

ANNUAL REPORT

2019

DEPARTMENT OF HEALTH MANAGEMENT AND POLICY

CENTER FOR HEALTH POLICY AND RESEARCH

COLLEGE OF PUBLIC HEALTH - UNIVERSITY OF IOWA



31

total research projects

\$4,621,320

total direct annual research funding

16

Center Associates



About the Center for Health Policy and Research

The Center for Health Policy and Research is the research arm of the Department of Health Management and Policy and is a University-wide interdisciplinary research collaborative. Faculty members from the Colleges of Public Health, Medicine, Dentistry, Pharmacy, Nursing, Business, and Liberal Arts and Sciences, and the Public Policy Center serve as investigators in a variety of studies. Staff plus doctoral students, master's degree students, and undergraduates assist with ongoing research projects.

The Center houses numerous projects led by Center Associates. On average, 20 to 30 research projects are funded through the Center at any given time. Remarkably, the Center houses this level of activity without any source of core funding to offset its operation. Primary project funding comes from the National Institutes of Health (NIH), the State of Iowa, the Agency for Healthcare Research and Quality (AHRQ), the Health Resources & Services Administration (HRSA), foundations, and private organizations.

The Rural Telehealth Research Center (RTRC) was established as a sub-unit of the Center for Health Policy and Research in 2015. RTRC is funded by the Federal

Office of Rural Health Policy in HRSA to help build the evidence base supporting rural telehealth. The Center for Health Policy and Research sponsors a number of educational activities. Our Friday Seminar Series showcases research updates from members of the Department, those around the University, as well as special visitors. Faculty are able to share their cutting-edge research with their Departmental and College colleagues, and doctoral students present in order to have the opportunity to receive helpful critique and suggestions regarding their work.

The Center also promotes collaboration among health organizations through frequent exchanges with professional and provider associations, policy and planning groups, insurance organizations, health delivery institutions, and other members of the health services research and policy community.

We are delighted to bring you this 2019 Annual Report!

The following pages list faculty, staff, and students who received funding through Center projects in 2019.

Center Associates

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.



Kanika Arora, PhD

Assistant Professor and MPH Faculty Advisor

Research interests: aging, long-term care, intergenerational relations, program evaluation



Sue Curry, PhD

Distinguished Professor and Interim Provost

Research interests: health policy, implementation of evidence-based practice guidelines, behavioral risk factor modification, cancer prevention and control, community-based participatory research



Dan Gentry, PhD, MHA

Clinical Professor and MHA Program Director

Research interests: health services and policy, quality and the patient experience, program evaluation, health professions education



Brian Kaskie, PhD

Associate Professor and MS in Health Policy Program Director

Research interests: health policies pertaining to aging populations, policies and health services use by older persons, including persons with Alzheimer's disease and psychiatric illnesses



A. Clinton MacKinney, MD, MS

Clinical Associate Professor

Research interests: rural health policy, physician and administration relationships, patient safety and quality improvement, population-based healthcare



Ian Montgomery, MA

Clinical Associate Professor and EMHA Program Director

Research interests: developing a case-oriented text on medical practice administration



Keith Mueller, PhD

Gerhard Hartman Professor and Head

Research interests: implementation of the Affordable Care Act, delivery of healthcare in rural areas, rural health policy



Dan Shane, PhD

Associate Professor

Research interests: health economics, health insurance, applied econometrics, healthcare reform evaluations, physician incentives and healthcare reform



Hari Sharma, PhD

Assistant Professor

Research interests: health economics, costs, quality, disparities, nursing homes



Tanya Uden-Holman, PhD

Clinical Professor and Associate Provost for Undergraduate Education

Research interests: public health workforce development, competency-based assessment, applying continuous quality improvement tools in health care organizations



Thomas Vaughn, PhD

Associate Professor and Interim Associate Dean for Academic Affairs

Research interests: health services organization and policy, leadership and quality, organizational factors associated with effectiveness



Marcia Ward, PhD

Professor and Director of Center for Health Policy and Research

Research interests: health services, telehealth, patient safety and quality, rural healthcare delivery, healthcare utilization and outcomes



George Wehby, PhD

Professor and HMP Doctoral Program Director

Research interests: health economics, applied econometrics, health services research, healthcare effectiveness, maternal and child health



Fred Wolinsky, PhD

Professor Emeritus and John W. Colloton Chair

Research interests: health-related quality of life, health and illness behavior among older adults, assessment of meaningful change in longitudinal modeling



Brad Wright, PhD

Associate Professor

Research interests: access to healthcare for vulnerable populations, disparities in health and healthcare, safety-net and primary care providers, Medicaid and Medicare, health politics and policy, health reform



Xi Zhu, PhD

Associate Professor

Research interests: organizational behavior, organization theory, healthcare policy and management, social network analysis, economic sociology

