaboratories provide the opportunity for new organizational networks to form, while expanding the scope, scale and impact of public health research. This competitive application requires collaborators from different backgrounds and disciplines to propose an aspirational research idea around an emerging public health topic. A successful collaboratory leads to a sustainable research initiative, such as a large research center or service grant, that bolsters and builds upon areas of research closely linked to the College of Public Health's three areas of excellence: rural health, comparative effectiveness research and community engagement.

The Iowa Institute of Public Health Research and Policy (IIPHRP) awarded two collaboratory grants during this annual report period. The funding for the collaboratories is provided by generous gifts from Dale and Linda Baker and from the Carver Trust. [Read more about the collaboratories in this news brief.](#)

Funding for the collaboratory is dispersed throughout the award period with the completion of set milestones. Each collaboratory receives targeted support from the IIPHRP which can include assistance in developing team structure, function, roles, communication and accountabilities. IIPHRP support also includes defining and recognizing policy opportunities, providing project management coaching, website development, linkage to additional partners or funders and planning for outreach and dissemination of work. The ultimate goal of the collaboratory is to develop a large center grant or multiple research grants, those ensuring sustainability for the newly developing research portfolio. The membership of each collaboratory is unique depending on the topic and the needed skillset. A list [of affiliates associated with each collaboratory](#) can be found on the IIPHRP website. Each collaboratory is generating new projects and scholarly articles as summarized below and new organizational networks are forming.

Collaboratory - Human Exposure and Health Risks from Neonicotinoid Insecticides



Bill Field, professor of occupational and environmental health, is the leader of the [collaboratory to Identify Human Exposure and Health Risks from Neonicotinoid Insecticides](#). Neonicotinoids are a relatively new class of insecticide, but have become the most widely used class of agricultural insecticides in the world. The primary goal of the Neonicotinoid Collaboratory is to develop an expandable network of collaborators that facilitates conducting critical research, education, and future policy development to identify and understand human exposure and health risks from neonicotinoid insecticides.

Research on neonicotinoids is an emerging body of work. Scientists note that the limited number of human studies published, all suffer from the lack of validated biomarkers for neonicotinoid exposure. The lack of such biomarkers represent major obstacles for studies investigating exposure and adverse health effects of neonicotinoids in humans. The Iowa Neonicotinoid Collaborative is working to establish the analytical methodology to measure the parent neonicotinoids and the respective metabolites in human urine samples and to assess their suitability as biomarkers of exposure. There are now over 17 collaborators from disciplines such as occupational and environmental health, epidemiology, chemistry, geology, civil and environmental engineering, chemical engineering, and hydrology engaged in this effort including scientists from University of Iowa, the Iowa State Hygienic Laboratory and the United States Geological Survey.

Major data collection efforts involve understanding potential neonicotinoid exposure from ground water sources such as the well water of Iowa farmers and their families, who live in an “at risk” area for ground water contamination, based on the geology of the area. The original goal was to conduct water tests on 70 wells and analyze pilot data to prepare the evidence for a broader scope of work. The collaboratory funding supports pilot study data collection, testing and data analysis, and the work of a post doc and a PhD student research assistant.

The Collaboratory sampled close to **469 wells** from across Iowa. This expanded data testing was made possible through generous in-kind gifts from collaborators, **in excess of \$100,000**, to test additional wells and contaminants, making this important data collection effort much larger than originally planned.

The collaboratory is submitting the article, “*A critical review on the potential impact of neonicotinoid insecticide use: Implications for human health*”, for publication. This comprehensive overview discusses what we know and what research steps should be taken next, to better understand neonicotinoid exposure risk. This review article includes contributions from all 17 collaborators. In addition, the following projects are in process, each resulting in a scientific paper contributing to the knowledge base of this new area of study:

- *Neonicotinoid Biomonitoring Method*
- *Detection of Neonicotinoids & Metabolites in Iowa Groundwater - US Geological Survey samples*
- *Detection of Neonicotinoids & Metabolites in Iowa Groundwater - Iowa Department of Natural Resources Samples*
- *Detection of Neonicotinoids & Metabolites in Iowa Groundwater – Grants to County Program Samples*



The Neonicotinoid Collaboratory has submitted proposals for future funding and has received commitment of additional estimated \$200,000 of in-kind support for the project, to assess neonicotinoid exposure and additional exposures of over 230 chemicals.



Collaboratory - Iowa Perinatal Health Research Collaborative



Kelli Ryckman, associate professor of epidemiology, is the leader of the [Iowa Perinatal Health Research Collaborative \(IPHRC\)](#). The central mission of the IPHRC is to develop a network of perinatal care providers and public health professionals working to improve the health outcomes of children born low birth weight (LBW) and/or preterm through innovative and multidisciplinary research initiatives.

Advances in neonatal intensive care have drastically reduced perinatal mortality related to LBW and/or preterm births. In infants born before 27 completed weeks of gestation, there is a 65% chance of survival and a 56% chance of survival without severe impairment, nationally. In Iowa, survival without severe impairment is even higher.

The collaboratory set out to 1) develop a statewide database of children born LBW and/or preterm that provides a platform for outcomes research, quality improvement initiatives and interventions. 2) define a set of outcome measures and data sources that capture meaningful measures for this population, and 3) develop relationships and engage families and community partners in preterm birth research.

The IPRHRC has made much progress on its goals and has grown its network to over 13 members with scientists from Iowa, California and Illinois. In addition, the March of Dimes is very active in the IPHRC. The IPRHC supports the work of one PhD Graduate Research Assistant. The collaboratory has applied for over \$1.6 million in grant funding and, has generated \$75,000 additional funds from two new private donors with particular interest in the work.

