Georgia Health Policy Center Scholarship:
A Review and Five-Year Strategic Plan for Research 2017 Progress Report

GeorgiaState University®

ANDREW YOUNG SCHOOL OF POLICY STUDIES

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 increasing its research output and strengthening its research partnerships across the Georgia State University (GSU) community and beyond.

In 2015, GHPC completed its strategic research assessment and resulting Research Strategic Plan. The center's executive leadership team — the CEO and four directors — have primary responsibility for the implementation of the plan.

The Research Strategic Plan has three major areas of focus: capacity, infrastructure, and financial strategy. Each area has specific action steps. But, 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.

- Research 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.

- Research 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.

Through 2020, the center will work with staff and partners to implement these actions and measure annual progress toward achievement of the overarching goals. What follows is a report on progress made during calendar year 2017. 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.

2017 Steps Toward Operationalization of the Five-Year Research Plan

Research Capacity

GHPC is committed to expanding its research capacity over this five-year period 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.

2017 accomplishments in the area of building research capacity include:

- GHPC expanded use of research faculty appointments. Angela Snyder received a promotion to research associate professor in the Department of Public Management and Policy of the Andrew Young School of Policy Studies.

- GHPC expanded engagement with centers and faculty throughout the university. (See Next Steps related to formalizing this process during 2018.)

- Research capacity building was incorporated into learnings of the second cohort that completed the Leadership Development program as part of the GHPC Resiliency Strategy.

- Multiple project teams implemented strategies to formalize the process for mentoring staff in research —

  o Several members of the Money Follows the Person project team have attended the center's research seminar and presented papers and received feedback.

  o The Center of Excellence for Children's Behavioral Health (COE) has instituted a monthly Research, Evaluation, and Dissemination meeting attended by all staff as an opportunity to present works in progress and to receive feedback from peers on papers, paper ideas, posters, and other dissemination products.

  o The Sickle Cell project team has paired staff members with faculty researchers from Georgia Southern, GSU's School of Nursing, and Emory University to work on a portfolio of research papers related to project goals.

- o The Medicaid team and some COE team members, faculty, and graduate students have created a research group focused on producing a number of papers on foster care children and their transition to managed care. Additionally, the Medicaid team continues to move several technical reports to publication with faculty partners.

- o Finally, a group of interested staff began self-directing a seminar on implementation science that meets monthly to discuss several of the frameworks and models used in this research field and apply them to our work.

- Efforts are expanding to engage GSU students (undergraduate through doctoral) in GHPC's work and research productivity. In total, 22 students were engaged in GHPC projects and research in 2017. Glenn Landers, Angela Snyder, and Karen Minyard are participating on dissertation committees. These include —

  - o Dissertation Committee Member, Public Management and Policy. (May 2013-present).
    Advised: Karen Cheung
    Title: Evaluating the Design, Implementation, and Impact of Bundled Payments in a Public Health Setting

  - o Dissertation Committee Member, Economics. (Ongoing).
    Advised: Joey Garuccio

  - o Dissertation Committee Member, Public Policy. (Ongoing).
    Advised: Bo Feng
    Title: The Effects of E-Cigarettes Minimum Legal Sales Age Laws on Youth Substance Use

  - o Dissertation Committee Member, Computer Information Systems Department (2015-present).
    Advised: Alan Yang
    Title: Classification and Analysis of Mobile Health Evaluation Through Taxonomy And Method Development

  - o Dissertation Committee Member, Economics. (December 2017).
    Advised: Bondi Arifin
    Title: Three Essays on Health and Education Issues in Indonesia

  - o Dissertation Committee Member, Public Health. (May 2017).
    Advised: Mathew Jackson
    Title: An Examination of the Risk Levels of Adult Males in Seeking Diabetes-Related Preventive Services

Research Infrastructure

The building of research infrastructure at GHPC will ultimately be addressed through hiring, and staff rewards and recognition. In 2017, the center made progress toward this goal:

- The Medicaid team participated with other states in the State University Partnership Learning Network's Patient-Centered Outcomes Research Institute project, which aims to build a distributed network of researchers studying Medicaid across the country.

- GHPC also participated with the dean and other centers within the Andrew Young School of Policy Studies in several opportunities made available through partnership with the Arnold Foundation to learn more about policy labs and begin to build shared data capacity within the school.

- GHPC peer-reviewed publications were communicated in the *Dean's E-news* and promoted on the GHPC website, social media, partner newsletters, and through other communications channels, as appropriate. In addition, poster presentations were presented during designated all-staff meetings highlighting research dissemination.