Center Affiliates

University of Iowa Faculty and Staff Partners

T. Renee Anthony, Occupational & Environmental Health

Knute Carter, Biostatistics

Marsha Cheyney, Occupational & Environmental Health

Jenna Gibbs, Occupational & Environmental Health

Karisa Harland, Emergency Medicine

Elaine Himadi, Emergency Medicine

Raymond Kuthy, Dentistry

Kate Duffus, Health Management and Policy

Kimberly Merchant, Health Management and Policy

Nicholas Mohr, Emergency Medicine

Jocelyn Richgels, Health Management and Policy/RUPRI

Diane Schaeffer, Health Management and Policy

Daniel Sewell, Biostatistics

Fred Ullrich, Health Management and Policy

Kelli Wallace, Emergency Medicine

Paula Weigel, Health Management and Policy

Kristi Yeggy, Health Management and Policy

Graduate Research Assistants

Gabrielle Abouassaly

Abdinasir Ali

Divya Bhagianadh

Redwan Bin Abdul Baten

Delaney Bounds

Emma Cole

J. Alton Croker

Dexter Golinghorst

Huang Huang

Chelsea Keenan

Courtney Klopfenstein

Haomin Li

Wei Lyu

Erin Mobley

Muska Nataliansyah

Onyinye Oyeka

Hannah Rochford

Abiodun Salako

Jason Semprini

Mina Shrestha

Stevland Sonnier

Morgan Swanson

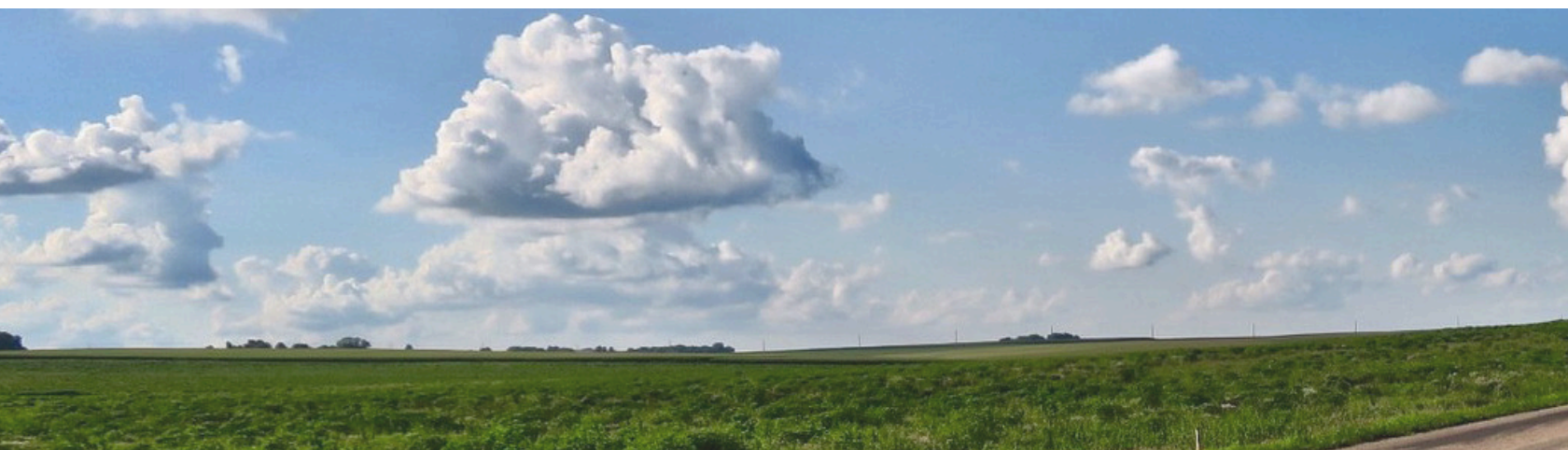
Seamus Taylor

Winnie Uluocha

Tyler Ust

Jayamalathi Vakkalanka

Lili Xu



Organizational Partners, Subcontractors, and Consultants

Abby Barker, Washington University, St. Louis

Mandy Bell, Avera Health

Julie Bobitt, University of Illinois at Urbana Champaign

Amanda Burgess, University of Southern Maine

Paula Carder, Portland State

Diana Carpenter, Pennsylvania Rural Health Model

Victoria Cech, Montana Hospital Association

Jon Christanson, University of Minnesota

Andy Coburn, University of Southern Maine

Catherine Collinson, Transamerica Center for Retirement Studies

Dhaval Dave, Bentley University

Lisa Davis, Pennsylvania State University

Kevin Duff, University of Utah

Matt Fanin, Louisiana State University

Pam Ford-Taylor, University of Southern Maine

Kimberley Fox, University of Southern Maine

Brian Fuller, Consultant

Freddi Segal Gidan, University of Southern California

Mark Holmes, University of North Carolina Chapel Hill

Yvonne Jonk, University of Southern Maine

Robert Kaestner, University of Chicago

Leah Kemper, Washington University, St. Louis

Alana Knudson, University of Chicago

Jennifer Lundblad, Stratis Health

Luke Mack, Avera Health

Timothy McBride, Washington University, St. Louis

Vimal Mishra, Virginia Commonwealth University

Alan Morgan, National Rural Health Association

Susan Nardie, University of Nebraska Medical Center

Stephen North, Center for Rural Health Innovations

Mark Pals, Avera Health

David Palm, University of Nebraska Medical Center

Karen Pearson, University of Southern Maine

George Pink, University of North Carolina Chapel Hill

Randy Randolph, University of North Carolina Chapel Hill

Kristin Reiter, University of North Carolina Chapel Hill

Lindsay Sabik, University of Pittsburgh

George Shaler, University of Southern Maine

Christopher Shea, University of North Carolina Chapel Hill

Jean Talbot, University of Southern Maine

David Terrill, Ball State University

Kali S. Thomas, Brown University

Kristie Thompson, University of North Carolina Chapel Hill

Amal Trivedi, Brown University

Janice Walters, Pennsylvania Rural Health Model

Tanya Wanchek, University of Virginia

Kevin Wellen, CliftonLarsonAllen

Karla Weng, Stratis Health

Wesley Winkelman, University of North Carolina Chapel Hill

Amy Wittrock, Avera Health

Emily Wornell, Ball State University

Photo: J. F. Arlks



Rural Policy Briefs from the RUPRI Center for Rural Health Policy Analysis



Paula Weigel

Impact of the Medicare Disproportionate Share Hospital Payment Cap on Rural and Urban Hospitals

Paula Weigel, PhD; Fred Ullrich, BA; Keith J. Mueller, PhD

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 created the Disproportionate Share Hospital (DSH) program as a means of helping hospitals offset some of the costs of providing care to indigent patients. Both Medicare and Medicaid have their own DSH programs using distinct mechanisms for finance and fund allocation. The Medicaid DSH program is a federal-state partnership providing states with flexibility to establish their own rules for making payments to hospitals. Alternately, Medicare DSH payments are made from the federal government directly to qualifying hospitals based on a number of factors including hospital size and location. DSH funds preserve access to care for Medicare and low-income populations by financially assisting the hospitals they use. A number of urban and rural hospitals are affected by a 12 percent cap on their payments from the Medicare DSH program and are impacted by lost revenue (defined as DSH payment amounts exceeding the 12 percent cap). The cap was established in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Given that DSH payments are now (beginning in FY 2014) limited to 25 percent of the total DSH burden (per the 2010 Patient Protection and Affordable Care Act), revisiting the cap may be a way to help address the fiscal plight of rural hospitals with minimal cost to the Medicare program.

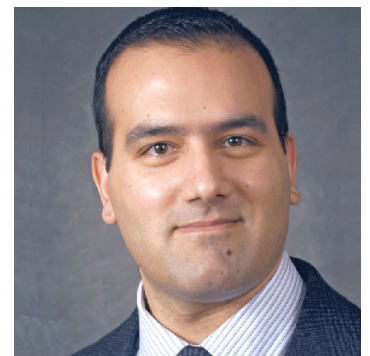
Effects of the Patient Protection and Affordable Care Act on Coverage and Access to Care in Metropolitan vs. Non-Metropolitan Areas through 2016

George L. Wehby, PhD; Wei Lyu, MS; Dan M. Shane, PhD

Access to health insurance coverage has changed significantly following changes in public and private insurance due to the Patient Protection and Affordable Care Act (ACA) which was implemented in 2014. Overall, uninsured rates have continuously fallen across the US through 2018, and access to care by various measures has improved.

Using national data through 2016, we found significant improvement in coverage rates, a notable increase in routine medical visits, and a decline in reporting cost as a barrier to seeking care among low-income individuals in non-metropolitan areas. From 2013 to 2016, the implementation of the ACA led to an overall increase in insurance coverage rates of nearly 13 and 11 percentage points in non-metropolitan and metropolitan areas, respectively. Among individuals below 138 percent federal poverty line, Medicaid expansion reduced the likelihood of reporting cost as a barrier to care by nearly 8 percentage points and increased the likelihood of having a routine visit in the past year by 6 percentage points, relative to 2013.

The effects on coverage and routine visits are larger in non-metropolitan areas than in metropolitan areas, suggesting shrinking rural-urban disparities in these outcomes among low-income individuals in states that expanded Medicaid.



George Wehby



Photo: C. Corday

Insurer Participation in Rural Health Insurance Marketplaces: Are Some Markets Intrinsically More Competitive Than Others?

Abigail R. Barker, PhD; Timothy D. McBride, PhD; Keith J. Mueller, PhD

Recent policies aiming to improve existing individual insurance markets have relied on market competition. However, the success of such an approach depends on the presence of at least a handful of insurers in each local market. This brief reports on analyses of insurer participation data in three market-based health insurance programs - the Federal Employees Health Benefits Program (FEHBP) Medicare Advantage (MA), and Health Insurance Marketplaces (HIMs) - to assess the extent to which participation in HIMs may be associated with prior levels of local market competition, holding constant other relevant factors such as population measures.

