

ACADEMIC PROGRAM REVIEW
RESEARCH CENTER SELF-STUDY REPORT

GEORGIA HEALTH POLICY CENTER
ANDREW YOUNG SCHOOL OF POLICY STUDIES
GEORGIA STATE UNIVERSITY

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Name of Center: Georgia Health Policy Center
Center Director: Karen J. Minyard, Ph.D.

A. General Information

A.1. When was the Center created and to which department/college/office was it originally designated? If the designation has changed, in which department/college/office does the Center currently reside?

The Georgia Health Policy Center, established in January, 1995, was administratively housed within the College of Health and Human Sciences. When the University restructured several departments in 1998, the Center relocated to the Andrew Young School of Policy Studies.

A.2. To whom does the Center's director report?

The Georgia Health Policy Center's Director, Karen Minyard, reports to Roy Bahl, Dean of the Andrew Young School of Policy Studies. Dr. Minyard was appointed director in April 2002.

A.3. If there is an advisory board to this Center, describe its function and composition.

When the Center was initially established, it had an advisory board called the Georgia Coalition for Health. The Center's responsibilities included conducting applied research on health care issues identified by the Coalition board, providing the Coalition with unbiased information and facilitating interactions of the Coalition members to formulate health policy recommendations for Georgia.

The 32-member Coalition was comprised of consumers, providers, business and government representatives, who were interested in improving health and health care. Members included eight representatives from each of the following organizations:

- Georgia Business Forum on Health, an affiliate of the Georgia Chamber of Commerce
- Georgia Health Decisions, a non-partisan, non profit citizen-based research organization
- Georgia Healthcare Providers Council, an organization comprising eight major provider-based associations and other associate members
- Georgia's public sector, a group of individuals representing state and local governments and health-related agencies and institutions.

Each segment of the Coalition – government, provider, consumer, and business – brought unique perspectives and different agendas to the table. From its earliest days, building consensus among the diverse stakeholders was a strength of the Center.

When the Center transitioned to the Andrew Young School of Policy Studies, it came under the auspices of the School's Board of Advisors and the Coalition board became inactive. However, several of the Center's projects and initiatives have advisory groups that provide

guidance to the research, program, and policy efforts, thus continuing the spirit of the Georgia Coalition for Health by bringing diverse stakeholders together around complex health care issues.

A.4. *If the Center is considered interdisciplinary, describe the interdisciplinary focus.*

An interdisciplinary focus is at the core of the Georgia Health Policy Center's work in health policy. The field of health policy itself is interdisciplinary in nature, encompassing traditional disciplines such as economics, political science, medicine, and law and the more practice-based fields of epidemiology and public health, management, and program evaluation.

The Center's interdisciplinary approach is realized in its staffing and collaborative nature. Staff qualifications include advanced degrees in health administration, public health, finance, business administration, medicine, public administration, computer science, communications, sociology, gerontology, nursing and education.

Many of the Center's funding proposal submissions are successful because it draws from a wide range of disciplines—internal and external to the organization. The research and services cross national, state, and local levels; public and private; and urban and rural. The Center serves as a bridge among the worlds of policymakers, practitioners, and researchers.

Since much of its work focuses on healthcare financing, insurance, and evaluation, it is fortuitous that the strategic placement in the Andrew Young School of Policy Studies allows the Center to utilize the expertise of economics and public administration faculty and researchers.

The Center's work draws upon the expertise of multiple schools, disciplines, and departments. The Center has several ongoing projects with the Department of Risk Management and Insurance and the Institute of Health Administration in the Robinson College of Business. It has collaborated with faculty from the College of Law in its work in end-of-life care, the Department of Psychology in its evaluation work, and the Gerontology Institute in its long-term care research.

The Center also partners with faculty from the University of Alabama at Birmingham and Emory University in its efforts in children's health, as well as, Emory University, Morehouse School of Medicine, Mercer University, and the Medical College of Georgia in its work in end-of-life care. In research on the uninsured, the Center has collaborated with Emory University, Mercer University, and Morehouse College, and the University of Georgia was a partner in research on avoidable hospitalizations.

A.5. Describe in detail the amount of start-up support available.

In addition to Georgia State University's provision of an administrative home in the College of Health and Human Sciences in 1995, each constituency group in the Coalition contributed the following financial support toward Georgia Health Policy Center program and operating expenses:

• Georgia Business Forum on Health	\$450,000 (for 2 years)
• Georgia Health Decisions (Woodruff Foundation money earmarked for Georgia Health Decisions' contribution)	300,000 (for 2 years)
• Georgia Healthcare Providers Council	400,000 (for 2 years)
• Georgia Public Sector (DMA)	535,000
TOTAL	\$1,685,000 (for 2 years)

Beginning July 1996, the Georgia Health Policy Center received a State appropriation of approximately \$280,000 to continue its work. In 2001, the University augmented the budget by about \$150,000. The State and university contributions have continued since 2001. In 2006, the Center's State and university appropriation was \$433,731.

B. Goals and Objectives

B.1. Please enumerate the initial goals and objectives and describe the current goals and objectives if they have changed.

The Georgia Health Policy Center was founded 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.

When Dr. Minyard became director in 2002, she and Dean Bahl agreed upon the following goals for the Center:

- Continue strong policy analysis and implementation work to make the Center the "Center of Choice" for health policy advice in Georgia.
- Develop the Center as a nationally prominent Center.
- Be a leader in the Andrew Young School of Policy Studies in raising of external funds.
- Manage the Center efficiently and prudently.
- Ensure the Center is a more integral part of the academic and research mission of the Andrew Young School of Policy Studies.

Since its inception, the Center has been involved in multiple facets of health improvement in a variety of capacities (researchers, policy advisors, program designers, implementers and evaluators) at local, state, and national levels. Over the years, the increase in the Center's skills, knowledge, and perspective is commensurate with the significant increase in its scope of work.

The Center's efforts focus on helping Georgia's decision makers and stakeholders look at health within a broader context of what needs to happen with the "system as a whole" and to bring policy alignment at the local, state, and national levels. Seeing the system as a whole will increase the State's ability to establish and balance health priorities, move the metric, and, ultimately, improve health status.

Beginning in 2006, the Center began a "whole-scale" internal strategic planning process that included twelve months spent on identifying and understanding the organization's current projects and future plans using the principles of whole system thinking and execution by involving and engaging the entire staff. As stated in Dannemiller Tyson's *Whole-Scale Change: Unleashing the Magic in Organizations*, the whole-scale methodology enabled the Center "to quickly and effectively assess our environment and map, and implement a strategy to deal with it successfully now and in the future". This strategic planning process culminated in the commitment of the entire staff to the following mission, values, goals, and objectives:

Mission

- Improved health status at the community level.

Values

- *Service* - We provide a service to others, which can be viewed as both customer service - understanding and responding to peoples' needs and expectations - and public service for the greater good.
- *Integrity* - In our relationships with people and in our work, we are honest, credible, and truthful. We are viewed as trustworthy and incorruptible in what we learn and how we translate information.
- *Adherence to Commitments* - Whether it is a formal contract, a phone call request, or a handshake with the state, a foundation, an advocacy group, or a team member, we honor our agreements in terms of quality and timeliness. We also recognize the importance of both personal and professional commitments and the need to have balance in our lives.
- *Innovation* - We strive to be an organization committed to innovative approaches to our work. We seek to partner with those who are intellectually curious and who desire to bring the "best of the best" to challenging opportunities.
- *Genuine Personal Relationships* - We are present with one another and with our clients, engaged in honest conversation, speaking truthfully and valuing their input. Whether in the office or the community, at the local, state or national levels, we seek to understand what people need. We value diversity, humor, sincerity, authenticity and teamwork in our relationships. Our relationships foster an environment where effective communication and collaboration can occur.
- *Effective Communication* - While we conduct evidenced-based research, we recognize that policy change does not occur without effective communication. We strive to translate our work clearly and effectively in our personal communications as well as in newsletters, issue briefs, and journal articles.

- *Continuous Learning* –We recognize the evolving nature of our work and experiences. We learn from our clients, our communities, and each other. We are open to new ideas and approaches and want our work to reflect our emergent knowledge and experiences.

Goals

1. **Be nationally recognized as a leader in innovative approaches to community-based health improvement.**

Objectives

- a. Design, implement and evaluate a comprehensive, long-term transformative intervention to improve health and well-being in a Georgia pilot community.
- b. Maximize and apply learning from efforts to support and facilitate community-based health improvement initiatives.
- c. Support community health improvement efforts at the local, state, and national levels by designing, applying, and evaluating state of the art technical assistance approaches based on local experience.
- d. Enhance public service role of the Center by educating the general public, as well as legislators, about approaches for improving health at the community level.
- e. Document, translate, and disseminate findings from community-based work for research, program, and policy audiences.

2. **Actively inform decision-making and promote health policy alignment throughout the state of Georgia.**

Objectives

- a. Focus the attention of legislators and agency leaders on integrated approaches to health policy decision-making.
- b. Facilitate and convene health policy conversations among and across multiple stakeholder levels over the next three years.
- c. Educate stakeholders at local, state, and national levels about specific health policy issues and the impact of health policy decisions on the larger system.

3. **Become a leader in health policy research.**

Objectives

- a. Establish a research agenda for the Georgia Health Policy Center that reflects its mission and values, and is a living document that is regularly revisited and revised to reflect changing trends in the policy environment.
- b. Establish a process for defining and monitoring the research activities related to every Center project.
- c. Establish and support a process for disseminating research outputs and monitoring research productivity.
- d. Evaluate and address organizational, human and other resources needed to meet the Center's research goals.
- e. Educate the public, on a regular basis, about health status, health conditions, health-related behaviors, health insurance coverage, and access to and use of health care services in Georgia by collecting, analyzing, interpreting, and disseminating information.
- f. Analyze, evaluate, and disseminate educational information related to the root causes of poor health in Georgia.

B.2. *What are the major institutional, administrative, and/or financial resources that facilitate achieving the Center's goals and objectives?*

A major facilitator to the Georgia Health Policy Center's success is its strategic location near the capitol, state program administrative offices, and professional organizations. The Center's physical proximity to these policymakers and decision makers is mutually beneficial in its efforts to support excellence in government. Its location in an urban environment also increases capacity to focus on the health needs of the metropolitan area.

From a financial perspective, over the last five years, the Center has received an average of \$4 million in newly-awarded contracts each year and an average of \$436,000 in annual State and university support (Fund Code 10). The university and State contribution, which is approximately 10% of the Center's total annual revenue, supports the director and 2.5 of the Center's 20 FTEs. The university also contributes physical space as well as legal, grant, and administrative support.

The internationally recognized and respected name that former mayor and statesman Ambassador Andrew Young lends to the School of Policy Studies is an asset in building trust and engaging communities throughout Georgia and the nation.

B.3. *What are the major institutional, administrative, and/or financial constraints that interfere with achieving the Center's goals and objectives?*

It is difficult to carry out capstone research projects, market new activities, and develop new proposals with only 10% of the Center's budget derived from University and State funding. The Georgia Health Policy Center has grown significantly over the past decade from one contract to now more than 40, and such rapid growth has outstripped its internal capacity to document the Center's work through scholarly publication and faculty collaboration. Over the last three years, over \$14 million in grants and contracts have been awarded to the Center. This funding supports the work of about 20 Center staff, project consultants, external contracts, travel, supplies, equipment, indirect costs, and faculty course buyouts.

With the Center's commitment to excellence and responsiveness to its clients, the majority of staff time is spent on deliverables associated with grants and contracts by conducting activities that range from applied research and evaluation to services such as planning and program design, facilitation, and technical assistance. The time frame for most of the contracts is 12 months or less so that the deliverables require a fairly quick turnaround. In keeping with the strategic direction of the Andrew Young School of Policy Studies, the Center is striving to maintain a balance between client needs and scholarly research. Due to the time constraints and the majority of staff resources focused on grant deliverables, the Center does not have sufficient time or resources to increase its academic output by translating the work into scholarly publications and reports.

B.4. *What is your assessment of your achievement of your goals?*

The Center has successfully served as a policy advisory, research and technical assistance organization. In the next few years, the Center intends to not only continue these efforts but also increase its scholarly research efforts and link scholarship to practice.

From 1995-2002, the Center conducted research to assess the health and market viability of systems of care throughout Georgia. The Center's research led to policy recommendations related to accessing care, improving the health of Georgia's citizens and controlling the cost of care. From 1995-1997, with Coalition funding and some state support, the Center focused on:

- Health insurance market reforms
- Medicaid Reform, at the request of the governor
- Population groups most vulnerable to Medicaid Reform, specifically the long-term care, rural, and child populations

From 1997-2002, with primarily Department of Community Health funding and some philanthropic, state, and university support, the Center continued its work related to Medicaid Reform and:

- Provided technical assistance to Georgia communities to help rural healthcare providers remain competitive in a reformed healthcare market and preserve access to quality care at the community level.
- Expanded its rural health work to more than 70 Georgia counties and 37 states, helping communities form partnerships, build local capacity, and improve health.
- Informed the design of, and evaluated, Georgia's State Children's Health Insurance Program, PeachCare for Kids.
- Served as the administrative arm of the Philanthropic Collaborative for a Healthy Georgia, bringing foundations together to understand health-related challenges facing Georgia, specifically in the areas of school and rural health.

From 2002-2006, the Center made significant progress toward achievement of its goals.

