Work & Wellness
How do our jobs and health stack up?
FROM THE DEAN

THE WORLD OF WORK IS COMPLEX. Apart from providing an income, work builds our skills, expands our social ties, and challenges us to accomplish new goals. On the downside, some job aspects may be detrimental to our health, such as prolonged stress, physical strain, and exposure to chemicals and other hazards.

In this issue, we’re taking a look at work, business, and health through several lenses. The first is the College of Public Health’s research to help improve and protect workers’ health. Researchers Corinne Peek-Asa and Carri Casteel have a proven track record of studying the causes and prevention of workplace violence. Their research has involved all types of businesses from small, independently owned stores to the world’s largest aerospace company.

We also introduce the recently expanded Healthier Workforce Center of the Midwest, which serves as a resource for policies, programs, and practices that promote a safer and healthier workforce.

Another angle of viewing work and health is through health economics. Researchers George Wehby and Padmaja Ayyagari have completed separate studies on increases in the minimum wage and Social Security benefits. Their studies point to improved health outcomes in two populations: newborns and older adults.

The college is also partnering with businesses to improve public health. One new initiative is the Executive-in-Residence program, which bring business leaders to the college to interact with faculty and students to share their expertise and explore areas of collaboration.

The college’s Business Leadership Network collaborates with business and community leaders in Iowa to improve community health. Learn more about the BLN’s Community Grant Program, which provides funds for projects that focus on health, including efforts to address food insecurity, at-risk youth, and workplace wellness.

We’re pleased to introduce Anjali Deshpande, director of the Master of Public Health program, and Dan Gentry, director of the Master of Health Administration program, who joined the college earlier this year. We also have Q&As with two students who are part of the college’s inaugural class of undergraduate public health majors.

It’s always exciting to share our news with alumni and friends. I invite you keep in touch with us via social media, or send your news to us at cph-communications@uiowa.edu.

Warm regards,

Sue Curry
A New Approach for Advancing Worker Well-being
The Healthier Workforce Center of the Midwest takes a comprehensive view of the factors that affect workers' safety, health, and well-being.

Executives, Engagement, and Innovation
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CPH researchers are partnering with large and small businesses to improve and protect employee safety.

BY JENNIFER NEW
INJURY OR DEATH ON THE JOB is often associated with machinery in the agricultural and manufacturing sectors. What doesn’t come as readily to mind is workplace violence—bullying by a colleague or assault by an angry client are just two examples of violence on the job. And yet American workers experience nearly two million incidents of workplace violence every year.

Researching the causes and prevention of such violence, and then working in the field to establish consistent and affordable practices is at the heart of the work of the University of Iowa’s Injury Prevention Research Center (IPRC).

Established in 1991 with core funding from the Centers for Disease Control and Prevention, the center is multidisciplinary in its scope, and has been involved in bringing together research, policy, and practice to address everything from bullying by school kids to the recent heroin and opioid crisis and from drowsy driving to tractor injuries.

PREVENTING ARMED ROBBERY
Some of the center’s current work can be traced back to the early 1990s at the University of California, Los Angeles where then assistant professor Corinne Peek-Asa was directing a graduate student named Carri Casteel. As epidemiologists interested in the high rate of fatalities associated with armed robberies, the two women created a study focused on small, independently owned businesses, including convenience stores, motels, late-night restaurants, and liquor stores.

“At the time, armed robbery was responsible for 84 percent of workplace violence,” says Casteel. Casteel and Peek-Asa’s primary goal was to identify affordable prevention measures and to educate business owners about them.

Prevention strategies varied. They discovered that business owners were willing to devote resources to security equipment such as surveillance cameras, but owners were unaware of less expensive and more effective approaches such as cash control, increased visibility and lighting, and employee training. Lack of implementation of the less expensive but more effective strategies clued Casteel and Peek-Asa into the need for research that translated evidence-based practices into small business settings.

For example, they discovered that blocking access to a business after hours via window grates and other structural enhancements reduces visibility and actually leads robbers to prey on the establishment when it is open, putting more people—both employees and customers—in harm’s way. Keeping too much cash on the premises also attracts robbers, whereas announcing that a minimal amount of money is in the register and maintaining a regular deposit schedule also prevents robberies.

EXTENDING THE STUDY
Peek-Asa and Casteel successfully tested the effectiveness of their prevention program with liquor stores in Santa Monica, Calif., before embarking on a larger study of nearly 500
“mom and pop” grocery stores throughout Los Angeles. Tracking businesses for a full year and partnering with the Los Angeles Police Department to receive outcomes of robbery-related injuries, they found that their strategies significantly reduced employees-related assaults.

In 2008, the director of safety and research for the National Institute of Occupational Safety and Health (NIOSH), an agency of the Centers for Disease Control, reached out to the pair to pilot a variation of their program. This time, the program would be delivered by police officers rather than by researchers. Peek-Asa had recently joined the faculty of the University of Iowa College of Public Health, where she is now a professor of occupational and environmental health. Working in conjunction with the International Crime Free Association, she and Casteel — now an associate professor in the same department at the UI — piloted the program in six communities nationally, including Iowa City, Cedar Rapids, and Coralville.

Peek-Asa says the program was a success in that, “we learned a lot about dissemination and working with law enforcement. This is important because after a robbery, one of small businesses’ point of connection is with the police.”

However, the rapid turnover of personnel on police forces also made it difficult to maintain consistency in delivering the material. The project continues and is now disseminated online, with a community leader gathering an advisory team to help identify partners.

TYPES OF WORKPLACE VIOLENCE

Robbery is but one example of workplace violence. Casteel and Peek-Asa have created a well-respected and recognized topology of workplace violence. They identify four different kinds of workplace violence:

- the perpetrator has criminal intent against the business, such as in a robbery;
- the main relationship is a service relationship between the perpetrator and the business, such as when a patient becomes angry at his or her treatment in a hospital;
- the perpetrator is a current or former worker who is disgruntled at the business;
- the perpetrator has a personal relationship with a worker, such as in a domestic violence situation.