Years of evidence across three market-based health insurance programs clearly indicate that rural places are less competitive. Our findings suggest that while this is due in part to the limitations of small populations, low population density, and fewer available providers, other factors are also at work. Future research is needed to better understand the underlying issues that are driving these findings as well as their potential to be addressed through changes in State or Federal policy. It may be that the answers are different in different rural places, and a better understanding of this nuance is needed as well.



Abigail R. Barker

Comparing Rural and Urban Medicare Advantage Beneficiary Characteristics

Abigail Barker, PhD; Lindsey Nienstedt, BA; Leah Kemper, MPH; Timothy McBride, PhD; and Keith Mueller, PhD

The Medicare Advantage (MA) program allows Medicare beneficiaries to receive benefits from private plans rather than from traditional fee-for-service Medicare. Little is known about the rural and urban differences in the populations that enroll in the MA program, and these differences may be important for setting policy.

This analysis contributes to our understanding of the MA experience of rural beneficiaries, finding that in many ways there are not systematic differences between rural and urban MA beneficiaries in terms of their observed health characteristics. There is no evidence in Medicare advantage beneficiary characteristics data that issuers provide lower quality benefits in rural areas. Since we observed that issuers tend to avoid rural counties in general, but not on the basis of demographic characteristics, this suggests that other issues, such as the raw numbers of potential enrollees over whom to spread risk and/or issuers' ability to form provider networks, may be more important factors.



Keith Mueller

Primary Care Clinician Participation in the CMS Quality Payment Program

A. Clinton MacKinney, MD, MS; Fred Ullrich, BA; Keith J. Mueller, PhD

On March 26, 2015, Congress passed the Medicare and CHIP Reauthorization Act (MACRA) of 2015 (H.R. 2) with considerable bipartisan support. As part of MACRA, the Quality Payment Program (QPP) established a new physician (and other clinical professionals) payment system within the Medicare Physician Fee Schedule, incorporating financial incentives and penalties based on performance. The Centers for Medicare and Medicaid Services reports that the goal of the QPP is to “improve health outcomes, promote smarter spending, minimize burden of participation, and provide fairness and transparency in operations.” However, to achieve these goals, physicians (and other clinicians) must participate.

The analysis of the QPP Performance Year 2017 finds that while over 10 percent of primary care clinicians participate in an Advanced Alternative Payment Models (A-APM,) nearly 60 percent of primary care clinicians do not participate in either an A-APM or the Merit-based Incentive Payment System (MIPS). Of the 30 percent of primary care clinicians who participate in MIPS, approximately 70 percent are designated with a special status that requires alternative performance reporting. Thus, only 9.9 percent of primary care clinicians report the original MIPS performance measures. Our results suggest that new, risk-bearing primary care models are less available in non-metropolitan areas and this information can be used to identify opportunities to extend the QPP to more clinicians serving non-metropolitan populations.



A. Clinton MacKinney

Medicare Advantage Enrollment Update 2018

Onyinye Oyeka, MPH; Fred Ullrich, BA; and Keith Mueller, PhD

In March 2018, more than 20.5 million Medicare beneficiaries (34.3 percent of eligible beneficiaries) were enrolled in Medicare Advantage (MA) plans. The national rate of enrollment growth moderated in 2018, 2.4 percent from 2017, in comparison to 5.0 percent the year before. The nonmetropolitan rate of MA enrollment was lower than the national rate (24.6 percent, 2.64 million beneficiaries), but growth in the nonmetropolitan enrollment rate in MA plans was higher than the national rate in 2018 at 4.7 percent. Between March 2017 and March 2018, the total number of beneficiaries enrolled in MA plans—both overall and in nonmetropolitan counties—increased in every state except one.



Onyinye Oyeka

Continuing the trends seen in previous years, 2018 saw a slight increase in the proportion of rural MA enrollees in local Preferred Provider Organizations (PPOs) and a slight decrease in the proportion of enrollees in regional PPOs.

This trend was seen in both metropolitan and in nonmetropolitan areas.

However, the nonmetropolitan pattern shows an initial high percent enrollment in private fee-for-service plans shifting largely to PPOs, and most dramatically to local PPOs, which now account for over 40 percent of nonmetropolitan enrollment.



Research Projects

Photo: Phil Roeder
Via flickr @tabor-roeder

Studies Focused on Rural Health Policy

Rural Health Research Center - Cooperative Agreement Program

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

Principal Investigator: Keith Mueller

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

Annual Direct Funds: \$536,901 | Funding Period: 2010 - 2020

The Center continues to use the framework of the continuum of care when assessing how essential services are sustained locally and linked to services across the entire continuum, whether those services are local, regional, or national. Additionally, the framework developed by the RUPRI Rural Health Panel (“Pursuing High Performance in Rural Healthcare”) guides analysis of the impact of public policies on achieving a more desirable future for rural health services.

Rural Health Value Program

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

Principal W: Keith Mueller

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

Annual Direct Funds: \$373,492 | Funding Period: 2012 - 2019

The purpose of the Rural Health Value Program (RHVP) is to inform key stakeholders regarding the impacts and implications of changes currently underway in healthcare finance and delivery. Equally important, the RHVP guides and accelerates appropriate rural-centric adaptation to, and leadership in, these changes by providing resources and technical assistance to rural providers and community stakeholders.

Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis

Montana Health Research and Education Foundation/US Department of Health & Human Services, Health Resources & Services Administration

Principal Investigator: Keith Mueller

Co-Investigators: A. Clinton MacKinney

Annual Direct Funds: \$70,120 | Funding Period: 2014 - 2020

The Montana Health Education and Research Foundation, in partnership with the Rural Policy Research Institute, works with the Federal Office of Rural Health Policy to develop appropriate and attainable evaluative structures to complement analysis conducted by the Centers for Medicare and Medicaid Services.

RUPRI Consulting on WE KAN Project with Washburn University

Washburn University

Principal Investigator: Keith Mueller

Co-Investigator: A. Clinton MacKinney

Annual Direct Funds: \$42,975 | Funding Period: 2017 - 2019

RUPRI's role is to provide a national perspective on methods to improve the health of individuals, families, and populations and analysis of the problems, issues, and alternatives in the design and delivery of healthcare services.

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

Principal Investigator: Keith Mueller

Co-Investigator: A. Clinton MacKinney

Annual Direct Funds: \$104,727 | Funding Period: 2010 - 2019

The RUPRI Center continues to update its database of Medicare Accountable Care Organizations (ACOs) as they are approved and as some withdraw from the program.