The collaboratory is developing and expanding their research portfolio with the following projects that are in various states of completion:

- *Maternal hyperlipidemia and risk for preterm birth.* Started Spring 2017. Manuscript submitted to AJE, March 2018
- *Early prediction of gestational diabetes mellitus in nulliparous women using prenatal aneuploidy screening biomarkers* - started Spring 2017
- *Development and validation of a risk-prediction model for early prediction of gestational diabetes mellitus in nulliparous women* Started Spring 2017
- *Maternal serum cortisol, CRH and the risk of preterm birth* - Started Spring 2017. Manuscript drafted and submitted in March, 2018
- *Metabolic underpinnings of preterm birth by timing and subtype* – started Spring 2018
- *Genetic risk score for lipid levels and preterm birth* – started Summer 2017



- *Metabolic profiles in infants with PPHN* -started Summer 2017
- *The impact of autoimmune rheumatic diseases on birth outcomes* - started Fall 2017

In addition, the collaboratory is analyzing data and will be submitting the following manuscripts for publication:

- *The impact of multiple sclerosis on birth outcomes*
- *The effect of fetal growth on mortality in preterm and term infants with critical congenital heart disease*
- *Metabolic and inflammatory pathways of preeclampsia – submitted to AJOG*
- *Replication of a genome-wide study of preterm birth*
- *Comparison of risk and resiliency factors for preterm birth in rural, suburban and urban areas of Fresno County, California*

An important initiative undertaken by the collaboratory is the ability to link various data sets so that outcomes can be measured on the smallest lowans over time. The collaboratory is developing processes to link various data sets through a third party broker model (the Iowa State Hygienic Laboratory) in partnership with the Iowa Department of Public Health.



Global Health Case Competition

The [IIPHRP Global Rural Health Case Competition](#) offers an innovative learning experience for future public health leaders. This competition brings together graduate students from multiple colleges and disciplines in a format uncommon at most universities and colleges. The inaugural case competition, focused on the ongoing power crisis in Puerto Rico which was caused by the Category 5 Hurricane Maria in September 2017. **The competition yielded six student teams with participants from 14 different departments and five colleges across the University.**



The competition structure is similar to that of a business school case competition where student teams formulate recommendations for business-oriented problems. Through the IIPHRP Global Public Health Case Competition, students creatively address critical global health challenges in a competitive and collaborative environment that simulates future workplace settings by requiring multi-disciplinary team work, practice researching and formulating solutions, preparing and presenting key information and project management skills to execute an information packed presentation by the deadline. Students had 2 weeks to prepare and were assigned a faculty mentor to provide limited guidance.

On competition day, student teams presented feasible, sustainable solutions to restore health, hope, and resiliency to Puerto Rico. The teams were asked to address multiple system solutions that could include ideas about power, water, health, and communications as well as concepts around infrastructure, policy, and sustainability to prevent this type of breakdown in the future. Each team had 15 minutes to present their recommendations, followed by 10 minutes of questions to defend their ideas from a panel of five expert judges.



For participant Monisa Saravanan, an MPH student in community and behavioral health, the case competition offered a new type of learning experience. “I have a strong interest in global health and learning about the underlying factors that can influence a certain health status either positively or negatively,” she says. “The case competition provided the opportunity to engage in material and get an experience doing something with global health that was ‘real-world’ and not classroom-based.” Saravanan found the process to be valuable in several ways. ***“While I expected to learn a lot from the competition, I was surprised by the amount of***

information that our team went through and how much we all learned from each other,” she says. The winning team announced that they would donate their prizes totaling \$2,500 to recovery efforts in Puerto Rico. Funding for the case competition was generously provided by John Deere, Inc and Dale and Linda Baker.

Executive-in-Residence

The College of Public Health's [Executive-in-Residence Program](#), housed within the Institute of Public Health Research and Policy, integrates senior business leaders into the life of the college and provides unique opportunities for experts to interact closely with students and faculty. While the college hosts many external practitioners as visiting lecturers and conference participants, Executives-in-Residence foster long-term relationships with the college and help to shape and execute new strategic initiatives. The program is custom tailored to the unique capabilities and interest of each executive.



The program is a mechanism for business and community leaders to participate in the college's three-part mission: contributing to the educational experience of students, engaging with the college's research enterprise and participating in community engagement initiatives that integrate the college and society.

Executives from Merck & Co, IDx, LLC, Children's Nationwide, and John Deere, Inc participated in the program during the 2017-2018 academic year. In total, over 500 participants were involved in some aspect of the program in the last year. Each of the executives led student and faculty discussions, provided learning opportunities through lectures and seminars and met with faculty and other stakeholders to discuss new and/or expanded collaborative partnerships.

Executives in
Residence
2017-2018



Jenelle Krishnamoorthy, PhD

*Associate Vice President for U.S. Policy, Communications, and Population Health
Merck & Co*



Angela Mingo, MA

*Director of Community Relations
Children's Nationwide*



John Casko, MBA

*Vice President Development
IDx, LLC.*



Laurie Zelnio, MBA

*Director, Environment, Health, Safety, Standards & Sustainability
John Deere, Inc.*

Conversations with executives are broad. They might include ideas for engagement, service, learning, or research opportunities and ideas about how to partner with industry on various projects. Students might inquire about career trajectories, or seek employment or interview advice. Conversations to improve opportunities for workforce development are popular among executives.

The program continues to receive rave reviews from students and faculty.

"Honestly, amazing presentation, he [Mr Casko] was very engaging and knowledgeable about marketing concepts and I enjoy seeing the concepts put into place using real industry as an example".

