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**Georgia Health Policy Center Scholarship:
A Review and Five-Year Strategic Plan for Research
Volume I (2016–2020)**

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July 1, 2016

Georgia State University students, faculty, and staff:

It is with great pride as executive director of the Georgia Health Policy Center that I convey to the Andrew Young School of Policy Studies, the Georgia State University community, and our broader stakeholders the Georgia Health Policy Center's five-year, research strategic plan. For more than 20 years, the Georgia Health Policy Center has lived its mission of integrating research, policy, and programs to advance health and well-being. It is at this opportune time that we focus on increasing the center's research output and strengthening research partnerships across the university community and beyond.

Following up on an external academic program review nearly a decade ago, we began this process with a self-assessment of the center's academic research from 2006 to 2015 in the summer of 2015. This was followed by an external assessment of the center's research output in the fall of 2015. Finally, we responded to the external assessment with the research strategic plan that follows. It addresses enhancements to the center's research capacity, research infrastructure, and financial capacity through 2020.

Through the clients it serves at the local, state, and national levels, the Georgia Health Policy Center has been embedded in the problem-solving cycle of real people and real challenges since its inception. It is at the intersection of the problem-solving cycle and the research cycle that the center sees its greatest opportunity to contribute both to practice and to academia.

We thank our university partners who have been with us on this journey and we look forward to creating stronger partnerships with those we have yet to work.

Sincerely,

A handwritten signature in black ink that reads "Karen J. Minyard".

Karen J. Minyard
Executive Director

Research Strategic Plan, 2016–2020

In summer 2015, the Georgia Health Policy Center (GHPC), a research center of the Andrew Young School of Policy Studies at Georgia State University, began a self-evaluation of research activities. The goal was to identify strengths, weaknesses, and opportunities for improving academic research and to establish goals and benchmarks for measuring progress toward those goals for the next five years. GHPC recognizes that academic research is a growing share of the center’s overall portfolio of activities and that it is a critical component of the center’s goal to be recognized nationally as a leader in engaged scholarship — integrating the project cycle that meets or exceeds client needs, contributes to a particular field or practice, and, in some cases, society at large — with the research cycle that seeks to contribute new knowledge in a particular area of concern, theory, or method. The outputs of the project cycle include professional reports, presentations, briefs, and memos, while the outputs of the research cycle are more traditionally peer-reviewed articles in academic journals, presentations at professional meetings, book chapters, and books.

GHPC completed the self-evaluation of research activities for the years 2006 through 2015 in September 2015. The report describes GHPC’s history, research and project areas, services, affiliates and initiatives, financial growth, and personnel. It also details the center’s activities over 10 years to increase research capacity and output. An in-depth analysis of the research activities in the past five years shows that 68 percent of the center’s peer-reviewed papers resulted directly from project work, 27 percent were authored in partnership with faculty, and 30 percent were published in journals on the center’s target journal list.

In November 2015, GHPC retained external evaluators to review the center’s self-assessment, meet with school and center leadership and staff, and provide feedback in person and in a written report as to how the center could increase its research output over the next five years. Overall, the evaluators were complimentary of the center’s progress in increasing academic

output and acknowledged that, although clear metrics are not readily available, GHPC appears to be on par with similarly focused centers in its research output. The evaluators noted that the center has a solid foundation on which to build and offered 13 recommendations to improve GHPC's academic research over the next five years. Center leadership have reviewed the recommendations and categorized them into the areas of research infrastructure, research capacity, and financial strategy in order to guide the center's research strategy for the next five years. This is done with a recognition of the center's accomplishments and the intent that any new activities or strategies must build on and reinforce the center's record of success.

Research Capacity

There are a number of opportunities on which the center will focus its efforts to expand research capacity over the next five years, including those related to staff, students, and faculty. The ultimate goal of research capacity expansion is to increase the percentage of peer-reviewed papers that are directly related to project work. In order to increase opportunities for school and university collaboration and synergy, GHPC will expand the use of research faculty appointments for center staff most interested in research leadership and production. The center will advocate for placement of these research faculty appointments within the school's current academic departments and within the dean's office at the school level when staff background and interests do not perfectly align with the school's existing organization. The center will be open to future joint appointments when strategically appropriate and feasible, including with the School of Public Health, Robinson College of Business, and Arts and Sciences' Department of Sociology. The first round of new appointments is expected to be completed by the end of the third calendar quarter 2016 and will be re-evaluated on an ongoing basis according to center needs and staff-development goals.

Second, the center will develop more formal and focused mentorship, supervision, and performance-evaluation systems

and processes to clarify and reinforce expectations for research productivity for all project staff. This is in alignment with the center's goal to be recognized nationally as a leader in engaged scholarship. Mentorship opportunities will build off of the currently established monthly research seminar and may include a monthly, one-hour research workshop and self-organized affinity groups. Formal inclusion of research productivity in evaluation processes will be aligned with the center's current development of a resilience strategy and implemented in the first quarter of 2017. The center will also more selectively, intentionally, and formally engage master's and doctoral students so that their hiring is aligned with projects that have the highest potential to produce academic research output. This can be implemented fall of 2016.

In order to expand its capacity to engage in cross-college and cross-university scholarship, the center will expand its strategic engagement with faculty from other academic or research units. The ultimate goal of this effort is to increase the percentage of peer-reviewed papers that are co-authored with faculty not primarily affiliated with GHPC. It is expected that this strategy will be reinforced by having more center staff with research faculty appointments and by employing master's and doctoral students who have an interest in the production of academic output from the center's portfolio of projects.

Furthermore, in order to bring in new research talent, the center will identify opportunities to align GHPC research capacity growth with the Andrew Young School's strategic plan and other university-level strategic initiatives. This may include leveraging current relationships with departmental faculty as well as the faculty affiliated with the Institute for Health Administration, the Center for Health Information Technology, the Child Policy Initiative, the Center for Leadership in Disability, and others to align research and staffing priorities. It may also involve partnering on or leading a Next Generation proposal to identify new health policy scholars and senior researchers to work in emerging areas.

Research Infrastructure

There are a number of research infrastructure considerations that must be taken into account to support the expansion of research capacity detailed above. First, GHPC will clarify the criteria for new hires, taking into account the center's goal to be recognized nationally as a leader in engaged scholarship. The intent of this clarification is to emphasize the center's positioning in an academic setting and to distinguish it from competitors that may not have an academic mission. This will be done in alignment with the center's current development of a resilience strategy to accommodate its rapid growth and to recommit itself to the dual problem-solving and research cycles. The resilience strategy is currently being developed and will realign the center's activities around content areas, creating supportive, executive-level leadership, providing leadership-development opportunities for less senior staff, and increasing the center's capacity to grow its research, policy, and programmatic impacts. The resilience strategy is scheduled to be launched July 2016.

Two additional strategies will support the infrastructure strategies above. In order to accommodate an expanded portfolio of project topics, be inclusive of a broad range of staff research interests, and to enable the center's academic output to impact the widest audience, GHPC will revisit its list of target journals for peer-reviewed publication and include both aspirational journals and those that may be more receptive to the academic output of junior researchers. This will be completed by the end of the fourth quarter 2016 and updated biannually. GHPC will also expand the use of recognition and celebration rewards to build and maintain a culture that supports individuals and teams for their research accomplishments. Because the academic environment may limit the use of monetary rewards and recognition, GHPC will develop a broad package of incentives. These incentives will be implemented to coincide with the 2017 staff evaluation cycle in January 2017.

Financial Strategy

Progress in the strategies above can be accelerated by a financial strategy that supports academic research output, keeping in mind that GHPC is currently funded at 95 percent through grants and contracts. First and foremost, as more staff assume the positions of research faculty members, more faculty are engaged in the center's work, and as junior staff are mentored in research roles, GHPC will assess, establish goals for, and seek grant awards to support publishable research and peer-reviewed publications. Because of the highly competitive nature of large, academically oriented funding, GHPC will at first target smaller, topically aligned grants that play to the center's strengths (e.g., RWJF calls for proposals, NIH/AHRQ 301 awards, R21, R03), with the goal of building capacity to successfully compete for larger research awards (e.g., NIH R01).

GHPC will also re-examine the use of its current, limited funds in residual, indirect, and university accounts to establish a modest fund (e.g., equivalent to supporting one full-time equivalent staff member per year) to be used to leverage high-priority research or publication development based on client-oriented projects conducted within the center. GHPC will establish a peer-review process for allocation of research development funds that includes center research leaders and outside faculty members. Funding will be used to support center faculty and staff time near or after the end of client-oriented projects for the purpose of publication development, buying the time of outside faculty or other experts who can contribute to publication framing and development, or funding time for the development of research grant applications.

About the Georgia Health Policy Center

GHPC provides evidence-based research, policy analysis, and translational services for communities and decision-makers. The center focuses on solutions to complex issues facing health care today including insurance coverage, health care reform, long-term care, behavioral health, children’s health, and the development of rural and urban health systems. We work locally, statewide, and nationally to improve health at the community level. Today, GHPC is at work throughout Georgia and in more than 200 communities in all 50 states, helping communities achieve health improvement.

GHPC By-the-Numbers

20 Years of Service

50 Staff Members

50 States

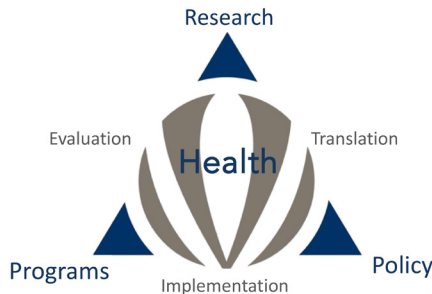
70 Active Contracts

100 Diverse Clients

(Numbers Based on FY 2015)

Services

GHPC views its core services as related components of a continuous cycle. We conduct research, collect and analyze data, and translate the findings for use by a broad range of stakeholders. We apply this knowledge toward policy development and program implementation. In turn, we evaluate policies and programs for effectiveness, further contributing to the research base available to decision-makers.