One industry that has notoriously high rates of assault against workers by clients is health care. Unlike small, independent businesses, however, it is an industry that benefits from strong advocacy groups. One such group, the Emergency Nursing Association, worked with California’s Office of Occupational Safety to create the nation’s first hospital security act in 1995.
To study the effectiveness of this new law, Peek-Asa and Casteel compared security measures and violent event rates in California’s hospitals to those in New Jersey, which did not then have a similar law. They found a 48 percent reduction in assault rates among emergency department and psychiatric unit workers. Based on the success of the California law, the pair worked closely with stakeholders to help advocate for a similar law in New Jersey.

“Seeing our research culminate in policy change was very satisfying,” says Casteel.

**PROTECTING EMPLOYEES**

IPRC has more recently been involved in a project with one of the world’s largest corporations—The Boeing Company. “Boeing is very proactive in recognizing and responding to the threat of workplace violence,” says Casteel, “particularly in the form of worker-on-worker violence.”

They partnered with Boeing’s threat assessment team to run simulations and assess how important such organized teams and clear protocol are to mitigating workplace violence. The answer? Very. The only scenario that proved challenging despite the protocols was one involving stalking. This is an area that Peek-Asa and Casteel believe most workplaces underestimate as potentially dangerous, and yet it’s also an area where businesses have a surprising degree of ability to help control and diminish potential risk.

“When someone is being stalked or is the victim of domestic violence, they still have to go to work,” notes Peek-Asa. This puts them in danger as the would-be perpetrators know when and where to find them. But what many businesses don’t fully appreciate is that they can control the environment by providing the employee with an escort or working with the police. In some cases, businesses can even take out a restraining order when the individual cannot.

“We really want to take the lessons we learned with Boeing,” says Peek-Asa, “and apply them to mid-size and smaller businesses. We want these lessons to be applicable to the kinds of businesses we have here in Iowa.”

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A 2007 graduate of the College of Public Health, Hope Tiesman is a research epidemiologist with NIOSH in Morgantown, W.V. She credits her training with IPRC as helping her to not only secure a highly sought after position, but also to be able to enter it at full capacity.

“Right after I started my job,” she remembers, “there was a near-fatal beating of a teacher in Philadelphia. NIOSH worked with the largest teacher’s union to look at workplace violence in schools.” Without hesitation, Tiesman was able to propose, initiate, and run a study related to that initiative.

Currently, she is focused on non-traditional types of workplace violence, such as bullying among co-workers. She and her research team have found that verbal abuse between co-workers is a common behavior in some professions, but it is a kind of subtle violence that can have “much more of a detrimental impact both to health and one’s career.” She believes such bullying can affect a person’s well-being as much if not more than physical injury.

She also wants more public awareness of the fact that women are at greater risk of being killed on the job by their own husbands than by a co-worker. This kind of workplace violence is easy to overlook, she believes.

Tiesman says there are a handful of institutions that are leaders in injury prevention and control, and the University of Iowa is definitely one of them.

“Iowa is unique in that they have a lot of expertise in occupational safety and health, as well as injury prevention and control,” she says. “I feel very proud to say where I went to school!”
We all have those days—work is stressful, your cell phone keeps buzzing, you’re tired after working a double shift, and the last thing you want to do when you get home is cook a healthy meal or hit the gym. No matter what type of work we do, it can follow us home, and our personal lives don’t stop just because we’re on the clock.

“We can’t really separate work from home and home from work,” says Diane Rohlman, CPH associate professor and director of the Healthier Workforce Center of the Midwest (HWCM) based in the UI College of Public Health. “The workplace has a huge impact on our health.”

It’s no surprise that ill health and chronic conditions impact performance at work, increasing the risk for serious injury, absenteeism, and reduced productivity. However, it’s also true that work-related exposures, such as noise, chemicals, and long hours, impact health and chronic conditions.

“Our center tries to target the aspects of the workplace that increase the risk of injury and illness and mitigate those effects,” says Rohlman. “Our goal is to understand where those risk factors are coming from, and how, from the workplace perspective, to prevent them.”

**TOTAL WORKER HEALTH**

The center uses the Total Worker Health™ (TWH) approach to promote a safer and healthier workforce. The National Institute of Occupational Safety and Health, which funds the HWCM along with six other centers nationwide, defines TWH as “policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.”

“It’s a holistic view of all the factors that contribute to workers’ health and well-being,” Rohlman says.

In addition to workplace hazards that can result in on-the-job injuries, other influences—stress, sedentary jobs, the workplace culture—also present health risks.

“There are factors in the workplace, such as stress, that cause people to engage in unhealthy behaviors when they’re off work,” says Shelly Campo, CPH associate professor and HWCM outreach director. “There are cultures of work that can impact health behavior, too.”

For example, Rohlman once asked a construction worker why he chose to smoke during his downtime. “He said, ‘Because it’s our break, and that’s what you do.’ We need to understand more about how and why this happens so that we can protect the safety and health of our workers both in the short- and long-term,” Rohlman explains.

**A LOOK AT THE MIDWEST**

Workers in Iowa and neighboring states experience more work-related injuries and illnesses than in other parts of the U.S., according to the CDC. The region also has higher rates of heavy alcohol consumption and obesity than other areas of the country, with high rates of occupational fatalities.