- Student Participant

Executive-in-Residence Lectures and Seminars

Casko, John, "Strategies regarding market identification and branding principles, lessons learned from IDX", "Marketing principles and strategies using IDX as case example" and "Vision health as a public health issue – conversation and demo of screening equipment"

Krishnamoorthy, Jenelle, Population Health – Perspectives from the Field and Policy Implications

Zelnio, Laurie, "Career Tips and Lessons Learned from the Path to Executive Level"

Mingo, Angela, "Healthcare as a Community Development Strategy"



Executive-in-Residence Activities	Participants
Collegiate Seminars	240
Classroom Lectures	165
Faculty Collaboration Meetings	81
Individual and small group student mentoring sessions	60
Total Participants	546

Visiting Scholars

The [Visiting Scholar Program](#) (VSP) provides an opportunity to enrich the education, research and collaboration initiatives of the College of Public Health by focusing on specific scholarly work and /or research of critical public health issues. The program integrates exceptional senior scholars into the life of the college and provides unique time-limited opportunities for the students and faculty to interact closely with the scholars through a variety of functions.



Visiting Scholars have relevant experience and/or hold an advanced degree in their field of study. They must have demonstrated commitment to learning and demonstrated considerable impact in their respective field including excellence in teaching, in research, and/or in policy. Typically, Visiting Scholars have led, or significantly contributed to major projects in critical public health practice or policy.

Visiting
Scholars
2017-2018



Tom Harkin
United States Senator (Retired)



Sandra Hoffman
Health Economist
United States Department of Agriculture



Laura Jelliffee-Pawlowski
Associate Professor of Epidemiology and
Biostatistics
University of California San Francisco Medical
Center



Megan Sandel
Pediatrician and Director of the GROW Clinic
Boston Medical Center

This year the IIPHRP hosted a variety of Visiting Scholars including Senator Tom Harkin, Health Economist Sandra Hoffman, Professor Laura Jelliffe-Pawłowski and Pediatrician Megan Sandel. Each scholar delivered lectures that were attended by CPH faculty, staff and students as well as visitors from across the UI campus. Scholars met in small groups with policy fellows, dean's scholars, various student groups, and faculty led research team meetings with over 600 total participants. In addition, many scholars met with key leaders of the University and of the College of Public Health. Some also toured facilities including various laboratory and campus buildings.

Visiting Scholars – Lectures and Seminars

Tom Harkin , <i>"Delivering a Healthy Future: Making Public Health Policy in the 21st Century"</i>
Sandra Hoffman , <i>"Results from the WHO Global Burden of Foodborne Disease Initiative"</i>
Laura Jelliffe-Pawłowski , <i>"Cell-to-society drivers of preterm birth: leveraging lived to laboratory experience"</i>
Megan Sandel , <i>"Mission and Margin Related – Investing in Housing for Health"</i>



Visiting Scholar Activities	Participants
Collegiate Seminars	410
Classroom Lectures	60
Faculty Collaboration Meetings	97
Individual and small group student mentoring sessions	65
Total Participants	632

Healthy LifeStars

An innovative program that tackles childhood obesity, has begun in Iowa through a partnership between Healthy LifeStars and the IIPRHP. The [Healthy LifeStars program](#) teaches and motivates elementary-age children to live active, healthy lives now and in the future through focusing on three Healthy Life Habits: setting personal health goals, taking part in vigorous physical activity every day, and eating the right foods in the right amounts. The program is provided at no charge thanks to a gift from the Stead Family Foundation and Jerre, and Mary Joy Stead.



Nationally, obesity rates are climbing in all states among children and adults. According to recently released data from the CDC, one in three children is overweight or obese. Iowa recently was ranked 4th in the nation for the rate of obese adults in our



State, up from 13th just two years ago. Healthy LifeStars is a national non-profit organization dedicated to ending childhood obesity and a goal of creating a generation of Healthy LifeStars. The organization was founded in 2003 to address childhood obesity and has reached over 35,000 kids in Arizona and Colorado. In 2018, HLS launched programs in Iowa and Ohio and has the goal of growing nationwide.

The LifeStar Challenge began in Iowa with the Neighborhood Centers of Johnson County as the inaugural site in the Iowa City area. The program is delivered in before-and after-school programs and is provided in part by University of Iowa student coaches. “We are building a network of UI student volunteers who are an integral part of getting this program off the ground in Iowa,” Vickie Miene, Interim Director of the IIPHRP and program director of Healthy Lifestars explains. “UI students from a variety of majors have been trained as LifeStars coaches and others contribute ideas to the program through a UI student advisory council. In addition, UI students contribute to social media articles and healthy lifestyle campaigns associated with the program.” IIPHRP will partner with additional schools, youth-serving organizations, and health initiatives to continue to grow the program across the state in both urban and rural areas.

For more information about the program, visit <https://www.public-health.uiowa.edu/healthy-lifestars/>.

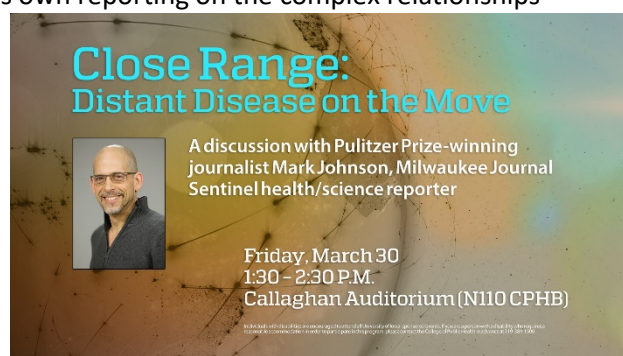


Journalist-in-Residence

In the 2017-18 academic year, the College of Public Health continued its Journalist-in-Residence Program, providing opportunities for students, faculty, staff, and the broader community to engage with practicing journalists during campus visits. National Geographic Creative photographer and filmmaker Sean Gallagher visited the UI campus on September 20-21, 2017, and was a guest speaker during the college's inaugural Global Public Health Week. Gallagher has been based in Asia for over a decade, documenting that continent's environmental, social, and cultural issues for some of the world's leading news outlets. He presented a college-wide Spotlight Series seminar, "Picturing Climate Change: Communicating Environmental Challenges Through Visual Storytelling," ran a workshop on visual storytelling, and met in small groups with faculty and students to discuss the work of creating photographic, video, and multimedia to highlight environmental threats such as desertification, deforestation, pollution, species extinction, and climate change. Gallagher was featured in a brief College of Public Health [video](#) highlighting his visit.