Our work connects decision-makers with the objective research and guidance needed to make informed decisions about health policy, financing, and program implementation. Our core services fall into the areas of research and evaluation; technical assistance;

policy and economic analysis; meeting design and facilitation; strategic planning; workforce development; awards and grants management; and backbone and organizational support.

Areas of Expertise

GHPC's initial work focused on access to care, rural health systems, long-term care, and child health and well-being. Two decades later the center's scope of work has expanded. We have subject area expertise in:

Behavioral Health

The Center of Excellence for Children's Behavioral Health works in tandem with an array of partners to improve the behavioral health of children, adolescents, young adults, and families in Georgia. The center provides workforce development through training and technical assistance to build the capacity of the state's behavioral health workforce; evaluation to measure program effectiveness; and research and policy analysis for local, state, and national partners focusing on financing and service delivery opportunities for improving the behavioral health system.

Child Health & Well-Being

The center aims to improve child outcomes and policies impacting children and their families through applied policy analysis, research, and provision of technical assistance.

GHPC is actively engaged in programs in the areas of school health; childhood obesity, nutrition, and physical activity; child care and early learning program quality standards; children's behavioral health; and children's insurance coverage.

Community Health Systems Development

GHPC fosters community health systems development through provision of tailored technical assistance, strategic planning, and community health needs assessments. The center helps rural and urban communities to develop a strategic approach to program implementation, build capacity using both technical and adaptive approaches, and focus on long-term sustainability.

Health & Health Care Financing

GHPC helps shape how communities in Georgia and across the nation address the costs — both monetary and societal — of improving health. Since its inception GHPC has been working with public and private payers, foundations, the business community, public health agencies, health care delivery systems, government agencies, and others to produce policy and economic analyses that impact how health is financed. By employing a broad perspective on health, GHPC considers the costs of financing insurance, delivery of care, as well as upstream factors that impact community health.

Health in All Policies

Health in All Policies is a concept that aims to strengthen the link between health and policies from other sectors such as housing, transportation, education, labor, and land use to create an environment that enables people to lead healthy lives. As leaders in the field of technical assistance and training for health impact assessments and other Health in All Policies approaches, GHPC provides targeted consultation and facilitation services to project teams led by health departments, public health institutes, and other universities.

Health System Transformation

GHPC continues to build on its work focused on enhancing access to care and its seminal efforts in guiding communities in a practical understanding of the ever-changing health care landscape. GHPC is recognized nationally for its work supporting local communities and their partners in designing, implementing, and evaluating innovative ways to transform health and health care delivery.

Long-Term Services & Supports

GHPC strives to be in the forefront of efforts aimed at improving the lives of those who are aging, elderly, and disabled. The center conducts independent, evidence-based research and evaluation on topics that impact long-term services and supports policy, financing, and programmatic decisions. GHPC has experience

identifying gaps in coordination of service delivery systems and evaluating the efficiency and effectiveness of long-term services and supports rebalancing programs and policies.

Population Health

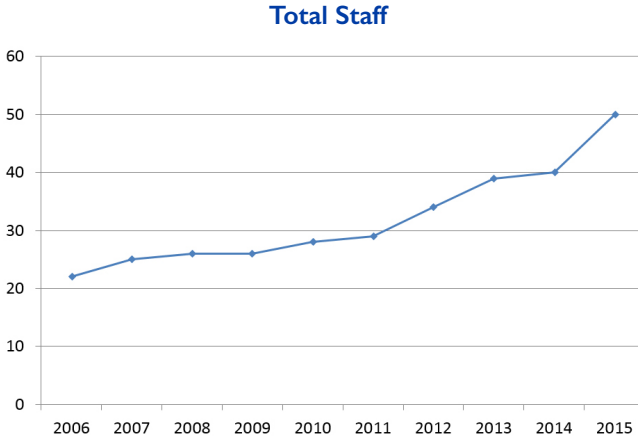
GHPC evaluates system-wide factors and financing approaches that impact population health. Population health encompasses not just measures of health outcomes, but also a community's well-being. GHPC partners with public agencies and private organizations to help local communities better understand the health of their population by assessing current needs, facilitating strategic planning of programs and financing mechanisms that will enable health-promoting initiatives, and implementing sustainable actions.

Rural Health

The center has expertise in helping rural communities improve health and health care delivery using effective and sustainable approaches. Some key areas of technical assistance include rural health network development; data sharing and integration; community resources and financial infrastructure; coalition and partnership building; health care quality improvement; leadership and workforce development; improving evaluation capacity; strategic planning; and planning for sustainability.

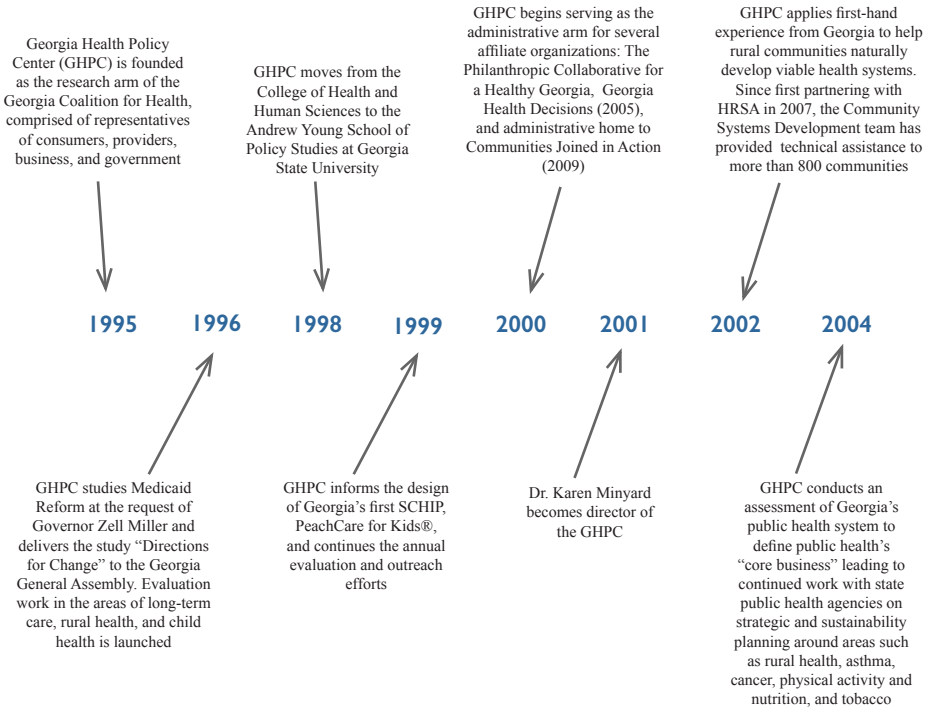
GHPC Staff

With growth in the number of contracts and projects the center has undertaken, there has been commensurate growth in center staff. The size of GHPC has more than doubled over the past 10 years.

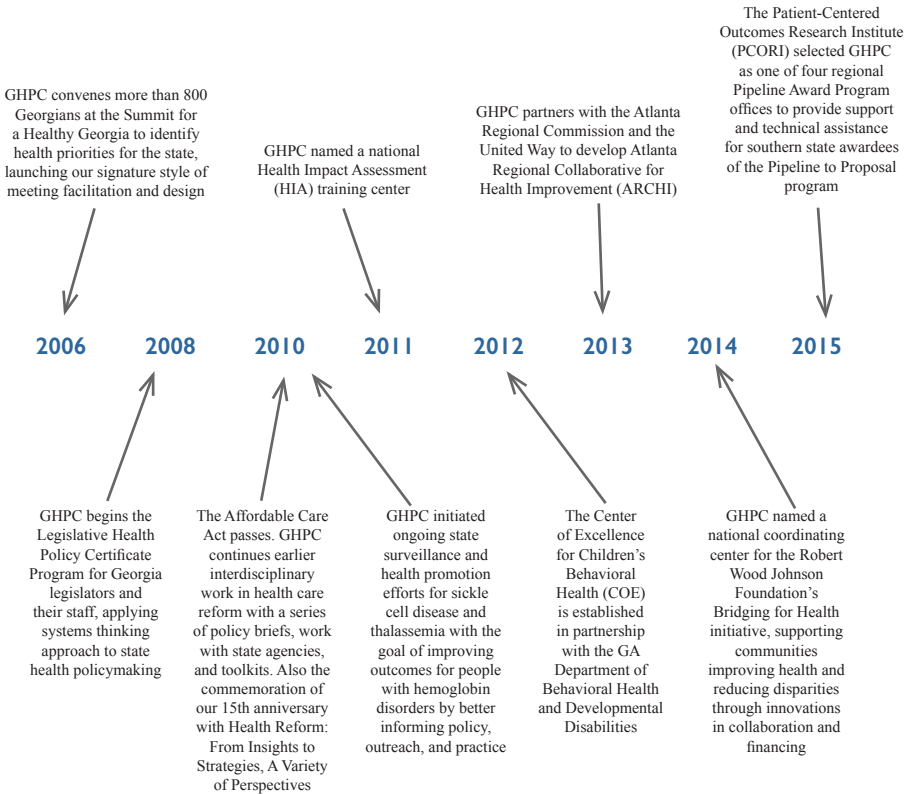




Georgia Health Policy Center



ORGANIZATIONAL MILESTONES: 1995 – 2015



GHPC Funding

In fiscal year (FY)

2015 GHPC had approximately \$10 million in new external funding

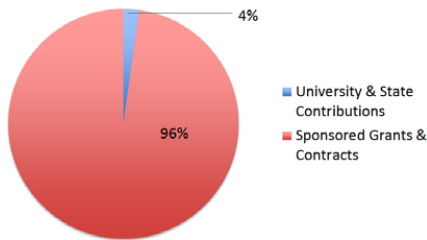
from covering 70-plus active contracts. While this funding does incorporate university and state contributions, the vast majority of the center's funding (96 percent) comes from sponsored grants and contracts. These designated funds are used to complete the awarded projects' goals and objectives. The funding that comes from university and state contributions is used for the center's nonsponsored project work, including salary support.