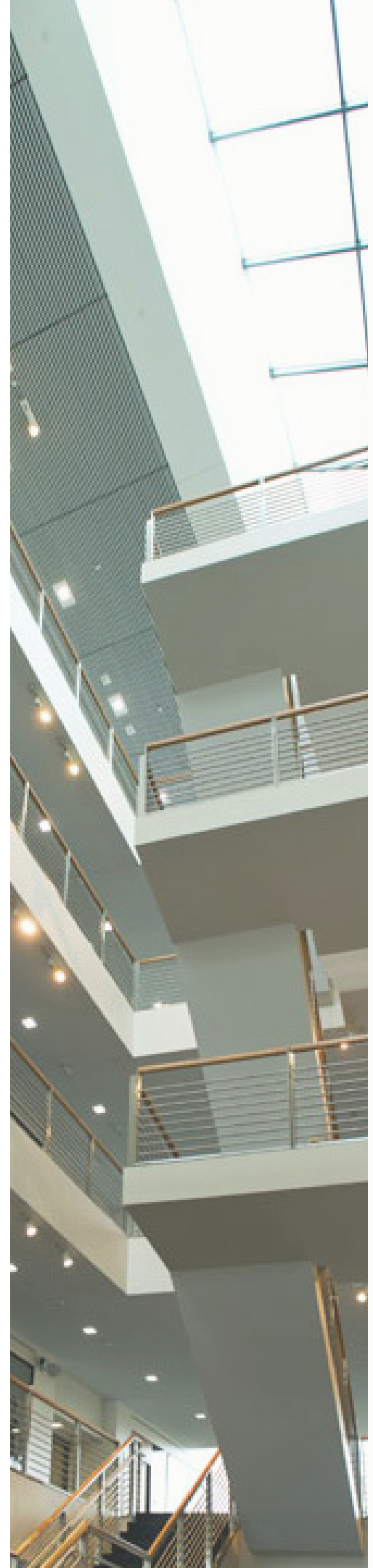
Rural Policy Analysis Program

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

Principal Investigator: Keith Mueller

Annual Direct Funds: \$188,177 | Funding Period: 2017 - 2021

This Cooperative Agreement supports the work of the RUPRI Rural Health Panel and human services support to the Federal Office of Rural Health Policy.



Pennsylvania Rural Health Model

US Department of Health and Health Services

Principal Investigator: Keith Mueller

Annual Direct Funds: \$102,502 | Funding Period: 2019 - 2019

The Pennsylvania Rural Health Model seeks to test whether care delivery transformation in conjunction with hospital global budgets increase rural Pennsylvanians' access to high-quality care and improve their health, while also reducing the growth of hospital expenditures across payers.

Developing a Request for Proposal to Establish the Rural Health System Innovation Center in Georgia

Georgia Department of Community Health

Principal Investigator: Keith Mueller

Annual Direct Funds: \$3,891 | Funding Period: 2018 - 2019

This award supports the consultation and related services to assist the Georgia Department of Community Health in efforts to develop their own Rural Health System Innovation Center.

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

The Leona M. and Harry B. Helmsley Charitable Trust

Principal Investigator: Keith Mueller

Co-Investigator: A. Clinton MacKinney

Annual Direct Funds: \$472,885 | Funding Period: 2016 - 2019

This funding supports the work of the RUPRI Health Panel whose aim is to spur public dialogue and help policymakers understand the rural impacts of public policies and programs.

Pennsylvania Rural Health Model (PARHM)

US Department of Health and Health Services

Principal Investigator: Keith Mueller

Annual Direct Funds: \$112,014 | Funding Period: 2019 - 2019

Rural Health Value aims to implement a technical assistance process for Pennsylvania Rural Health Model (PARHM) hospital transformation plan (TP) development, as well as support cohort hospitals in updating their TP plans and provide consultation as requested.

Support for Planning and Implementation for Rural Poverty Conference and Policy Network

Annie E. Casey Foundation

Principal Investigator: Jocelyn Richgels

Co-investigator: Charles Fluharty

Annual Direct Funds: \$40,909 | Funding Period: 2017 - 2019

This grant supports the implementation of a rural poverty research conference in March 2018, Assessing Policy Innovations for Reducing Rural Poverty: A Research Conference Marking the 50th Anniversary of The People Left Behind, and to support a network of rural poverty researchers and policymakers.

Studies Focused on Telehealth

Avera EB TNGP Evaluation

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

Principal Investigator: Marcia Ward

Co-Investigators: Knute Carter, Nicholas Mohr, Dan Shane, Xi Zhu

Annual Direct Funds: \$121,456 | Funding Period 2016 – 2019

This project includes the Rural Telehealth Research Center as a research partner with Avera eCare to facilitate several research projects related to Avera's tele-emergency services.

Telehealth-Focused Rural Health Research Center Cooperative Agreement

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

Principal Investigator: Marcia Ward

Co-Investigators: Knute Carter, A. Clinton MacKinney, Nicholas Mohr, Keith Mueller, Xi Zhu

Annual Direct Funds: \$781,116 | Funding Period: 2015 - 2019

The goal of this project is to conduct and disseminate research on rural telehealth that contributes to building a high performance health system in rural America.

Avera and University of Iowa Helmsley Tele-Behavioral Health Grant

Avera Health/Leona M. and Harry B. Helmsley Charitable Trust

Principal Investigator: Marcia Ward

Co-Investigator: Nicholas Mohr

Annual Direct Funds: \$98,361 | Funding Period 2018 – 2020

This project evaluates new models of tele-behavioral health delivered by Avera Health.





Photo above: Janice Halman
Photo left: Chris Abernathy

Studies Across the Lifespan

Dental Health and Academic Achievement Among Children in Medicaid

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

Principal Investigator: George Wehby

Annual Direct Funds: \$100,000 | Funding Period: 2017 - 2019

This project aims to identify the effects of dental problems and early access to preventive dental care and treatments on children's educational achievement using unique linkages between the Iowa Medicaid data, birth certificate, academic achievement outcomes, and sibling and classmate comparisons.

Cannabis and Older Persons Study

Illinois Department of Public Health/University of Illinois at Urbana-Champaign

Principal Investigator: Brian Kaskie

Annual Direct Funds: \$54,871 | Funding Period: 2017 - 2019

This study examines what is known about the intersection between cannabis and the aging American population, reviews trends concerning cannabis use, and applies the age-period-cohort paradigm to explicate varied pathways and outcomes.

Effects of the Minimum Wage on Long-Term Child Health and Development

Robert Wood Johnson Foundation

Principal Investigator: George Wehby

Annual Direct Funds: \$113,577 | Funding Period: 2018 - 2020

This study evaluates the effects of the minimum wage on child development, including physical and mental health, socioemotional development, cognition, and standardized test scores in order to assess the effects of the minimum wage at different stages of childhood and examine both long- and short-term effects of minimum wage changes.

Cognitive Training and Practice Effects in MCI

University of Utah/US Department of Health & Human Services, National Institutes of Health

Principal Investigator: Fredric Wolinsky

Annual Direct Funds: \$19,072 | Funding Period: 2014 - 2019

This project focuses on determining whether an active intervention group receiving 40 hours of advanced cognitive training focusing on processing speed and auditory memory vs. an attention control group receiving 40 hours of games that are not known to train cognitive function (e.g., crossword puzzles) can improve cognitive function in people with mild cognitive impairment, and whether that cognitive improvement will endure for at least one year.



Illuminating the Intersection between Older Persons and Medical Cannabis

Retirement Research Foundation

Principal Investigator: Brian Kaskie

Co-Investigators: Kanika Arora

Annual Direct Funds: \$109,358 | Funding Period: 2017 - 2019

The purpose of this research project is to close the gaps in what is currently known about the use of cannabis among older persons, and specifically to learn more about older persons who take cannabis for medical reasons and how cannabis impacts their quality of life.

Increasing Awareness of and Access to Clinical Trials for Adolescents and Young Adults with Cancer in Iowa

Iowa Cancer Consortium

Principal Investigator: Erin Mobley

Annual Direct Funds: \$10,484 | Funding Period: 2017 - 2019

The two primary aims of this study are to identify barriers to clinical trial enrollment for Adolescents and Young Adults and to test whether clinical trial enrollment changed as a result of various initiatives implemented.