Goal 1. Continue strong policy analysis and implementation work to make the Center the "Center of Choice" for health policy advice in Georgia. The Center:

- Earned a reputation for high quality work, presence, and patience in relationship building.
- Established and maintains relationships with many key leaders in government, philanthropy, business, advocacy, provider and community groups at local, state, and national levels. The Center works with leaders to identify opportunities to contribute to research, teaching, and health status improvements. The Center is seen as a neutral convener of diverse stakeholders, providing information that is evidenced-based and translated into user-friendly reports and briefs.
- Impacted policy in Georgia in many ways. The Center has formal relationships with the Governor's Office, the Office of Planning and Budget, the Department of Community Health, the Department of Community Affairs, the Department of Human Resources (including the Division of Public Health), and the Governor's Rural Economic Development Council. In addition, it provides an administrative home to the Philanthropic Collaborative for a Healthy Georgia, the Child Policy Initiative, and Georgia Health Decisions.
- Developed and maintains media contacts with the Atlanta Journal-Constitution, the Atlanta Business Chronicle, the Athens Banner-Herald, the Wall Street Journal, and several community newspapers. Health Policy Center staff are frequent speakers at state and national meetings.
- Maintained positive relationships spanning the administrations of three governors, six Commissioners of the Department of Community Health, and four Commissioners of the Department of Human Resources.

Goal 2. Develop the Center as a nationally prominent Center. The Center:

- Gained national prominence through its innovative Networks for Rural Health program in 1999. In 2002, the national reputation was affirmed with a \$1 million federal contract (Health Resources and Services Administration - HRSA) to provide technical assistance to rural networks in 37 states. The contract was renewed in 2004 and expanded in 2005 and 2006 through a MOBIS federal government contracting vehicle. MOBIS is a designation provided by the General Services Administration that identifies an organization as a preferred vendor of the federal government. The Center is one of three health policy Centers nationwide to have such a designation.
- Maintains other national contracts with the federal government, the Robert Wood Johnson Foundation, the Commonwealth Fund, the Southern Regional Health Consortium, and Communities Joined in Action.
- Is represented on national boards and provides leadership in several national organizations, including the National Network of Public Health Institutes, Communities Joined in Action, and American Project Access Network. The Center is called on to present at national meetings including the Academy Health Annual Research Meeting, the National Rural Health Association, the American Evaluators Association, The Society of Public Health Educators, Community-Campus Partnerships for Health, and the American Public Health Association.

Goal 3. Be a Leader in the Andrew Young School of Policy Studies in raising of external funds. The Center:

- Reported \$19,313,645 in active, sponsored grants in 2005 which accounted for 44% of all AYSPS external funding and the most for any one academic department or Center within AYSPS. (This figure is taken from the 2005 AYSPS Annual Report which defines Active Sponsored Grants as any grant that had activity at any point during CY 2005.) Over the last five years, the Health Policy Center has had an average of \$4,000,000 in new contracts each year.

Goal 4. Manage the Center efficiently and prudently. The Center:

- Diversified its funding from one major contract with the Department of Community Health to more than 40 contracts with national, state, and local public and private funders. This diversification was intentional because health can best be improved when national, state, and local, public and private policy and resources are aligned to support local efforts.
- Cultivated a team of faculty, research associates, and support staff who are willing and able to work simultaneously on multiple projects. The business management of 40 contracts is very complex and requires multiple reports at varying times to a variety of funders. The business management function has been restructured to support this workload. Such deliberate diversification of funders requires excellence in proposal

development; a streamlined process of proposal development has been implemented along with a system to monitor the pipeline of proposals. With the growth in the variety of projects, the Center tailored communications to more diverse audiences.

Goal 5. Ensure the Center is a more integral part of the academic and research mission of the Andrew Young School of Policy Studies. The Center:

- Augmented the research aspect of its work by adding a research component to every policy/program contract. The results of this reorientation are beginning to be apparent: In the last two years, staff of the HPC submitted 19 abstracts to AcademyHealth's Annual Research Meeting, the premier health research conference.
- Has publications that have appeared or are slated to appear in Health Affairs, Health Services Research, The Journal of Public Health Management and Practice, Hospital Topics, Long-term Care Interface, and The Journal of Rural Health.
- Launched a Center working paper series, and, during the last three years, sponsored two research-focused Child Policy Speaker Series and two Child Policy Research Symposia.
- Developed a health data warehouse and the internal technical capacity to analyze large data sets, with particular expertise in Medicaid claims data.
- Developed and taught a course on Using Research in Health Policy in 2001 and 2004 (with another scheduled for 2007) for doctoral and masters Public Administration and Public Health students. The course has been approved in PAUS. The Center has offered non-degree certificate programs in Community Health System Development, Nonprofit Network Leadership, and Sustainability Planning for Nonprofit Vertical and Horizontal Networks.
- Developed a three-year program to prepare students for excellence in the interface of research and policy. The HPC has the goal of working with three doctoral students in the Andrew Young School each year to develop their interest in health care programs and policy with the Center. One, Lei Zhang, completed her three-year rotation as a Graduate Research Assistant in the Health Policy Center and is accepted as a Fellow at the Centers for Disease Control and Prevention in Atlanta, Ga.
- Collaborated with more than 25 percent of Andrew Young School faculty, with faculty from other GSU Colleges, and with faculty from other universities on research, evaluation, program design, fiscal projects, seminars, and symposia.

C. Research of the Center

1. *What research is currently being conducted in the Center? Describe the major areas/topics of research. How has the Center increased productivity of the faculty?*

The Center projects to date have focused on some of today's most complex health policy issues, including: public and private insurance coverage, long-term care, end-of-life care improvement, children's health and well-being, and community health system development. Many reports and issue briefs have resulted from contract-funded work in these areas. Some of the Center's work has been translated into peer-reviewed academic research.

As a result of the Center's year-long strategic planning process, the Center is developing a research agenda with a topical project focus that more broadly defines the current areas of research interest. Four overarching questions are in place to guide future research.

- How do policies at the local, state and federal levels impact health?
- How do communities best address their own health needs?
- How do access to, cost of, and quality of healthcare impact health status?
- How do complex systems impact health status?

In addition to traditional health services and policy research, the Center plans to integrate systems thinking into its research approach and expand its community-based participatory research portfolio. Long-term plans include identifying and securing in-house positions for researchers with expertise in these areas to help move the Center's research agenda and scholarly productivity forward.

A sampling of current projects related to the four guiding research questions include:

- A contract with the State Certificate of Need Commission through the Department of Community Health to compare 10 states with and without Certificate of Need (CON) regulations to help Georgia decide what to do about CON regulations and statutes. Questions relate to whether CON regulations restrict the supply of health care services, affect hospital ability to provide care for the uninsured, affect consumer costs, and affect the quality of healthcare services.
- A grant with the Philanthropic Collaborative for a Healthy Georgia to assess the physical fitness levels of 5th and 7th graders in Georgia. The Georgia Youth Fitness Assessment is one of the few assessments of this kind in the nation. The Center will work with other partners on this project to study the school policies and practices that are correlated with improved fitness levels and better BMI outcomes.
- A three-year grant from the Robert W. Woodruff Foundation to explore the most promising practices for disseminating research and health policy expertise to Georgia legislators.

- A Safety Net project funded through Kaiser Permanente Health Plan of Georgia Inc. to assess the safety net capacity and demand in seven metro Atlanta counties. This needs assessment will identify what counties are most at risk or in need of increased safety net services.
- A renewable annual contract with the Health Resources and Services Administration to provide ongoing technical assistance to over a hundred community collaborations is allowing the Center to study promising practices for ensuring the viability and impact of community-based health coalitions.
- Several contracts with the State Departments of Community Health and Human Resources, a grant through the Healthcare Georgia Foundation and private insurance vendors have led to multiple projects evaluating the effectiveness of programs targeting the Medicaid and PeachCare populations. Specifically, these projects study enrollment in the PeachCare program, the outcomes of disease management and peer support programs, the foster care system, and satisfaction with care for Medicaid and PeachCare enrollees especially related to the change to Medicaid Managed Care.
- Continuation of its uninsured work in the State with current research specifically focusing on the 300,000 children in the state without health insurance.
- Georgia Building Strong Families, a grant funded by the Administration for Children and Families, is one of seven sites participating in a multi-year research and evaluation project carried out by Mathematica Policy Review. The goal of the project is to learn whether well-designed interventions can help interested, romantically involved, unwed parents build stronger relationships and fulfill their aspirations for a healthy marriage, if they choose to wed. The project is both a demonstration and a rigorous evaluation. The evaluation will thoroughly analyze whether the intervention is successful in improving the outcomes of the couples and their children.

An excellent example of how the Center has increased the productivity of the Andrew Young School faculty is in child policy through its efforts incubating and coordinating the Child Policy Initiative. Over the last several years, the School has been developing a fairly broad research agenda that focuses on children and child policy. The work is currently spread around AYSPS and includes researchers in Health Policy, Public Administration and Urban Studies, and Economics. With financial support of the UPS Foundation and the Dean's office, the Initiative held a conference on "Public Policies and Child Well-Being" earlier this year. The purpose of the conference was three-fold:

- Convene a group of nationally-recognized researchers working on welfare, education, and health policy issues related to children to share the current thinking on these important topics with AYSPS faculty and staff.
- Highlight some of the ongoing work at the School and develop a network of scholars who focus on children's issues.
- Begin discussions about a future children's research agenda.

The faculty also participated in a Child Policy Symposium sponsored by the Center in September 2005 focused on bringing research and practice together in order to advance policies related to children. The symposium was developed jointly with University of

Georgia and brought together a wide-range of research from public health to public administration to economics. The Center also held a lecture series in child policy for two years, sponsored by the UPS Foundation and the Arthur M. Blank Foundation.

Also, thanks to the UPS Foundation and the Dean's office, a series of child policy research papers have been developed. The authors and titles of these papers are found in the bibliography. These papers are finding a number of academic outlets including policy and economics journals. The synergy of the group continues to grow from the investments made to date.

In addition to the Child Policy Initiative, the Center has partnered with AYSPS faculty on projects related to the uninsured, foster care, aging, well being of women in metro Atlanta, and child health and well being. Other significant partnerships (that involve research course buyouts) exist with faculty in the College of Business, the Emory School of Public Health, and the College of Arts and Sciences (Psychology Department). As their interests are oftentimes aligned with the Center's research and project work related to health, the Center has worked closely with them to produce numerous reports, issue briefs, and peer-reviewed articles.

2. What are the major impediments for conducting research in the Center?

The Center's 40 applied projects are important for Georgia State University. Through these projects, GSU gets visibility in every rural county and many urban counties in Georgia, in every state in the U.S., in the Governor's office, among the state legislators, and with numerous state administrators. Key state philanthropic leaders see the University in a positive light because the Center provides a home to their health efforts. GSU is known in departments of the federal government and among national leaders because of the Center's contracts and participation of Center staff on various boards and in national organizations.

Georgia State University's Strategic Plan 2005-2010 states that "The necessity of promoting research derives from the fact that a university becomes great only when it contributes significantly to the advancement of knowledge and when it becomes a recognized source of advanced knowledge that can be used widely for the betterment of life." The Center's greatest impediment to conducting research is its need for resources to expand academic contributions to the School and the University. The Center needs financial resources to increase its academic productivity and advance knowledge through the translation of its research findings into the academic literature.

It is important for the University to build on the Center's assets and to translate the learning from this rich set of activities into the academic conversation. This will require investment in additional faculty who understand the complexities of health, health policy, and health care financing and research resources for faculty and senior research associates that complement current and future project resources. Building modest support around this robust nexus of research, policy, and programmatic activity will produce extraordinary results. These projects provide fertile ground for rich research productivity.

The Center staff and associated faculty have made a good start toward this potential future: seven working papers emerged from support of child policy research; (2) a collaborative health care financing research agenda resulted in five funded projects and four academic papers; and (3) the Center's focus on submission of 20 research abstracts related to projects over the last two years resulted in three invited papers in peer reviewed journals. However, there are many more opportunities for academic contributions. Some examples are included below:

- Through a contract with the Federal Office of Rural Health Policy, the Center has relationships with 141 rural network and outreach collaboratives in virtually every state. The collaboratives are assessed according to established keys to success and their progress is monitored over the two years that technical assistance is provided by Center staff and contractors. There is an opportunity to build a robust research program around this work; however, the contract resources are not adequate to support building this research program. Complementary research resources are needed.
- The Philanthropic Collaborative for a Healthy Georgia has partnered with the Center to conduct a four part fitness assessment of 5th and 7th graders in a random sample of Georgia schools. This assessment will provide a rich data set to advance the academic conversation around childhood obesity. The project funds pay for the use of the data for policy purposes, but do not include the additional resources needed to support faculty and senior research associate time for academic translation.

Each of the Center's 40 current projects has potential for academic contribution, This could best be accomplished if faculty and senior research associates collaborate on research questions before or during the proposal phase, design and implement a research component that complements the project policy deliverables, and spend time writing academic papers together once the project is completed. This would require senior health policy faculty who understand the complexity of health and health care financing as well as research resources for faculty and senior research associates that complement the project resources.

University investment in faculty lines with affiliation to the Health Policy Center and funding that allows for a stronger focus on research would create many opportunities to leverage the current work into a more integrated portfolio of research. Some specific integrating activities that would result from these investments include:

- Course buy-outs for faculty to develop research projects that build on the Center's projects
- Center/Department partnerships on the funding and selection of faculty
- Incentives for the collaboration between research associates and faculty on research projects
- Support for increased involvement of students in the research/policy activities
- Increase involvement of graduate students.

Modest investments in faculty and support of research activities will help AYSPS achieve one of its major goals in the 2002-2007 Strategic Plan: “Advance academic scholarship, and add new knowledge that will benefit the policymaking community.” Additional resources will attract and pay for excellent faculty and staff, attract more graduate students, and provide flexibility to serve State leadership and policymakers.

3. *What percentage of the Center’s funding has been paid out of Fund Code 10? List amounts for the last five years.*

Fund Code 10 Annual Budget	New Contracts*	Fund Code 10 as a Percent of Center’s Total Revenue**
2002: \$378,613	\$5,749,709	6%
2003: \$520,997	\$1,364,110	28%
2004: \$524,992	\$4,444,941	11%
2005: \$454,772	\$3,126,391	13%
2006: \$433,731	\$5,453,803	7%
Five-Year Average:		
\$462,621	\$4,027,791	10%

*The numbers in this column represent the new contracts that were executed each year. This is the closest estimate of contractual revenue.