The FY 2015 mix is reflective of the center's recent funding history.

GHPC By-the-Numbers

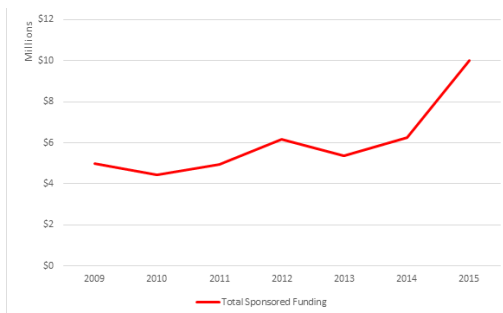
*\$10 million in new external funding in the last year
Over 70 active contracts
(These numbers are for FY 2015)*

Sponsored vs. University and State Revenue, FY 2015



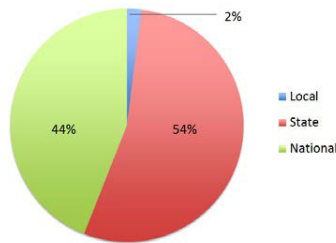
From 2009 through 2015 sponsored funding has grown from \$4.5 million in 2009 to nearly \$10.1 million in the last fiscal year.

Sponsored Funding, 2009-2015



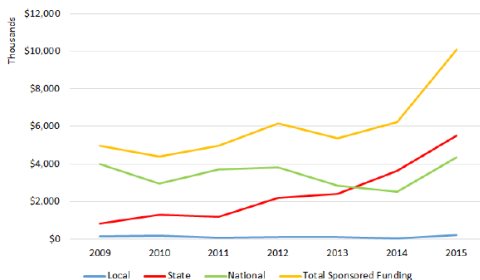
Sponsored revenue is received from both public agencies and private partners. The funders also represent a mix of state, national, and, to a lesser degree, local sources.

Sponsored Revenue by Funder Type, FY 2015



The funder mix of sponsored revenue has shifted in recent years. Since 2011 there has been a steady increase in the amount of sponsored revenue from state-level funders. This growth is in large part due to state Medicaid and behavioral health contracts here in Georgia. From 2012 to 2014 the amount of sponsored funding from national-level funders took a dip. This is mainly attributable to the end of the U.S. Department of Health and Human Services’ Building Strong Families initiative. Sponsored contracts from national-level funders has rebounded since 2014 with the initiation of several multiyear projects, including Robert Wood Johnson Foundation’s Bridging for Health: Improving Community Health through Innovations in Financing; Patient Centered Outcomes Research Institute’s Pipeline to Proposal Awards Initiative; and a U.S. Centers for Disease Control and Prevention’s grant to further the center’s surveillance and health promotion efforts for hemoglobin disorders (sickle cell disease and thalassemia).

Sponsored Revenue by Funder Type, 2009-2015



Self-Assessment, 2006–2015

Overview of the Georgia Health Policy Center's Academic Research Assessment Process

In the spring of 2015, leadership at GHPC began a self-evaluation of the academic research produced by the center over the last nine years. An evaluation of GHPC's research capabilities and performance had not been conducted since the Academic Program Review Research Center Self-Study was completed by GHPC in December 2006. Since then, GHPC has grown significantly, both in staff and number of contracts, and has continued to produce academic research. An assessment of GHPC's academic research during this more recent period (2006–2015) will inform GHPC leadership and staff of the progress that has been made since the 2006 review and will identify strengths, weaknesses, opportunities, and strategies to improve its research productivity.

This assessment is divided into two components. The first component is a self-assessment report describing GHPC and documenting its academic research activities. The second part of the assessment will be an external evaluation conducted by the following individuals, who are leaders in health policy research and direct comparable centers at other universities:

- Lynn Blewett, professor of health policy and management at the University of Minnesota School of Public Health and director of the State Health Access Data Assistance Center
- Joel Cantor, distinguished professor of public policy at the Rutgers University Edward J. Bloustein School of Planning and Public Policy and director of the Center for State Health Policy at Rutgers University
- Andrew Coburn, professor of health policy and management at the University of Southern Maine Muskie School of Public Service and director of the Institute for Health Policy

For the purpose of the assessment, academic research is defined as research that is disseminated through peer-reviewed journals, peer-reviewed presentations at conferences, or GHPC publicly released works. Academic research is important to GHPC for several reasons. First, research is part of GHPC's mission of "integrating research, policy, and programs to advance health and well-being." Second, academic research can raise the visibility of GHPC and enhance its reputation, both externally and within Georgia State University. A solid track record of peer-reviewed publications and presentations can also improve GHPC's ability to obtain grants and other funding. Finally, individual staff members benefit from producing academic research because it enhances their own professional development and reputation in the field.

The information collected through the two components of this assessment is intended to be used internally and shared with the dean of the Andrew Young School of Policy Studies. The recommendations that emerge will be acted upon by GHPC leadership in order to work toward the newly set goals and benchmarks.

The self-assessment report is organized into four sections. Following this overview of the assessment process is background information about GHPC, including its history, mission, and funding information; a description of GHPC's approach to academic research over the last nine years, with data on these research activities; and finally, appendices that include bios of GHPC personnel, including affiliated faculty members, and a compilation of the peer-reviewed journal articles published over the study period.

The external evaluators will receive the self-assessment report in early October 2015 and will make a site visit to GHPC in November, at which time they will conduct interviews and hear presentations to fully understand GHPC's structure and processes. Following the site visit, the evaluators are tasked with writing a report of their findings for GHPC leadership. The overarching question that GHPC is interested in having the evaluators answer

is, “How do you evaluate GHPC’s ability to create synergies between sponsored projects and relevant academic research?” To address that question, the evaluators’ report should answer the following questions:

1. What are the strengths and weaknesses in GHPC’s structure that either facilitate or are a barrier to synergies between sponsored projects and academic research? Structure includes personnel, organization of staff, breadth and depth of staff’s expertise, sources and types of funding, types of projects, and placement within Georgia State University.
2. What are the strengths and weaknesses in GHPC’s processes that either facilitate or are a barrier to synergies between sponsored projects and academic research? Processes include staff duties, administrative functions, approaches to completing contract deliverables, and interactions with Georgia State University.
3. What are the strengths and weaknesses in how GHPC allocates its resources that either facilitate or are a barrier to synergies between sponsored projects and academic research?
4. How can GHPC take action to expand on these strengths and minimize or improve these weaknesses?
5. How would you rate GHPC’s past performance in the quantity and quality of its academic research?
 - a. In what ways has GHPC taken advantage of research opportunities and where have there been missed opportunities?
 - b. What are strategies to capture those missed opportunities?
6. Given what you have learned about the scope of work and research interests of the center’s staff, what level of academic research do you believe GHPC should strive for?

- a. What are strategies and best-practices that GHPC could adopt to facilitate that level of research?

Once GHPC leadership and the dean have had the opportunity to review the external evaluators' report, in combination with the self-assessment report, it is anticipated that a set of recommendations, benchmarks, and strategies to improve GHPC academic research will be established and implemented over the next five years.

Georgia Health Policy Center's Academic Research Activities

Georgia Health Policy Center Research Capacity Building

Since the fall of 2007, GHPC has been engaged in a process designed to build research capacity and integrate problem-solving and research into an engaged scholarship approach. This work has progressed in five phases. During the first phase, the foundation was laid for the subsequent work. The second through fifth phases included: broadening the involvement of GHPC research associate staff in research seminars and paper review; developing research capacity and pipeline management for senior GHPC leaders; working with an interdisciplinary group of faculty partners from across the university; and studying research theory together to enhance research practice and publication.

This work has been anchored by monthly research workshops designed to increase academic publishing activity and transform the process of service project work by learning to incorporate research design into GHPC projects. The workshops have been led by Dr. Lars Mathiassen and Dr. Karen Minyard and are attended by GHPC staff and faculty partners across multiple GSU colleges and departments. The size and composition of the group have adjusted over the years to match with the goals of each phase of work.

The first and foundational phase of this work (2007–2008) included GHPC staff and faculty partners working together to identify initial research papers, adopt a framework for research development, implement a process for research review, examine

current project areas and potential complementary research, establish authorship guidelines, and agree on a targeted journal list. The desired journal list has evolved over time. The first draft included policy journals identified by the multidisciplinary team. Impact factors helped determine the priority of the journals. Faculty in each of the college departments were asked to review the list and add journals that were important to the specific disciplines. The list has been revised as new journals emerged or the research team determined that a particular journal was an appropriate target (Table 1).

Table 1 GHPC Target Journal List

General Health Policy	Key Health Policy Programmatic Areas
American Journal of Managed Care	American Journal of Evaluation
Health Affairs	American Journal of Public Health
Health Care Financing Review	Evaluation and the Health Professions
Health Policy	Future of the Children, The
Health Services Research	Journal of Community Based Participatory Research
Inquiry	Journal of Community Health
Journal of Health Politics, Policy, and Law	Journal of Health Care for the Poor and Underserved
Medical Care	Journal of Public Health Management and Practice
Medical Research and Review	Journal of Rural Health
Millbank Quarterly	Pediatrics
New England Journal of Medicine	Progress in Community Health Partnerships
	Qualitative Health Research
	Social Science Medicine

During the second phase (2008–2009), the composition of the research workshops broadened to include midlevel GHPC staff. During this phase, the dean’s office also invested in “buyouts” for senior GHPC staff. The purpose of these buyouts (which covered 20 percent of each senior staff member’s time) was to create time for staff to translate the GHPC project work into research and academic publications. These buyouts were offered in response to the recommendations identified in the 2006 Academic Program Review.

During the third phase of work (2009–2011), the focus was placed on building the capacity of the senior staff to engage in

research. An important aspect of this phase was individual pipeline management. Each senior staff created a research pipeline and all were compiled into a master pipeline document that was reviewed monthly in the management team.