Recognizing the critical needs in the region, particularly among small employers, the HWCM recently underwent an expansion to include Iowa, Nebraska, Missouri, and Kansas. The University of Iowa is working in partnership with Washington University in St. Louis and the Nebraska Safety Council to provide increased attention to these issues.
NEW PARTNERSHIPS
One of the center’s recent projects is focusing on new employees in the construction industry. Nationally, construction is one of the most dangerous occupations and has the highest number of fatalities of any type of job. Irregular employment, lengthy commutes, multiple job sites, and long workdays can cause psychological stress and can lead to risky health behaviors such as poor diet and substance use. New construction workers are at even greater risk, according to the Bureau of Labor Statistics.

To address these issues, the HWCM is partnering with the Carpenters’ District Council of Greater Saint Louis and Vicinity and the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers, and Helpers to evaluate the impact of work organization and work environment factors on the health and health behaviors of apprentices in three construction trades.

The center has also formed new partnerships with the Iowa League of Cities and the Iowa Municipal Workers’ Compensation Association. Center representatives have visited towns across Iowa, including Atlantic, Waukee, Carroll, and Fairfield, to learn about the safety and health issues facing municipal workers and the policies, programs, and practices being used to address them. Center staff have also presented at several conferences and workshops around the state.

RESOURCES FOR EMPLOYERS
The HWCM offers free resources for employers, including a series of short videos that assist professionals in small Midwestern businesses to identify and implement “best and promising practices” for improving worker health and well-being. The videos help small businesses use innovative techniques to tailor the Total Worker Health approach to their workplaces.

The center is eager to form new collaborations as part of its expansion and connect communities and small businesses with free resources, training, and pilot grant opportunities.

“We encourage a broad range of partners, including businesses, municipalities, not-for profit organizations, and labor unions, to collaborate with us,” says Campo.

Learn more about the center at www.hwcmw.org.
It’s not every day that students get to interact with leaders from private industry, but a new Executive-in-Residence program at the College of Public Health has made that opportunity a reality.

A number of leaders from a variety of industries, including Deere & Company, a pharmaceutical company, a health coaching enterprise, and a retinal imaging company, are taking part in the program created by the Iowa Institute of Public Health Research and Policy (IIPHRP) based in the college.

**MEANINGFUL INTERACTIONS**

Going beyond a visiting guest lecture, “the Executive-in-Residence program integrates senior business leaders into the life of the college,” says CPH Dean Sue Curry.

The institute works with the executives to create an individualized program that could include delivering college-wide seminars and classroom lectures, teaching a workshop using real-life case studies, meeting with students and faculty one-on-one or in small groups, and collaborating on student research projects.

“Students have the opportunity to ask questions and establish a connection with the executives and their companies,” says IIPHRP Deputy Director Vickie Miene. “The executives get to know our students and faculty, better understand the learning environment at the college, and explore opportunities for partnerships—it’s a win-win for everyone.”

“This was an opportunity for me to give back, to share what I have learned over the years in my industry, and to provide encouragement to the new workforce,” adds Executive-in-Residence participant Scott Fowler, manager of Global Occupational Safety at Deere & Company. “I think it provides very meaningful interactions—it’s exciting to hear students’ questions and to think about additional collaborations with the college.”

“I love that the executives bring real-world perspective on public health issues related to their company,” one CPH student responded in a written survey.

**FOSTERING COLLABORATIONS**

The IIPHRP was launched within the College of Public Health in early 2016. The Executive-in-Residence program is just one facet of the institute’s portfolio.

“The institute is a convener,” says Miene. “It’s dedicated to developing and fostering collaborations—including public-private partnerships—that expand the scope and impact of public health research across the state, nationally, and internationally.”

By building partnerships among researchers, public health practitioners, community leaders, private partners, and policy makers, the IIPHRP contributes to the education and research goals of the college in new and innovative ways, such as helping local communities take part in meaningful research, collaborating on a variety of public health initiatives, and engaging large and small businesses. The institute has also inaugurated a community grant project through the college’s Business Leadership Network (see page 10).

“In addition to making the University of Iowa a more effective research enterprise, this institute enhances scholarly collaborations for faculty and provides exciting new educational opportunities for students,” says UI Provost and Executive Vice President P. Barry Butler.
Sometimes simple conversations can kick-start great ideas. Take the time Laurie LaVan, a media associate in the Fairfield Community School District in southeast Iowa, joined several other teachers in sharing concerns about students going hungry.

“The conversation turned to elementary students who come to school on Monday and say they haven’t eaten since they left school the Friday before,” LaVan says. “It became clear to us that hungry students could be found throughout the district.”

That exchange led to a community meeting, which resulted in the formation of Carry On Bags, a non-profit organization that addresses food insecurity among preschool to grade 12 students in Jefferson County, Iowa. Each week, the program provides approximately 300 food bags filled with snacks and simple meals that allow children to “carry on” without school meals over weekends and during school breaks. The project’s partners include school personnel, a local church, grocery store, and dozens of volunteers.

The College of Public Health is working to spark more conversations that generate partnerships like these through its Business Leadership Network (BLN). The BLN reaches out to businesses and communities in Iowa to form collaborations around public health needs identified by local residents.

“The people who live and work in communities know best what their health concerns are,” says Tara McKee, BLN coordinator. “Our role is to facilitate conversations about those topics, encourage connections to address concerns, and provide education and resources whenever possible.”

**COMMUNITY GRANTS IN ACTION**

In 2015, the college’s Iowa Institute of Public Health Research and Policy (see story on page 9) established the Business Leadership Network Community Grant Project. The grants of up to $3,000 fund collaborative projects and programs that support community health. Carry On Bags was one of five inaugural recipients of the community grants, and is using the funds for food and containers to transport the bags to schools.

The organization is interested in evaluating its impact, so McKee connected Carry On Bags board member Dee Sandquist with CPH Assistant Professor Natoshia Askelson, who has research interests in food insecurity issues.

“I’m helping them put together a quick online survey for parents to fill out. The university will host the survey and provide them with a basic summary,” explains Askelson.