**Calculated as Fund Code 10 divided by the sum of Fund Code 10 and new contract awards.

CENTER PROGRAMS AND PROJECTS

Projects and activities have been listed by topic category: Community and Public Health, Venture Philanthropy and Grant Making, Community Health Systems Development, Health Care Coverage, Child Health and Well-Being, and Long-term Care. For most projects, deliverables include reports, technical assistance, meeting facilitation, and symposia or workshops. For those projects that have multiple-year contracts, a more comprehensive description is provided for the first year of the project; for subsequent years, only that year's specific activities are included and the initial year is parenthetically referenced.

Community and Public Health

The Center works to fulfill its mission by gathering, analyzing and disseminating information in a manner that fosters collaboration and innovation, and, builds trust and relationships with local, state and national, public and private agencies interested in improving health status at the community level.

2005

Medicaid Modernization. The Center managed a statewide project that included working with the Governor's Office, key legislators, and more than 260 Medicaid stakeholders, including recipients, providers, advocacy groups and the business community, to inform Medicaid reform to improve the health of Georgians.

Community Health Leadership Program. The Community Health Leadership Program Office of the Robert Wood Johnson Foundation engaged the Center to assist its leaders in the state of Georgia in policy making. The leaders of these diverse programs have common passions around ensuring access to healthcare for underserved populations and community input into state strategy.

State Rural Health Plan. The Center developed a process to help the state Office of Rural Health Services create a strategic blueprint for improving the health of rural Georgians.

Obesity and Chronic Disease. The Center was contracted by the Georgia Division of Public Health to assist with a planning grant from the Centers for Disease Control and Prevention to provide state leadership for the prevention of obesity and other chronic diseases by promoting good nutrition and physical activity. Staff activities included conducting extensive literature review, coordinating statewide survey of public health staff and their partner organizations, and facilitating statewide task force.

Oral Health Data Project. The Center provided claims data analysis for the Georgia Oral Health Prevention Program, Division of Public Health staff. (See 2002)

Public Health. The Center performed an assessment of Georgia's public health system. (See 2004)

Southern Rural Healthcare Consortium. The Center conducted research and facilitated strategic planning for the Southern Regional Health Consortium, which is comprised of eight Southern states: Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas (eastern portion) and West Virginia. (See 2004)

Public Health. The Center assisted the Division of Public Health in public dialogue and local action steps to improve the health status of Georgians. As a portion of this work, the Center helped convene more than 900 Georgians in November at the Summit for a Healthy Georgia where participants identified and agreed upon health areas of emphasis for the state. (See 2004)

HIV/AIDS and STD Services for Young Women in Rural Georgia. The HIV/AIDS/STD project was a research study in partnership with the Centers for Disease Control to identify the issues influencing the access to, and utilization of, HIV/STD services and education for women residing in rural communities in Georgia.

2004

Public Health. The Center performed an assessment of Georgia's public health system. The purpose is to more clearly define public health's "core business" especially as it relates to the broader system of health and health care in the state; gain an accurate understanding of the public's perception of the role of public health; examine the areas of existing service overlap; and investigate opportunities for increased collaboration with various health care providers and stakeholders. It is anticipated that with this information and a review of best practices throughout the land, the state will be better prepared to maximize the resources available to meet the public's health needs and achieve the goal of healthy Georgians living in healthy communities.

Southern Rural Healthcare Consortium. The Center worked to improve health care in eight of the most rural, medically underserved states in the country. The Southern Health Improvement Consortium tapped the Center to develop a strategic plan to increase access to basic health care through the Southern Rural Access Program. The Southern Rural Access Program supports work to increase the supply of primary care providers in underserved areas, strengthen the health care infrastructure and build capacity at the state and community level to address health care problems. The Center conducted research and provided strategic planning for eight Southern states: Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, Texas (eastern portion) and West Virginia.

Oral Health Data Project. The Center provided claims data analysis for the Georgia Oral Health Prevention Program, Division of Public Health staff. (See 2002)

2003

Evaluation of the Management Academy for Public Health. This project coordinated the internal and external evaluation of the Management Academy for Public Health at the University of North Carolina for the National Foundation for the Centers for Disease Control and Prevention. (See 2002)

Evaluation of the National School Health Coordinator Leadership Institute. The American Cancer Society developed the Institute in 1999 to facilitate school health coordination as part of a broad prevention strategy. The evaluation of the Institute outcomes has been a focus of this project, which involved on-site and followed surveys of participants over the three years of Institute implementation. The team also conducted interviews and examined selected School Health Coordinator portfolios to identify instances where the Institute may have acted as a catalyst for other efforts.

National Diabetes Program-Evaluation. This project funded by the Centers for Disease Control and Prevention developed a case study of five Diabetes Prevention and Control Centers which are successful in achieving national diabetes objectives. (See 2002)

Oral Health Data Project. This project provided a process evaluation to the state of Georgia's Oral Health Prevention Program. (See 2002)

2002

Evaluation of the Management Academy for Public Health. This project served to coordinate the internal and external evaluation of the Management Academy for Public Health at the University of North Carolina for the National Foundation for the Centers for Disease Control and Prevention. The program involved the training of frontline public health workers in management skills. It has potential as a prototype for national training of public health workers.

National Diabetes Program-Evaluation. This project developed case studies of five Diabetes Control Centers selected by the Centers for Disease Control and Prevention (CDC) as models of excellence. Using the "model of influence" developed by the Division of Diabetes Translation at the CDC, factors influencing the success of the center were identified and used subsequently to develop criteria for a national survey of Centers in 50 states.

Oral Health Prevention Program Evaluation. The Center provided claims data analysis for the Georgia Oral Health Prevention Program, Division of Public Health staff.

Venture Philanthropy and Grant Making

Georgia Health Policy Center partners with public and private grant makers to leverage federal, state, local, and philanthropic resources to understand, prioritize, and structure investments in health issues.

2005

Philanthropic Collaborative for a Healthy Georgia/Georgia Youth Fitness Assessment. Funded by the Philanthropic Collaborative for a Healthy Georgia, the Georgia Youth Fitness Assessment will add dimension to all that is known about childhood obesity and provide decision makers with the information needed to measure progress in efforts to reduce the number of its overweight children. (See 2001)

Healthcare Georgia Foundation. The Center completed the grant from the Healthcare Georgia Foundation to enhance Georgia's school health capacity. (See 2003)

2004

Philanthropic Collaborative for a Healthy Georgia. Center staff monitored and provided technical assistance to 13 communities receiving funds through the School Health Matching Grants Program and coordinated the childhood obesity initiative with a goal of informing, engaging, and energizing Georgia's foundations to work towards reducing the incidence of childhood obesity in Georgia. (See 2001)

Healthcare Georgia Foundation. The Center managed the grant from the Healthcare Georgia Foundation to enhance Georgia's school health capacity. (See 2003)

Improving Outreach and Utilization in PeachCare for Kids and Medicaid. The Center coordinated activities related to enhancing the utilization of primary care services for children enrolled in the Department of Community Health's PeachCare for Kids and Medicaid programs. The activities included evaluating grants awarded to six community agencies around Georgia. In addition to the work related to the utilization grantees, outreach materials were developed in both English and Spanish to explain some of the Department's programs. (See 2002)

2003

Philanthropic Collaborative for a Healthy Georgia. Center staff monitored and provided technical assistance to 13 communities receiving funds through the School Health Matching Grants Program; finalized a framework for assessing community-based cancer prevention and control efforts for Georgia; and coordinated the childhood obesity initiative with a goal of informing, engaging, and energizing Georgia's foundations to work towards reducing the incidence of childhood obesity in Georgia. As part of this initiative, a symposium was attended by over 50 people representing foundations throughout the State. (See 2001)

Healthcare Georgia Foundation. The Center was awarded a grant from the Healthcare Georgia Foundation to enhance Georgia's school health capacity and to conduct research to inform Georgia's foundations about the best options for collaborative work to address

overweight children in Georgia. Staff worked with the grantees to identify technical assistance needs, develop logic models and conduct an evaluation of their activities. The Center collaborated with Georgia State University's Community Psychology Program to conduct the evaluation of the grantees.

Improving Outreach and Utilization in PeachCare for Kids and Medicaid Center staff coordinated activities related to enhancing the utilization of primary care services for children enrolled in the Department of Community Health's PeachCare for Kids and Medicaid programs. In addition to the work related to the utilization grantees, outreach materials were developed in both English and Spanish to explain some of the Department's programs. (See 2002)

2002

Philanthropic Collaborative for a Healthy Georgia. Center staff monitored and provided technical assistance to two separate matching grants programs that addressed school health and access to rural health care. Through the Access Georgia Rural Health Matching Grants Initiative, the Center managed and provided tailored technical assistance to the nine grant recipients ranging from leadership to strategic planning to mediation to the development of quality assurance mechanisms. At the request of the Collaborative, staff also coordinated an initiative about community-based cancer prevention and control efforts for Georgia. (See 2001)

Improving Outreach and Utilization in PeachCare for Kids and Medicaid. In the first year of this contract, the Center staff coordinated activities related to enhancing the utilization of primary care services for children enrolled in PeachCare for Kids and Medicaid. These activities included the development, distribution, and review of proposals for health providers and community-based organizations to improve utilization of health services by children enrolled in these public insurance programs. During the next year, these minigrants will be awarded and monitored. Outreach materials were also developed in both English and Spanish to explain some of the Department's programs.

2001

Philanthropic Collaborative for a Healthy Georgia. Representatives of the Georgia philanthropic and corporate foundation communities joined forces to enhance the ability of foundations to identify, fund, and evaluate health grant-making opportunities throughout the state. The effort became known as the Philanthropic Collaborative for a Healthy Georgia. The Center serves as the administrative and technical home for the Collaborative. One of the exciting developments resulting from this foundation initiative is a Matching Grants Program. As a means of building a public/private partnership between the Georgia Department of Community Health and the foundations, the Department provides state money to be used as a match for foundations and communities in responding to mutually agreed upon priority health care needs. The Center, in its role as coordinator of the activities of the Philanthropic Collaborative, serves as the liaison between the foundations and the Department of Community Health. During 2001, Center staff developed the School Health Matching Grants Initiative. Staff developed the request for proposal, coordinated the review process, awarded the grants, and monitored progress and provided technical assistance. In addition, staff began developing the rural health matching grants concept.

Community Health Systems Development

Community Health Systems Development program focuses on increasing access to primary care and improving the health status of rural residents locally and nationally by restructuring local health care systems.

2005

HRSA Office of Rural Health Policy. The Center won a major federal contract to improve health care access in some of the United States' most rural and medically-underserved areas. The grant allowed the Center to work in partnership with more than 70 rural health grantees (approximately 200 communities) in 40 states, including Georgia, to develop and sustain rural health organizations that aim to improve access to quality health care in their communities.

Rural Health Network Technical Assistance Program (RHN TAP). The Center worked with communities in 30 states to provide technical assistance, facilitation, mediation, and consultation to the 52 Rural Health Networks and eight Delta State Rural Health Networks funded by HRSA Office of Rural Health Policy. (See 2002)

Access Georgia Rural Health Matching Grants Initiative. The Center administered the Rural Health Matching Grants Initiative to improve access and health status and reduce health disparities for underserved populations in rural areas. (See 2002)

Business Acquisition and Sustainability Intensives. The Center helped networks across Georgia develop business and fundraising plans to increase sustainability. The initiative was made possible by the Philanthropic Collaborative for a Healthy Georgia, the Woodruff Foundation and the Georgia Department of Community Health.

Community Health Works Evaluation and Strategic Planning. The Center conducted an evaluation of Community Health Works, a multifaceted rural health network serving the un- and underinsured in central Georgia, and the Center currently is assisting the organization with its strategic planning.

Promotoras de Salud Evaluation, Northwest Georgia Healthcare Partnership. The Center conducted an evaluation of the rural health network's Latina community lay health worker program.

Northern Sierra Rural Health Network Strategic Planning. The Center conducted an evaluation of the rural health network's Latina community lay health worker program.

2004

Central Georgia Cancer Coalition. The Central Georgia Cancer Coalition was a 30-month initiative to assist Community Health Works (a rural health network in Central Georgia) with the planning and development of a Regional Program of Excellence in Central Georgia. (See 2003)

Rural Health Network Technical Assistance Program (RHN TAP). RHN TAP 18-month initiative was designed to provide technical assistance to the 52 Rural Health Networks and eight Delta State Rural Health Networks funded by HRSA Office of Rural Health Policy in 30 states throughout the United States. (See 2002)

Access Georgia Rural Health Matching Grants Initiative. This Rural Health Matching Grants Initiative is to improve access and health status and reduce health disparities for underserved populations in rural areas. (See 2002)

2003

Access Georgia Rural Health Matching Grants Initiative. The Center managed these nine grants and provided tailored technical assistance ranging from leadership to strategic planning to mediation to the development of quality assurance mechanisms. (See 2002)

Central Georgia Cancer Coalition. The Central Georgia Cancer Coalition was a 30-month initiative to assist Community Health Works (a rural health network in Central Georgia) with the planning and development of a Regional Program of Excellence in Central Georgia. The deliverables of this project consisted of the establishment of a multi-disciplinary team of experts to assist in the planning and oversight of the program, definition of the scope and methodology of the project, information gathering and dissemination, and facilitation of meetings.

DCH/ORHS Network Board Development. The network board development project was accomplished in partnership with the Fanning Institute for Leadership at the University of Georgia in Athens. The purpose of this project was to provide training and education to the coordinators and governing bodies of the rural health networks funded by the State's Office of Rural Health Services.