In phase four (2011–2013), attention turned to building interdisciplinary partnerships. Faculty in sociology, public health, economics, and health administration with strong research track records were invited to participate in a new round of monthly workshops that included assessment of research papers in various stages of development, review of GHPC projects to identify the best opportunities for publication, exploration of research funding possibilities, examination of researcher profiles to identify additional avenues of collaboration, and development of infrastructure to support research.

The current phase of research development (2013–present) began with the exploration of research faculty appointments for senior staff. Thus far, one senior staff member has received a research faculty appointment and plans are underway for two more. This phase also includes monthly research workshops that focus on research publication, research practice, and research theory. In research publication, participants address paper development and pipeline management. Research practice concentrates on problem diagnosis when building a research portfolio. In research theory, the team has been reading *Engaged Scholarship* by Van de Ven and applying it to our project and research practice.

The purpose of the research capacity building process is to move from research as an extracurricular activity to engaged scholarship in which the policy problem-solving cycles and the research cycles are integrated. Figure 1 illustrates the initial research process that was done outside the core policy problem-solving activity of GHPC — on par with proposal development, contracting, and administrative functions. Figure 2 depicts the aspirational integrated roles of research and problem-solving supported by proposal development, contracting, and administrative functions.

This figure also includes a knowledge management and evaluation learning loop at both the enterprise and individual project levels.

Figure 1 Initial Research Process

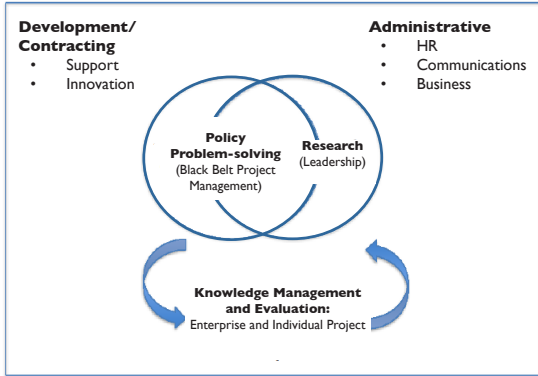
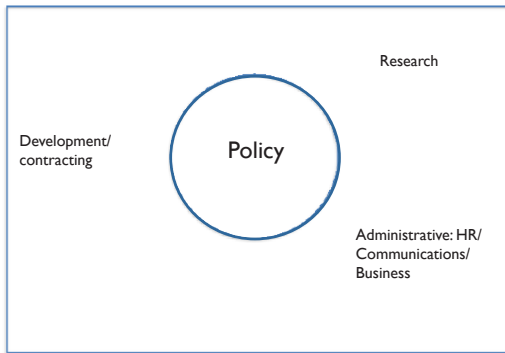


Figure 2 Aspirational Integrated Roles of Research



GHPC Research Output

The following discussion of research output reflects the changes and improvements in documenting the research activities that have occurred over the past several years. Following this section there is a list of all GHPC peer-reviewed publications (51) published between 2002 and 2015. Table 2 describes research activities and output between 2006 and 2015, and it is followed by an analysis of activities from 2010–2015.

Table 2 Number of Peer-Reviewed Publications, Presentations, Posters, 2006–2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total
# Publications	0	4	3	2	4	3	4	6	12	8*	46
# Publications in Target Journal List	0	2	2	0	1	1	1	2	2	4*	15
#Podium Presentations	NA ¹	NA ¹	NA ¹	17	20	16	6	27	22	6*	114
# Poster Presentations	NA [*]	NA [*]	NA [*]	12	15	13	11	12	17	5*	85

+ Data collection on presentations and posters began in 2009.

* 2015 includes through August 2015.

Analysis of Research Activities, 2010–2015

Staff conducted an in-depth review of the 37 peer-reviewed publications produced between 2010 and 2015. The period 2010 to 2015 was chosen primarily because 2010 is two years after the implementation of the GHPC research workshop in 2008, allowing a two-year lag time before determining the impact of these workshops on the development of GHPC publications.

Table 3 conveys the number of peer-reviewed publications per year between 2010 and 2015, as well as the number of these publications that included a faculty co-author, were published on the GHPC target journal list, or were tied to a GHPC grant or contract. Two of the four 2010 publications were among the six research projects identified at the outset of the GHPC research workshop and each was co-authored with Andrew Young School Economics Department faculty (James Marton and Inas Rashad-Kelly). Both of these faculty-co-authored papers were also tied to a GHPC contract. The other two 2010 publications did not include faculty co-authors. One was tied to a Georgia Department of Community Health contract and was published in one of the GHPC’s target journals (*Journal of Health Care for the Poor and Underserved*).

Over this period the number of publications increased, with over half (20) occurring in the last two years. Although the number of publications grew, the number with a faculty co-author remained essentially unchanged from year to year. This is perhaps indicative of a reduced reliance on faculty to drive the publication process

for GHPC staff. Additionally, at least one article was published annually in one of GHPC’s target journals, with a slight upward trend over time.

There was interest in evaluating the relationship between GHPC contracts and publications. Of the 37 peer-reviewed publications from 2010–2015, Table 3 indicates that 25 (68 percent) were tied to a GHPC grant or contract. This suggests that GHPC staff members are not completely reliant on grants to produce research ideas. The ratio of contract to noncontract publications remained relatively steady over the course of these six years.

Table 3 GHPC Peer-Reviewed Publication Count, 2010–2015

	2010	2011	2012	2013	2014	2015	Total
# Publications	4	3	4	6	12	8	37
# from Contracts	3	2	2	5	7	6	25 (68%)
# with Faculty Coauthor	2	2	0	1	2	3	10 (27%)
# on Target Journal List	1	1	1	2	2	4	11 (30%)

GHPC has more than 50 clients at the national, state, and local levels. Table 4 lists the client for each of the 25 peer-reviewed publications associated with a GHPC client contract. Two of GHPC’s national clients, the U.S. Centers for Disease Control and Prevention and the National Network of Public Health Institutes, accounted for contracts producing four and three publications, respectively, between 2010 and 2015. A state client, the Georgia Department of Community Health (DCH), accounted for contracts producing seven publications. This is likely due to DCH contracts providing access to Georgia Medicaid administrative data. Such data can often form the basis for a research paper. Three additional state or local clients accounted for contracts producing two publications each, while another five clients accounted for contracts that each produced one publication. Four of these five were state clients.

Given the large amount of research funding awarded to GHPC over this period, the fact that there are only 11 unique clients

listed in Table 4 suggests that the center was involved in many other grants or contracts that did not produce any publications. A contract may not have produced any publications because the publication process can be a long one and that process may not begin until after the primary work associated with the contract is completed. For example, it would not be reasonable to expect new contracts starting in 2015 to have already produced a publication. Alternatively, some contracts, while furthering the mission of the GHPC, simply may not have a strong likelihood of producing a peer-reviewed publication. Examples of such contracts include training grants and meeting facilitation contracts. It should be noted that the size of the contract in terms of dollars does not appear to be strongly correlated with the number of publications produced by each contract.

Table 4 GHPC Grants and Contracts Associated With Peer-Reviewed Publications, 2010–2015

Contracts Associated with 3 or more Publications	Contracts Associated with 2 Publications	Contracts Associated with 1 Publication
GA Department of Community Health (7)	Georgia State University’s Health-Law Partnership	GA Governor’s Office of Children and Families
U.S. Centers for Disease Control and Prevention (4)	Atlanta Regional Collaborative for Health Improvement	GA Department of Behavioral Health and Developmental Disabilities
National Network of Public Health Institutes (3)	Robert W. Woodruff Foundation	Philanthropic Collaborative for a Healthy Georgia
		Healthcare GA Foundation
		RTI International

Distribution of Peer-Reviewed Publications Research by Staff Position

The distribution of GHPC peer-reviewed publications by position among current staff was also examined. Seven members of the management team have at least one GHPC-affiliated publication, compared to five senior research associates, two research associate IIs, and no research associate Is. Currently, there are two management staff, eight senior research associates, nine research associate IIs, and two research associate Is without a GHPC-

affiliated publication.

Internal Survey on GHPC Staff Perceptions about Academic Research

In August 2015, GHPC staff were asked to complete a brief, seven-item survey via SurveyMonkey. The purpose of this anonymous survey was to obtain their feedback about facilitators, barriers, and priorities with respect to producing peer-reviewed publications and presentations; identify what interests them the most regarding the research process; and discuss their preparedness for performing the tasks required to publish or present their research. The survey was disseminated to all members of the GHPC staff, i.e., administrative, research associates (RA) I and II, senior research associates (SRAs), associate project directors (APDs), and members of the management team (n = 48). Respondents were not asked to identify themselves by name, but were asked to indicate their title. Twenty-eight people responded (58 percent). Of those respondents, nine were RA I or IIs (32 percent), seven were SRAs (26 percent), nine were APDs/members of the management team (32 percent), two were on the administrative team (7 percent), and one did not indicate position (3 percent).

Facilitators

With respect to the facilitators for producing peer-reviewed conference presentations and peer-reviewed publications, all categories of staff generally agreed that facilitators include encouragement provided by GHPC staff, managers, and center leadership; attendance at the research support group with GSU faculty member Lars Mathiasson; having readily available data in-house, clients willing to fund research, and motivated co-authors; and working on topics that are generalizable and therefore of interest to publishers.

Challenges

The most frequently cited challenges for producing peer-reviewed publications — across all staff positions — included not having time to reflect and develop manuscripts for journal submission due to competing deadlines and priorities, as well as having projects

that did not include and/or allow time or funds for publishing. One respondent said there needs to be greater clarity regarding the division of writing responsibilities. Another stated that there needed to be clarification about the initiation and submission processes, especially if not the principle investigator on the project. Last, one commented that there is no incentive to publish other than pride.