Frontier Community Health Integration Project Technical Assistance, Tracking, and Analysis

Montana Health Research and Education Foundation, U.S. Health Resources & Services Administration

Principal Investigator: Keith Mueller

Co-Investigators: A. Clinton MacKinney

Annual Direct Funds: \$70,120 | Funding Period: 2014 - 2020

The Montana Health Education and Research Foundation, in partnership with the Rural Policy Research Institute, works with the Federal Office of Rural Health Policy to develop appropriate and attainable evaluative structures to complement analysis conducted by the Centers for Medicare and Medicaid Services.

Insurance Coverage Policies and Outcomes of Children with Oral Clefts

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

Principal Investigator: George Wehby

Annual Direct Funds: \$118,304 | Funding Period: 2016 - 2019

The study examines the effects of specific policies that are highly relevant to the healthcare needs of children with oral clefts on use of specific services that are likely to be impacted by policies capturing both timeliness and frequency of use.

Do State Regulations Affect the Outcome of Assisted Living Residents with Dementia?

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

Principal Investigator: Brian Kaskie

Annual Direct Funds: \$105,000 | Funding Period: 2018 - 2019

Over the past two decades, assisted living (AL) has rapidly emerged as a preferred residence for many older and disabled adults who require long-term care. This policy study analyzes states' residential care and assisted living (RC/AL) regulations for dementia care requirements.

Photo right: Iowa One

An aerial photograph of a rural landscape. In the foreground, there are green agricultural fields. A river or stream flows through the middle ground, winding between the fields. In the background, there are more fields, some trees, and a small cluster of buildings under a cloudy sky.

Studies of Healthcare Delivery and Use

The Role of Health Centers in Reducing Disparities in Potentially Preventable Hospital-Based Care among Dual Eligibles

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

Principal Investigator: Brad Wright

Co-Investigator: Fredric Wolinsky

Annual Direct Funds: \$276,950 | Funding Period: 2017 - 2021

The goals of this study are to characterize and evaluate the role of Federally Qualified Health Centers in providing primary care that lowers rates of and reduces racial/ethnic disparities in hospital care among dual-eligibles.

Alabama Primary Health Care Association Exceptional Leadership Training

Alabama Primary Health Care Association (APHCA)

Principal Investigator: Dan Gentry

Annual Direct Funds: \$13,000 | Funding Period: 2019

The project involved conducting four two-day trainings at the APHCA facilities on “Exceptional Leadership.”

Investigating the Effects of Mandating Pediatric Oral Health Services as Essential Health Benefits

National Institutes of Health

Principal Investigator: Dan Shane

Co-Investigators: George Wehby

Annual Direct Funds: \$100,000 | Funding Period: 2019 - 2021

This project explores the relationship between dental coverage and dental services utilization with an analysis of a natural experiment of increasing private dental coverage stemming from the Affordable Care Act’s dependent coverage mandate.

Connected Cancer Care: EHR Communication Networks in Virtual Cancer Care Teams

Agency for Healthcare Research and Quality

Principal Investigator: Xi Zhu

Annual Direct Funds: \$128, 813 | Funding Period: 2019 - 2021

The overall research objective is to develop methods for measuring electronic health record (EHR) communication networks—defined as EHR-based information sharing connections among healthcare providers—in virtual care teams and to examine the relationship between EHR communication networks and care quality.

Insurance Coverage Effects on Access to Mental Health Services and Outcomes

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

Principal Investigator: Dan Shane

Co-Investigator: George Wehby

Annual Direct Funds: \$125,000 | Funding Period: 2017 - 2019

The proposed study is identifying the impacts of the Affordable Care Act-driven expansion in private health insurance coverage as well as the Medicaid expansion on multiple measures of mental health, encompassing a broad spectrum of potential mental health effects.

The Impact of Recent Medicaid Expansions on Dental Services

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

Principal Investigator: George Wehby

Annual Direct Funds: \$100,000 | Funding Period: 2018 - 2019

This study examines the effects of the Affordable Care Act Medicaid expansions on use of dental services among low-income adults using nationally representative data and quasi-experimental designs.

The Role and Arts and Culture Capital in Rural Innovation and Entrepreneurship: A Research Action Plan

US Department of Agriculture

Principal Investigator: Charles Fluharty

Co-Investigator: Jocelyn Richgels

Annual Direct Funds: \$48,000 | Funding Period: 2018 - 2021

RUPRI is hosting a conference, with the support of USDA, to develop a research agenda for understanding the depth of rural cultural wealth and community needs to support rural culture.

Planning and Evaluation Core of Great Plains Center for Agricultural Health (GPCAH)

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

Principal Investigator: Kanika Arora

Annual Direct Funds: \$99,365 | Funding Period: 2016 - 2021

The GPCAH evaluation plan has three key goals: 1) demonstrate the link between GPCAH activities and the expected outcomes; 2) describe a structured method for assessing GPCAH activities; 3) describe the process for providing feedback to assist with continuous improvement efforts and planning.

National Expansion of Dental Insurance Among Young Adults: A Natural Experiment

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

Principal Investigator: Dan Shane

Annual Direct Funds: \$50,000 | Funding Period: 2016 - 2019

This study identifies the impacts of private dental coverage utilization of preventive dental services as well as dental insurance spending.



The Rural Telehealth Research Center (RTRC) is focused on building the evidence base for telehealth, especially in rural settings. More specifically, RTRC is charged with advancing publicly available, high-quality, impartial, clinically informed, and policy-relevant research.

Projects underway for 2019-2020

Continuing Data Collection on a Common Set of Measures for the School-Based TNGP Grantees

Lead researcher: Marcia M. Ward, PhD

Project funded: September 2019

Anticipated completion date: August 2020

The primary purpose of this project is to continue data collection from School-Based Telehealth Network Grant Program (SB TNGP) grantees to evaluate school-based telehealth using a common set of measures that will help build the evidence base and inform future policy changes and sustainability efforts.

Investigating Differences in School-Based Telehealth Implementation and Services in the School-Based TNGP Grantees

Lead researcher: Marcia M. Ward, PhD

Project funded: September 2019

Anticipated completion date: August 2020

The principal goal of this project is to gather contextual information from School-Based Telehealth Network Grant Program (SB TNGP) grantees regarding project design and implementation, and the practicalities of delivering telehealth services in school settings that will help explain the heterogeneity found in the data across the grantees.

Launching Data Collection on a Common Set of Measures for the EB THNP and SAT TNGP Grantees

Lead researcher: Marcia M. Ward, PhD

Project funded: September 2019

Anticipated completion date: August 2020

The primary purpose of this project is to launch data collection among Evidence-Based Tele-Behavioral Health Network Program (EB THNP) and Substance Abuse Treatment Telehealth Network Grant Program (SAT TNGP) grantees on a common set of measures.

Telehealth for Heart Attack and Stroke in Rural Hospitals

Lead researcher: Christopher M. Shea, PhD, MA, MPA

Project funded: September 2019

Anticipated completion date: August 2020

The primary purpose of this project is to examine telehealth for heart attack and stroke in national samples of hospitals by reviewing trends and factors in adoption of these telehealth services and implementation strategies across levels of rurality.