On March 30, 2018, Mark Johnson, a Pulitzer Prize-winning health and science reporter at the Milwaukee Journal Sentinel, was a guest presenter at the Great Plains Emerging Infectious Diseases Conference, co-sponsored by the UI Center for Emerging Infectious Diseases, the UI College of Public Health, and the Iowa State University College of Veterinary Medicine. Johnson's presentation, "Close Range: Distant Diseases on the Move," highlighted his own reporting on the complex relationships between humans and animals, the increasing risks of zoonotic diseases, and efforts to better anticipate—and prevent—the next pandemic. During his visit, Johnson took time to meet one-on-one with IIPHRP policy fellow Mary Charlton, assistant professor of epidemiology, and also to record a [podcast](#) with MPH student Seamus Taylor as part of the CPH student podcasting program, "From the Front Row: Student Voices in Public Health."



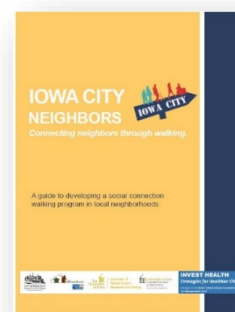
The Journalist in Residence Program is a collaboration involving the College of Public Health, the UI School of Journalism and Mass Communication, and the Pulitzer Center on Crisis Communication. The University of Iowa is one of more than 30 colleges and universities nationwide affiliated with the Pulitzer Center through the Campus Consortium Network.

INVEST Health

The [INVEST Health initiative](#) provides a planning opportunity to transform the way local leaders work together, with an emphasis in making changes in low-income neighborhoods to improve resident health and well-being. The INVEST Health program is funded jointly by the Robert Wood Johnson Foundation and Reinvestment Fund. Small grants were provided to mid-sized cities across the U.S. to bring multi-disciplinary leaders together to develop new strategies to leverage private and public investments which improve health in neighborhoods that face the biggest health challenges. The Iowa City team is targeting efforts to reduce disparities in asthma and mental health diagnosis among residents of under-resourced neighborhoods. Additional information including a fluid pipeline of health improvement projects can be found at <https://www.public-health.uiowa.edu/invest-health/>. Iowa City INVEST Health follows a collective impact model of collaboration, led by IIPHRP and city of Iowa City.



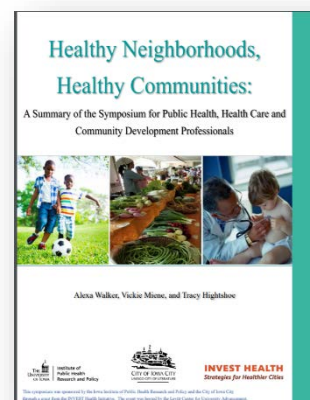
Pipeline development continues in Iowa City through several programs including the [Free Wheels](#) program, [the Asthma Healthy Homes program](#), *Code Inspection for Healthier Homes*, and [The 7 “Steps to a Healthy Home”](#) health promotion campaign. The Neighborhood Connections toolkit was built to increase networking and cohesion in under-resourced neighborhoods. Additional initiatives include: the *Arthur Street Healthy Life Center*, a concept including an ARNP-lead clinic with specialty in behavioral health and chronic condition whole person centered care; and, the *Birth to Five Child Care Incubator*, a childcare program developed through a public-private partnership that grows and supports childcare entrepreneurs to decrease the shortage of childcare providers while increasing the supply of ethnic childcare providers, continues to be a focus for continued collaboration and investment opportunity.



The Iowa City INVEST Health project received two additional collaborative mini-grants from the Robert Wood Johnson Foundation and Reinvestment fund. These grants were generated to infuse stronger relationships with other mid-sized cities who are working on similar planning concepts. The first grant, a collaborative between Rosewood California and Des Moines Iowa, focused on behavioral health collaborations and community organizing. The teams traveled to San Antonio Texas to learn about the successful resident-led community organizing efforts and the easily accessed continuum of care that was built to access mental health and substance abuse services. The second grant award provided a peer learning exchange between sister cities Missoula, Montana and Eau Claire, Wisconsin. Topics shared included strategic planning, zoning policies, community engagement strategies and ideas to best utilize the academic resources available in each city.



On June 22, 2018 the City of Iowa City and the IIPHRP hosted the [Healthy Neighborhoods, Healthy Communities: A Symposium for Health Care and Community Development Professionals](#). The event, designed to bring disparate groups together, was attended by 100 individuals ranging in profession from neighborhood residents to journalists, physicians, housing inspectors, teachers, program managers, architects, researchers, government employees, insurers, bankers, public health workers, and policy advisors. Distinguished keynote speakers Megan Sandel, Associate Director of the GROW clinic at Boston Medical Center, and Angela Mingo, Director of Community Relations at Children's Nationwide Hospital in Columbus Ohio provided their perspective and experience's regarding the intersection of housing and health.



The symposium introduced a variety of approaches to address social determinants at the intersection of health and housing. Participants worked in groups to generate additional ideas for the pipeline of projects in Iowa City. Ideas that were developed are listed below.