Priority on Producing Presentations and Publications

When asked to rank the priority GHPC should place on producing publications and presentations, the majority of the APDs and RA Is and IIs ranked it as high priority, while the majority of SRAs ranked it as a midlevel priority. The two administrative staff ranked it as midlevel and the “other” gave it a high priority ranking. The responses for the RAs, SRAs, and APDs were as follows:

- RA I and II — Five of nine respondents ranked it as a high priority, while four of nine stated it was a midlevel priority.
- SRAs — Five of seven ranked it as mid-level priority, while only two of seven stated it was high priority.
- APDs — Five of nine ranked it as high priority, while four of nine thought it was a mid-level priority.

Research Process Areas of Interest

Nine of the 28 respondents (32 percent) indicated their interest area was in analysis and interpretation; six (21 percent) responded they preferred other dissemination, such as presentations; and five (18 percent) listed writing and revising manuscripts as the part of the research process that interested them the most. The percentage in each category is in Table 5.

Table 5 Staff Areas of Research Interest

Area of Interest	#Respondents	Percent
Obtaining Funding and/or Data	3	11 (1 SRA, 2 RAs)
Research Design	4	14 (2 APDs, 2 RAs)
Analysis and Interpretation of Data	9	32 (3 APDs, 2 SRAs, 4 RAs)
Writing and Revising Manuscripts	5	18 (2 APDs, 2 RAs, 1 other)
Other dissemination (presentations)	6	21 (1 APD, 4 SRAs, 1 RA)
Not Interested in the Research Process	1	4 (APD)

Prepared to Perform Specific Area of Interest

When asked how prepared staff were to perform the interest area identified above, all the responses fell between “somewhat prepared” and “completely prepared.” On a scale of 1 (not prepared) to 10 (completely prepared), the weighted average was 7.93.

Preparation Status

In response to this question, staff generally felt they were prepared, but some would like additional experience, refreshers, or the opportunity to learn new research methods.

Conclusion

This self-assessment report, in combination with the information from the external evaluators’ report, will be used to develop a set of recommendations, benchmarks, and strategies to improve GHPC’s academic research over the next five years.

Georgia Health Policy Center Publication / Presentation / Poster List, 2002–2015

Peer-Reviewed Publications – 51

Peer-Reviewed Presentations – 114

Peer-Reviewed Posters – 85

Peer-Reviewed Publications (51)

^ Denotes that the publication is on the GHPC target journal list.

* Denotes that the publication has a faculty co-author.

From 2009, **client contracts** associated with publication are listed.

2002 (1)

Cooney, J., Landers, G., Williams, J. (2002). Hospital executive leadership: a critical component for improving care at the end of life. *Hospital Topics*, 80(3), 25-29.

2003 (1)

^Minyard, K., Lineberry, I. C., Smith, T., Byrd-Roubides, T. (2003). Transforming the delivery of rural health care in Georgia: state partnership strategy for developing rural health networks. *The Journal of Rural Health*, 19(5), 361-371.

2004 (1)

*Bae, J., & Gardner, K. (2004). Low-income children's participation in a public health insurance program in Georgia. *Journal of Family and Economic Issues*, 25(2), 225-243.

2005 (2)

*Ketsche, P. (2005). Employment-based health insurance: analysis of rural-urban differences in one state. *Medical Care Research and Review*, 62(4), 458-478.

^Rein, D. B. (2005). A matter of classes: stratifying health care populations to produce better estimates of inpatient costs. *Health Services Research*, 40(4), 1217-1233.

2006 (0)

2007 (4)

*Henry, G. T., & Rickman, D. K. (2007). Do peers influence children's skill development in preschool? *Economics of Education Review*, 26(1), 100-112.

*Ketsche, P., Adams, E. K., Kellenberg, R. (2007). The stigma of public programs: does a separate S-CHIP program reduce it? *Journal of Policy Analysis and Management*, 26(4), 775-790.

^Smith, T., Minyard, K., Parker, C., Ferencik, R., Shoemaker, J. (2007). From theory to practice: what drives the core business of public health? *Journal of Public Health Management and Practice*, 13(2), 169.

^*Ketsche, P., Adams, E. K., Snyder, A., Zhou, M., Minyard, K., Kellenburg, R. (2007). Discontinuity of coverage for Medicaid and S-CHIP children at a transitional birthday. *Health Services Research*, 42(6pt2), 2410-2423.

2008 (3)

^*Adams, E. K., Ketsche, P., Minyard, K., Zhou, M. (2008). Access and satisfaction among children in Georgia's Medicaid program and SCHIP: 2000 to 2003. *Health Care Financing Review*, 29(3), 43-57.

Devlin, H., Desai, J., Holzman, G., Gilbertson, D. (2008). Trends and disparities among diabetes-complicated births in Minnesota, 1993-2003. *American Journal of Public Health*, 98(1), 59.

^Goodman, R., Larsen, B., Marmet, P. F., Wheeler, F. C., Adams, P., Brownson, C.A., . . . Yerkes, A. (2008). The public health role in the primary prevention of diabetes: recommendations from the chronic disease directors' project. *Journal of Public Health Management and Practice*, 14(1), 15.

2009 (2)

Powell, K. E., Roberts, A. M., Ross, J., Phillips, M. A., Ujamaa, D., Zhou, M. (2009). Low physical fitness among fifth- and seventh-grade students, Georgia, 2006. *American Journal of Preventive Medicine*, 36(4), 304-310.

Georgia Youth Fitness Assessment Contract

Devlin, H., Desai, J., Walaszek, A. (2009). Reviewing performance of birth certificate and hospital discharge data to identify births complicated by maternal diabetes. *Maternal and Child Health Journal*, 13(5), 660-666.

No Contract

2010 (4)

Wong, N., Zimmerman, M., Parker, E. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology*. 46(1-2), 100-114.

No Contract

*Kelly, I. R., Phillips, M. A., Revels, M., Ujamaa, D. (2010). Contribution of the school environment to physical fitness in children and youth. *Journal of Physical Activity and Health*, 7(3), 333-342.

Georgia Youth Fitness Assessment Contract

*Marton, J., Ketsche, P., Zhou, M. (2010). SCHIP premiums, enrollment, and expenditures: a two state, competing risk analysis. *Health Economics*, 19(7), 772-791.

GA Department of Community Health Contract

^Phillips, M. A., Rivera, M., Shoemaker, J., Minyard, K. (2010). Georgia's utilization migrant program: promoting Medicaid/CHIP outreach. *Journal of Health Care for the Poor and Underserved*, 21(4), 1282-1291. **GA Department of Community Health Contract**

2011 (3)

Landers, G. & Zhou, M. (2011). An analysis of relationships among peer support, psychiatric hospitalization, and crisis stabilization. *Community Mental Health Journal*, 47(1), 106-112.
GA Department of Community Health Contract

*Landers, G., Parker, C., Mathiassen, L., Romanow, D. (2011). Development of IT-enabled chronic care management for the medically underserved: a contextualist framework. *Journal of Information Technology Theory and Application*, 12(4), 27-50.
U.S. Centers for Disease Control and Prevention Castle Tech CDPM Contract

^*Ketsche, P., Adams, E. K., Wallace, S., Kannan, V. D., Kannan, H. (2011). Lower-income families pay a higher share of income toward national health care spending than higher-income families do. *Health Affairs*, 30(9), 1637-1646. **No Contract**

2012 (4)

Dills, J., Rutt, C. D., Mumford, K. (2012). Objectively measuring route-to-park walkability in Atlanta, Georgia. *Environment & Behavior*, 44(6), 841-860.
No Contract

Scherrer, C., Snyder, A., Griffin, P. (2012). Operations research for family violence needs assessment in the state of Georgia. 2012 *Southeastern INFORMS Conference Proceedings*, 536-543.
GA Governor's Office of Children and Families Domestic Violence Contract

Yin, Z., Parra-Medina, D., Cordova, A., He, M., Trummer, V., Sosa, E., ... Ramirez, A. (2012). Míranos! Look at us, we are healthy! An environmental approach to early childhood obesity prevention. *Childhood Obesity*, 8(5), 429-439.
No Contract

^Pettignano, R., McLaren, S., Caley, S. (2012). The health law partnership: adding a lawyer to the health care team reduces system costs and improves provider satisfaction. *Journal of Public Health Management & Practice*, 18(4), e1-e3.

Health Law Partnership Contract

2013 (6)

Minyard, K., Hirsch, G., Milstein, B. (2013). County officials embark on new, collective endeavors to ReThink their local health systems. *Journal of County Administration*, 5-10.

ARCHI Contract

Minyard, K., Ferencik, R., Phillips, M. A., Soderquist, C. (2013). Using systems thinking in state health policymaking: an educational initiative. *Health Systems*, 3(2), 117-123.

Robert W. Woodruff Foundation Legislative Education Contract

*Adams, E. K., Ketsche, P., Minyard, K. (2013). Who really pays for Medicaid: intended and unintended consequences of the matching grant. *Public Finance Review*, 43(1), 4-31.

No Contract

^Landers, G., Zhou, M., Snyder, A. (2013). Comparing preventive visits of children in foster care with other children in Medicaid. *Journal of Health Care for the Poor and Underserved*, 24(2), 802-812.

GA Department of Community Health PeachCare Contract

^Pettignano, R., McLaren, S., Bliss, L. R., Caley, S. (2013). Can access to a medical-legal partnership benefit patients with asthma who live in an urban community? *Journal of Health Care for the Poor and Underserved*, 24(2), 704-715.

Health Law Partnership Contract

Avey, H., Branscomb, J., Fuller, E., Cheung, K., Reed, P., Wong, N., ... Williams, S. (2013). Using a Health in All Policies approach to address social determinants of sexually transmitted disease inequities in the context of community change and redevelopment. *Public Health Reports*, 128(3), 77-86.

National Network of Public Health Institutes BRAC Contract

2014 (12)

Minyard, K. (2014). A modular guide to developing & thriving as a public health institute. *National Network of Public Health Institutes*, Chapter 2.1.