Publications

Mohr NM, Young T, Harland KK, Skow B, Wittrock A, Bell A, Ward MM. Telemedicine is associated with faster diagnostic imaging in stroke patients: A cohort study. *Telemedicine and e-Health*. 25(2):93-100, 2019.

Natafagi N, Mohr NM, Wittrock A, Bell A, Ward MM. The association between telemedicine and emergency department (ED) disposition: A stepped wedge design of an ED-based telemedicine program in critical access hospitals. *Journal of Rural Health*. 2019 Apr 23. doi: 10.1111/jrh.12370.

Shea CM, Turner K, Tabriz AA, North S. Implementation strategies for telestroke: A qualitative study of telestroke networks in North Carolina. *Telemedicine and e-Health*. 25(8):708-715, 2019.

Swanson MB, Miller AC, Ward MM, Ullrich F, Merchant KA, Mohr NM. Emergency department telemedicine consults decrease time to interpret computed tomography of the head in a multi-network cohort. *Journal of Telemedicine and Telecare*. 2019 Nov 4. doi: 10.1177/1357633X19877746.

Talbot JA, Burgess AR, Thayer D, Parenteau L, Paluso N, Coburn AF. Patterns of telehealth use among rural Medicaid beneficiaries. *Journal of Rural Health*. 35:298-307, 2019.

Weigel PA, Merchant KA, Wittrock A, Kisse J, Ullrich F, Bell AL, Marcin J, Ward MM. Pediatric tele-emergency care: A study of two delivery models. *Journal of Telemedicine and Telecare*. 2019 Apr 9. doi: 10.1177/1357633X19839610.

Weigel P, Bhagianadh D, Merchant KAS, Wittrock A, Rahmouni H, Bell M, Laws S, Ward MM. Tele-emergency behavioral health in rural and underserved areas. *Journal of Telemedicine and Telecare*. 2019 Nov 14. doi: 10.1177/1357633X19887027.

Partners

The Rural Telehealth Research Center brings together the expertise of researchers from three major universities, all with experience in rural healthcare services and environments.



**Rural Health Research
& Policy Centers**

Funded by the Federal Office of Rural Health Policy

www.ruralhealthresearch.org

Rural Telehealth Research Center

University of Iowa
145 North Riverside Drive
N200 CPHB
Iowa City, IA 52242
319-384-3830
rtrc-inquiry@uiowa.edu
www.ruraltelehealth.org

IOWA

College of Public Health



UNIVERSITY OF
SOUTHERN MAINE



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Publications by CHPR Associates

Andersson M, Walker M, Kaskie B. Strapped for time, stressed out or both? Predictors of work interruptions and unmet needs for workplace supports. *Journal of Aging and Health*. 2019 Apr 3; 31(4):631-651.

Arora K, Bhagianadh D. Smoking and alcohol consumption following a new dementia diagnosis. *The Journals of Gerontology: Series B*. 2019 Oct 6.

Arora K, Qualls S, Bobitt J, Lum H, Milavetz G, Croker J, Kaskie B. Measuring attitudes towards medical and recreational cannabis among older adults in Colorado. *The Gerontologist*. 2019 May 15;60(4):e232-e241.

Arora K, Qualls S, Bobitt J, Milavetz G, Croker J, Kaskie B. Older cannabis users are not all alike: Lifespan cannabis use patterns. *Journal of Applied Gerontology*. 2019 Dec 25:0733464819894922.

Baloh J, Zhu X, Ward MM. What influences sustainment and non-sustainment of facilitation activities in implementation? Analysis of organizational and team factors in hospitals implementing Team STEPPS. *Medical Care Research and Review*. 2019 May 16:1077558719848267.

Barker A, McBride T, Mueller KJ. Insurer participation in rural health insurance marketplaces: Are some markets intrinsically more competitive than others? *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019 Jun;4.

Barker A, McBride T, Mueller KJ, Huntzberry K. The market mechanism and health insurance in rural places: Lessons learned from an economics and policy perspective. *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019.

Barker A, Nienstedt L, Kemper L, McBride T, Mueller KJ. Comparing rural and urban Medicare advantage beneficiary characteristics. *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019(1):1-4.

Bobitt J, Qualls S, Schuchman M, Wickersham R, Lum H, Arora K, Milavetz G, Kaskie B. Qualitative analysis of cannabis use among older adults in Colorado. *Drugs and Aging*. 2019 Jul 1;36(7):655-666.

Brown E, Wehby GL. Economic conditions and drug and opioid overdose deaths. *Medical Care Research and Review*. 2019 Aug;76(4):462-477.

Charlton ME, Shahnazi AF, Gribovskaja-Rupp I, Hunter L, Mengeling MA, Chrischilles EA, Lynch CF, Ward MM. Determinants of rectal cancer patients' decisions on where to receive surgery: A qualitative analysis. *J Gastrointestinal Surgery*, 2019;23:1461-1473

Cheng Y, Wang F, Zhang L, Zhang P, Ye B, Sun Y, Zhu X, Zhang N, Liang Y. Effects of collaborations to improve population health in US rural communities: A qualitative study. *BMJ Communication Networks in Virtual Care Teams Using Electronic Health Records Access-Log Data*. *International Journal of Medical Informatics*. 2019.

Chioreso C, Gao X, Gribovskaja-Rupp I, Lin C, Ward MM, Schroeder MC, Lynch CF, Chrischilles EA, Charlton ME. Hospital and surgeon selection for Medicare beneficiaries with stage II/III rectal cancer: The role of rurality, distance to care and colonoscopy provider. *Annals of Surgery*, 2019, doi: 10.1097/SLA.0000000000003673.

Dave D, Kaestner R, Wehby GL. Does public insurance coverage for pregnant women affect prenatal health behaviors? *Journal of Population Economics*. 2019 Apr;32(2):419-53.

Guarnizo Herreno C, Coutermance C, Wehby G. Effects of contextual economic factors on childhood obesity. *Maternal and Child Health Journal*. 2019 Oct 1;23(10):1317-1326.

Guarnizo Herreno C, Lyu W, Wehby GL. Children's oral health and academic performance: Evidence of a persisting relationship over the last decade in the United States. *Journal of Pediatrics*. 2019 Jun 1;209:183-189.

Lum H, Arora K, Croker J, Qualls S, Schuchman M, Bobitt J, Milavetz G, Kaskie B. Patterns of marijuana use and health impact: A survey among older Coloradans. *Gerontology and Geriatric Medicine*. 2019 Apr;5:2333721419843707.

Lyu W, Wehby GL. The impacts of the ACA Medicaid expansions on cancer screening use by primary care provider supply. *Medical Care*. 2019 Mar 1;57(3):202-207.

MacKinney A, Dudley D, Schoepfoerster G. Aging well in rural America: Role and status of healthcare. *Generations/American Society on Aging*. 2019 Jul 15;43(2):46-54.

MacKinney AC, Ullrich F, Mueller KJ. Primary care clinician participation in the CMS quality payment program. *Rural Policy Brief*, RUPRI Center for Rural Health Policy Analysis. 2019 April;3.

Mobley EM, Charlton ME, Ward MM, Lynch CF. Non-metropolitan residence and other factors affecting clinical trial enrollment for adolescents and young adults with cancer in a US population-based study. *Cancer*. 2019 Jul 1;125(13):2283-2290.