- Increase green space in neighborhoods with increased parks and recreation activities
- Foster neighborhood connections and self-sufficiency through physical and virtual community connection space
- Walking and bicycle friendly neighborhoods to reduce the “car-culture” mentality of Iowa City
- Integration of University of Iowa with the City of Iowa City to promote resource sharing and collaboration on housing and health projects
- Neighborhood block parties to increase community social support networks and improve health
- Planting more fruit trees throughout the city to provide healthy food and community interaction
- Radon inspection and education in homes combined with housing rehab to provide healthier homes
- Start community-networking groups for low-level chores and maintenance in the neighborhood that can be accessed by homeowners.
- Provide leadership training at a neighborhood level resulting in more projects on walkability, community communication, and providing education



This event was intended as a catalyst for continued work in Iowa City focusing on health disparities and the intersection of health and the built environment. The pipeline of projects and investment opportunities continues to grow.

Tackling Data

IIPHRP presented recommendations to the Iowa Department of Public Health in April 2017, following a broad needs assessment of public health data users. Stakeholders who took part in the assessment through interviews, focus groups, and survey's identified a number of needs regarding public health data including updating the public health tracking system and training and continuing education for the workforce. IDPH is now contracting with the IIPHRP to implement the recommendations from the needs assessment, which include training workshops, enhancements to the [Iowa Public Health Tracking Portal](https://www.public-health.uiowa.edu/public-health-tracking-portal/), and short video quick bites for quick information refreshers. The full report with complete recommendations can be found at <https://www.public-health.uiowa.edu/wp-content/uploads/2016/10/FINAL-IDPH-Needs-Assessment-Report.pdf>

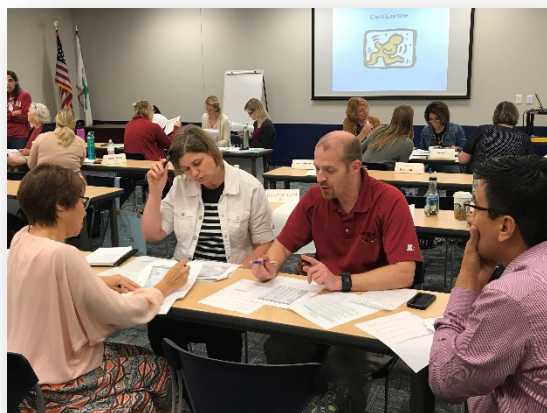


Data Workshops

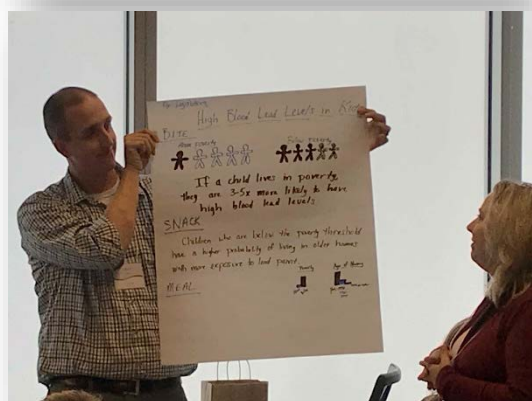
Public Health professionals, members of boards of health, policy makers, providers, city planners and essentially anyone that is working to create a healthier community, expected to use data to inform decisions. However, relatively few people receive training enabling them to best describe quantitative data, while simultaneously ensuring data integrity. As the IIPHRP brings together cross-disciplinary teams to tackle grand public health challenges, we also provide education and workforce development to multi-disciplinary audiences so they can use and expand their knowledge of data together. During the training, we break down data definitions and we teach a *bite, snack, meal approach* where participants gain practice in describing a set of data about a specific topic. Participants work in groups to develop messages and tell a story about the data to a specific audience. Increasing general data knowledge increases confidence levels so that folks can implement the learned skills and feel more comfortable reporting data, which leads to increased awareness of public health research and data reporting.

"As a result of the 'Tackling Data' Workshop, we send out monthly newsletters - and using the bite, snack, meal approach helps us to draw our readers in and make them want to learn more about the information we are providing them without overwhelming them".

- Workshop Participant

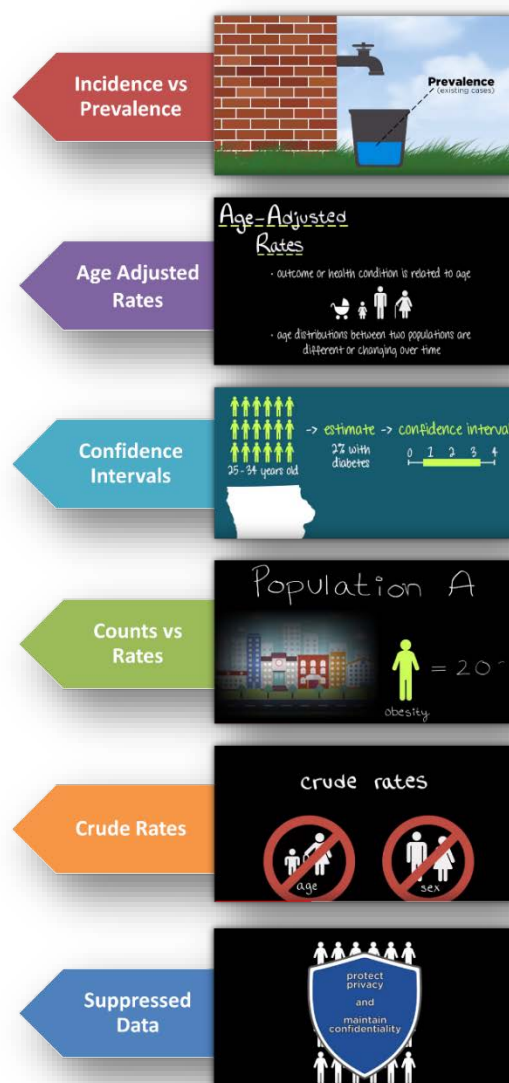


“Tackling data” workshops provide a review of data concepts and allow participants to build various skills to communicate and visualize data through hands on exercises using a bite, snack, meal approach to data communication. These sessions are provided free of charge through a grant from the Iowa Department of Public Health.