In 2017 center leadership, with input from participants in the monthly research seminar, revisited the target list of journals for peer-reviewed publication. The updated list includes both aspirational journals and those that may be more receptive to the academic output of junior researchers. The revised list includes some specialized journals in evaluation and behavioral health given GHPC's growing research interests.

General Health Policy	Key Health Policy Programmatic Areas	
Health Affairs*	**Behavioral Health**	**Health and Medicine**
Health Policy*	Administration and Policy in Mental Health and Mental Health Services Research	Academic Medicine
Health Policy and Planning	American Psychologist	American Journal of Preventive Medicine
Health Services Research*	Journal of Consulting and Clinical Psychology	Journal of the American Medical Association
Journal of Health Politics, Policy and Law*	Psychiatric Services	Journal of Pediatrics
Journal of Health Services Research & Policy		New England Journal of Medicine*
Medical Care*	**Evaluation**	Pediatrics*
Medical Care Research and Review*	American Journal of Evaluation*	Social Science and Medicine*
Milbank Quarterly*	Evaluation and the Health Professions*	The Lancet
	Implementation Science	**Public Health**
	Journal of Mixed Methods Research	American Journal of Public Health*
	Qualitative Health Research*	Journal of Health Care for the Poor and Underserved*
	Qualitative Inquiry	Journal of Public Health Management and Practice*
		Journal of Rural Health*
	Health Economics	Public Health Reports*
	Health Economics	
	Inquiry*	
	Journal of Health Economics	

* Indicates inclusion in previous targeted journal list.

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.

For 2017 GHPC reports continued alignment of its financial strategy with its research strategic plan:

- For two directors with academic faculty appointments, funds buy out part of their time for research activities. Specifically, GHPC funds support 10% of Glenn Landers' time for research, the School of Social Work supports 10% of Ann DiGirolamo's time, and Public Management and Policy continues to fund 25% of Angie Snyder's time for research.

- GHPC submitted an R34 grant to the National Institutes of Health's (NIH's) Committee on Complementary and Alternative Medicine as a co-principle investigator on the adaption and feasibility of testing UPLIFT with young African-American mothers.

- In 2018, GHPC investigators plan to submit an NIH R21 grant to study stress, social support, and blood pressure in childhood and adolescence.

- A research partnership with the University of California Davis and University of North Carolina Chapel Hill developed from GHPC's work as Georgia's Hemoglobin Disorders Data Coordinating Center related to cancer incidence and survival among sickle cell patients. The team plans to submit an R01 research grant in 2018.

- A research partnership with Veteran's Affairs (VA's) investigators also developed out of GHPC's systems work with the VA National Center for PTSD. GHPC plans to be a co-investigator on an R01 they plan to submit related to dissemination and implementation research in health early in 2018.

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. In 2017, GHPC expanded its reach to include internationally based health improvement projects, including in Sudan, Nigeria, Ireland, and Haiti.

GHPC by the Numbers
22 years of service
63 staff members
Works in 50 states
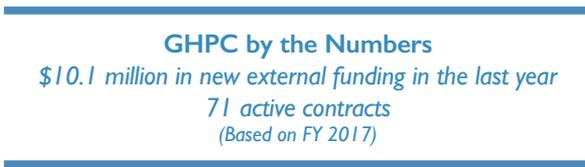*71 active contracts*
100 diverse clients
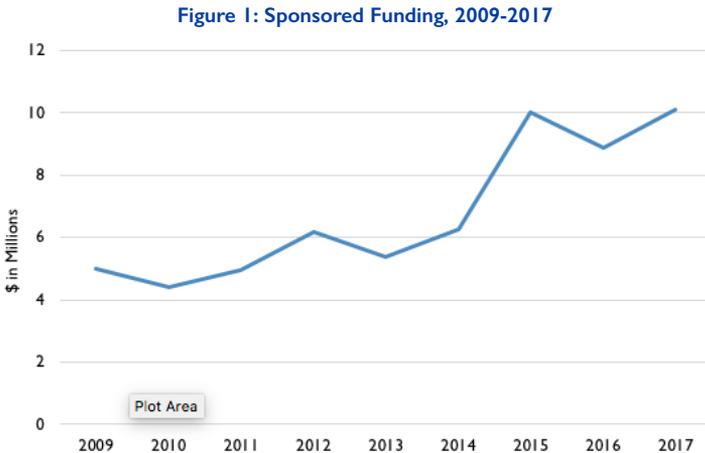*(Based on calendar year 2017)*

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 63 staff members at the end of calendar year 2017.