National Network of Public Health Institutes Contract

Minyard, K. (2014). A modular guide to developing & thriving as a public health institute. *National Network of Public Health Institutes*, Chapter 2.2.

National Network of Public Health Institutes Contract

Minyard, K., Gaurav, D., Hassmiller Lich, K., Niles, R., Gillen, E. (2014). Systems dynamics and community health. *Methods for Community Public Health Research*, Chapter 6.

Atlanta Regional Collaborative for Health Improvement Contract

Landers, G. (2014). The impact of smoke-free laws on asthma discharges: a multistate analysis. *American Journal of Public Health*, 104(2), e74-e79.

No Contract

*Swahn, M., Haberlen, M., Palmier, J. (2014). Alcohol and drug use and other high-risk behaviors among youth in the slums of Kampala, Uganda: perceptions and contexts obtained through focus groups. *The International Journal of Alcohol and Drug Research*, 3(4), 289-295.

No Contract

^Cole, E., Walker, D., Diana, M., Mora, A. (2014) Identifying hospitals that may be at most financial risk from Medicaid disproportionate-share hospital payment cuts. *Health Affairs*, 33(11), 2025-2033.

No Contract

Hulihan, M., Snyder, A., Feuchtbaum, L., Jordan, L., Kirby, R., Young, W., ... Grant, A. (2014). State-based surveillance for selected hemoglobinopathies. *Genetics in Medicine*, 17(2), 125-130.

U.S. Centers for Disease Control and Prevention RUSH/PHRESH Contract

Yeager, V., Cole, E., Diana, M., Mora, A. (2014). Factors related to health information exchange participation and use. *Journal of Medical Systems*, 38(8), 78.

No Contract

*Mishra, A., McLaren, S., Ketsche, P., Snyder, A., Marton, J. (2014). Examining the potential of information technology to improve public insurance application processes: enrollee assessments from a concurrent mixed method analysis. *Journal of the American Medical Information Association*, 21(6), 1045-1052.

GA Department of Community Health Eligibility Redesign Contract

^Kibbe, D., Lockner, D. W., Marley, S. C., Trowbridge, F. (2014). Get healthy together: a program to improve counseling for childhood obesity in community-based WIC clinics. *Journal of Health Care for the Poor and Underserved*, 25(2), 771-786.

No Contract

Landers, G., & Zhou, M. (2014). The impact of Medicaid peer support utilization on cost. *Medicare & Medicaid Research Review*, 4(1), e1-e14.

GA Department of Community Health Contract

Ferencik, R., & Soderquist, C. (2014). Building systems thinking capacity: an essential skill set for policymakers, *32nd International Conference of the System Dynamics Society Conference Proceedings*, 1-11.

Robert W. Woodruff Foundation Legislative Education Contract

2015 (8 through August 2015)

^Cole, E., Campbell, C., Diana, M., Webber, L., Culbertson, R. (2015). Patient-centered medical homes in Louisiana had minimal impact on Medicaid population's use of acute care and costs. *Health Affairs*, 34(1), 87-94.

No Contract

^Minyard, K., (2015). Leading through health system change: a public health opportunity. *Journal of Public Health Management & Practice*, 21(1), 3-5.

U.S. Centers for Disease Control and Prevention Contract

^*Marton, J., Zhou, M., Ketsche, P., Snyder, A., Adams, K. E. (2015). Estimating premium sensitivity for children's public health insurance coverage: selection but no death spiral. *Health Services Research*, 50(2), 579-598.

GA Department of Community Health PeachCare Contract

*Marton, J., Sung, J., Honore, P. (2015). Does more public health spending buy better health outcomes? *Health Services Research & Managerial Epidemiology*, 1-9.

No Contract

Snyder, A., Sebian, J., Visser, S., Kramer, D., McGiboney, G., Handler, A. (2015). Student-perceived school climate is associated with ADHD medication treatment among adolescents in Medicaid. *Journal of Attention Disorders*, 1-12.

GA Department of Behavioral Health and Developmental Disabilities Contract

Neunert, C., Gibson, R., Lane, P., Verma-Bhatnagar, P., Barry, V., Zhou, M., Snyder, A. (2015). Determining adherence to quality indicators in sickle cell disease using multiple data sources. *American Journal of Preventive Medicine*, 51(1), 24-30. **U.S. Centers for Disease Control and Prevention RUSH/PHRESH Contract**

^Kuo, T., Ferencik, R., Robles, B., Simon, P. Fielding, J., Trogon, J. (2015). Framing the local context and estimating the health impact of CPPW obesity prevention strategies in Los Angeles county, 2010-2012. *Journal of Public Health Management and Practice*, 22(4), 360-369. **RTI International PRISM Contract**

*Lyn, R., Phillips, M. A., Bracci, L. Sheldon, E. (2015). Community readiness for childhood obesity prevention: findings from a statewide assessment in Georgia. *Environment and Behavior Journal on the Community Readiness*, 48(1), 78-88. **Community Readiness Assessment Contract**

Expanding Academic Research at the Georgia Health Policy Center: An External Review

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November 4-6, 2015

Acknowledgment

We gratefully acknowledge the participation of Lynn Blewett, PhD, Professor of Health Policy and Management and director, State Health Access Data Assistance Center at the University of Minnesota, in the review process.

Introduction

The Georgia Health Policy Center (the Center or GHPC) at Georgia State University was established in 1995 “as the applied research arm of the Georgia Coalition for Health to inform health policy recommendations related to increasing access to care, improving the health of Georgia’s citizens, and controlling the cost of care”. The Center was originally housed in the College of Health and Human Services, but relocated in 1998 to the newly-created Andrew Young School of Policy Studies (AYS). Since its founding, the Center’s project portfolio and external funding have grown steadily. The Center has become a premier source of policy analysis, applied research, evaluation, and technical assistance for local communities, government agencies, the legislature, and state health care provider organizations. Building on its work in Georgia, the Center has become a nationally recognized state health policy center.

In early 2014, Center leadership began a review of its academic research productivity that included a self-study and an external review. In the context of this review and report, research productivity refers to both research funding and related, peer-reviewed scholarship. This report presents the findings and recommendations of the External Review team. It is based on a review of the Center’s thorough and informative self-study, meetings with senior staff and faculty from the Center, other affiliated faculty, and the Dean of the AYS, and a review of a compendium of peer-reviewed research publications from the Center. The team’s site visit was conducted November 4-6, 2015. A copy of the visit agenda is included in Appendix A.

The charge to the review team was to address the broad question:

“How do you evaluate GHPC’s ability to create synergies between sponsored projects and relevant academic research?”

The self-study document asked the reviewers to address the following, more specific questions:

1. What are the strengths and weaknesses in GHPC's structure that either facilitate or are a barrier to synergies between sponsored projects and academic research? Structure includes personnel, organization of staff, breadth and depth of staff's expertise, sources and types of funding, types of projects, and placement within Georgia State University.
2. What are the strengths and weaknesses in GHPC's processes that either facilitate or are a barrier to synergies between sponsored projects and academic research? Processes include staff duties, administrative functions, approaches to completing contract deliverables, and interactions with Georgia State University.
3. What are the strengths and weaknesses in how GHPC allocates its resources that either facilitate or are a barrier to synergies between sponsored projects and academic research?
4. How can GHPC take action to expand on these strengths and minimize or improve these weaknesses?
5. How would you rate GHPC's past performance in the quantity and quality of its academic research? a. In what ways has GHPC taken advantage of research opportunities and where have there been missed opportunities?
6. What are strategies to capture those missed opportunities?
7. Given what you have learned about the scope of work and research interests of the center's staff, what level of academic research do you believe GHPC should strive for?
8. What are strategies and best-practices that GHPC could adopt to facilitate that level of research?

The following narrative summarizes the review team's key observations and recommendations.

Observations

The Center has grown significantly since its last external review conducted in 2006 as part of a university required review of all programs and research centers. The Center's funding and staff have doubled with a broad mix of projects from national community development technical assistance projects funded by the Health Resources and Services Administration, DHHS to important new awards from the Robert Wood Johnson Foundation and the Patient Centered Research Institute (PCORI). It is a sign of the Center's national stature that several of these awards have been sole-source, meaning funders sought out the Center to conduct the work.

The Center's research portfolio and productivity has also grown and appears to be trending toward greater growth. Center publication productivity has grown, from an average of about three per year in 2007-2012 to nearly 10 per year in 2013-2015. Research faculty and staff, affiliated faculty, and other Center collaborators are also publishing more and in some of the premier journals in the health services field, such as Health Services Research and Health Affairs.

The Center's newly established contract with Georgia's Medicaid program is a significant development with great potential for growing research by leveraging the Center's access to Medicaid and other data to seek additional research funding.

Most importantly, the Center appears to have a highly engaged, collaborative team-based culture and staff committed to the Center's mission and to the goal of expanding research productivity. Importantly, expanded and productive collaborations with other faculty in the AYS and elsewhere are paying off. Many of the Center's publications are the result of such collaborations.

Although clear metrics are unavailable, it is our assessment that the GHPC's research productivity is generally on par with many other similarly focused centers. Research productivity varies significantly across centers. Those that are closely tied to academic

programs tend to emphasize research over more applied technical assistance or policy analysis and development work. Others have a more limited research and publication focus and record.

As the GHPC considers its strategies and plan for expanding its research portfolio and productivity it may be helpful to consider whether there are specific centers against which to benchmark its performance over time. As these observations suggest, the Center has a solid foundation on which to expand the volume and impact of its research portfolio. In its self-study, the Center articulated the goal of expanding its academic research portfolio as a means for achieving greater integration of its practice and policy oriented work with research. The Conceptual Framework on page 3 envisions integration as a means for completing the full “knowledge cycle” from discovery and knowledge generation to application. Put differently, academic research is a vehicle for informing and improving the Center’s work in other domains, such as programs and policy.