Networks for Rural Health. Networks for Rural Health was a state level program designed to: (1) assure rural residents of Georgia access to primary health care services in the communities in which they live; and (2) help rural health systems fully participate in networks and thrive as health care delivery becomes increasingly competitive. (See 2001)

Rabun County Healthcare Strategic Planning. The purpose of this project was to guide a community-wide healthcare system strategic planning process. The deliverables consisted of assembling the leadership in the county, conducting key stakeholder interviews, collecting and analyzing demographic, health status, and socioeconomic data, understanding community perceptions, conducting a healthcare dollar flow analysis, identifying the scope of clinical services, and conducting a strategic planning retreat with community leaders.

Rural Health Network Technical Assistance Program (RHN TAP). RHN TAP was an initiative designed to provide technical assistance to the 52 Rural Health Networks and eight Delta State Rural Health Networks funded by HRSA Office of Rural Health Policy in 30 states throughout the United States. (See 2002)

2002

Networks for Rural Health. Networks for Rural Health was a state level program designed to: (1) assure rural residents of Georgia access to primary health care services in the communities in which they live; and (2) help rural health systems fully participate in networks and thrive as health care delivery becomes increasingly competitive. The program expanded to working with 19 networks; developing financial, clinical, and governance leaders; profiling rural community health systems; providing education from program learning's; and participating in state level rural health system policy making. (See 2001)

Northland Healthcare Alliance. The Northland Healthcare Alliance contracted with the Center to facilitate community level discussion related to the provision and coordination of health care services in sixteen individual rural communities in North Dakota. The Center provided Community Health Systems Development training to hospital administrators, community resource coordinators, and representatives from the Alliance's community partners.

Rural Health Network Technical Assistance Program (RHN/TAP). The Rural Health Network Technical Assistance Program was a national level program launched by the Health Resources and Services Administration's Office of Rural Health Policy. Through a contract with the Center, direct support was provided to current Rural Health Network Development and Delta State Rural Development Network Grant program grantees. The goal of the program was to improve access to health care for people living in rural areas by supporting grantees in carrying out their grant-funded projects and optimizing the Office of Rural Health Policy's rural network development programs. The Center identified the nature of the technical assistance required by grantees, ensured the delivery of appropriate technical assistance, and evaluated the effectiveness of the assistance.

Access Georgia Matching Grants Initiative. The Access Georgia Rural Health Matching Grants Initiative was an initiative of the Philanthropic Collaborative for a Healthy Georgia, the Robert Wood Johnson Foundation and the Georgia Department of Community Health. This rural health initiative focused on making grants to improve access and health status and reducing health disparities for underserved populations in rural areas. The Center managed these grants and provided tailored technical assistance to the nine grant recipients ranging from leadership to strategic planning to mediation to the development of quality assurance mechanisms.

2001

Networks for Rural Health. Networks for Rural Health was a state level program designed to: (1) assure rural residents of Georgia access to primary health care services in the communities in which they live; and (2) help rural health systems fully participate in networks and thrive as health care delivery becomes increasingly competitive. The Center assembled a team of rural health experts who provided tailored technical assistance, facilitation, mediation, and consultation to participating communities. The program deliverables included working with 39 Georgia communities and five networks; developing financial, clinical, and governance leaders; charting health care dollar flows; profiling rural community health systems; providing education from program learnings; and participating in state level rural health system policy making.

Health Care Coverage

Georgia Health Policy Center helps shape how Georgia addresses the costs – both monetary and societal – of the uninsured.

2005

Urban Safety Net Study. The Center assessed gaps in the health care safety nets in seven metro Atlanta counties. Project supported by the Kaiser Foundation and The Community Foundation of Greater Atlanta.

HRSA State Pilot Planning Grant for the Uninsured. The Center implemented, on behalf of the Governor's office, a major federal grant aimed at reducing the number of uninsured. Georgia was one of only nine states selected for the grant to design pilot programs that have the potential to make health insurance more available and affordable throughout the state. (See 2004)

HRSA State Planning Grant for the Uninsured Education and Outreach. The Health Resources and Services Administration awarded the Governor's Office another year of State Planning Grant work, which is staffed by the Center. The State Planning Grant team incorporated all that it learned through data collection and Pilot Planning activities into an experiential learning module used with 30 (small business/local government) community groups around Georgia. The findings were synthesized for legislative, county commission, and other stakeholder audiences so the state will understand how it might further support the efforts of local communities in expanding coverage for the uninsured.

State Coverage Initiatives: Modeling Premium Supports. The Center modeled the cost and policy impacts of instituting a private market premium support program with emphasis on its effect for the uninsured children and the working uninsured living in rural Georgia. (See 2004)

Micro-simulation Model Development. The Center developed a micro-simulation model for evaluating the impact of multiple changes in eligibility or participation requirements for Medicaid and PeachCare on affected health consumers. (See 2004)

Making Coverage for the Uninsured: The Role of Community Initiatives. The Center studied five communities throughout the United States to understand how specific initiatives have developed and sustained financing to provide care for the uninsured, and presented findings to inform policy makers and communities that are trying to replicate these projects. (See 2002)

Evaluation of Georgia's Children's Health Insurance Program (CHIP). The Center analyzed data from Georgia's health insurance program to serve low-income children, PeachCare for Kids. (See 2001)

Member and Provider Satisfaction Surveys and Analysis for Georgia Medicaid and PeachCare Claims Service. The Center conducted and analyzed semi-annual provider and member satisfaction surveys to ensure high levels of service from one of the state's largest vendors. (See 2004)

Georgia Indigent Care Trust Fund Primary Care Evaluation. Under a contract with the Georgia Department of Community Health, the Center conducted an evaluation of participating hospitals' plans for, and uses of, the primary care portion of Indigent Care Trust Fund (ICTF) dollars. (See 2001)

HRSA State Planning Grant for the Uninsured. The Center was tapped by the state to implement a major federal grant aimed at reducing the number of uninsured. Georgia is one of only nine states selected for the grant to design pilot programs that have the potential to make health insurance more available and affordable throughout the state. Made possible by a grant from the Health Resources and Services Administration, U.S. Department of Health and Human Services, the pilot planning project allowed Georgia to empower four of its communities to develop public/private partnerships and programs that positively impact the number of uninsured in their respective regions. Programs were designed in the rural communities of Dalton and Brunswick, and in two urban centers, Atlanta and Macon. (See 2002)

Making Coverage for the Uninsured: The Role of Community Initiatives. The Center studied five communities throughout the United States to understand how specific initiatives have developed and sustained financing to provide care for the uninsured, and presented findings to inform policymakers and communities that are trying to replicate these projects. (See 2002)

Evaluation of Georgia's Children's Health Insurance Program (CHIP). The Center analyzed data from Georgia's health insurance program to serve low-income children, PeachCare for Kids. (See 2001)

Member and Provider Satisfaction Surveys and Analysis for Georgia Medicaid and PeachCare Claims Service. Under contract with Affiliated Computer Services, the Center conducted and analyzed semi-annual provider and member satisfaction surveys to ensure high levels of service from one of the state's largest vendors.

State Coverage Initiatives: Modeling Premium Supports. With support from the Robert Wood Johnson Foundation and in partnership with the Georgia Department of Community Health, the Center modeled the cost and policy impacts of instituting a private market premium support program with emphasis on its effect for the uninsured children and the working uninsured living in rural Georgia.

Micro-simulation Model Development. With support from the Healthcare Georgia Foundation, the Center developed a micro-simulation model for evaluating the impact of multiple changes in eligibility or participation requirements for Medicaid and PeachCare on affected health consumers. The project also quantified the economic impact on Georgia's economy resulting from federal Medicaid funds.

2003

Customer Service Surveys, Health Insurance Claims System. This project developed and analyzed an ongoing semi-annual customer satisfaction survey for users of the PeachCare and Medicaid computerized claims system.

Evaluation of Georgia's Children's Health Insurance Program (CHIP). The Center analyzed data from Georgia's health insurance program to serve low-income children, PeachCare for Kids. (See 2001)

HRSA State Planning Grant for the Uninsured. The Center estimated the burden of the uninsured across the state. The Center also developed a strategic plan that will enable the state to address how it might contribute to the reduction in the number of the state's 1,000,000 uninsured residents. (See 2002)

2002

Georgia Indigent Care Trust Fund Primary Care Evaluation. The Center completed a three-year evaluation of participating hospitals' plans for, and uses of, the primary care portion of Indigent Care Trust Fund (ICTF) dollars. Georgia's ICTF represents the largest component of disproportionate share hospital payments distributed through Georgia Medicaid. (See 2001)

HRSA State Planning Grant for the Uninsured. The Center managed the consensus building and modeling stage for the "HRSA State Planning Grant for the Uninsured," under contract with the Governor's Office of Planning and Budget, by and on behalf of U.S. Department of Health and Human Services' Health Resources Services Administration. This project, for the first time, allowed researchers to estimate with greater accuracy the burden of the uninsured across the state. The Center also developed a strategic plan that will enable the state to address how it might contribute to the reduction in the number of the state's 1,000,000 uninsured residents.

Making Coverage for the Uninsured: The Role of Community Initiatives. This project was funded by the Commonwealth Fund and developed in partnership with Mathematica Policy Research. The purpose of the project was to understand how specific initiatives have developed and sustained financing to provide care for the uninsured. Three sites throughout the United States were studied by the research team, interviews were conducted with key stakeholders, and findings reported and published to inform policymakers and communities trying to replicate these projects.

Health Care Central Georgia. Health Care Central Georgia, a partnership of seven counties in central Georgia, contracted with the Center to perform an evaluation of the program to date. (See 2001)

HRSA State Planning Grant Data Collection and Analysis. The Center managed data collection and analysis for the "HRSA State Planning Grant," under contract with the Governor's Office of the Consumers' Insurance Advocate, by and on behalf of U.S. Department of Health and Human Services' Health Resources Services Administration. The Center also participated in the Governor's Action Group on the Uninsured, which

evaluated information produced by the Data Collection Team and identified options for managing the state's uninsured population.

Grant from the Agency for Health Care Quality and Research (AHQR) and the Packard Foundation. The Center, in collaboration with faculty from Emory University and the University of Alabama at Birmingham, was awarded a multi-year grant to study children's health insurance. The three-year study, which was completed in 2002, examined the effect on access to care of the federal Children's Health Insurance Program (CHIP) and changes and expansions in Medicaid in Alabama and Georgia. The study focused on provider availability and low-income children's subsequent access to, utilization of, and satisfaction with health services.

Evaluating Georgia's Children's Health Insurance Program (CHIP). The Center analyzed data from Georgia's health insurance program to serve low-income children, PeachCare for Kids. (See 2001)

Evaluating Georgia Indigent Care Trust Fund Primary Care. The Center continued a three-year evaluation of participating hospitals' plans for, and uses of, the primary care portion of Indigent Care Trust Fund (ICTF) dollars. (See 2001)

2001

Health Care Central Georgia. The MedCen Foundation, a community health foundation in Macon, GA contracted with the Center to manage and facilitate the development of a regional initiative to improve access to care for the uninsured in seven counties in central Georgia. Center staff assisted Health Care Central Georgia (HCCG), a Robert Wood Johnson Foundation "Communities in Charge" Phase I grantee, in designing an enrollment-based program that addresses the needs of the most vulnerable of the uninsured: those with low incomes and high risk medical conditions. Based on the program's design, HCCG was awarded a Phase II RWJF grant of \$750,000 over the next three years. HCCG continued to contract with the Center to provide ongoing technical assistance and outcome evaluation.

Evaluating Georgia Indigent Care Trust Fund Primary Care. Under contract to the Georgia Department of Community Health, the Center began a four-year evaluation of participating hospitals' plans for and uses of the primary care portion of Indigent Care Trust Fund (ICTF) dollars. Georgia's ICTF represents the largest component of disproportionate share hospital payments distributed through Georgia Medicaid. Georgia is the only state that requires hospitals to allocate fifteen percent of its ICTF dollars to primary care services. Ninety-two hospitals participated in the program in 2001, accounting for \$54,801,874 in primary care expenditures. The goal of this evaluation was to determine hospitals' compliance with policies and primary care plans, the degree to which ICTF dollars are having an impact on the health status of local communities, and whether or not eligible recipients are receiving services.

Evaluating Georgia's Children's Health Insurance Program (CHIP). The Center was contracted by the Department of Community Health to conduct the annual evaluation of Georgia's health insurance program to serve low-income children, PeachCare for Kids. The evaluation assessed the program's effectiveness in achieving several goals: improved access to insurance, improved access to primary care, access to high quality health

services, and better health outcomes. The evaluation included original data collection through surveys of new enrollees and applicants; evaluation of health insurance claims data; and a process evaluation of the implementation of the program. Results supported policy and program development at DMA, and reported to the Health Care Financing Administration, to be combined with results of other state CHIP programs.

Child Health and Well-Being

The Child Policy Initiative aimed to improve child outcomes and child and family policies in Georgia through applied policy analysis and research.

2005

Building Strong Families. The Building Strong Families (BSF) project is a program funded by the Annie E. Casey Foundation and the Administration for Children and Family Services to learn whether well-designed interventions can help couples fulfill their aspirations for a healthy marriage and a strong family. The project tested interventions with low-income, unwed couples who are interested in marriage, beginning during pregnancy or around the time of their child's birth. The programs were designed to help such couples strengthen their relationship, achieve a healthy marriage if that is the path they choose, and thus enhance child and family well-being.

Child Policy Speaker Series and Symposium. The Center brought five nationally renowned speakers together with more than 200 academicians, practitioners, and policy makers to link research, practice, and policy and hosted an all-day symposium to facilitate discussions to strengthen connections among the three. These events were made possible by the UPS Foundation and the Arthur M. Blank Family Foundation.

Evaluation of The Bridge. The Center conducted an evaluation of The Bridge, an intermediate care residential treatment center located in Atlanta for youth between the ages of 12 and 17. (See 2004)

2004

Health Needs of Foster Children. The Center analyzed Medicaid and PeachCare claims data to determine gaps and duplications in Georgia's provision of health care services to foster children. (See 2002)

Oral Health Data Project. The Center provided claims data analysis for the Georgia Oral Health Prevention Program and consulting to Division of Public Health staff. (See 2003)

Evaluation of The Bridge. The Bridge is an intermediate care residential treatment center located in Atlanta for youth between the ages of 12 and 17. The purpose of this evaluation was to determine whether the effectiveness of the solution-focused approach, as practiced by The Bridge, improved measured outcomes for youth post-discharge relative to other therapeutic approaches. Staff collaborated with the GSU College of Arts and Sciences' Community Psychology Program.