The remaining first-year grants included projects focused on keeping at-risk youth active and safe by providing weekend activities (Fort Dodge), engaging youth and adults in dialogue through a shared book reading (Webster City), educating elementary school children about oral health (Creston), and establishing a worksite wellness education, recognition, and reward program (Cerro Gordo County).
WORKSITE WELLNESS

The worksite wellness initiative, a partnership of the Cerro Gordo County Department of Public Health, Mason City Chamber of Commerce, and Mason City Blue Zones Project, has offered several “lunch and learn” sessions for local businesses. The topics have included packing healthy lunches, strength training, and ergonomics and safety. In August, Nathan Fethke, CPH associate professor of occupational and environmental health, spent a day conducting on-site ergonomic assessments at four major employers in the Mason City area.

“He visited with management and employees to reinforce all the things they were doing right, and to offer suggestions for areas of improvement,” says Kelli Huinker, health promotion manager for Cerro Gordo County Public Health. “Having access to experts from the University of Iowa has been great.”

The major component of the grant, says Huinker, has been the creation of a Worksite Wellness Awards Program that “recognizes local organizations that go above and beyond to support their employee’s well-being.” The first annual awards were announced in October.

“We want to recognize employers that are already investing in wellness initiatives, and encourage other businesses to get involved in worksite wellness programs,” says Huinker. “Our goal is to make these programs sustainable.”

ON THE ROAD

The BLN is also taking College of Public Health faculty and students on the road to engage in public health-related conversations. As of November 2016, the BLN has hosted 15 community forums around the state with business owners, economic development leaders, public health officials, health care providers, local elected officials, agency and organization representatives, and the general public. Topics have included agricultural health and safety, cyberbullying, health care reform, women’s health, and substance use.

University of Iowa President Bruce Harreld visited Mason City in November as part of a Community Forum, which focused on workplace health and safety, mental health, obesity, and more.

The BLN will announce the second round of community grant recipients in December 2016. Additional support from the UI Provost’s Office of Outreach and Engagement, Iowa Farm Bureau Federation, and the Roy J. Carver Charitable Trust is funding the second grant cycle. Several more community forums are being planned for the spring.

“The BLN is a great way to learn about what’s happening in communities around the state, and to explore new areas where the college might partner on initiatives,” says McKee.
Higher Pay, Healthier Babies

Researchers find that an increase in the minimum wage is associated with an increase in birth weight.

BY JIM SCHNABEL

To raise or not to raise the minimum wage? It’s a hotly debated question among policymakers and economists these days, because the overall economic impact of raising minimum wages isn’t yet well understood. But a new University of Iowa study suggests that decision-makers should be looking at broader impacts, for it finds evidence that increases in the minimum wage lead to improvements in infant health.

“Effects of the minimum wage on secondary outcomes such as health often go unconsidered in the debate, which is an oversight,” says George Wehby, CPH associate professor of health management and policy and lead author of the study.

A baby’s health depends critically on the mother’s health during pregnancy, and economists know that a higher income can improve maternal health in various ways, for example by enabling better diet, improving access to prenatal care, and/or reducing stress.

To investigate this issue in the context of minimum wage raises, Wehby and colleagues Dhaval Dave of Bentley University and Robert Kaestner of the University of Illinois at Chicago examined data on U.S. births during 1989-2012 to the millions of mothers aged 18-39 who had no college degree and were therefore most likely to be affected by minimum wage raises.

As the investigators reported in a National Bureau of Economic Research working paper in June 2016, state minimum wage raises during this period were followed by improvement in the birth weight and gestational age—basic measures of infant health—of babies born to these mothers in the affected states. Birth weight increased by about 11 grams on average for every $1 per hour increase in the minimum wage.

“That’s a meaningful and plausible effect,” says Wehby, “and it would translate into an increase of about 85 grams [3 ounces] for a raise in the current federal minimum wage from $7.25 to $15 per hour, as some have proposed.”

The researchers were able to account for differences in time trends between states, as well as changes in state welfare policies during the period, to minimize the effects of confounding factors and thereby isolate the effect of minimum wage raises on infant health.

Highlighting two possible routes through which this effect could work, they linked minimum wage increases to greater use of prenatal care and less smoking by the pregnant mothers in their sample.

Wehby and colleagues are following up with studies of broader impacts of minimum wage increases on children’s well-being.

“It’s an active research area for us—we’re now looking at behavioral and learning outcomes throughout childhood,” Wehby says. The full paper is available at www.nber.org/papers/w22373.
An Extra Social Security Benefit: Better Health

A new study links higher Social Security income to better health outcomes.

BY JIM SCHNABEL

The Social Security system is facing a crisis. Its trust fund reserves will be empty by 2034—less than 20 years from now—meaning that if Congress can’t find other funding, it will have to reduce benefits significantly. That could make tens of millions of Americans sicker, not just poorer, according to a new University of Iowa study that links differences in Social Security benefits to differences in health outcomes.

The idea that income and health are interrelated is itself not new. “Studies have long shown that people who are wealthier are generally also healthier,” says author Padmaja Ayyagari, CPH assistant professor of health management and policy. “But it isn’t always clear how much of that association is causal, and how much of it is due to things we can influence.”

To get a better handle on the issue, specifically in the context of Social Security, Ayyagari took what researchers call a quasi-experimental approach. Using data from a large nationwide survey of elderly people taken in 1993, she compared various health measures of those born during 1915-17—beneficiaries of a legislative loophole known as the “Social Security Notch,” which gave them substantially higher benefits—to those born just outside that window.

“Overall I found evidence that higher benefits lead to better health,” says Ayyagari.

