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**Georgia Health Policy Center Scholarship:
A Review and Five-Year Strategic Plan for Research
2016 Progress Report**

Overview

For more than 20 years, the Georgia Health Policy Center (GHPC) has lived its mission of integrating research, policy, and programs to advance health and well-being. It is at the intersection of the problem-solving and the research cycles that the center sees its greatest opportunity to contribute both to practice and to academia. GHPC remains actively committed to further increase its research output and strengthen its research partnerships across the Georgia State University community and beyond.

Since the completion of the center's strategic research assessment, GHPC reorganized its leadership structure to include a CEO and four directors. This executive leadership team will have primary responsibility for the implementation of the Research Strategic Plan.

The Research Strategic Plan has three major areas of focus: capacity, infrastructure, and financial strategy. While each area has specific actions, broadly,

- Research capacity will be increased through expanded research faculty appointments, strategic engagement with faculty from other academic or research units, development of research-focused staff mentorship, and alignment of GHPC research growth with other university strategic initiatives.
- Infrastructure will be strengthened by revisiting the list of target journals GHPC will use to focus its publication efforts, clarifying scholarship goals for existing staff and new hires, and expanding the use of recognition and rewards to support research accomplishments.
- The financial strategy will include examining the use of limited GHPC funds to support research time for staff and faculty (research development fund), developing a peer-review process for allocation of research development funds, and seeking research grants to support applied research projects tied to our programmatic work.

Over the next five years the center will work with staff and partners to implement these actions and measure our progress annually toward reaching the overarching goals. In the last quarter of 2020, GHPC will undertake another comprehensive assessment. This will result in publication of the next volume of the five-year strategic research plan (2021-2025) for release in early 2021.

2016 Steps Toward Operationalization of the Five-Year Research Plan

In 2016 GHPC took initial steps to address enhancements to the center's research capacity and financial capacity. Oversight of monitoring progress and operationalizing the plan was assigned to one of the GHPC directors.

Additionally, the center formally published Georgia Health Policy Center Scholarship: A Review and Five-Year Strategic Plan for Research Volume 1 (2016-2020) and began sharing it with external partners.

Research Capacity

GHPC is committed to expanding its research capacity over the next five years by taking steps at all personnel levels — staff, students, and faculty. The ultimate goal of expanding research capacity is to increase the percentage of published peer-reviewed papers that are directly related to project work. In order to increase opportunities for school and university collaboration, GHPC will expand the use of research faculty appointments for center staff most interested in research leadership and production.

2016 accomplishments in the area of building research capacity include:

- Expanded use of research faculty appointments for two GHPC directors. Glenn Landers received appointment as a research assistant professor in the Andrew Young School of Policy Studies, and Ann DiGirolamo received appointment as a research associate professor in the School of Social Work.
- Research capacity building was incorporated into learnings of the Leadership Development program as part of the GHPC Resiliency Strategy.
- Center leadership has also started discussions about a more formal process for mentoring staff in research. It is anticipated that future opportunities will emerge from the currently established monthly research seminar.

Research Infrastructure

The building of research infrastructure at GHPC will ultimately be addressed through hiring, staff rewards and recognition, and revisiting the target list of journals for peer-reviewed publication, which will include both aspirational journals and those that may be more receptive to the academic output of junior researchers.

This will be a focus area for 2017.

Financial Strategy

Progress in the areas of research capacity and infrastructure can be accelerated by a financial strategy that supports academic research output, while keeping in mind that GHPC is currently funded primarily through grants and contracts.

However, in 2016 GHPC reports progress in aligning its financial strategy with its research strategic plan.

- For the two new academic faculty appointments, GHPC funds support 10 percent of Glenn Landers' time for research, and the School of Social Work supports 10 percent of Ann DiGirolamo's time for research activities.

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 behavioral health, child health and well-being, community health systems development, health and health care financing, health in all policies, health system transformation, long-term services and supports, population health, and rural health. GHPC works at the local, state, and national levels 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

21 Years of Service

55 Staff Members

Works in 50 States

70 Active Contracts

100 Diverse Clients

(Based on FY 2016)