GHPC Funding

In fiscal year (FY) 2017 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.
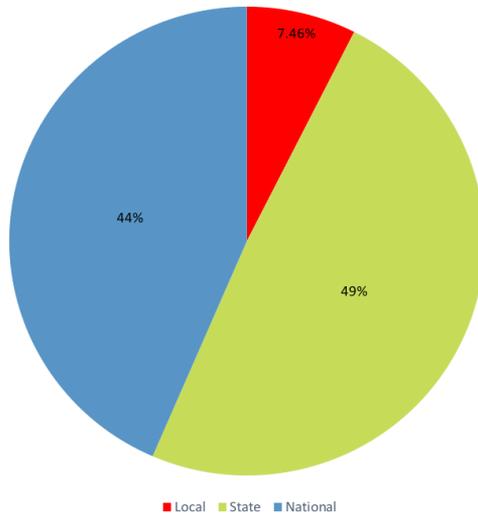
GHPC by the Numbers
$10.1 million in new external funding in the last year
71 active contracts
(Based on FY 2017)

GHPC's sponsored funding has grown from nearly $5 million in 2009 to $10.1 million in FY 2017.

Figure 1: Sponsored Funding, 2009-2017

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.

Figure 2: Sponsored Revenue by Funder Type, FY 2017

7.46%

44%

49%

■ Local ■ State ■ National

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 publications published in 2017. Table 2 illustrates total research-related outputs between 2006 and 2017.

Table 2: Number of Peer-Reviewed Publications, Presentations, Posters, 2006-2017

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
No. of Publications	0	4	3	2	4	4	4	6	12	9	16	19
No. of Publications in Target Journal List	0	2	2	0	1	1	1	2	2	4	4	4*
No. of Podium Presentations	NA+	NA+	NA+	17	20	16	6	27	22	24	22	35
No. of Poster Presentations	NA+	NA+	NA+	12	15	13	11	12	17	18	16	12

+ Data collection on presentations and posters began in 2009.

*The target journal list was revised in 2017.

There was interest in evaluating the relationship between GHPC contracts and publications. Of the 73 peer-reviewed articles published from 2010 to 2017, 40 publications (55 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 this period, with the exception of 2017. Last year a higher than normal percentage of publications were from staff's involvement in research outside of their core GHPC work.

Table 3: GHPC Peer-Reviewed Publication Count, 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
No. of Publications	4	3	4	6	12	9	16	19
No. From Contracts	2	2	2	5	7	6	12	4
No. With Faculty Co-author	2	2	0	1	2	5	2	5
No. on Target Journal List	1	1	1	2	2	4	2	4*

*The target journal list was revised in 2017.

Some contracts are associated with more publications than others.

**Table 4: GHPC Grants and Contracts Associated With
Peer-Reviewed Publications, 2010-2017**

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 Governor's Office of Children and Families
GA Department of Community Health (10)	Robert W. Woodruff Foundation	Health Resources and Services Administration
U.S. Centers for Disease Control and Prevention (7)	GA Department of Public Health	Healthcare Georgia Foundation
National Network of Public Health Institutes (3)	GA Department of Behavioral Health and Developmental Disabilities	RTI International
Philanthropic Collaborative for a Healthy Georgia (3)		

Next Steps

The following actions are planned for 2018 in each of the three focus areas.

Research Capacity

- GHPC will clarify and reinforce expectations for research productivity and incorporate these expectations into the performance evaluation process for research staff.

- GHPC will meet with the graduate directors of Ph.D. programs within the Andrew Young School Policy Studies to clarify the process and expectations for GHPC support of Ph.D. students. The number of graduate students engaged in GHPC research activities will be tracked and reported annually. An annual goal will be set that at least two published papers per year will include GHPC-engaged graduate students as co-authors.

- GHPC will more clearly define the research role of faculty affiliates and set an annual goal related to these research partnerships that is tracked annually.

- 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 research productivity of all research positions and ensure that they are aligned with the criteria used to hire new staff members.

- 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 submit at least two research grants a year.