The linkage was apparent for most available measures of health, including cognitive abilities and the ability to engage in ordinary daily activities. Her analysis suggests, for example, that a $1,000 boost in annual Social Security income is associated with an increase in the net cognitive score by about 4 percent and reductions in limitations on daily activities by about 16 percent. The association between higher Social Security income and better cognition was strongest among those in the upper range of cognition.

Against the backdrop of America’s extremely costly health care system, the finding raises the intriguing possibility that a little extra Social Security income could end up paying for itself by reducing elderly people’s Medicare and other taxpayer-funded health expenditures.

“That’s an issue I’d like to follow up on,” Ayyagari says.

Read the full paper online at crr.bc.edu/category/working-papers/.
Anjali Deshpande found the perfect fit for her experience and background in her new role as director of the University of Iowa’s Master of Public Health (MPH) program.

“When I read the job description, I said, ‘this is me,’” says Deshpande, who previously served as assistant professor and director of the graduate programs in applied health behavior research at Washington University School of Medicine in St. Louis.

Deshpande started her new post at Iowa this past summer. In addition to MPH director, she’s also a clinical associate professor in epidemiology.

Deshpande brings a variety of experience to the position, including time as an epidemiology practitioner at public health departments in Oklahoma and Missouri. She also previously served on the faculty at the Saint Louis University School of Public Health.

“I’ve seen the applied public health side; I’ve seen the medical side,” says Deshpande, who has trained public health workers, as well. “It’s really about bringing the research to practice.”

Her own research in cancer survivorship, particularly in colorectal cancer and the impact of multimorbidity in quality of life outcomes for older adults, also played a role in coming to the UI, where cancer research and aging are key areas of study.

She is assessing the MPH curriculum to see how to meet the needs of public health professionals into the future and build partnerships between the program and the community. Students might work on projects locally in Iowa City, around the state, or nationally, with further opportunities abroad.

Deshpande would like to include an emphasis on collecting, analyzing, using, and communicating data, along with a business-style approach of professional development seminars to help students develop skills such as networking and résumé writing.

She predicts that the program, now with 185 students, will grow. Part of that growth could materialize internally, as the college launched a new undergraduate public health degree program this fall. Other growth is occurring in initiatives such as the “undergrad to grad” program, which enables students to earn both their bachelor’s and master’s degrees in five years, rather than six.

Deshpande assumes the role previously held by Mary Aquilino, professor emeritus, who directed the MPH program from 2004-2015 as the college’s associate dean for MPH and undergraduate programs.

“With her research and practice experience, Anjali brings the best of both worlds that will really benefit our students,” says Tanya Uden-Holman, CPH associate dean for academic affairs. “She’ll be instrumental in leading the college’s ongoing commitment to curricular innovation and ensuring our MPH students are well prepared to meet today’s public health challenges.”

Deshpande completed her PhD in epidemiology from Emory University in Atlanta; her MPH in epidemiology from the University of Oklahoma Health Science Center in Oklahoma City; and BS in microbiology from Cornell University in Ithaca, N.Y.

Her main goal is to see students succeed in their careers in Iowa and beyond, which in turn will build the MPH program’s reputation.

“When our graduates go out and do great things—whether it’s in state, national, or international positions—that speaks highly of our program,” Deshpande says. “As more people see what our graduates accomplish, the more students will choose Iowa.”
A Great Fit

Dan Gentry brings strengths in teaching, practice, and research to his new role as MHA program director.

BY CINDY HADISH

DAN GENTRY LOOKS FORWARD to aligning his interests in teaching, practice, and research in his new role as director of the Master of Health Administration (MHA) program based in the Department of Health Management and Policy. Along with leading the program and teaching MHA students professional development skills, Gentry will spend time at UI Hospitals and Clinics.

“Nothing substitutes for practice,” says Gentry, who most recently served at the University of Memphis School of Public Health, where he directed the Division of Health Systems, Management, and Policy; coordinated the doctoral program in health systems and policy; and was special adviser to the dean for strategic planning and accreditation.

Gentry’s recent research emphasis is quality improvement and the patient experience, so having the opportunity to work on projects at the hospital was among the reasons he was attracted to the post here.

“The key to improving health care is working with the people we’re delivering health care to,” he says.

He succeeds Tom Vaughn, who previously served as MHA program director and continues on the faculty as associate professor. Gentry earned his undergraduate degree in biology from the College of Charleston, MHA from the Medical University of South Carolina, and PhD in health services and policy analysis from the University of California, Berkeley.

He plans to do “a lot of listening and observing” before making changes in the program, which has 26 new MHA students this year, plus 30 continuing students.

“We are making some changes, but just around the edges,” Gentry says, citing updating course titles and adding a leadership course as examples.

He points to the MHA Quality Improvement Committee, which includes faculty, student, and alumni representatives, as central in identifying areas that could be stronger, while laying the groundwork for broader changes. Those could come in the form of strengthened financial management courses; information, data, and quality improvement; and communications skills, including presentations and technical writing.

“Dan is a great fit in this department because he values, as do we all, the collaborations across disciplines within health management and policy, and those that form between faculty across the college and campus,” says Keith Mueller, professor and head of the Department of Health Management and Policy. “I know that our MHA program will become even stronger under his leadership, solidifying and even improving its national stature and preparing students who will be the future leaders in health administration.”

Many MHA graduates—the program has a 100 percent post-graduation placement rate and ranks among the top 10 health care management programs nationally—work in management, but the majority initially obtain prestigious post-graduate fellowships.

Gentry’s career has taken him from the Saint Louis University School of Public Health to Rush University Medical Center in Chicago and to Memphis, so living in a college town is a new experience.

He admires everything the UI has to offer, particularly the commitment of alumni to the MHA program.

“This is a program with a rich and long history and a great legacy,” Gentry says. “I’m really happy to be here and humbled to be asked to lead the program.”

Photos by John Choate
Meet two of the first students enrolled in the college's new undergraduate program.