Staff

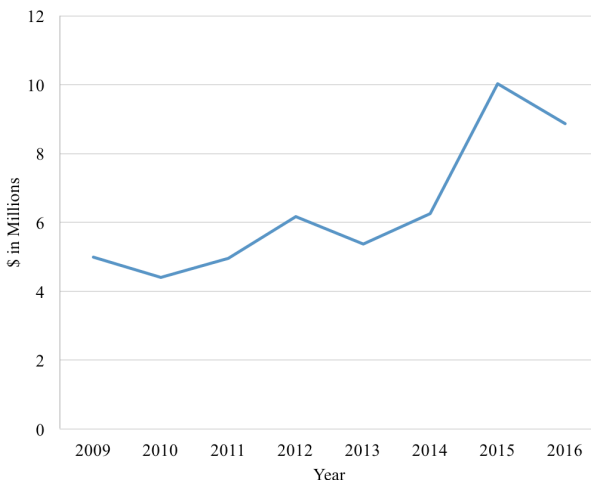
With growth in the number of contracts and projects the center has undertaken, there has been commensurate growth in center staff. The size of GHPC has more than doubled over the past 10 years, reaching 55 staff members during 2016.

GHPC Funding

In fiscal year (FY) 2016 GHPC received approximately \$8.9 million in new external funding from 70 active grants and contracts. The vast majority of the center's funding (96 percent) comes from sponsored awards. The FY 2016 mix is reflective of the center's recent funding history. The sponsored funds are used to complete the awarded projects' goals and objectives, while the funding that comes from university and state contributions is used for the center's nonsponsored project work, including salary support.

From 2009 through 2016 GHPC-sponsored funding has grown from nearly \$5 million in 2009 to nearly \$8.9 million in the last fiscal year.

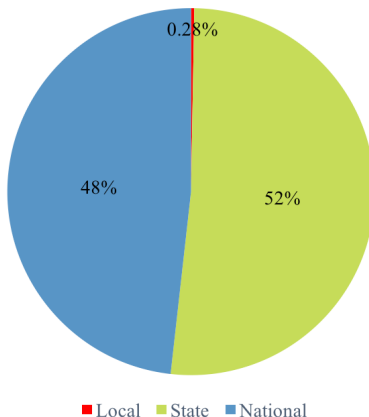
Figure 1: Sponsored Funding, 2009-2016



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.

GHPC By the Numbers
*\$8.9 million in new external
funding
in the last year
Over 70 active contracts
(Based on FY 2016)*

Figure 2: Sponsored Revenue by Funder Type, FY 2016



GHPC Research Output

The following breakdown 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 GHPC peer-reviewed papers published in 2016. Table 1 illustrates total research-related outputs between 2006 and 2016.

Table 1: Number of Peer-Reviewed Publications, Presentations, Posters, 2006-2016

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
No. of Publications	0	4	3	2	4	4	4	6	12	9	16
No. of Publications in Target Journal List	0	2	2	0	1	1	1	2	2	4	4
No. of Podium Presentations	NA+	NA+	NA+	17	20	16	6	27	22	24	22
No. of Poster Presentations	NA+	NA+	NA+	12	15	13	11	12	17	18	16

+ Data collection on presentations and posters began in 2009.

There was interest in evaluating the relationship between GHPC contracts and publications. Of the 54 peer-reviewed articles published from 2010 to 2016, two-thirds 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 seven years.

Table 2: GHPC Peer-Reviewed Publication Count, 2010-2016

	2010	2011	2012	2013	2014	2015	2016
No. of Publications	4	3	4	6	12	9	16
No. From Contracts	2	2	2	5	7	6	12
No. With Faculty Co-author	2	2	0	1	2	5	2
No. on Target Journal List	1	1	1	2	2	4	2

Some contracts are associated with more publications than others.

Table 3: GHPC Grants and Contracts Associated With Peer-Reviewed Publications, 2010-2016

Contracts Associated With 3 or More Publications	Contracts Associated With 2 Publications	Contracts Associated With 1 Publication
Atlanta Regional Collaborative for Health Improvement (3)	Health Law Partnership	GA Department of Behavioral Health and Developmental Disabilities
GA Department of Community Health (9)	Robert W. Woodruff Foundation	GA Department of Public Health
U.S. Centers for Disease Control and Prevention (6)		GA Governor’s Office of Children and Families
National Network of Public Health Institutes (3)		Health Resources and Services Administration
Philanthropic Collaborative for a Healthy Georgia (3)		Healthcare Georgia Foundation
		RTI International

Next Steps

The following actions are planned for 2017 in each of the focus areas.

Research Capacity

- GHPC will develop more formal and focused mentorship, supervision, and performance evaluation processes and systems to clarify and reinforce expectations for research productivity for all project staff. Mentorship opportunities will build off of the currently established monthly research seminar and may include a monthly, one-hour research workgroup and self-organized affinity groups.
- The center will 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.
- GHPC will expand its strategic engagement with faculty from other academic or research units at the university.
- 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.