Mohr NM, Young T, Harland KK, Skow B, Wittrock A, Bell A, Ward MM. Telemedicine is associated with faster diagnostic imaging in stroke patients: A cohort study. *Telemedicine and e-Health*. 2019 Feb 1;25(2):93-100.

Nataf N, Mohr NM, Wittrock A, Bell A, Ward MM. The association between telemedicine and emergency department (ED) disposition: A stepped wedge study design of an ED-based telemedicine program in critical access hospitals. *Journal of Rural Health*. 2019 Apr 23. doi: 10.1111/jrh.123702020

Nidey N, Tabb K, Carter K, Bao , Strathearn L, Rohlman D, Wehby G, Ryckman K. Rurality and risk of perinatal depression among women in the United States. *Journal of Rural Health*. Epub 2019 Oct 11.

Nidey N, Wehby GL. Barriers to health care for children with orofacial clefts: A systematic literature review and recommendations for research priorities. *Oral Health and Dental Studies*. 2019;2(1):2.

Oyeka O, Ullrich F, Mueller KJ. Medicare Advantage enrollment update 2018. *Rural Policy Brief*, RUPRI Center for Rural Health Policy Analysis. 2019 Apr;2.

Sandler L, Kaskie B. The elder abuse pathway in east central Iowa. *Washington University Journal of Law and Policy*. 2019;59:27.

Sharma H, Perrailon MC, Werner R, Grabowski DC, Konetzka RT. Medicaid and nursing home choice: Why do duals end up in low-quality facilities? *Journal of Applied Gerontology*. 2019 Apr 8:0733464819838447.

Swanson MB, Miller AC, Ward MM, Ullrich F, Merchant KA, Mohr NM. Emergency department telemedicine consults decrease time to interpret computed tomography of the head in a multi-network cohort. *Journal of Telemedicine and Telecare*. 2019 Nov 4:1357633X19877746.

Ugwi P, Lyu W, Wehby GL. The effects of the patient protection and Affordable Care Act on children's health coverage. *Medical Care*. 2019 Feb 1;57(2):115-122.

Vakkalanka JP, Harland KK, Wittrock A, Schmidt M, Mack LJ, Nipe M, Himadi E, Ward MM, Mohr NM. Telemedicine is associated with rapid transfer and fewer involuntary holds among patients presenting with suicidal ideation in rural hospitals: A propensity matched cohort study. *J Epidemiology & Community Health*, 2019;73:1033-1039.

Vaughn T, Ullrich F, Nataliansyah M, Mueller KJ. Strategic choice in developing telemedicine: Observations from three organizations. *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019 Dec.

Wehby GL, Lyu W, Shane D. Effects of the patient protection and Affordable Care Act on coverage and access to care in metropolitan vs. non-metropolitan areas through 2016. *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019 August;5.

Wehby GL, Lyu W, Shane D. The impact of the ACA Medicaid expansions on dental visits by dental coverage generosity and dentist supply. *Medical Care*. 2019 Oct 1;57(10):781-787

Weigel P, Bhagianadh D, Merchant KAS, Wittrock A, Rahmouni H, Bell M, Laws S, Ward MM. Tele-emergency behavioral health in rural and underserved areas. *Journal of Telemedicine and Telecare*. 2019 Nov 14:1357633X19887027.

Weigel PA, Merchant KA, Wittrock A, Kisse J, Ullrich F, Bell A, Marcin JP, Ward MM. Pediatric tele-emergency care: A study of two delivery models. *Journal of Telemedicine and Telecare*. 2019 Apr 9:1357633X19839610.

Weigel P, Ullrich F, Mueller, KJ. Impact of the Medicare disproportionate share hospital payment cap on rural and urban hospitals. *Rural Policy Brief, RUPRI Center for Rural Health Policy Analysis*. 2019 Dec;6.

Zhu X, Tu SP, Sewell D, Yao N, Mishra V, Dow A, Banas C. Measuring electronic communication networks in virtual care teams using electronic health records access-log data. *International Journal of Medical Informatics*. 2019 Aug 1;128:46-52.

Zhu X, Weigel P, Baloh J, Nataliansyah M, Gunn N, Mueller KJ. 2019. Mobilising cross-sector collaborations to improve population health in US rural communities: A qualitative study. *BMJ Open*. 2019 Nov 2;9(11).

Presentations by CHPR Associates

Arora K. Population Association of America, AcademyHealth. May 2019.

Charlton ME, Chioreso C, Gribovskaja-Rupp I, Lin C, Ward MM, Lynch CF, Chrischilles EA. Predictors of rectal cancer resection at high-volume hospitals among Medicare patients. ASCO Gastrointestinal Cancers Symposium, San Francisco, CA. January 23-25, 2019.

Charlton ME, Shahnazi A, Gribovskaja-Rupp I, Lin C, Hunter L, Chrischilles EA, Lynch CF, Ward MM. Qualitative analysis of Iowa rectal cancer patients' decisions on where to receive surgery. ASCO Gastrointestinal Cancers Symposium, San Francisco, CA. January 23-25, 2019.

Kaskie B. Aging and health policy. UI Boyd College of Law. May 2019.

MacKinney C. The potential of rural value-based care. Western Regional Trustees Conference, Montana Hospital Association, Missoula, Montana. June 2019.

MacKinney C. Chasing zero. SDAHO Quality Conference, SDAHO, Sioux Falls, South Dakota. May 2019.

MacKinney C, Mueller K. Finance basics for pharmacy leaders. Healthcare Business Leadership Program. February 2019.

MacKinney C, Ullrich F. WE-KAN data analysis. Washburn University, Topeka. February 2019.

Mueller K. The interface of policy dynamics and transforming rural health care services. Western Region Flex Conference, Western Flex Association, U of Nevada, Tucson, Arizona. June 2019.

Mueller K. Meeting needs in rural health: Research, action, policy. Rural Health Care Leadership Conference, American Hospital Association, Phoenix, Arizona. 2019.

Mueller K. Financial incentives to improve community health. National Organization of State Offices of Rural Health Annual Meeting, Albuquerque, New Mexico. 2019.

Mueller K. Future of Rural Health Care Task Force. Promising perspectives in rural health care. American Hospital Association, Washington, D.C. 2019.

Mueller K. The current landscape and the future of rural health. Iowa Hospital Association-Rural Health Care Innovation Taskforce, Iowa Hospital Association. 2019.

Mueller K, Lundblad J, Coburn A, McBride T. Policy opportunities for advancing rural health. National Rural Health Association 42d Annual Meeting, Atlanta, Georgia. 2019.

Shane D. American Society of Health Economists, 8th Conference, Washington, DC. 2019

Vakkalanka J, Harland K, Wittrock A, Schmidt M, Mack L, Nipe M, Himadi E, Ward MM, Mohr NM. Telemedicine is associated with rapid transfer and few involuntary holds among patients with suicidal ideation. Society for Academic Emergency Medicine annual meeting, Las Vegas, Nevada. May 2019.

Ward M. Averted transfers in rural emergency departments using telemedicine: Rates and costs across six teleED networks. National Telehealth Research Symposium, Chicago, IL. September 11-13, 2019.

Ward M. HRSA's Evidence-Based Tele-Emergency Network Grant Program: Pooling data across six teleED networks. National Telehealth Research Symposium, Chicago, IL. September 11-13, 2019.

Ward M. Identifying measures to build the evidence base for telehealth. American Telemedicine Association annual meeting, New Orleans, Louisiana. April 2019.