“We transitioned our social media posts from longer more blog-like posts of health information to just a “Bite” of information and now we have seen our Facebook ‘organic reach’ increase significantly”.

- Workshop Participant



Portal Points – Quick Bite Video Refreshers

To aid in knowledge retention and to provide quick review information at the point of need, quick bite videos were developed in collaboration with the IDPH and the Midwestern Public Health Training Center. These videos are short, animated clips that review key terms and concepts. Additional Quick Bites are in development. The collection of quick bite video's can be found at the [Iowa Public Health Tracking Portal](#) and the [IIPHRP website](#).

Rural Policy Research Institute (RUPRI)

[The Rural Policy Research Institute](#) (RUPRI) provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America. It was created in 1990 by a bipartisan group of US Senators, seeking to develop an external, nonpartisan policy research institution to address the rural differential impact of public policies and programs. RUPRI's research credibility and policy relevance derive from a collaborative research and policy analysis approach, which connects a select cadre of our nation's leading scholars and practitioners, wherever located, to build teams with a common commitment to research excellence and policy and practice relevance.



RUPRI's vision is for rural people and places to have the resources and capacities to create strong, viable, meaningful, and sustainable futures that can both withstand and turn to advantage the forces of globalization and economic, demographic, and social change. Rural and urban people find common cause and understanding about the future role and governance of rural places and the contribution that rural life and culture makes to national identity.

RUPRI addresses a broad and diverse array of research, policy, and programmatic interests, across multiple public policy sectors. RUPRI scholars undertake numerous discrete projects, consultations, and technical assistance engagements, to assist policymakers at all levels to gain a better understanding of the rural implications of policy and program decisions. Recent and ongoing activities fit into broad based goals and programs, as characterized in the following paragraphs that highlight parts of the RUPRI portfolio.

The Comprehensive Rural Wealth Framework - RUPRI's Analytic Programs focus on wealth creation in rural America, moving beyond traditional measures of success in rural economies to a triple bottom line approach to economic, community and environmental indicators that represent more lasting well-being. RUPRI's Analytic Team has developed the Comprehensive Rural Wealth Framework, a model that presents a template communities can use to improve their quality of life, keeping more of their residents and attracting more. The Comprehensive Rural Wealth Framework incorporates 8 distinct types of capitals that include:

- Physical capital is the stock of “built capital,” including equipment, buildings, roads, bridges, telecommunications networks, and other types of physical infrastructure.
- Financial capital is the stock of money and other liquid financial assets such as stocks, bonds, and letters of credit—net of financial liabilities—that can be readily converted to money.
- Human capital is the stock of productive capabilities of a population embodied in the education, skills, talents, and health status of that population.
- Intellectual capital is the stock of human knowledge, innovation, and ideas that is embedded throughout a society. This makes it different from the human capital embedded in individuals. Examples include various types of intellectual property such as patents and copyrights as well as “common knowledge.”
- Political capital is the stock of influence, power, and goodwill held by individuals, groups, and organizations that can be held, spent, or shared to achieve specific goals.

- Natural capital is the stock of resources provided by Mother Nature, including clean water, clean air, natural landscapes, the climate, forests, wildlife, land, flora, and fauna.
- Social capital is the stock of trust, relationships, and networks found in our civil society. Social capital can be held by individuals or by groups and organizations.
- Cultural capital is the stock of practices, values, and sense of identity embedded in a society. Cultural capital is held by individuals and groups. Tangible examples include works of art, architecture, and places of cultural significance such as monuments. Intangible examples include beliefs, traditions, and practices that distinguish and identify groups of people and their values and identity.

During the past year RUPRI published a special document, “The Comprehensive Rural Wealth Framework” (<http://www.rupri.org/wp-content/uploads/Rural-Wealth-Framework-Final-12.18.17.pdf>). Professors Tom Johnson and Matt Fannin have engaged various audiences in discussions of the framework, including faculty and staff in the College of Public Health during their campus visit as visiting scholars, supported by the Iowa Institute of Public Health Research and Policy.

National Endowment for the Arts (NEA) Research Lab

RUPRI was one of four organizations (from 44 applicants) funded in late 2016 by the NEA as a Research Lab. The Lab looks at the intersection of “The Arts, Entrepreneurship, and Innovation” in rural contexts. The Lab has developed and will soon publish a series of documents using the rural wealth creation framework to delineate measures of rural cultural wealth, and propose research priorities based on that work. They will include two comprehensive literature reviews: “The Rural Differential at the Nexus of Arts & Culture, Creativity, Entrepreneurship, and Innovation;” and “Conceptual Models of Arts and Culture.”



Rural Generation: The Future of Arts & Culture Placemaking in Rural America, (a partnership of Art of the Rural and RUPRI) engages artists, organizations and communities across public, private and philanthropic sectors to advance collaboration, innovative strategies, and “Rural Generation” leadership in rural creative placemaking. This initiative was previously known as Next Generation, rebranded in 2018 to represent core partnerships with Art of the Rural, ArtPlace America, the Center for rural Strategies & National Rural Assembly, First Peoples Fund, the Mississippi Center for Cultural Production, RUPRI, and Springboard for the Arts. A national Rural Generation Summit will be held in the Mississippi Delta May 22-24, 2019. This will be only the second such summit ever; the first one was hosted by RUPRI at the University of Iowa in 2016. That first summit



was attended by 300 people from 38 states; even more participation is anticipated in 2019.

Rural Poverty: 50 Years After the People Left Behind

RUPRI was a leading sponsor and organizer of the special meeting at the National Association of Counties in March 21-22, 2018. Over 100 participants attended the conference, including staff from Congressional offices. Through additional support from the Annie E Casey Foundation, a group of young emerging scholars was able to participate and engage in person with the leading rural poverty scholars in the country. The Institute for Research on Poverty (IRP) at the University of Wisconsin is editing the first issue of Focus (their publication for policymakers) focused on the March conference for publication in the summer. This issue will contain a summary of the main findings presented at the conference and a summary of the main points of Keynote Speaker Jim Ziliak's paper. The Institute has also reached out to the authors of three conference papers dealing with poverty dynamics and has received agreement from the authors to summarize their papers in a Fall 2019 issue of Focus.