Research Infrastructure

- GHPC will clarify the criteria for new hires.
- The center will revisit its list of target journals of peer-reviewed publication. This list will include both aspirational journals and those that may be more receptive to the academic output of junior researchers.
- 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.

Financial Strategy

- GHPC will assess opportunities, establish goals, and seek grant awards to support publishable research and peer-reviewed publications.
- GHPC will reexamine the use of its current, limited funds in residual, indirect, and university accounts to establish a modest fund to be used to leverage high-priority research or publication development based on client-oriented projects conducted within the center.
- The center will establish a peer-review process for allocation of research development funds that includes center research leaders and outside faculty members.

Appendix: 2016 GHPC Peer-Reviewed Journal Articles

* denotes that the publication has a faculty co-author

Attell, B. (2016). Disparities in health insurance coverage among children and young adults in Georgia and the U.S. *Journal of the Georgia Public Health Association*, 6(2), 155-157. **GA Department of Community Health contract**

Black, M., Walker, S., Anderson, C., DiGirolamo, A., Lu, C., McCoy, D., ... Grantham-McGregor, S. (2016). Early childhood development coming of age: science through the life course. *The Lancet*, 389(10064), 77-90. **No contract**

Cole, E., Willis, C., Rencher, W., Zhou, M. (2016). Long-term acute care hospitals and Georgia Medicaid: utilization, outcomes, and cost. *SAGE Open Medicine*, 4, 1-8. **GA Department of Community Health contract**

Colvin, M., Pruett, J., Young, S., Holosko, M. (2016). An exploratory case study of a sexual assault telephone hotline: training and practice implications. *SAGE Open Medicine*, 1-20. **No contract**

*Guy, G., Johnston, E., Ketsche, P., Joski, P., Adams, E. K. (2016). The role of public and private insurance expansions and premiums for low-income parents: lessons from state experiences. *Medical Care*, 55(3), 236-243. **No contract**

Kibbe, D., Vall, E. A., Green, C., Fitzgerald, B., Minyard, K., Cornett, K. (2016). Addressing childhood obesity in Georgia: past, present, and future. *Journal of the Georgia Public Health Association*, 5(3), 197-203. **GA Department of Public Health contract**

Kuo, T., Robles, B., Trogon, J., Ferencik, R., Simon, P., Fielding, J. (2016). 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**

Landers, G. (2016). Whether health departments should provide clinical services after the implementation of the Affordable Care Act. *American Journal of Public Health*, 106(2), 271-272. [U.S. Centers for Disease Control and Prevention contract](#)

*Marton, J., Snyder, A., Zhou, M. (2016). Enhanced citizenship verification and children's Medicaid coverage. *Economic Inquiry*, 54(3), 1670-1683. [GA Department of Community Health contract](#)

Minyard, K., Lawler, K., Fuller, E., Wilson, M., Henry, E. (2016). Reducing health disparities in Atlanta. *Stanford Social Innovation Review*, 22-23. [Atlanta Regional Collaborative for Health Improvement contract](#)

Minyard, K., Parker, C., Butts, J. (2016). Improving rural access to care: recommendations for Georgia's health care safety net. *Journal of the Georgia Public Health Association*, 5(4), 387-396. [Healthcare Georgia Foundation contract](#)

Minyard, K., Phillips, M. A., Baker, S. (2016). The philanthropic collaborative for a healthy Georgia: building a public-private partnership with pooled funding. *The Foundation Review*, 8(1), 74-87. [Philanthropic Collaborative for a Healthy Georgia contract](#)

Neunert, C., Gibson, R., Lane, P., Verma-Bhatnagar, P., Barry, V., Zhou, M., Snyder, A. (2016). 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 contract](#)

Paulukonis, S., Eckman, J., Snyder, A., Hagar, W., Feuchtbaum, L., Zhou, M., ... Hulihan, M. (2016). Defining sickle cell disease mortality using a population-based surveillance system, 2004 through 2008. *Public Health Reports*, 131(2), 367-375. [U.S. Centers for Disease Control and Prevention contract](#)

Smith, T., Adimu, T., Phillips-Martinez, A., Minyard, K. (2016). Selecting, adapting, and implementing evidence based interventions in rural settings: an analysis of 70 community examples. *Journal of Health Care for the Poor and Underserved*, 27(4), 181-193. **Health Resources and Services Administration contract**

Young, S., Pruett, J., Colvin, M. (2016). Comparing help-seeking behavior of male and female survivors of sexual assault: a content analysis of a hotline. *SAGE Open Medicine*, 1-21. **No contract**

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