Zhu X. Disagreement on expertise in interprofessional care teams: Why it matters and where it comes from. Department of Health Policy and Administration, Penn State University, University Park, PA. November 2019.

Zhu X, Baloh J, Ward M. Dynamics of change agent engagement during implementation of complex interventions. AcademyHealth Annual Conference on D&I, Washington, DC. December 2019.

Zhu X, Huang H, Mueller K, MacKinney C. Accountable Care Organizations exiting the Medicare Shared Savings Program: Policy and organizational determinants. AcademyHealth ARM, Washington, DC. June 2019.

Zhu X, Kahl A, Charlton M. Intersectionality in cancer health disparities: Rurality, socioeconomic factors, and health resources. AACR Conference on the Science of Cancer Health Disparities, San Francisco, CA. September 2019.

Zhu X, Merchant K, Mohr N, Wittrock A, Bell A, Ward M. Clinical training approaches in rural emergency departments using telemedicine. National Telehealth Research Symposium, Chicago, IL. September 2019.

Zhu X, Merchant KAS, Mohr NM, Wittrock AJ, Bell AL, Ward MM. Continuing professional education in rural emergency departments using telemedicine. Society for Academic Emergency Medicine annual meeting, Las Vegas, Nevada. May 2019.

Zhu X, Nataliansyah M, Weigel P, Mueller K. Rural hospital roles in improving community health: A qualitative study. AcademyHealth ARM, Washington, DC. June 2019.

Zhu X, Tu SP, Sewell D, Mishra V, Matin K, Yao N. Enhancing implementation infrastructure: Communication and information processing through electronic health record systems. AcademyHealth Annual Conference on D&I, Washington, DC. December 2019.

Zhu X, Wholey D, Shah P. Teams designed for success: Incorporating a relational perspective in team design theories. OTHC Annual Conference, Philadelphia, PA. May 2019.

Seminar Series Presentations

Wright, B. Academic workgroup. January 2019.

Lyu, W. Impact of the ACA Medicaid expansions on dental visits by dental coverage. February 2019.

Wolinsky, F. Cognitive training and quality of life in senior communities. February 2019.

Goertz, C. The future of conservative spine care delivery: Why, what, and who. February 2019.

Borders, T. Opioid use treatment policies, access, and outcomes. February 2019.

Salako, A. Impact of nurse practitioner scope of practice regulation on primary care access in HPSAs. March 2019.

Nataliansyah, M. Beyond patient care: A qualitative study exploring rural hospital role. March 2019.

Sharma, H. Persistent deficiency citations in US nursing homes. March 2019.

Zhu, X. Accountable care organization research update. April 2019.

Lyu, W. Effects of Medicaid expansion on access to care and health behaviors among low income mothers. April 2019.

Arora, K. Cannabis use across the lifespan. April 2019.

Ugwi, P. Effect of Medicaid managed care on child health. April 2019.

Salako, A. Nurse practitioner regulations and access to care in HPSAs research update. May 2019.

Ullrich, F. Got rural? August 2019.

Vaughn, T. Journal club. September 2019.

Mueller, K. How should rural health systems address population health? September 2019.

Guarnizo, C. Health of infants born to Venezuelan refugees in Colombia. September 2019.

Mohr, N. Timeliness of care: Telemedicine in the emergency department. September 2019.

Crocker, A. Intersection of hospice and medical cannabis. October 2019.

Zhu, X. Teams design for success: Incorporating a relational perspective in team design. October 2019.

Xu, L. Early evidence on the unintended consequences of skilled nursing facility value-based purchasing program. November 2019.

Rochford, H. Interpersonal violence and health: Perspectives and reflections from Health Affairs' October 2019 issue. November 2019.

Arora, K. Dementia and agriculture: Evidence from the Health and Retirement Study. November 2019.

MacKinney, C. Hospital global budgets, a primer. December 2019.

Sharma, H. Malnutrition inequality between upper and lower caste groups in Nepal. December 2019.

Wakefield Award

The Bonnie J. and Douglas S. Wakefield Award recognizes HMP Doctoral students who best exemplify the mission of the HMP PhD Program in terms of excellence or promise of excellence in health services and policy research. The winners for 2019 are Divya Bhagianadh and Haobing Qian. These two students were especially commended for their progress on research and publications.

Divya Bhagianadh

Divya's paper examined effects of dementia diagnosis on health behavior changes. She also has been engaged in several other projects simultaneously. Divya is examining effects of state legalization of marijuana on place of death for older adults.



Haobing Qian

Haobing's paper is examining the causal effects of the earned income tax credit program on maternal health. Likewise, Haobing is developing additional work to projects outside of this scope. Haobing is examining effects of the earned income tax credit on access to health services and preventive care.



Publications by PhD Students

Arora K, Bhagianadh D. Smoking and alcohol consumption following a new dementia diagnosis. *The Journals of Gerontology: Series B*. 2019 Oct 6.

Arora K, Qualls S, Bobitt J, Lum H, Milavetz G, Croker J, Kaskie B. Measuring attitudes towards medical and recreational cannabis among older adults in Colorado. *The Gerontologist*. 2019 May 15;60(4):e232-e241.

Guarnizo Herreno C, Lyu W, Wehby GL. Children's oral health and academic performance: Evidence of a persisting relationship over the last decade in the United States. *Journal of Pediatrics*. 2019 Jun 1;209:183-9.

Harmoney K, Mobley EM, Gilbertson-White S, Brogden NK, Benson RJ. Differences in advance care planning and circumstances of death for pediatric patients who do and do not receive palliative care consults: A single-center retrospective review of all pediatric deaths from 2012 to 2016. *J Palliat Med*. 2019;22(12):1506-1514. 2019.

Mobley EM, Charlton ME, Ward MM, Lynch CF. Non-metropolitan residence and other factors affecting clinical trial enrollment for adolescents and young adults with cancer in a US population-based study. *Cancer*. 2019 Jul 1;125(13):2283-2290.

Mobley EM, Ryan GL, Sparks AE, Monga V, Terry WW. Factors impacting fertility preservation in adolescents and young adults with cancer: A retrospective study. *J Adolesc Young Adult Oncol*. 9(2):208-221. 2019.

Ugwi P, Lyu W, Wehby GL. The effects of the patient protection and Affordable Care Act on children's health coverage. *Medical Care*. 2019 Feb 1;57(2):115-122.

Wehby GL, Lyu W, Shane D. The impact of the ACA Medicaid expansions on dental visits by dental coverage generosity and dentist supply. *Medical Care*. 2019 Oct 1;57(10):781-787

Weigel P, Bhagianadh D, Merchant KAS, Wittrock A, Rahmouni H, Bell M, Laws S, Ward MM. Tele-emergency behavioral health in rural and underserved areas. *Journal of Telemedicine and Telecare*. 2019 Nov 14:1357633X19887027.

Zhu X, Weigel P, Baloh J, Nataliansyah M, Gunn N, Mueller K. Mobilising cross-sector collaborations to improve population health in US rural communities: A qualitative study. *BMJ Open*. 2019;9(11). 2019.

IOWATM

College of Public Health

Department of Health Management & Policy

Marcia M. Ward, PhD

Director, Center for Health Policy and Research

University of Iowa

145 North Riverside Drive, N200 CPHB

Iowa City, IA 52242

Phone: 319-384-3830

Fax: 319-384-4371

public-health.uiowa.edu/hmp