2003

Grant from the United Parcel Service Foundation. The Child Policy Initiative received a follow-up grant from the United Parcel Service Foundation to support its work on children's policy. (See 2001)

Health Needs of Foster Children. This project analyzed Medicaid and PeachCare claims data to determine gaps and duplications in Georgia's provision of health care services to foster children. (See 2002)

Oral Health Data Project. This project provided claims data analysis for the Georgia Oral Health Prevention Program and consulting to Division of Public Health staff.

ACET Collaborative Team [ACT] Evaluation Project. The ACT evaluation project was a multi-year process and outcome evaluation of a child care training and technical assistance project by the state of Georgia. (See 2002)

2002

ACET Collaborative Team [ACT] Evaluation Project. The ACT evaluation project was a multi-year process and outcome evaluation of a child care training and technical assistance project by the state of Georgia. The evaluation included observations of classroom quality and focus groups and interviews with early childhood teachers statewide.

Georgia Early Learning Initiative [GELI] Year 1 Process Evaluation. The GELI Year 1 process evaluation examined GELI's effectiveness in getting its services up and running during its initial year.

Governor's Action Group on Safe Children. The Child Policy Initiative assisted the Governor's Office of Planning and Budget in staffing this Governor-appointed commission. The Action Group's final report, which came out in December 2002, made recommendations to the Governor on how to improve out-of-home placements for children in state custody.

Grant from the United Parcel Service Foundation. The Child Policy Initiative received a follow-up grant from the United Parcel Service Foundation to support its work on children's policy. The program contributes to scientific knowledge about children and to the policies that guide children's programs in Georgia. (See 2001)

Health Needs of Foster Children. This project analyzed Medicaid and PeachCare claims data to determine gaps and duplications in Georgia's provision of health care services to foster children.

Robert Wood Johnson Project. This project funded by the Robert Wood Johnson Foundation examined the determinants of effective outreach for children's health insurance programs through survey research and analysis.

2001

Grant from the United Parcel Service Foundation. The Andrew Young School of Policy Studies received a grant from the United Parcel Service Foundation to explore the concept of establishing a children's policy research center that conducts academically sound research related to the issues facing Georgia's children. The program contributes to scientific knowledge about children and to the policies that guide children's programs in Georgia. In late 2001, in preparation for the 2002 legislative session, the Center

distributed issue briefs to policymakers in the legislative and executive branches on child care and early education.

Long-Term Care

Georgia Health Policy Center is a respected voice on long-term care policy, program development and evaluation in Georgia. The program conducts sound, evidence-based research that contributes to the current body of knowledge on long-term care in the United States.

2005

Real Choices System Change Grant: Peer Supports for the Elderly. As part of the Georgia Department of Human Resources' overall Real Choices Systems Change Grant, the Center worked with the Department in identifying national models of peer support used to assist elderly individuals to transition from nursing facilities back into a community environment. (See 2004)

2004

Long-Term Care Partnership. The Center assisted with the analysis of Medicare and Medicaid claims data to help the state evaluate the cost and care outcomes of institutional versus home and community-based services. (See 2002)

Real Choices System Change Grant: Peer Supports for the Elderly. As part of the Georgia Department of Human Resources' overall Real Choices Systems Change Grant, the Center assisted the Department in identifying national models of peer support used to assist elderly individuals to transition from nursing facilities back into a community environment. The peer support model has proven to be successful in transitioning individuals with disabilities from institutions to the community, and it is thought that the model might be applicable to the aging community.

Correlation of the Personal Care Attendant Hour Allotment Worksheet (PCA-HAW) with the Functional Independence Measure (FIM): A Statistical Analysis. The Center was engaged by the Shepherd Spinal Center in Atlanta, Ga., to assist in validating an assessment instrument (the Personal Care Attendant Hour Allotment Worksheet or PCA-HAW) designed to predict the number of hours of paid direct care required by patients enrolled in Shepherd Care, the Georgia Medicaid community-based demonstration waiver program designed to assist individuals with brain and spinal cord injuries.

2003

Evaluation of Fire and Fall Prevention. This project evaluated *Remembering When: A Fire and Fall Prevention program for Older Adults*. (See 2002)

Long-Term Care Partnership. The Center assisted with the analysis of Medicare and Medicaid claims data to assist the state of Georgia in evaluating the cost and care outcomes of institutional versus home and community-based services. (See 2002)

2002

Long-Term Care Partnership. The Center continued its relationship with the Center for Health Services Research at the Robinson College of Business in its Long-Term Care Partnership study. The Center staff assisted with the analysis of Medicare and Medicaid claims data to help the State evaluate the cost and care outcomes of institutional versus home and community-based services. Long-term care costs account for the largest percentage of annual Medicaid expenditures in Georgia, and program administrators are using the information products from the study to help determine how best to allocate state resources for the growing population in need of long-term care services.

Evaluation of Fire and Fall Prevention. This project evaluated the progress of *Remembering When: A Fire and Fall Prevention Program for Older Adults*. The program was developed jointly by the Centers for Disease Control and Prevention (CDC) and the National Fire Protection Association. The CDC seeks to understand the implementation process and program effects before a decision is made about a national roll out of the program. Control and experimental sites for the evaluation are in Virginia where the project is working cooperatively with the local Area Agencies on Aging.

Center staff provide evidence-based information and policy support to numerous agencies and government officials. The following are some of the individuals and groups with whom we have worked, many involving numerous requests for assistance:

- Georgia Governor's Office
- Various members of the House and Senate
- Senate Research and Budget Offices
- Georgia Department of Community Health
- Georgia Department of Human Resources
- Senate Insurance Committee
- House Insurance Committee
- House Insurance Premium Study Committee
- House Health and Human Services Committee
- Georgia Governor's Office of Planning and Budget
- Georgia Department of Community Affairs
- Georgia State Office of Rural Health Services
- University of Georgia
- Board of Regents
- Centers for Disease Control and Prevention
- Georgia Municipal Association
- Georgia Division of Public Health
- Senate Appropriations Committee
- Senate Health and Human Services Committee
- Commission for a New Georgia
- Association County Commissioners of Georgia
- Morehouse School of Medicine
- Georgia Chamber of Commerce
- Atlanta Journal-Constitution
- Federal Office of Rural Health Policy
- Georgia Southern University
- Centers for Medicare and Medicaid Services
- Georgia Hospital Association
- Medical Association of Georgia
- Atlanta Business Chronicle
- Georgia Nurses Association
- Georgia Nursing Home Association
- Emory University
- Georgia Dental Association
- Mercer University

CENTER PUBLICATIONS

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Glenn M. Landers, *Understanding and Reducing the Number of Uninsured in Georgia*, Issue Brief, March 2006.

William Custer, Bernette Sherman, Patricia Ketsche, Glenn M. Landers, Mei Zhou, *Report of Data Analyses to the Georgia Commission on the Efficacy of the Certificate of Need Program*, for the Georgia Commission on the Efficacy of the Certificate of Need Program, October 2006.

Glenn M. Landers, James Cooney, Mei Zhou, *The Effect of Peer Support on Recidivism Rates for Mental Health Hospital Admissions and Crisis Stabilization Episodes*, for the Georgia Real Choice Systems Change Grant, Georgia Department of Human Resources, September 2006.

Glenn M. Landers, Mei Zhou, *2004 Update to the Georgia Oral Health Prevention Program*, for the Georgia Department of Human Resources, Division of Public Health, Oral Health Prevention Program, September 2006.

Glenn M. Landers, Karen J. Minyard, William Custer, Patricia Ketsche, Chris Parker, Beverly Tyler, *Final Report to the Secretary on Georgia's HRSA State Pilot Planning Grant for the Uninsured*, for the Health Resources and Services Administration, September 2006.

Glenn M. Landers, Bernette Sherman, Mei Zhou, Daphanie Scandrick, *An Assessment of Health Care Safety Net Services in Seven Metropolitan Atlanta Counties*, for Kaiser Permanente Health Plan of Georgia, Inc. and the Community Foundation for Greater Atlanta, Atlanta, GA, June 2006.

*** **Henry, Gary T., and Dana K. Rickman**. "Do peers influence children's skill development in Preschool?" Economics of Education Review. (2006) (in press)

*** **Ketsche, Patricia, Kathleen Adams, Karen J. Minyard**. "Differential Care Experiences for S-Chip and Medicaid Enrolled Children: Demographic & Programmatic Determinants." Journal of Policy Analysis and Management. (revise and resubmit)

*** **Ketsche, Patricia, Angela Snyder, Mei Zhou, Kathleen Adams and Karen J. Minyard**. "Discontinuity of Coverage for Medicaid and SCHIP Children at Transitional Birthdays." Health Services Research: State-Level Health Service Delivery, Access, and Practice: Improving Research and Policy. (under review)

*** **Minyard, Karen J., Tina Smith, Marcia Brand, Charles Owens and Frank Selgrath**. "Triple-Layer Chess: An Analogy for Multi-Dimensional Health Policy Partnerships." Partnership Perspectives. (2006) (forthcoming)

*** **Smith, Tina, Karen J. Minyard, Chris Parker, Rachel Ferencik Van Valkenburg, and John Shoemaker**. "From Theory to Practice: What Drives the Core Business of Public Health?" Journal of Public Health Management and Practice. (2007) forthcoming.

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Working Papers

Adams, E. Kathleen, Patricia Ketsche, Mei Zhou and Karen Minyard. *The Medicaid and State Child Health Insurance Program (SCHIP) in Georgia: Then and Now.* 2006.

Chou, Shin-Yi, Inas Rashad and Michael Grossman. “Fast-Food Restaurant Advertising on Television and Its Influence on Childhood Obesity.” Atlanta: Public Policies and Child Well-Being. 2006 [SSRN Working Paper](#).

Currie, Janet and Erdal Tekin. “Does Child Abuse Cause Crime?” Atlanta: Public Policies and Child Well-Being. 2006 [SSRN Working Paper](#).

Dave, Dhaval and Inas Rashad. “Overweight Status and Suicidal Behaviors among Adolescents: Correlation or Causation?” Atlanta: Public Policies and Child Well-Being. 2006 [SSRN Working Paper](#).

Landers, Glenn M., Mei Zhou, Angela Snyder, and Amanda Phillips Martinez, “Comparing the Health Status and Health Care Utilization of Children in GA’s Foster Care System to Other GA Medicaid Children.” 2006 [SSRN Working Paper](#).

Phillips, Mary Ann. “Involving Community-Based Organizations to Improve Medicaid/SCHIP Utilization.” Atlanta: Public Policies and Child Well-Being. 2006 [SSRN Working Paper](#).

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2005

***Ketsche, P. "Employment-based health insurance: Analysis of rural-urban differences in one state." Medical Care Research and Review. 62.4 (2005): 458-478.

Patricia Ketsche and E. Kathleen Adams. *Estimates of Eligibility and Enrollment for a Premium Assistance Program for Families of Children Enrolled in PeachCare for Kids*, Georgia Health Policy Center, 2005.

Patricia Ketsche, Kathleen Adams, Mei Zhou, *Consumer Assessment of Health Plans: Differences in Utilization and Satisfaction Among Parents of Children Enrolled in GA's PeachCare for Kids, PeachCare Plus, and Medicaid Programs*, 2005.

Glenn M. Landers, David Sjoquist, Sally Wallace, Angelino Viceisza, Claire Ritchie, *Georgia's Aging Population: What to Expect and How to Cope*, Fiscal Research Center Report, September 2005.

Glenn M. Landers, *Peer Support Programs for the Elderly in Georgia*, Issue Brief, Georgia Health Policy Center, August 2005.

Glenn M. Landers, Rachel Ferencik, *Peer Support for Older Adults Transitioning from Nursing Facilities to the Community – Final Report*, for the Georgia Department of Human Resources' Real Choice Systems Change Grant, Atlanta, GA, June 2005.

Glenn M. Landers, *Georgia's Indigent Care Trust Fund Expands Access for the Uninsured*, Issue Brief, Georgia Health Policy Center, March 2005.

Glenn M. Landers, Sally Wallace, Clare Ritchie, *Georgia's Growing Elderly Population and Revenue Growth*, The Fiscal Impact, No. 2, Atlanta, GA: Georgia State University, January 31, 2005.

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Glenn M. Landers, *Georgia's PeachCare for Kids: Results from a Disenrollee Survey*, Georgia Health Policy Center for the Georgia Department of Community Health, Atlanta, GA, August 2005.

Glenn M. Landers, John O'Looney, (University of Georgia), **Louis Kudon** (Georgia Division of Public Health). *Avoidable Hospitalizations: An Analysis for Potential Strategic Action and Change*, Georgia Health Policy Center, February 2005.

Glenn M. Landers, *Georgia's Foster Care Program and the Medicaid System*, Issue Brief, Georgia Health Policy Center, January 2005.

Karen J. Minyard, Patricia J. Kota, *12 Community Stories about Georgia's Rural Health Networks*, Celebrating Georgia's Rural Health Networks, June 2005.

Karen J. Minyard, Glenn M. Landers, *State Health Spending: An Eight State Analysis*, Issue Brief, Georgia Health Policy Center, January 2005.

Karen J. Minyard, Chris Parker, Lindsey Lonergan, Laurie Felland, Deborah Chollet, Claudia Lacson, *Lessons from Local Access Initiatives: Context, Sustainability and Replication*, Public Health, March 2005.

Karen J. Minyard, *State of Georgia's Health and Health Spending*, Issue Brief, Georgia Health Policy Center, February 2005.