Leighton Hill
Minneapolis, Minn.
B.S. in Public Health

**Are you involved in any clubs or organizations?**
I’m exploring a variety of different organizations that are really interesting to me and plan to join a health advocacy organization and play badminton for fun.

**Why did you choose public health as your major?**
I chose public health as my major because it is essential in our lives, and it is a diverse and exciting field. I’ve always been interested in studying an area related to health, and I knew I wanted to become involved in public health once I learned more about its focus on preventing health issues. With an education in public health, there are so many opportunities to help communities and society. It is constantly evolving, and the work done here makes a significant difference in our world.

**What about the University of Iowa made you decide to come here?**
The University of Iowa is a Big Ten school with all the resources and benefits of a large university, yet it still has the feeling of a smaller, more personal school. I feel very fortunate to be one of the first students in the College of Public Health undergraduate program. The campus felt very welcoming when I toured, and now as a student I have made so many wonderful connections and feel like I truly belong here.

**What’s your favorite thing about campus or the university?**
The best part of the university is the people. Everyone I’ve met here has been so friendly, motivated, and hard-working. There’s a strong sense of pride in being a Hawkeye, and I love the excitement and energy around campus.

**What’s been your best experience in school so far?**
The football games are awesome! It’s really fun to cheer with my friends and watch the Hawkeyes score a touchdown.

**What are your professional plans, goals, and aspirations?**
I’m planning to study epidemiology and research how to prevent the spread of certain diseases and understand the outbreaks that caused them. I’m also studying Spanish, and I would like to travel abroad to learn how other countries address their public health issues.

**Anything else you’d like to add?**
I’m really excited about this new program, and I’m proud to be a Hawkeye!
Elliot Smith  
West Des Moines, Iowa  
B.A. in Public Health

Are you involved in any clubs or organizations?  
I’m a member of oSTEM, a group for LGBT STEM majors and their allies. Additionally, I’m a member of Trans Alliance and am helping to organize IC Red Week. I’m also a pledge for the multicultural fraternity Delta Lambda Phi.

Why did you choose public health as your major?  
I’ve always known that my ultimate goal was to make the world a kinder, safer, and better place. This was the reason I became dedicated to social justice principles. Ultimately, it was also the reason why I chose public health as my major. Public health offers a way to discover the sources of difficulty in peoples’ lives and to work to amend them. I’m particularly interested in addressing the ways in which health issues affect different communities with different levels of severity. I believe sincerely that a society with fully equitable public health would also have complete social justice; the two go hand-in-hand.

What about the University of Iowa made you decide to come here?  
The new undergraduate public health program drew me to the school. The facilities for public health students are beautiful, the professors are experienced, and the students have a true sense of community as the first class of undergraduate public health majors.

What’s been your best experience in school so far?  
Although I have 19 credit hours this semester, I always enjoy my studies because I’m passionate about my classes—and so are my classmates and professors. In particular, I’ve been thrilled with all of my public health classes. I’ve written an essay about social justice and community health in a hypothetical zombie apocalypse; I’ve reflected on how gentrification is a public health issue; I’ve attended a lecture on parallels between the Zika virus and health of people in ancient civilizations.

What are your professional plans, goals, and aspirations?  
I hope to pursue a master’s degree in public health. I’m also considering seeking an MFA, because I love to write. After graduate school, I’d like to work as a community health worker within marginalized communities. As someone who is transgender, the health of the LGBT community is an area I understand on a personal level. Therefore, my ideal job would involve working on issues that affect that community, either domestically or abroad. Someday, I’d like to work with the national government, focusing on global or LGBT health.

Anything else you’d like to add?  
I hope to be proof to the world that transgender people are more than tragic statistics. It is a fact that transgender people—particularly transgender women of color—face higher rates of murder, sexual assault, job discrimination, and homelessness than their cisgender counterparts. This is a public health issue. But with the right support, we can be anything we dream of being. In my future, I hope to work towards providing that support to all people in all communities.

Photos by John Choate
UI Investigators Receive Federal Funds to Fight Zika Virus

Investigators in the University of Iowa College of Public Health and Carver College of Medicine have been selected by the U.S. Centers for Disease Control and Prevention to receive $1 million over five years to establish, enhance, and maintain information-gathering systems to rapidly detect microcephaly—a serious birth defect of the brain—and other adverse outcomes caused by Zika virus infection.

The Iowa Registry for Congenital and Inherited Disorders, directed by Professor Paul Romitti in the UI Department of Epidemiology, will lead the Iowa project. Professor Daniel Bonthius in the UI Department of Pediatrics will collaborate on the project. Investigators will create a rapid response team that will collaborate with hospitals, health providers, and public health programs to detect cases of microcephaly in Iowa and connect affected infants and families to health and social services. In addition, the funding will allow Iowa to participate in CDC surveillance efforts and monitor the health and developmental outcomes of children of mothers affected by Zika virus during pregnancy.

“With the potentially devastating effects of Zika virus exposure on fetal development, timely surveillance is needed for monitoring birth defects among affected pregnancies and translating that information into public health action,” says Romitti.

Other Iowa public health programs collaborating in this project include the Center for Acute Disease Epidemiology and Center for Congenital and Inherited Disorders at the Iowa Department of Public Health and the State Hygienic Laboratory of Iowa.

Dawson, Coffey Named Fellows of the American Statistical Association

Jeff Dawson and Chris Coffey from the University of Iowa College of Public Health have been named 2016 Fellows of the American Statistical Association, the nation’s preeminent professional statistical society. Dawson is professor of biostatistics and associate dean for faculty affairs, and Coffey is professor of biostatistics and director of the Clinical Trials Statistical and Data Management Center.