RUPRI Center for Rural Health Policy Analysis and RUPRI Health Panel.

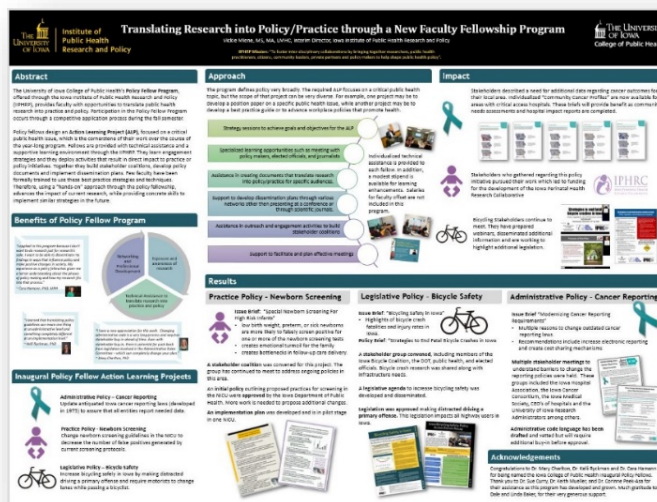
The RUPRI Center for Rural Health Policy Analysis focuses on rural healthcare financing/system reform, rural systems building and meeting the healthcare needs of special rural populations. The RUPRI Rural Health Panel has developed a unique role in providing policy relevant analysis of rural health services delivery to nonprofessional audiences. Since 1993 the Panel has built a particular expertise linking policy suggestions to broader conceptual frameworks. In recent years, the Panel has developed and used a framework, "High Performance Rural Health System," to structure comments and papers focused on changes in health care delivery and finance, as well as analyses of policy changes in Medicare and Medicaid. Its work can be downloaded through RUPRI's website (www.rupri.org), including 2-4 documents annually, comment letters on proposed federal agency rules, and presentations. The RUPRI Center's work is accessible through its website (www.ruprihealth.org) and includes 6-10 documents annually, special data releases and presentations. Documents of note during the past 18 months include:

- Panel: Insuring Rural America: Health Insurance Challenges and Opportunities (July, 2018)
- Panel: Primary Care: The Foundation for a High Performance Rural Health Care System (July, 2018)
- Panel: Taking Stock: Policy Opportunities for Advancing Rural Health (January, 2018)
- Center: Update: Independently Owned Pharmacy Closures in Rural America, 2003-2018 (July, 2018)
- Center: Telepharmacy Rules and Statutes: A 50-State Survey (May, 2018 published in American Journal of Medical Research)
- Center: Distance and Networks: A Regional Analysis of Health Insurance Marketplaces (January, 2018)

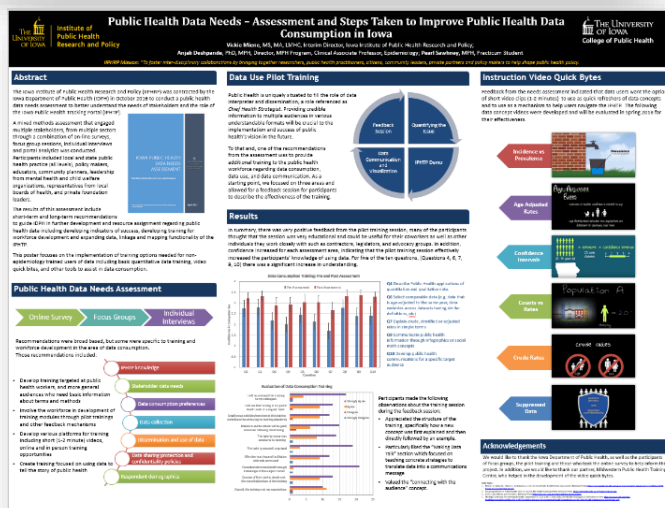


National Presentations

Several IIPHRP programs were presented at the **Association of Schools and Programs of Public Health (ASPPH) Annual meeting** in Washington DC in March 2018. ASPPH is the national member organization representing accredited academic public health schools and programs whose mission is to strengthen the capacity of members by advancing leadership, excellence, and collaboration. IIPHRP Poster presentations included:

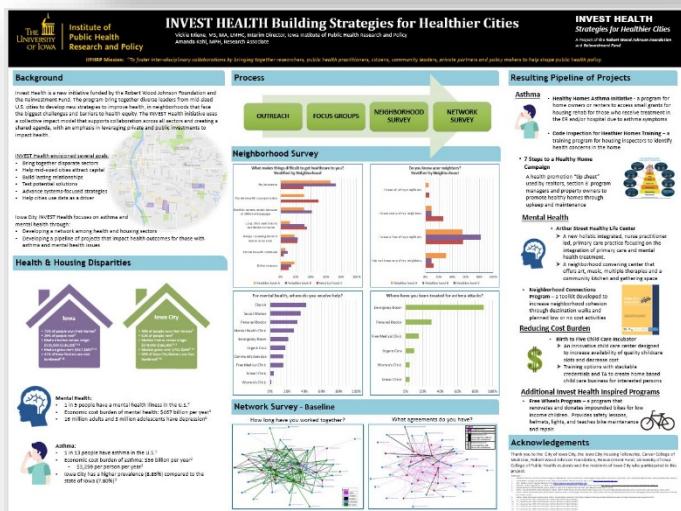


Translating Research into Policy/Practice through a New Faculty Fellowship Program; Vickie Miene, MS, MA, LMHC, Interim Director, Iowa Institute of Public Health Research and Policy