Chris Parker, Karen J. Minyard, Tina Anderson-Smith, *Understanding the Core Business of Public Health in Georgia*, January 2005.

Mary Ann Phillips, *Investment in School Health Makes a Difference: Impact of the School Health Matching Grants Initiative*, on behalf of the Philanthropic Collaborative for a Healthy Georgia, October, 2005.

Mary Ann Phillips, Bernette Sherman, Mark Rivera, *Evaluation Report: Innovations to Increase Utilization of Services by Children Enrolled in Medicaid and PeachCare for Kids*, prepared for the Georgia Department of Community Health, January 2005.

Mary Ann Phillips, Bernette Sherman, *Environmental Scan: Analysis and Key Findings, The Survey of Breastfeeding, Nutrition, and Physical Activity Programs in Georgia*, prepared for the Georgia Department of Human Resources, Division of Public Health, June 2005.

Mary Ann Phillips, Bernette Sherman, Rachel Ferencik, Jane Branscomb, Melissa Haberlin, *Obesity Prevention: A Literature Review of Promising Best Practices by Setting*, June 2005.

*** **Rein, David**. "A Matter of Classes: Stratifying Health Care Populations to Produce Better Estimates of Inpatient Costs." Health Services Research, 40.4 (2005): 1217-1233.

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Sally Wallace, Lakshmi Pandey, Erdal Tekin, *The Link Between Teen Childbearing and Employment in Georgia*, Joint FRC-GHPC brief, April 2005.

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*** **Bae, Jay P. and Katherine E. Gardner.** “Low-Income Children’s Participation in a Public Health Insurance Program in Georgia,” Journal of Family and Economic Issues. 25.2 (2004): 225-243.

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Glenn M. Landers, *Rebalancing Georgia's Long-Term Care System*, Issue Brief, Georgia Health Policy Center, March 2004.

Glenn M. Landers, *Final Report: The Georgia Long-term Care Partnership 2001-2004*, Issue Brief, Georgia Health Policy Center, June 2004.

Glenn M. Landers, *Expanding Health Care Access with DSH: Georgia’s Indigent Care Trust Fund*, Issue Brief, Georgia Health Policy Center, November 2004.

*****Glenn M. Landers, James P. Cooney,** *Long-Term Care and Dual Eligibility: Care and Cost Consequences for Medicare and Medicaid*, Long-term Care Interface, (December 2004): 38-42.

Glenn M. Landers, Mei Zhou, *Comparing the Health Status and Health Care Utilization of Children in Georgia's Foster Care System to Other Georgia Medicaid Children*, for the Georgia Health Foundation, Atlanta GA, November 2004.

Glenn M. Landers, Mei Zhou, *Correlation of the Personal Care Attendant Hour Allotment Worksheet (PCA-HAW) with the Functional Independence Measure (FIM): A Statistical Analysis*, with Mei Zhou for the Shepherd Spinal Center, Atlanta GA, October 2004.

Karen J. Minyard, James T. Beck, *Finding Health Insurance: Coverage After College*, Issue Brief, Georgia Health Policy Center, June 2004.

Karen J. Minyard, Glenn M. Landers, *Georgia Healthcare Coverage Project; Insuring the Uninsured: Three Models for Financing Health*, funded by HRSA, U.S. Department of Health and Human Services, April 2004.

Karen J. Minyard, Glenn M. Landers, *Georgia Healthcare Coverage Project; A View of Small Business Owners*, funded by HRSA, U.S. Department of Health and Human Services, April 2004.

*** **Minyard, Karen J. and Tina Anderson Smith.** “The Role of Targeted External Facilitation and Technical Assistance in Improving the Clinical Relevance and Financial Viability of Rural Health Systems.” Health Systems in the World: From Evidence to Policy. Athens: Greece: (2004).

Chris Parker, Karen J. Minyard, “Assessment of Progress: Regional Programs of Excellence Initiative, Final Report, Georgia Health Policy Center for the Georgia Cancer Coalition, January 2004.

Mary Ann Phillips, *Preventing Overweight Children in Georgia Opportunities for Foundations and Grantmakers.*, coordinated by the Georgia Health Policy Center for the Philanthropic Collaborative for a Healthy Georgia. February 2004.

*** **Ottoson, Judith M., Gregory Streib, John Clayton Thomas, Mark D. Rivera, E. Stephenson, and Zeynep Alkan.** “Evaluation of the National School Health Coordinator Leadership Institute”, Journal of School Health, 74.5 (2004): 170-176.

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Laura Henderson, Dana Rickman, Craig Gordon, Monica Herk, Jennifer Antinozzi, ACET Collaborative Team (ACT) Project: Mid-Year Evaluation Progress Report, November 2002-April 2003, Atlanta: Child Policy Initiative, July 2003.

Laura Henderson, Monica Herk, Dana K. Rickman, Craig T. Gordon, Elizabeth A. Stone, Karen F. DeVivo, ACET Collaborative Team (ACT) Project Final Evaluation Report: November 2001-October 2003., GSU, November 2003.

Gary Henry, Judith Ottoson, Mark Rivera, Final Report: Evaluation of Georgia State University's Preparing Tomorrow's Teachers to Use Technology Grant, June 2003.

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Monica Herk, Chris Henrich, Parental Involvement in Early Childhood Education, Child Policy Briefs, Children in Georgia's Juvenile Justice System, Atlanta: Child Policy Initiative, March 2003.

*****Ketsche, Patricia and Lisette Branscomb, "The Long Term Costs of Career Interruptions." Journal of Healthcare Management. 49.1. (2003): 40-45.**

***** Minyard, Karen J., Isiah Lineberry, Tina Anderson Smith, Isiah Lineberry and Tracy Byrd-Roubides. "Transforming the Delivery of Rural Health Care in Georgia: State Partnership Strategy for Developing Rural Health Networks." The Journal of Rural Health. 19. S. (2003): 361-371.**

Karen J. Minyard, 1% of Medicaid Members Generate 23% of Expenditures...—An Argument for Case Management, Issue Brief, October 2003.

Karen J. Minyard, Georgia Health Care Access Forum—Executive Report, October 2003.

Karen J. Minyard, Glenn M. Landers, Alan Essig, Kate Gardner, Lindsey Lonergan, Better Health for More People at Less Cost, Georgia Health Policy Center, November 2003.

Mary Ann Phillips, Update, a newsletter prepared for the Philanthropic Collaborative for a Healthy Georgia, Summer 2003.

Mary Ann Phillips, Framework for Community-Based Cancer Prevention and Control, Georgia Health Policy Center, August 2003.

Mary Ann Phillips, *Preventing Overweight Children: A Brief for Foundations*, prepared for the Philanthropic Collaborative for a Healthy Georgia, December, 2003.

Judith Ottoson, *The Management Academy for Public Health: Combined Internal and External Evaluation Report*, Prepared for the National Foundation for the Centers for Disease Control and Prevention, 2003.

Judith Ottoson, Mark Rivera, Sara Hackley, Rachel Belew, *Diabetes Prevention and Control Program Case Study Design*, Centers for Disease Control and Prevention, Division of Diabetes Translation (DDT) Contract No. 200-202-F-00757, July 2003.

Judith Ottoson, Mark Rivera, Sara Hackley, Rachel Belew, *DDT Case Studies: An Annotated Bibliography*, Centers for Disease Control and Prevention, Division of Diabetes Translation (DDT) Contract No. 200-202-F-00757, June 2003.

*** **Ottoson, Judith M., G. Cargo, P. Grams, Ward, and L.W. Green**. "Youth Empowerment as Fostering Positive Youth Development and Citizenship," *American Journal of Health Behavior*. 27.1. (2003): S66-S79.

Mark Rivera, Gary Henry, *Final Report: Evaluation of the Metro Atlanta Partnership for Visual Arts and Learning*, March 2003.

Tina Anderson Smith, *Working Smarter, Faster, Bolder: Supporting Community Health Systems Transformation*, Communities Joined in Action and Georgia Health Policy Center, October 2003.

CENTER PRESENTATIONS

2006

Kathleen Adams, Pat Ketsche, Mei Zhou, Karen Minyard, *The Medicaid and State Child Health Insurance Program (SCHIP) in Georgia: Then and Now*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Rachel Ferencik, *Moving Below the Surface: A Systems Approach to Improving Health and Reducing Disparities*, Society of Public Health Education Annual Meeting, Boston MA, November 4, 2006.

Pat Ketsche, Kathleen Adams, Karen Minyard, Rebecca Kellenberg, *Differential Care Experiences for S-CHIP and Medicaid Enrolled Children: The Role of Stigma*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Pat Ketsche, Kathleen Adams, *Estimates of Eligibility and Enrollment for a Premium Assistance Program for Families of Children Enrolled in PeachCare for Kids*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Pat Ketsche, Kathleen Adams, *A Multi-state Analysis of Safety Net Access in Rural Communities*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Glenn M. Landers, Lindsey Lonergan, Karen Minyard, *Georgia's HRSA State Planning Grant*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Glenn M. Landers, Patricia Ketsche, Rebecca Kellenberg, Karen Minyard, *Late Payments and S-CHIP: Results from a Disenrollee Survey*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Glenn M. Landers, Mei Zhou, *Georgia's Foster Children and the Medicaid System*, Andrew Young School of Policy Studies Public Policies and Child Well-Being Conference, Stone Mountain, GA, May 16, 2006.

Glenn M. Landers, *Late Payments and S-CHIP: Results from a Disenrollee Survey*, American Evaluation Association Annual Meeting, Portland OR, November 4, 2006.

Karen Minyard, Chris Parker, *Triple Layer Chess: The Application of Systems Thinking to Align Public Policy and Improve Health in Georgia*, National Network of Public Health Institutes, May 2006.

Karen Minyard, Rachel Ferencik, Mei Zhou, Kate Stewart, *Poor Health in the South: An Examination of Socioeconomic Factors in Eight Southern States*, AcademyHealth Annual Research Meeting, Seattle WA, June 2006.

Karen Minyard, Lei Zhang, *Diffusion of Innovations: Crossing the Border*, The 3rd Sino-US International Conference for Public Administration: Building Public Service-Oriented Government, June 2006, Beijing, China, June 2006.

Chris Parker, Karen Minyard, Tina Anderson-Smith, Beverly Tyler, Rachel Ferencik, Stuart Brown, *What's Driving the Core Business of Public Health: Lessons from Georgia*, American Public Health Association, Boston, Massachusetts, November 8, 2006.

Chris Parker, Tina Anderson-Smith, Karen Minyard, John Shoemaker, Rachel Ferencik, Stuart Brown, *Georgia's Journey to Health Improvement: A Whole Systems Approach*, American Public Health Association, Boston, Massachusetts, November 7, 2006.

Mary Ann Phillips, Bernette Sherman, John Shoemaker, Mark Rivero, Karen Minyard, *Community-Based Organizations Produce Innovative Programs to Improve Utilization of Services for Children in Medicaid and SCHIP*, American Public Health Association, Boston, Massachusetts, November 6, 2006.

Mary Ann Phillips, Bernette Sherman, Karen Minyard, James Emshoff, *Public Private Partnership has Positive Impact on School Health Programs*, American Public Health Association, Boston, Massachusetts, November 7, 2006.

Mary Ann Phillips, Bernette Sherman, James Emshoff, *Utilizing Logic Models to Create Community Ownership of School Health Programs*, AcademyHealth Annual Research Meeting, Seattle, Washington, June 24, 2006.

Mary Ann Phillips, Invited to present *A Public-Private Investment in School Health Programs has Positive Impact*, at the 5th International Conference on Health Economics, Management and Policy, Athens, Greece, June 5-7, 2006.

Mary Ann Phillips, Bobbi Cleveland, *The Role of a University-Based Health Policy Center in Defining, Engaging, and Energizing the Philanthropic Community on Health-Related Issues*, Community Campus Partnerships for Health Annual Meeting, Minneapolis, Minnesota, June 1, 2006.

Mary Ann Phillips, *Involving Community-Based Organizations to Improve Medicaid/SCHIP Utilization*, Public Policies and Child Well-Being Conference, Stone Mountain, Georgia, May 15, 2006.

Dora Ward, *Triple-Layer Chess: A Metaphor for Health Policy*, Community-Campus Partnerships for Health Annual Meeting, Minneapolis MN, June 1, 2006.

Lei Zhang, Forrest Bankston, Karen Minyard, Glenn Landers, *New Frontiers: A Case for Using Deliberative Democratic Theory to Improve Evaluation of Health Policy Initiatives*, American Evaluation Association Annual Meeting, Portland OR, November 4, 2006.

Lei Zhang, Karen Minyard, *A Tale of Two Systems: What Does the U.S. Experience Mean for China's Health Care Reform?*, The 3rd Sino-US International Conference for Public Administration: Building Public Service-Oriented Government, June 2006, Beijing, China, June 2006.

2005

Glenn M. Landers, *Evaluation across Data Sets and Patient Populations: Implications for Utility, Feasibility, Propriety, and Accuracy*, American Evaluation Association Annual Meeting, Toronto, ON, Canada, October 2005.

Glenn M. Landers, James P. Cooney, Jr. and Mei Zhou, *Using Risk Adjustment to Compare Medicaid Long-term Care Waiver Program Performance*, AcademyHealth Annual Research Meeting, Boston, MA, June 2005.

Glenn M. Landers, *Expanding Access with DSH: Georgia's Indigent Care Trust Fund*, AcademyHealth Annual Research Meeting, Boston, MA, June 2005.

Glenn M. Landers and Mei Zhou, *Georgia's Foster Children and Medicaid: Access, Utilization, and Cost*, AcademyHealth Annual Research Meeting, Boston, MA, June 2005.

Karen J. Minyard, S.L. Lonergan, Chris Parker, Deborah Chollet, Laurie E Felland, *Lessons From Local Access Initiatives: Context, Sustainability, and Replication*, AcademyHealth Annual Research Conference, Boston, Massachusetts June 26, 2005.