Prevention Research Centers Celebrate 30th Anniversary

The CDC’s Prevention Research Centers (PRC) network is celebrating its 30th anniversary this year. The network of 26 academic centers was established in 1986 after Congress authorized funding for academic health centers to conduct community-based public health research.

The centers conduct research in communities with health disparities and translate results into policy and public health practice.

In honor of the anniversary, the University of Iowa PRC based in the College of Public Health has compiled profiles showcasing the current public health careers of former students who worked for the PRC. The job titles include assistant professor, associate scientist, digital healthcare program coordinator, and social science research analyst. Read more about the PRC alums along with a story about the center’s Active Ottumwa project at cph.uiowa.edu/prc/prc-30th-anniversary/.
Better Lighting and Marking on Farm Vehicles Could Reduce Crashes

A new study from the Great Plains Center for Agricultural Health has found that traffic accidents involving farm vehicles in the Midwest would decrease by more than 50 percent if state policies required more lighting and reflection on those vehicles.

The study compared rates of farm equipment–related crashes in nine Midwestern states in the context of the states’ policies on lighting and marking vehicles. Those states report an average of more than 1,100 farm vehicle-related crashes each year, often causing severe or fatal injuries.

The American Society of Agricultural and Biological Engineers (ASABE) has issued standards on lighting and marking farm vehicles to promote safety among all roadway users. The standards suggest certain numbers of headlights, taillights, turn signals, and other exterior lighting visible to other drivers, as well as the number and size of reflective markers.

The organization’s standards are not all required by state laws, but many of the nine states in the study have adopted some of them or have their own policies that address the same issues. The researchers found fewer crashes in states with more stringent lighting and marking policies, in particular those that adhered to ASABE’s standards.

Using data from 2005 to 2010, researchers estimate the number of accidents annually would be cut 60 percent, from 972 to 385, if states implemented policies that increased compliance with ASABE standards by 25 percent over current policies. In Iowa, the study estimates crashes would decrease from an annual average of 164 to 65, or by 60 percent.

Marizen Ramirez, CPH professor of occupational and environmental health and lead investigator on the study, says most farm vehicle–passenger vehicle collisions occur because most passenger vehicle drivers are not familiar with farm vehicles and cannot correctly gauge the speed at which they are moving. This often leads to vehicles approaching too quickly and attempting to pass in unsafe conditions, which can result in a crash.

“Our research shows that lighting and marking—like reflectors, slow-moving vehicle emblems, and taillights—can help farm vehicles stand out on roadways so passenger vehicle operators are more likely to see them,” says Ramirez. “It helps to do all that you can to increase your visibility on the road, especially when farmers may be driving during and after dawn or dusk.”

The study is published in the September 2016 issue of the Journal of Occupational and Environmental Medicine.

Study Finds Amish Children’s Exposures Protect against Asthma

By probing the differences between two farming communities—the Amish of Indiana and the Hutterites of South Dakota—an interdisciplinary team of researchers, including Peter Thorne, CPH professor and head of occupational and environmental health, found that specific aspects of the Amish environment are associated with changes to immune cells that protect children from developing asthma.

In the Aug. 4, 2016, issue of The New England Journal of Medicine, the researchers showed that substances in the house dust from Amish, but not Hutterite, homes were able to engage and shape the innate immune system (the body’s front-line response to most microbes) in young Amish children in ways that may suppress pathologic responses leading to allergic asthma.
Reporting Crimes to Police Reduces Likelihood of Future Victimization

As law enforcement agencies, community organizations, and public health officials work to develop effective crime-prevention strategies, new research from the University of Iowa finds that individuals who report being victims of crime to police are less likely to become future victims of crime than those who do not report their initial experiences.

The UI study examined a nationwide cohort of more than 18,000 people who were victims of crimes such as interpersonal violence—including sexual assault, robbery, threatened rape and threatened assault—and property crimes like theft and burglary. Data were drawn from the National Crime Victimization Survey, a database of non-fatal crime reports, and covered a period from 2008 to 2012.

Overall, the study found that those who filed police reports about their initial experience were 22 percent less likely to experience repeat victimization. Future interpersonal violence victimizations were 20 percent lower, and future thefts were 27 percent lower. Future burglaries did not decline with police reporting.

The researchers suggest the lower overall rate of future victimization may be attributable to increased awareness of victims, police action, and other services that victims receive after reporting their experience to authorities.

“We know that the role of police in society is to provide safety, and clearly we see that they are succeeding in this role. However, they cannot be successful without cooperation from the victims and community. That’s why it is important to report the victimizations to police,” says Shabbar I. Ranapurwala, lead author of the study and postdoctoral research scholar at the UI Injury Prevention Research Center.

The research team also included Mark Berg, associate professor in the UI Department of Sociology, and Carri Casteel, associate professor in the UI Department of Occupational and Environmental Health. The study was published online July 28 in the journal *PLOS ONE*.

Ryckman Named Public Health Ambassador

Kelli Ryckman, associate professor of epidemiology and pediatrics, has been named the 2016 – 2017 State Hygienic Laboratory Environmental and Public Health Ambassador.

Ryckman, who specializes in understanding genetic and metabolic predictors of preterm birth, will serve in the honorary position to help raise awareness of the public health laboratory system and its role in assuring the health of Iowans.

“Dr. Ryckman’s research into how we can improve birth outcomes dovetails perfectly with the Hygienic Laboratory’s focus on maternal and newborn screening,” says State Hygienic Laboratory Director Christopher Atchison. “We look forward to expanding our work with Dr. Ryckman to further improve birth outcomes in Iowa.”
HAPPENINGS

Wei Bao, CPH assistant professor of epidemiology, received $20,000 from the Fraternal Order of Eagles (FOE) Diabetes Research Center’s 2016-17 pilot and feasibility research grants. The funds will support Bao’s research proposal, “Nontraditional glycemic markers in early pregnancy as predictors of gestational diabetes,” for one year.