Public Health Data Needs – Assessment and Steps Taken to Improve Public Health Data Consumption in Iowa; Vickie Miene, MS, MA, LMHC, Interim Director, Iowa Institute of Public Health Research and Policy; Anjali Deshpande, PhD, MPH, Director, MPH Program, Clinical Associate Professor, Epidemiology; Pearl Sawhney, MPH, Practicum Student

Invest Health: Building Strategies for Healthier Cities; Vickie Miene, MS, MA, LMHC, Interim Director, Iowa Institute of Public Health Research and Policy
Amanda Kahl, MPH, Research Associate



IIPHRP Quick Facts



96 Paid and/or Volunteer Student Affiliates

“Through the IIPRHP I have been able to get to know leaders in public health in a variety of disciplines, and have formed personal connections with the guest speakers... hearing from them, why they are invested in their field, has helped me determine my interests”

- Lexie Finer



59 Faculty Affiliates



The IIPHRP newsletter is read by an average of **600** readers from **81** locations across the globe





**25 Industry
Consultants**



**9,650 annual website
unique page views**



**Over 1,400 "In-
Residence" program
participants**

"The IIPRHP has contributed profoundly toward my education and learning here at U Iowa. It has enabled me to meet wonderful people from different fields and learn firsthand from the pioneers of public health. Most importantly, the IIPRHP has kindled in me a passion towards health policy research, which is something I fervently wish to pursue"

- Redwan Bin Abdul Baten



**300 Workshop and
Symposium Participants**



IIPHRP Advisors

The IIPHRP organizationally reports to the Dean of the College of Public Health. The IIPHRP Interim Director administers and coordinates all the activities of the IIPHRP in consultation with the CPH Dean and with advice from regular interaction with members of the CPH Internal Leadership Committee. The IIPHRP appreciates the guidance of two advisory boards. The IIPHRP [Internal Board of Advisors](#) is comprised of several University of Iowa leaders with an interest in public health, public policy, and health sciences research. In addition, the [CPH Board of Advisors](#) consisting of representatives from the three Regent's Universities and prominent public health researchers and industry experts, provide consultation to the IIPHRP. Both advisory boards provide guidance regarding the strategic objectives, annual achievements and rigorous review of the IIPHRP. Board members volunteer to review proposals and applications for the various programs supported by the IIPHRP

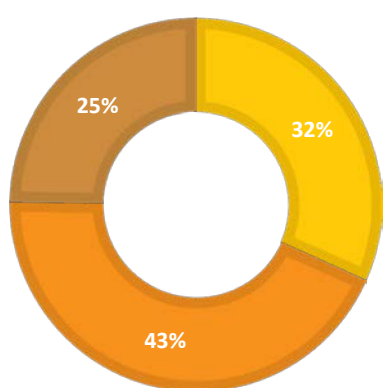
IIPHRP Board of Advisors (Internal Advisory Board)

Corinne Peek-Asa, Board Chair	Associate Dean for Research and Professor, Occupational and Environmental Health	UI College of Public Health
Chuck Connerly	Professor and Director	UI Urban and Regional Planning
Peter Damiano	Professor and Director	UI Public Policy Center
Charles Swanson	Executive Director	UI Hancher Auditorium
Jennifer Harbison	Legislative Liaison	University of Iowa Hospitals and Clinics
Teresa Magnum	Professor and Director	UI Obermann Center for Advanced Studies
Ann Ricketts	Senior Assistant Vice President	UI Office of the Vice President for Research and Economic Development
Edith Parker	Dean of the College and Professor of Community and Behavioral Health	UI College of Public Health
Keith Mueller	Interim Dean and Gerhard Hartman Professor of Health Management and Policy	UI College of Public Health
Richard Hoffman	Co-Leader, Cancer Epidemiology Population Science Program Director, Division of General Internal Medicine	UI Carver College of Medicine

IIPHRP Resources

The IIPHRP is supported through a variety of gifts, grants, and contracts. Included in the IIPHRP portfolio is the Rural Policy Research Institute (RUPRI). Awards are listed separately for the IIPHRP and RUPRI in the charts below. Total awards for the IIPHRP for the 12-month period July 1, 2017 through June 30, 2018 totaled \$1,504,810. Total awards for the RUPRI enterprise, for the same 12-month period totaled \$1,595,055

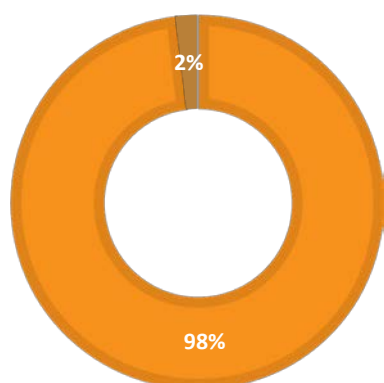
IIPHRP REVENUES JULY 2017- JUNE 2018



■ Gifts ■ Grants & Contracts ■ Other

IIPHRP Awards July 2017 – June 2018	
Gifts	\$475,105
Grants and Contracts	\$657,840
Other	\$371,865
Total	\$1,504,810

RUPRI REVENUES JULY 2017- JUNE 2018



■ Gifts ■ Grants & Contracts ■ Other

RUPRI Awards July 2017 – June 2018	
Grants and Contracts	\$1,566,021
Other	\$29,034
Total	\$1,595,055

Vickie Miene, MS, MA, LMHC
Interim Director
Institute of Public Health Research and Policy
Director – Iowa Healthy LifeStars
Assistant Adjunct Professor
Department of Health Management and Policy
College of Public Health
University of Iowa
(319) 384-1511
vickie-miene@uiowa.edu

Are you involved with IIPHRP? If not, you should be!!



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



Institute of Public Health Research and Policy