Karen J. Minyard, Tina Anderson Smith, S.L. Longergan, *External Facilitation and Technical Assistance in Improving the Clinical Relevance and Financial Viability of Rural Health Systems*, AcademyHealth Annual Research Conference, Boston, Massachusetts June 26, 2005.

Karen J. Minyard, Tina Anderson Smith, *Triple Layer Chess: A Metaphor for the Alignment of Health Policy*, AcademyHealth Annual Research Conference, Boston, Massachusetts June 26, 2005.

Karen J. Minyard, *Making Coverage for the Insured: The Role of Community Initiatives*, AcademyHealth, Bethesda, Maryland, March 1, 2005.

Karen J. Minyard, Lei Zhang, *Rogers' Replication Revisited: Navigating the Complexity of Health Networks*, AcademyHealth Annual Research Conference, Boston, Massachusetts, June 26, 2005.

Chris Parker, Karen J. Minyard, S.L. Lonergan, *How Case Study Evaluation can Build Theory: The Transfer of Innovation Among Health Networks*, Canadian Evaluation Society and the American Evaluation Association Conference, Toronto, Ontario, Canada, October 24, 2005.

Chris Parker, Karen Minyard, Tina Anderson-Smith, Nancy Kennedy, America Gruner, *Are We There Yet? Fostering Research-Ready Relationships in Rural Settings*, Community-Campus Partnerships for Health Annual Meeting, Minneapolis MN, June 1, 2005.

Chris Parker, Nancy Kennedy, *The Challenges, Issues, and Benefits of Rural Partnerships*, Community-Campus Partnerships for Health Annual Meeting, Minneapolis MN, June 1, 2005.

Mary Ann Phillips, *Identification of Key Attributes for Improving Appropriate Utilization of Medicaid and PeachCare for Kids Services in Six Community-based Organizations*, Crossing Borders, Crossing Boundaries 2005 Joint CES/AEA Conference, Toronto, Canada, October 29, 2005.

Mary Ann Phillips, Bernette Sherman, *The Role of Public/Private Partnerships in Community-based Efforts to Improve the Effectiveness of School Health Programs*, AcademyHealth Annual Research Meeting, Boston, Massachusetts, June 28, 2005.

Mary Ann Phillips, Bernette Sherman, *Challenges and Innovations in Improving Appropriate Utilization of Primary and Preventive Services by Children Enrolled in Medicaid and SCHIP through Community-Based Organizations*, AcademyHealth Annual Research Meeting, Boston, Massachusetts, June 27, 2005.

Tina Smith, Karen Minyard, Chris Parker, *From Theory to Practice: What Drives the Core Business of Public Health?* AcademyHealth Annual Research Meeting, Boston, Massachusetts, June 27, 2005.

Dora Ward, *Technical Assistance and Participatory Evaluation*, Crossing Borders, Crossing Boundaries 2005 Joint CES/AEA Conference, Toronto, Canada, October 29, 2005.

2004

Glenn M. Landers, *Using a Risk Adjustment Model to Compare the Costs of Nursing Facility Care with Four Medicaid Long-term Care Waiver Programs*, International Society for Research in Healthcare Financial Management, 10th Annual International Symposium & Workshop, Baltimore, MD, August 2004.

Glenn M. Landers and James P. Cooney, Jr., *Policy Implications of Cost and Care Outcome Differences among Dual Eligibles Using Alternative Organizational Models for Long-Term Care*, AcademyHealth Annual Research Meeting, San Diego, CA, June 2004.

Glenn M. Landers and James P. Cooney, Jr., *Comparing Medicaid Long-Term Care Waiver Programs*, AcademyHealth Annual Research Meeting, San Diego, CA, June 2004.

2003

Glenn M. Landers, James P. Cooney, Jr., Robert Curry, Jay P. Bae, and David B. Rein, *Using an Integrated Medicare and Medicaid Database to Comparatively Assess Care and Cost Outcomes among a State's Traditional and Waiver Long-Term Care Programs*, AcademyHealth Annual Research Meeting, June 2003.

Glenn M. Landers, James P. Cooney, Jr., Robert Curry, Jay P. Bae, and David B. Rein, *Risk and Costs in Georgia Long-Term Care Programs: Comparative Examination of Nursing Facility and Home & Community-Based Care using Medicare and Medicaid Data*, AcademyHealth Annual Research Meeting, June 2003.

**Summary of Grants Submitted Funded
July 2003 - December 2006**

1	A	B	C	D	E	F	G	H	I	J
2	Date Submitted	Date Funded	Project Number	Project Director	Title	Amount	Funding Source	Type of Grant Submitted	Period Funded	
3	24-Jul-03	30-Jun-03	1881	Karen Minyard	Network Leadership Development	\$20,727.00	Georgia Department of Community Health	Public Service	30-Jun-03	30-Jun-04
4	7-Aug-03	31-Jul-03	1910	Glenn Landers	Oral Health Training Project	\$17,984.00	Georgia Department of Human Resources	Instruction	31-Jul-03	30-Jul-04
5	22-Aug-03	22-Aug-03	3152	Karen Minyard	HIV/AIDS and STD Services	\$40,545.00	Center for Disease Control and Prevention/DHHS	Research	22-Aug-03	22-Apr-05
6	25-Aug-03	1-Dec-03	1984	Laura Henderson	Georgia Eval of Tech Assistance	\$280,906.00	Georgia Department of Human Resources	Research	1-Dec-03	31-Oct-04
7	8-Sep-03	1-Aug-03	2026	Karen Minyard	AHIRC Internet Database Project	\$12,698.00	Actors' Fund of America	Research	1-Aug-03	31-Jul-04
8	16-Sep-03	1-Oct-03	2058	Karen Minyard	Wheeler Cty. Health Assessment	\$39,900.00	Heart of Georgia Altamaha Regional Dev Center	Public Service	1-Oct-03	30-Sep-04
9	3-Oct-03	1-Oct-03	2100	Glenn Landers	Peer Supports for Elderly	\$38,182.00	Georgia Department of Human Resources	Research	1-Oct-03	15-Sep-04
10	31-Oct-03	31-Oct-03	2323	Karen Minyard	Cancer RPE Project	\$30,670.00	Georgia Cancer Coalition	Research	31-Oct-03	31-Dec-03
11	22-Jul-03	2-Feb-02	2604	Mary Ann Phillips	PeachCare & Medicaid Outreach	\$882,498.00	Georgia Department of Community Health	Public Service	2-Feb-06	30-Jun-06
12	22-Feb-04	22-Feb-02	930	Monica Herk	PeachCare for Kids Evaluation	\$519,424.00	Georgia Department of Community Health	Research	22-Feb-02	30-Jun-06
13	4-Mar-04	1-May-04	2470	Tina Smith	Logic Model GA Public Health	\$237,742.00	Georgia Department of Human Resources	Research	1-May-04	31-Jan-05
14	19-Apr-04	1-Jun-04	2538	Mary Ann Phillips	CDC Grant: Obesity Prevention	\$66,275.00	Georgia Department of Human Resources	Public Service	1-Jun-04	31-May-05
15	20-Apr-04	1-Jul-00	2543	Karen Minyard	Medical Interpreter Training	\$9,500.00	Georgia Department of Community Health	Public Service	1-Jul-00	30-Jun-01
16	29-Apr-04	1-Sep-04	2556	Patricia Ketsche	Rural Variations in Health Ins	\$158,392.00	Health Resources and Services Administration/DHHS	Research	1-Sep-04	31-Aug-05
17	12-May-04	6-Dec-05	2579	Patricia Kota	GA Rural Health Capacity Bldg.	\$23,195.00	Georgia Department of Community Health	Public Service	1-Jul-05	30-Jun-06
18	12-May-04	1-Jul-04	2591	Karen Minyard	Modeling Fiscal & Econ. Impact	\$107,500.00	Healthcare Georgia Foundation	Research	1-Jul-04	30-Sep-05
19	21-May-04	1-May-04	2606	Karen Minyard	Habersham County Healthcare	\$17,456.00	Habersham County Medical Center	Public Service	1-May-04	1-Oct-04
20	21-May-04	1-Jun-04	2624	Glenn Landers	Shepherd Care Program	\$3,000.00	Shepherd Center	Research	1-Jun-04	31-Dec-04
21	1-Jun-04	1-Jun-04	2744	Karen Minyard	State Coverage Initiatives	\$314,216.00	Georgia Department of Community Health	Research	1-Jun-04	30-Jun-06
22	3-Jun-04	1-Oct-04	2635	Karen Minyard	GA Healthcare Pilot Planning	\$397,600.00	Georgia Governor's Office	Research	1-Oct-04	31-Aug-06
23	10-Jun-04	6-Feb-04	1134	Glenn Landers	Georgia Health Partnership Y2	\$255,000.00	Affiliated Computer Services, Inc.	Research	6-Feb-04	5-Feb-05
24	28-Jul-04	1-Jun-04	2815	Karen Minyard	CHOICE Network Case Study	\$20,000.00	CHOICE Regional Health Network	Research	1-Jun-04	31-Dec-04
25	17-Sep-04	20-Sep-04	2810	Karen Minyard	Focus on Men's Health Eval.	\$12,000.00	Taylor Regional Hospital, Hawkinsville	Research	20-Sep-04	19-Sep-05
26	1-Oct-04	1-Oct-04	2718	Karen Minyard	SHIC Center Data Translation	\$117,000.00	South Carolina Office of Rural Health	Research	1-Oct-04	31-Dec-06
27	1-Oct-04	1-Oct-04	2983	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$20,000.00	Multiple Sponsors	Research	1-Oct-04	30-Jun-09
28	1-Oct-04	1-Oct-04	2985	Mary Ann Phillips	Youth Fitness Assessment: Tull	\$50,000.00	Tull Charitable Foundation	Research	1-Oct-04	30-Jun-09
29	1-Oct-04	1-Oct-04	3225	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$80,000.00	Multiple Sponsors	Research	1-Oct-04	30-Jun-09
30	5-Oct-04	15-Oct-04	2851	Karen Minyard	GA Building Strong Families	\$300,065.00	Mathematica Policy Research, Inc.	Research	15-Oct-04	31-Mar-05
31	25-Aug-04	1-Jun-05	3778 2263 1107	Karen Minyard	Rural Health Network TAP	\$1,664,576.00	Health Resources and Services Administration/DHHS	Research	1-Jun-05	31-Aug-06
32										
33	14-Dec-04	1-Nov-04	3068	Mary Ann Phillips	Evaluation of The Bridge	\$22,000.00	The Bridge, Inc. of Atlanta, Ga	Research	1-Nov-04	31-Oct-05
34	20-Dec-04	1-Jan-05	3075	Mary Ann Phillips	Youth Fitness: Atlanta Falcons	\$50,000.00	Atlanta Falcons Youth Foundation	Research	1-Jan-05	30-Jun-09
35	18-Jan-05	10-Jan-05	3133	Karen Minyard	Evaluation: Promotora Program	\$10,065.00	Northwest Georgia Healthcare Partnership	Research	10-Jan-05	31-Aug-05
36	27-Jan-05	1-Jan-05	3156	Karen Minyard	Community Health Leadership	\$10,100.00	Third Sector New England, Inc.	Research	1-Jan-05	15-May-05
37	1-Feb-05	1-Mar-05	3189	Glenn Landers	Oral Health Prevention Report	\$16,363.00	Georgia Department of Human Resources	Research	1-Mar-05	28-Feb-06
38	11-Mar-05	6-Jun-05	3273	Mary Ann Phillips	CDC Grant: Obesity Prevention	\$173,981.43	Georgia Department of Human Resources	Research	1-Oct-05	15-Nov-06
39	1-Apr-05	1-Mar-05	3310	Karen Minyard	GHD Administrative Home	\$40,000.00	Georgia Health Decisions	Public Service	1-Mar-05	28-Feb-07
40	1-Apr-05	11-Apr-05	3312	Mary Ann Phillips	HGF Youth Fitness Assessment	\$300,000.00	Healthcare Georgia Foundation	Research	11-Apr-05	30-Jun-09
41	14-Apr-05	1-Oct-05	3344 4729	Mary Ann Phillips	Obesity Prevention	\$173,983.00	Georgia Department of Human Resources	Public Service	1-Oct-05	15-Nov-06
42	18-Apr-05	1-Oct-04	3356	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$50,000.00	Multiple Sponsors	Research	1-Oct-04	30-Jun-09
43	27-Apr-05	1-Oct-04	3390	Mary Ann Phillips	Youth Fitness Assessment	\$80,000.00	Woodruff (Robert W.) Foundation	Research	1-Oct-04	30-Jun-09
44	17-May-05	12-Apr-05	3615	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$25,000.00	Multiple Sponsors	Research	12-Apr-05	30-Jun-09
45	3-Jun-05	1-Jun-05	3522	Karen Minyard	GA Building Strong Families	\$25,000.00	Blank (Arthur M.) Family Foundation	Research	1-Jun-05	31-May-06
46	3-Jun-05	1-Jul-05	3531	Karen Minyard	NSHN Strategic Planning	\$14,925.00	Northern Sierra Rural Health Network	Research	1-Jul-05	30-Jun-06
47	15-Jun-05	3-Jun-05	3617	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$10,000.00	Multiple Sponsors	Research	3-Jun-05	30-Jun-09
48	5-Jul-05	6-Jul-05	3642	Mary Ann Phillips	Youth Fitness: Grantee Budget	\$10,000.00	Multiple Sponsors	Research	6-Jul-05	30-Jun-09
49	6-Jul-05	1-Jan-05	3637	Karen Minyard	Breast & Cervical Cancer in GA	\$15,000.00	Emory University	Research	1-Jan-05	31-Dec-06
50	27-Jul-05	15-Jun-05	3715	Karen Minyard	Community Health Works Eval	\$73,545.00	Health Care for Central Georgia Partners/Community Health Works	Research	15-Jun-05	30-Apr-07
51	8-Aug-05	1-Jul-05	3743 4181	Karen Minyard	Logic Model GA Public Health	\$263,562.00	Georgia Department of Human Resources	Research	1-Jul-05	31-Dec-05
52	10-Aug-05	1-Jun-05	3746	Karen Minyard	Critical Access Hospitals Prog	\$32,500.00	Georgia Department of Community Health	Research	1-Jun-05	31-Dec-05
53	11-Aug-05	1-Sep-05	3749	Karen Minyard	Network Planning	\$1,061,417.00	Department of Health & Human Services	Research	1-Sep-05	31-Aug-06