As we lay out our observations and recommendations below, we are aware of the importance of balancing commitment to core mission and values with the goal of expanding the Center’s academic research productivity. The Center has developed a distinctive and valuable focus and niche in applied research that blends local and state action and policy with aspirations for research excellence. Building the Center’s own “brand” of academic research excellence will be much more important than pursuing research for research sake. We have tried to shape our recommendations with this in mind.

Recommendations

I. Human Resources and Center Structure

Having and organizing research-oriented faculty and staff are essential elements for expanding research productivity. Specifically, the Center should review policies, processes, and

structures to ensure that it (1) hires research capable and interested faculty and staff, (2) aligns incentives and research support/ infrastructure to enable them to be successful, and (3) has in place accountability mechanisms to reinforce the goal of expanded research productivity.

The following recommendations address each of these broad strategies.

Recommendation 1.1: Review and clarify criteria for new hires

Having research capable and interested faculty and staff starts with ensuring that any new hires into the Center come with the expectation that they will be contributing to the Center’s research productivity. Although this is most critical with senior level faculty and staff hires, even staff hired as research analysts and assistants should understand that they can and will be expected to contribute to the research process.

Because much of the Center’s technical assistance and other “program”-related projects do not have research as a core expectation or deliverable, it is easy for staff to view research as irrelevant to their core job. Yet, in keeping with the conceptual framework illustrated on page 3 of the self-study, the Center seeks to promote evidence-informed program and policy development and with such an emphasis can, as a university-based center, distinguish itself from consulting organization.

While it is critical as an applied research center to have faculty and staff who connect well with clients and the external policy world, the Center should look for people internally and externally with prior connections or affinity with university-based programs.

Recommendation 1.2: Develop more formal and focused mentorship, supervision, and performance evaluation processes and systems to clarify and reinforce expectations for research productivity

Developing the knowledge and skills needed to successfully compete for research funding and/or pursue peer-reviewed publication typically requires experience supported by strong

mentorship and supervision. Although the review team did not formally evaluate the Center’s current processes and systems, we strongly recommend that the Center do so. We specifically suggest that such a review focus on several key elements:

- Supervision/mentorship training and teams: Supervision and mentorship skills tend to be acquired skills. It would be useful to consider the need for formal training among supervisors. In addition, peer support for mentors can often be useful for identifying strategies and approaches that work in the context of specific organizational cultures and systems.
- Clear and continuous feedback: In our experience faculty and staff want regular and clear feedback to identify strengths and weaknesses and strategies for improvement. Too often the only feedback comes with the formal, annual performance evaluation. Continuous feedback is especially important when organizations are trying to prioritize and teach new or expanded behavior, such as expanding research productivity.
- Review and revise formal performance evaluation system: As appropriate ensure that performance expectations for research development and publication are systematically included and addressed in the formal performance evaluation criteria and process.

Recommendation 1.3: Expand use of “recognition and celebration” rewards for research accomplishments (e.g. funding awards, publications)

Again, without knowing whether and to what extent “reward and celebration” are used to encourage and recognize research performance, we recommend that the Center evaluate the potential for expanding its use of “reward and celebration” strategies.

Universities typically lack the ability to monetarily reward faculty and staff for meeting or exceeding performance expectations. Moreover, it is not always clear that such rewards work as well

as “reward and celebration” recognition of accomplishment. We think such recognition rewards are important for building and maintaining a culture that supports individuals and teams for their research accomplishments.

Recommendation 1.4: Expand use of research faculty appointments for those most interested in and capable of research leadership and production.

The Center has successfully moved senior, research staff into research faculty appointments. It should carefully evaluate the opportunities for expanding the use of such appointments for existing and new staff as a means for better connecting the staff and the Center to the academic life of the university.

This strategy has several potential benefits for the Center. First, it establishes formal connections to academic programs and faculty who, over time, will see the Center and its work in a somewhat different light. This can be very helpful in encouraging expanded collaboration with tenure track faculty who will see the opportunities that a connection with the Center can bring them in terms of access to Center data and other assets.

More research faculty appointments also has potential benefits internally as research faculty model academic behavior and expectations around pursuit of research funding and publication. In this way, they can play a role in building a culture that supports research as a core component of the Center’s work. And finally, having research faculty in the Center can add significant value to the work of program and policy staff by bringing an “inquiry” mindset and skills. In our experience, researchers and evaluators help inform and improve a center’s policy and program-related work.

Integrating research faculty into an applied center such as the GHPC carries potential challenges and risks as well. It can contribute to a faculty-staff divide common in most universities. It also has the potential of distracting productive researchers if faculty responsibilities (e.g. teaching, supervision of doctoral

students) in the academic department become onerous.

Nevertheless, on balance, we believe expanding research faculty appointments will further strengthen the Center's relationship to the AYS and the rest of the university with benefits to the Center's research portfolio.

Recommendation I.5: Strategically and selective expand engagements with faculty from other academic and/or research units.

Since the 2006 external review, the Center has successfully established productive collaborations with faculty in the AYS and other departments at GSU and beyond (e.g. Emory). These collaborations have clearly contributed to the Center's research and publishing productivity. The Center has many assets, including data, policy expertise, external relationships and partnerships, and funding resources with which to leverage the development of such collaborative relationships with faculty outside the Center.

While expanding such collaborations would have obvious potential benefits for the Center's future research productivity, we caution that choosing faculty colleagues carefully and strategically is imperative to ensure benefits for the Center. It is important to vet potential colleagues for their ability to fill gaps in the Center's functional/methodological, content, or disciplinary capacity, for example. One way to do this might be to involve new, potential faculty with established faculty colleagues in early, mid, and late stage review of projects and publications. This would provide an opportunity for both the faculty and the Center to actually "test drive" a relationship to see if it works.

Recommendation I.6: Selectively, and more formally, engage doctoral and masters students.

It appears that Center faculty and staff are already engaged in working with doctoral and masters-level students from the AYS, the School of Public Health, and other academic programs. As was discussed in our visit, having students engaged with Center faculty and staff contributes to building relationships with academic departments and, in the case of doctoral students, can contribute to

building or expanding the research culture.

It was our impression, however, that the Center lacked criteria and processes for choosing which students. Faculty and staff expressed frustration that they often felt stuck with the less qualified students, without having the opportunity to engage and mentor programs' best students.

The Center's assets noted above put it in a very strong position to negotiate with faculty and departments for a better process for matching students with research opportunities and projects in the Center. The Center should work with Deans to re-visit how the process currently works and what changes might be needed.

Beyond the process for selecting students, the Center should formally define the roles Center faculty and staff can play in working with students. Currently, Center faculty are not allowed to chair doctoral committees. Is this something that should be changed? If faculty are committee members, how much responsibility should they versus the chair have for mentoring and supervising students whose dissertations may involve questions and data from a Center project?

More formal understanding of these and other questions would be helpful in promoting more positive and productive experiences for Center faculty and for students.

Recommendation 1.7: Experiment with bringing visiting faculty into the Center.

Faculty from other universities have sabbatical opportunities and often use that sabbatical to explore or expand potential collaborations for research and publication. With the right fit, visiting faculty can bring a fresh perspective and new research ideas to a Center, especially if they are engaged in research and publication endeavors.

Although faculty on sabbaticals typically have full or partial salary support, the University and the Center should consider offering some financial support for visiting faculty to off-set the cost of

travel and housing.

Recommendation 1.8: Support sabbatical opportunities for Center research faculty

We did not explore this idea in our visit and therefore do not know the university's policies regarding sabbatical leaves for research faculty. Nevertheless, we encourage the Center to explore sabbatical options for its faculty. In the same way that visiting faculty can infuse new perspectives and ideas into the Center, sabbaticals offer opportunities for Center faculty to pursue their own professional/research development and gain new perspectives by spending time in another research environment. Such opportunities can often result in very productive collaborations that may contribute significantly to a faculty member's and the Center's research productivity.

Recommendation 1.9: Consider alternative models for organizing faculty and staff around functional (e.g. data and analytics) and/or content (e.g. insurance and access, long term services and supports)

In the face of rapid growth, the Center is evaluating its structure to ensure more efficient and effective leadership and management. The focus of our discussion of Center structure with the management team and the research committee was on Center-level structure versus project level. We gathered that project management structures are working well but that the Center lacks a clear structure for managing people and work across projects. We do not have any specific organizational model to suggest. Rather, we offer the following observations which we hope can contribute to the Center's on-going discussion of options for re-structuring itself:

- Structure is important for managing different functions in a research center: administration (e.g. HR, coverage/payroll), project leadership and management, and strategic research development and Center leadership. In all likelihood the Center will need a matrix structure that combines functional and research content leadership and management.

- Successful Centers tend to have structures with permeable boundaries that encourage and support cross-disciplinary and project collaboration. Avoiding rigid, siloed structures is important.
- It appears to us from the Center’s publication list that there are several well established and productive research teams. Beyond project-specific teams, these broader research teams develop, lead, and manage portfolios of research projects. Whatever structure the Center chooses, it should provide leadership and support to sustain and grow these portfolios.
- With the growth in research activity there are specialized functions that need to be grown and nurtured. These include IRB/human subjects, data use agreements, secure data storage and analysis protocols, programming support, research design and analytical support, and publishing and dissemination support (among others). Whatever structure the Center chooses needs to ensure that capacities in these areas are identified and supported through that structure.

2. Center Process

Recommendation 2.1: Create an internal research development fund to support scholarly publication.

Many of the Center’s funders do not place a high priority on peer-reviewed publication, making it difficult for faculty and staff to devote the time needed to develop such publications. These funders are vitally important to achieving the Center’s mission, but it is unlikely that they can or will be willing to contribute to scholarly publication development because of their internal constraints (e.g., as public agencies). GHPC has experimented with providing supplemental support for research activities in the past with some success.

We recommend establishing a modest fund (e.g. equivalent to supporting one full-time equivalent staff member per year) to

be used to leverage high-priority publication development based on client-oriented projects conducted within the Center. Such a fund would enable the Center to more substantially contribute to achieving the mission of the AYS, and therefore we believe that it should be considered for support from the School's central resources.