Medicaid Health Home Reduces Costs and Reliance on Emergency Care

Participants in an Iowa Medicaid program designed to provide better coordinated care to patients with multiple chronic illnesses have reduced health care costs and fewer emergency department visits, according to a new University of Iowa study.

The research, conducted by Dan Shane, assistant professor of health management and policy in the UI College of Public Health, in collaboration with researchers at the UI Public Policy Center, examined more than 5,800 Iowa Medicaid members enrolled in the state’s Medicaid Health Home (MHH).

The program, launched in July 2012, provides enhanced care coordination and services for Medicaid members with multiple chronic conditions. The MHH provides extra payments to health care providers for the enhanced care, in part due to federal funding from the Patient Protection and Affordable Care Act.

According to the study, which reviewed three years of health claims data between January 2011 and December 2013, participation in the Iowa MHH reduced spending by approximately $132 per member per month, or nearly $1,600 annually. This represents a 15 percent cost savings for MHH members compared with traditional Iowa Medicaid members.

The researchers also found increased cost savings the longer a member was in the MHH program: each additional month of enrollment resulted in $10.70 less in total monthly costs. In addition, members were less likely to visit the emergency department compared with traditional Medicaid recipients and emergency department spending was lower for MHH members.

“All of the evidence we evaluated, including surveys of members and input from providers, pointed to the benefits of improved care coordination in terms of reduced emergency department usage and lower overall costs,” says Shane.

Beyond cost savings, surveys of MHH members and providers indicated improved satisfaction with the health care services. The study appears in the August 2016 issue of the journal Medical Care.

Other researchers on the UI study team include Phuong Nguyen-Hoang from the UI School of Urban and Regional Planning and the UI Public Policy Center; Suzanne Bentler and Elizabeth Momany from the UI Public Policy Center; and Peter Damiano, director, UI Public Policy Center and professor, Department of Preventive and Community Dentistry.

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Bao Receives FOE Diabetes Research Center Grant

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Remembering Dr. Levey

PROFESSOR EMERITUS SAM LEVEY passed away in December 2015 shortly after retiring from a long and distinguished career in the Department of Health Management and Policy.

Dr. Levey earned his PhD from the University of Iowa in 1961. After holding several academic positions, he returned to the UI in 1977 to assume leadership of the Graduate Program in Hospital and Health Administration—the precursor to the current Department of Health Management and Policy. Under his leadership, the program thrived. Along with his accomplishments as an academic program leader, he had a truly impressive record of teaching, scholarship, and service.

He was honored for his work multiple times, including three prestigious recognitions from the American College of Healthcare Executives: the Health Management Research Award, the Regents Award, and designation as a Life Fellow.

At his retirement reception, Sam was presented with a book of letters from former students and colleagues thanking him for his contributions as a leader, scholar, mentor, educator, and friend. Following are some excerpts from those letters.

Throughout your career, you have demonstrated a commitment to high standards and imbued those standards in the educational programs and research projects with which you are engaged. Through dedication to excellence and leadership skills, you’ve had great impact on the students you have taught, the programs and institutions where you have served, and the field as a whole.

Lawrence Prybil (MA ’64, ’70 PhD), Norton Professor in Healthcare Leadership, College of Public Health, University of Kentucky

Your commitment to writing and research—as well as your deep interest in education and the origin of leadership skills—always impressed me. … You have impacted lives in many different ways, and you have always pursued your interests wherever they have taken you.

Dick Knapp (’65 MA, ’68 PhD)

Without question, those who have worked with you at the University of Iowa and other organizations have been exceedingly lucky to have had your counsel and leadership. In a similar vein, the American College of Healthcare Executives has been fortunate to have had your vision and leadership throughout the years.

Thomas C. Dolan (’77 PhD), President Emeritus, American College of Healthcare Executives

Not only have you had an exceptionally successful career, but you also have helped launch many successful careers. Thank you for all you have done for so many students, for the program, and for the field. Teacher, scholar, administrator—you have excelled in all.

Jim Skogsbergh (MHA ’82), President and CEO, Advocate Health Care

Your dedication to, and passion for, teaching, mentoring, researching, and writing has positively impacted hundreds of us through the years. Thank you for all your time and energy and for your loyalty to the University of Iowa and our program.

Chris Klitgaard (MHA ’99), CEO, MediRevv

Thank you for giving me and my fellow students the gift of learning how to think critically and to lead with an inquisitive mind. I will always remember you as a great challenger and strong champion.

Tina M. Freese-Decker (‘02 MHA), President, Spectrum Health Hospital Group

The lessons I remember most, and rely on to this day, had nothing to do with our textbooks on management theory and everything to do with communication and integrity. Thank you for sharing your wisdom and leading by example.

T.J. Burke (’09 MHA), Director of Ambulatory Services, Virginia Mason Kirkland Medical Center
Changing Concession Stand Choices

Concession stands sales at school sporting events are often an important source of funds for student activities, but University of Iowa researchers have found that providing healthy options at concession stands is also good for sales and for customer satisfaction.

A new toolkit available from the UI’s Prevention Research Center provides practical assistance to help youth concession stands add healthy options to the menu—and maintain profits. The toolkit, available for free download, will assist groups to determine goals, choose probable changes, devise a purchasing plan, assess the profitability of changes, implement the plan, and keep track of set-backs and benefits of the changes.

“Making sure there are some healthy options available helps the school send a consistent message about healthy eating,” says Helena Laroche, UI assistant professor of internal medicine. “It also helps provide families watching the game with healthy options for themselves and their children.”

Download the toolkit *Improving the Nutrition Environment Through Changing Concession Stand Options: Eight Steps to Making Healthy Improvements* at cph.uiowa.edu/prc/toolkits/.