- 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

Appendix: 2017 GHPC Peer-Reviewed Journal Articles

* denotes that the publication has an affiliated faculty co-author

Aletraris, L., Roman, P. M., & Pruett, J. (2017). Integration of care in the implementation of the Affordable Care Act: Changes in treatment services in a national sample of centers treating substance use disorders. *Journal of Psychoactive Drugs*, 49, 132-140. No contract

Attell, B. (2017). Changing attitudes toward euthanasia and suicide for terminally ill persons, 1977 to 2016: An age-period cohort analysis. *OMEGA Journal of Death and Dying*, 0(0), 1-25. No contract

Attell, B., Kummerow Brown, K., & Treiber, L. (2017). Workplace bullying, perceived job stressors, and psychological distress: Gender and race differences in the stress process. *Social Science Research*, 63, 1-12. No contract

Black, M. M., Walker, S. P., Fernald, L., Anderson, C., DiGirolamo, A., Lu, C., … Grantham-McGregor, S., Lancet Early Childhood Development Series Steering Committee (2017). Early child development coming of age: Science through the life-course. *The Lancet*. dx.doi.org/10.1016/S0140-6736(16)31389-7. No contract

*Courtemanche, C., Marton, J., Ukert, B., Yelowitz, A., & Zapata, D. (2017). Early effects of the Affordable Care Act on health care access, risky health behaviors, and self-assessed health. Cambridge, MA: National Bureau of Economic Research. No contract

*Courtemanche, C., Marton, J., Ukert, B., Yelowitz, A., & Zapata, D. (2017). Impacts of the Affordable Care Act on health insurance coverage in Medicaid expansion and non-expansion states. J*ournal of Policy Analysis and Management*, 36(1), 178-210. No contract

Crockett, A. H., Pickell, L. B., Heberlein, E. C., Billings, D. L., & Mills, B. (2017). Six- and twelve-month documented removal rates among women electing postpartum inpatient compared to delayed or interval contraceptive implant insertions after Medicaid payment reform. *Contraception*, 95(1), 71-76. No contract

Grinshteyn, G. E., Haiyong, X., Manteuffel, B., & Ettner, L. S. (2017). The associations of area-level violent crime rates and self-reported violent crime exposure with adolescent behavioral health. *Community Mental Health Journal*, 53(6), 1-7. No contract

Landers, G., Ketsche, P., Diana, M., & Campbell, C. (2017). County smoke-free laws and asthma discharges: Evidence from 17 US states. *Canadian Respiratory Journal*. No contract

Landers, G., Fuller, K., & Zhou, M. (2017). Medicaid savings continue in the year after end of participation in the program, Money Follows the Person. *Journal of the Georgia Public Health Association*, 7(1), 42-44. GA Department of Community Health

*Marton, J., Yelowitz, A., & Talbert, J. C. (2017). Medicaid program choice, inertia and adverse selection. *Journal of Health Economics*, 56, 292-316. No contract

Nguyen, P., DiGirolamo, A., Gonzalez-Casanova, I., Young, M., Kim, N., Nguyen, S., Martorell, R., & Ramakrishnan, U. (2017). Influences of early child nutritional status and home learning environment on child development in Vietnam. *Maternal and Child Nutrition*, 14(1). No contract

*Palmer, M., Marton, J., & Yelowitz, A. (2017). Medicaid managed care and the health care utilization of foster children. Inquiry: *The Journal of Health Care Organization, Provision, and Financing*, 54(3), 1-9. No contract

Pettignano, R., Bliss, L., McLaren, S., & Caley, S. (2017). Inter-professional medical-legal education of medical students: Assessing the benefits for addressing social determinants of health. *Academic Medicine*, 92(9), 1254-1258. HELP

Powell, K. E., Kibbe, D., Ferencik, R., Soderquist, C., Phillips, M. A., Vall, E. A., & Minyard, K. (2017). Systems thinking and simulation modeling to inform childhood obesity policy and practice. *Public Health Reports*, 132(2), 33S-38S. GA Department of Public Health

Snyder, A., Lane, P., Zhou, M., Paulukonis, S., & Hulihan, M. (2017). The accuracy of hospital ICD-9-CM codes for determining sickle cell disease genotype. J*ournal of Rare Diseases Research & Treatment*, 2(4), 39-45. Centers for Disease Control and Prevention

Snyder, A., Marton, J., McLaren, S., Feng, B., & Zhou, M. (2017). Do high fidelity wraparound services for youth with serious emotional disturbances save money in the long-term? *The Journal of Mental Health Policy and Economics*, 20(4), 167-175. GA Department of Behavioral Health and Developmental Disability

Vall, E. A., Kibbe, D., O'Connor, J. C., Greene, C., & Smith, K. S. (2017). Leading the way in preventing childhood obesity in Georgia. *Public Health Reports*, 132(2), 3S-6S. No contract

Wright, E. R., Attell, B., & Ruel, E. (2017). Social support networks and the mental health of runaway and homeless youth. *Social Sciences Research*, 6(4), 117. No contract