The Center should establish a peer-review process for allocation of research development funds that includes Center research leaders and outside faculty members. Funding could be used to support Center faculty/staff time near or after the end of client-oriented projects for the purpose of publication development, buying the time of outside faculty or other experts who can contribute to publication framing and development, or funding time for the development of research grant applications.

Recommendation 2.2: Build on the Center's engagement with Georgia Medicaid to establish a strong program of publishable research.

As we noted above, the Center's engagement with the Georgia Medicaid program is an important development. It offers significant potential for generating new knowledge of broad interest across the country. GHPC should consider options for growing and structuring their relationship with the Georgia Medicaid program to generate research opportunities. Specifically, the Center should:

- Cultivate research users and expand "knowledge use skills" within the Medicaid agency.
- Work to create buy-in for agency staff by providing opportunities for them to contribute to proposal development and research publication.
- Identify priority topics for research and generalizable publication, focusing on areas where Georgia Medicaid is most innovative or is seeking to address the most challenging problems facing Medicaid programs across the country. Such topics will be most publishable and of greatest interest to the state's Medicaid policy makers.

Recommendation 2.3: Assess, establish goals for, and seek grant awards to support publishable research and peer-reviewed publications.

The Center has been very successful in raising funds to conduct policy-relevant analysis and other activities, but often these awards do not provide resources to develop scholarly publications. We recommend augmenting the Center’s portfolio with funding from additional sources that support and encourage academic publication. Major publication-oriented funding sources include the Robert Wood Johnson Foundation, Agency for Healthcare Research and Quality, National Institutes of Health, and PCORI.

Obtaining academic oriented funding is highly competitive, and careful consideration should be given to the best sources to target applications. The Center should assess which potential funders best fit its strengths and interests. This review should consider areas where the Center’s work focuses on the most nationally, “cutting edge”, and generalizable themes, areas where the Center has unique data resources not widely available to other researchers (e.g., in depth and timely Medicaid claims), and areas where the Center faculty, staff, and external faculty affiliates have the greatest expertise. We recommend that periodically (e.g., annually) that Center leadership reassess opportunities and set specific targets for research grant submissions.

Given the scope of the Center’s current funding and research portfolio, applications for large grants (e.g., NIH/AHRQ R01s) may not be a high priority. These grants tend to be the most competitive and require investigators with extensive directly applicable experience. Rather, applying for smaller, targeted grants may be most fruitful (e.g., in response to RWJF calls for proposals or NIH/AHRQ R03 awards). Such smaller awards can also serve as a pathway to larger grants in the future. When applying for federal funds, it is generally better to apply for specific requests for applications (RFA) rather than more general program announcements (PAs).

As noted, reviewers of highly competitive research awards place a great deal of weight on prior experience of investigators and the

potential impact of the research beyond previously published work. Consequently, the Center may wish to engage outside collaborators who are well established in the specific topic of a grant application as co-investigators or consultants. It can also be helpful to engage (often paying a modest honorarium) one or more external consultants with extensive relevant experience to review draft grant proposals prior to submission.

Understanding the review process and criteria agencies and reviewers use to judge applications is a key ingredient to success with competitive research proposals. It would be helpful to have 1-2 faculty or senior staff participate in and/or become members of study sections or review panels to gain such insights.

Finally, single state studies are not as attractive to national research funders as national or multistate funders, putting the Center at a competitive disadvantage. Studies of topics where Georgia is particularly innovative or representative of other states can help overcome this disadvantage. The Center should also consider opportunities to collaborate on grant proposals with other state policy centers that maintain similar data and areas of interest.

Recommendation 2.4: Revisit the list of target journals for peer-reviewed publication include both “aspirational” and “safer” journals, and set annual publication goals.

High priority “aspirational” journals should be selected not simply based on impact factors but on the audiences reached and reputation for research rigor. The table below lists candidate journals with comments on their potential for dissemination of GHPC work. The list should evolve as the content areas of the Center’s work evolves.

Each year each team within the Center should establish publication goals, listing priority topics and target journals. Center management should review goals with team leaders on a regular basis.

Table I Selected Journals for Consideration

High Priority Journals		Other Journals	
<i>Health Affairs</i>	Policy audience Highly competitive	<i>Evaluation and the Health Professions</i>	High impact Specialized
<i>Medical Care</i>	High rigor	<i>Journal of Health Care for the Poor and Underserved</i>	Mixed
<i>Health Services Research</i>	High rigor	<i>Health Policy and Planning</i>	Global health policy focused
<i>Milbank Quarterly</i>	In-depth, policy oriented	<i>Inquiry</i>	Recently changed publisher/became open access; uncertain future
<i>Journal of Health Politics, Policy and Law</i>	In-depth, policy oriented	<i>Social Science & Medicine</i>	High impact More discipline-based than policy oriented.
<i>Medical Care Research and Review</i>	High rigor	<i>Journal of Urban Health</i>	Mixed
<i>Journal of Health Economics</i>	High rigor Specialized	<i>Journal of Rural Health</i>	Mixed
<i>American Journal of Managed Care</i>	High rigor		
<i>New England Journal of Medicine</i>	High profile “Hot topics” oriented		
<i>Journal of the American Medical Association (and affiliated journals)</i>	High profile “Hot topics” oriented		

CONCLUSIONS

The GHPC is a national model of a highly engaged, collaborative center advancing health policy and community health in its state. The Center’s work is highly regarded in Georgia and nationally and has built successful and productive relationships with funders and other partners.

We concur with the motivation for this review: that enhancing the profile of the Center through excellence in peer-reviewed publication is a worthy goal. As noted in the Center’s self-study, increasing publication productivity can enhance the reputation of GHPC nationally and within the University. A strong publication record can also contribute to successful fund raising, particularly for highly competitive peer-reviewed grants. Publication is also an important ingredient for the professional development of GHPC faculty and staff. Successful publishing of high-quality work in top tier journals will help keep the Center’s work methodologically and substantively on the “cutting edge” of the field, yielding benefits even for Center clients and policy audiences which may not have interests in academic publication.

The external review team closely reviewed the detailed self-study prepared by Center leadership and conducted a two-day site visit. We conclude that Center has made important strides to increase its scholarly publication productivity in recent years. The Center has tremendous assets on which to build its peer-reviewed publication output, including a talented and committed faculty and staff, rich data resources, and exceptionally strong funding and policy agency partnerships, and strong ties with academic partners. We view the Center’s recent engagement with Georgia Medicaid as a particularly important asset that can enable the Center to deepen its contributions to the literature on important health policy topics.

Because the Center brings considerable strengths and capacities, our recommendations are incremental rather than foundational. Specifically, we offer 13 recommendations to further expand

and deepen the Center's for scholarly publication productivity. Nine recommendations relate to building faculty/staff capacity, enhancing already strong relationships with academic departments in the AYS and other units, and connecting with other leading scholars in the field through visiting appointments and perhaps sabbatical opportunities for Center faculty. Four additional recommendations focus changing internal processes to enhance publication productivity. We suggest increasing efforts to pursue funding from sources that value scholarly work as well as investing available internal resources to leverage the strong policy/programmatic work of the Center.

GHPC is well positioned to further enhance the number of high quality publications in major journals. The logical next step in this process is for GHPC leadership to translate the insights from its self-study and recommendations reported here to establish a set of specific goals and measurable milestones for enhancing publication capacity and productivity for the coming two or three years. As noted above, leadership should annually review those goals and milestones and make any warranted adjustments.

APPENDIX A

AGENDA EXTERNAL EVALUATORS' SITE VISIT November 4-6, 2016---Room 822

Wednesday, November 4
7:15 p.m.

External Evaluators Arrive, Check-in at Residence Inn
Dinner with GHPC Staff and Research Committee
Ray's in the City at 240 Peachtree St. NW Atlanta, GA 30303

Thursday, November 5
8:00-8:30 a.m.

Breakfast at GHPC Meet with GHPC Site Visit Research
Evaluation Planning Team (Karen Minyard, Jim Marton, Mary
Ann Phillips)

8:30 a.m. - 9:30 a.m.

GHPC Management Team

9:30 a.m. - 11:00 a.m.

GHPC Research Committee

11:15 a.m. - 12:15 p.m.

Meet with Dean Walker

12:30 p.m. - 1:00 pm.

Lunch

1:00 p.m. - 2:00 p.m.

External Evaluator Team Meet to Discuss Early Learnings and
Presentation

2:00 p.m. - 3:30 p.m.

External Evaluation Team Panel Discussion with GHPC Staff,
Research Committee, and Affiliated Faculty
(Compare and contrast findings with own Centers, respond
to questions)
Room 838

3:30 p.m. - 5:00 p.m.

External Evaluation Team Meets

5:00 p.m. - 6:00 p.m.

Break/back to hotel

6:15 p.m.

Dinner with GHPC Staff and Research Committee
Commerce Club

Friday, November 6

8:30 a.m. - 9:00 a.m.

Breakfast at GHPC

9:00 a.m. - 9:30 a.m.

External Evaluation Team Meets to Prepare Presentation

9:30 a.m. - 11:00 a.m.

Presentation to Research Committee and Management Team

11:00 a.m.

Depart for Airport

Operationalizing the Strategic Research Plan

Since the completion of this strategic assessment, the Georgia Health Policy Center's leadership structure has been reorganized to include a CEO and four directors. This leadership team will have primary responsibility for the implementation of the Research Strategic Plan. Each of the major areas of capacity, infrastructure, and financial strategy will have specific action steps. For example, research capacity will be increased with expanded research faculty appointments, infrastructure will be strengthened by revisiting the list of target journals, and the financial strategy will include financial support of research time for those with faculty appointments. Over the next five years we will work together with all of the Georgia Health Policy Center staff and our partners to implement the actions and measure our progress. One director will be responsible for an annual assessment of progress toward goals. In the last quarter of 2020, we will undertake another comprehensive assessment. This will result in the next five-year, strategic research plan (2021–2025) that will be completed in the first quarter of 2021.

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