**Summary of Grants Submitted Funded
July 2003 - December 2006**

1	A	B	C	D	E	F	G	H	I	J
2	Date Submitted	Date Funded	Project Number	Project Director	Title	Amount	Funding Source	Type of Grant Submitted	Period Funded	
	26-Sep-05	1-Nov-05	3897	Glenn Landers	Atlanta Safety Net Assess	\$200,000.00	Community Foundation for Greater Atlanta Inc.	Research	1-Nov-05	30-Nov-07
54	26-Sep-05	1-Jul-05	3943	Karen Minyard	Supporting GA Medicaid	\$198,450.00	Georgia Department of Community Health	Research	1-Jul-05	30-Jun-06
55	26-Sep-05	1-Sep-05	3944	Karen Minyard	HRSA State Planning Grant	\$175,000.00	Georgia Governor's Office	Research	1-Sep-05	31-Aug-06
56	3-Oct-05	14-Nov-05	3889	Karen Minyard	Mini Flex Grant Program	\$30,000.00	Georgia Department of Community Health	Public Service	1-Jul-05	31-Dec-05
57	10-Oct-05	15-Oct-05	3952	Glenn Landers	Evaluation of GDMP	\$25,000.00	AmeriChoice	Research	15-Oct-05	15-Oct-06
58	11-Oct-05	11-Nov-05	3956	Glenn Landers	Evaluation of Disease Mgmt.	\$25,000.00	APS Healthcare, Inc.	Research	11-Nov-05	30-Jun-06
59	1-Nov-05	1-Sep-05	3989	Christopher A Parker	Building Strong Families Pgrm	\$40,000.00	Casey (Annie E.) Foundation	Research	1-Sep-05	30-Apr-06
60	1-Nov-05	1-Oct-05	3992	Christopher A Parker	Building Strong Families Pgrm	\$17,500.00	Georgia Department of Human Resources	Research	1-Oct-05	31-Mar-06
61	5-Dec-05	1-Oct-05	4047	Patricia Kota	Ozark Mountain Health	\$15,000.00	Ozark Mountain Health Network	Public Service	1-Oct-05	31-Dec-05
62	14-Dec-05	1-Oct-05	4065	Patricia Kota	AR Cmnty Health Systems	\$15,000.00	Mid Delta Community Consortium	Public Service	1-Oct-05	31-Dec-05
63	6-Jan-06	15-Dec-05	4131	Patricia Kota	CMAF Strategic Planning	\$3,800.00	Coastal Medical Access Program	Public Service	15-Dec-05	31-Mar-06
64	27-Jan-06	1-Jul-05	4178	Karen Minyard	PCK Evaluation	\$173,212.00	Georgia Department of Community Health	Research	1-Jul-05	30-Jun-06
65	17-Jan-06	15-Jun-06	4195	Glenn Landers	GA Oral Health Prevention Prgm	\$48,154.00	Georgia Department of Human Resources	Research	15-Jun-06	31-Dec-06
66	27-Feb-06	1-Jul-05	4259	Christopher A Parker	Building Strong Families Pgrm	\$1,899,884.00	Mathematica Policy Research, Inc.	Research	1-Jul-05	30-Jun-06
67	23-Jul-04	1-Oct-05	4206	Karen Minyard	SHRC	\$25,000.00	South Carolina Office of Rural Health	Research	1-Oct-05	31-Mar-06
68	21-Mar-06	1-Apr-06	4322	Glenn Landers	Hospitalization Recidivism	\$35,000.00	Georgia Department of Human Resources	Research	1-Apr-06	30-Sep-06
69	8-Aug-26	1-Sep-06	4883	Karen Minyard	Rural Health Network Technical Assist	\$1,098,566.00	Health Resources and Services Administration/DHHS	Research	1-Sep-06	31-Aug-07
70	17-Apr-06	21-Aug-06	4396	Glenn Landers	CCSP & Aging Renewals	\$83,729.00	Georgia Department of Human Resources	Research	21-Aug-06	30-Jun-07
71	20-Apr-06	1-Jul-06	4408	Mary Ann Phillips	Nurse Program Study	\$10,000.00	Healthcare Georgia Foundation	Research	1-Jul-06	31-Jan-07
72	20-Apr-06	1-Jun-06	4432	Glenn Landers	Chronic Disease Software	\$18,000.00	Castle Technologies	Research	1-Jun-06	30-Nov-06
73	20-Apr-06	29-May-06	4434	Patricia Kota	Monroe Co. Hosp Strategic Plan	\$2,657.00	Monroe County Hospital	Public Service	29-May-06	3-Jul-06
74	20-Apr-06	1-Jun-06	4435	Karen Minyard	Troup Co. Strategic Plan	\$28,083.00	Troup County Community Foundation	Public Service	1-Jun-06	31-Dec-06
75	21-Apr-06	4-Apr-06	4420	Karen Minyard	Shifting the Legislative Paradigm	\$500,000.00	Woodruff (Robert W.) Foundation	Research	4-Apr-06	3-Apr-07
76	23-May-06	1-Jul-06	4611	Karen Minyard	Health Care Data	\$160,000.00	Georgia Department of Community Health	Research	1-Jul-06	30-Jun-07
77	6-Jun-06	1-May-06	4653	Christopher A Parker	State Cancer Plan Revision	\$38,501.00	Georgia Cancer Coalition	Research	1-May-06	31-Dec-06
78	19-Jun-06	20-Jul-06	4813	Karen Minyard	Arkansas Rural Health	\$13,040.00	Ozark Mountain Health Network	Public Service	20-Jul-06	31-Dec-06
79	26-Jun-06	1-Jul-06	4746	Tina Smith	Rural Health Plan	\$43,000.00	Georgia Department of Community Health	Research	1-Jul-06	30-Jun-07
80	29-Sep-06	1-Sep-06	4989	Karen Minyard	DHI Cooperative Agreement Program	\$75,048.27	Health Resources and Services Administration	Public Service	1-Sep-06	31-Aug-07
81	26-Apr-06	15-Nov-06	4465	Angela Snyder	Home Visiting Pilot Project	\$317,162.00	Georgia Department of Human Resources	Research	15-Nov-06	31-Aug-07
82	18-Sep-06	23-Oct-06	4957	Karen Minyard	Policy Creation	\$49,065.43	Georgia Department of Human Resources/Commissioner's Office	Research	23-Oct-06	30-Sep-07
83	6-Oct-06	1-Nov-06	5026	Christopher A Parker	HIP SON	\$35,010.00	Georgia Department of Community Health	Public Service	1-Sep-06	31-Aug-07
84	22-Sep-06	1-Nov-06	4968	Christopher A Parker	Belvidere CHI Evaluation	\$69,891.00	Community Foundation for Greater Atlanta Inc.	Research	1-Nov-06	31-Oct-07
85	15-Sep-06	1-Jan-07	4940	Mary Ann Phillips	Outreach & Material Production	\$110,000.00	Georgia Department of Community Health	Public Service	1-Jan-07	31-Dec-07
86	15-Sep-06	1-Jan-07	4953	Angela Snyder	PCK Evaluation FY2005	\$110,000.00	Georgia Department of Community Health	Research	1-Jan-07	31-Dec-07
87	15-Sep-06	1-Jan-07	4956	Angela Snyder	Uninsured Research	\$425,000.00	Georgia Department of Community Health	Research	1-Jan-07	31-Dec-07
88	15-Sep-06	1-Jan-07	4941	Angela Snyder	CAHPS Survey	\$82,000.00	Georgia Department of Community Health	Research	1-Jan-07	31-Dec-07
89					Total	\$14,389,245.13				
90					Pending	\$3,493,539.00				
91					Grand Total	\$17,882,784.13				
92										

**Summary of Grants Submitted Pending
July 2003 - December 2006**

	A	B	C	D	E	F	G	H	I	J
1	Pending									
2	Date Submitted	Proposed Date Funded	Project Number	Project Director	Title	Proposed Amount	Funding Source	Type of Grant Submitted	Proposed Period Funded	
3	8-Nov-06	TBD	5095	Dora Ward	Promotoras/CPAN Evaluation	\$20,000.00	North Georgia Healthcare Partnership	Research	15-Nov-06	15-Nov-09
4	20-Oct-06	TBD	5065	Angela Snyder	Program Development & TA Services	\$50,000.00	Community Foundation for Greater Atlanta Inc.	Public Service	1-Nov-06	31-Oct-07
5	1-Sep-06	1-Jan-07	4927	Mary Ann Phillips	Childhood Obesity	\$100,000.00	RWJF	Public Service	1-Jan-07	1-Jan-08
6	18-Aug-06	TBD	4884	Karen Minyard	Triple Layer Chess: Build The Game	\$28,000.00	Georgia Health Foundation	Research	1-Oct-06	30-Sep-07
7	22-Sep-06	1-Apr-06		Chris Parker	Building Strong Families	\$3,295,539.00	Mathematica Policy Research, Inc.	Research	1-Apr-06	31-Dec-10
8					Total	\$3,493,539.00				

Summary of Grants Submitted Not Funded July 2003 - December 2006

Not Funded										
	A	B	C	D	E	F	G	H	I	J
1										
2	Date Submitted	Proposed Date Funded	Project Number	Project Director	Title	Proposed Amount	Funding Source	Type of Grant Submitted	Proposed Period Funded	
3	7-Jul-03	N/A	1822	Karen Minyard	Rural Isn't Rural	\$132,168.00	Health Resources and Services Administration/DHHS	Research	1-Sep-03	31-Aug-04
4	25-Aug-03	N/A	1985	Laura Henderson	Georgia Childcare Council	\$321,176.00	Georgia Department of Human Resources	Research	1-Nov-03	31-Oct-04
5	25-Mar-04	N/A	2497	Karen Minyard	Assessment GA Community Health	\$20,000.00	Healthcare Georgia Foundation	Research	15-Jun-04	14-Jun-05
6	9-Apr-04	N/A	2518	E. Kathleen Adams	Health Care Financing Delivery	\$595,843.00	Department of Health & Human Services	Research	15-Aug-04	14-Aug-05
7	3-Jun-04	N/A	2634	Karen Minyard	GA Healthcare Continuation	\$155,007.00	Georgia Governor's Office	Research	1-Sep-04	31-Aug-05
8	16-Jul-04	N/A	2709	Karen Minyard	Evaluation of Phase II: DSRDNP	\$113,971.00	Health Resources and Services Administration/DHHS	Research	1-Sep-04	31-Aug-05
9	29-Mar-05	N/A	3302	Robert Eger	States Investment Rural Health	\$180,173.00	Department of Health & Human Services	Research	1-Sep-05	31-Aug-06
			3440							
10	13-May-05	N/A	4542	Karen Minyard	Impacting Disease Outcomes	\$207,785.00	NIH	Research		
11	1-Jun-05	N/A	3514	Karen Minyard	Louisiana DHH HSD Project	\$60,000.00	Louisiana Department of Health and Hospitals	Research		
12	21-Jul-05	N/A	3706	Karen Minyard	Sustainability Planning	\$106,700.00	Adirondack Rural Health Network	Research		
13	2-Sep-05	N/A	3804	Christopher A Parker	What's Driving Public Health?	\$245,196.00	Johnson (Robert Wood) Foundation	Research		
14	27-Sep-05	N/A	3957	Karen Minyard	Setting Health Priorities	\$250,001.00	Woodruff (Robert W.) Foundation	Public Service		
15	27-Feb-06	N/A	4261	Karen Minyard	KP Cross-Site Evaluation	\$396,645.00	Kaiser Permanente/East Bay Community Foundation	Research		
16					Total	\$2,784,665.00				

Center Personnel¹
(FY'06 July 1, 2005-June 30, 2006)

Personnel	Position	College & Department	External Grants/Contracts	Amt of Funding- Internal College/Dept.
Faculty				
Karen J. Minyard	Director	AYSPS- GHPC		
Staff				
Barker, Sallie	Project Director	AYSPS- GHPC		
Clark, Cindy	Business Manager	AYSPS- GHPC		
Ebenezer, Ruth (5 months of FY 06)	Associate to Director	AYSPS- GHPC		
Goodman, Susan (6 months of FY 06)	Research Associate II	APSYS- GHPC		
Huddleston, Michelle (3 months of FY 06)	Admin Coordinator Sr.	AYSPS- GHPC		
Kota, Patricia	Sr. Research Associate	AYSPS- GHPC		
Landers, Glenn	Sr. Research Associate	AYSPS- GHPC		
Loneragan, Lindsey (9 months of FY 06)	Research Associate II	AYSPS- GHPC		
Parker, Chris	Sr. Research Associate	AYSPS- GHPC		
Pettway, Marketta (7 months of FY 06)	Associate to Director	AYSPS- GHPC		
Phillips, Mary Ann	Sr. Research Associate	AYSPS- GHPC		
Rutherford, Althea	Admin Coordinator Sr.	AYSPS- GHPC		
Scandrick, Daphne (7 months of FY 06)	Research Associate I	AYSPS- GHPC		
Sherman, Bernette	Research Associate II	AYSPS- GHPC		
Shoemaker, John (5 months of FY 06)	Research Associate II	AYSPS- GHPC		
Smith, Tina Anderson	Sr. Research Associate	AYSPS- GHPC		
Snyder, Angela (6 months of FY 06)	Sr. Research Associate	AYSPS- GHPC		
Tyler, Beverly	Research Associate II	AYSPS- GHPC		
Tyler, Marsha (3 months of FY 06)	Administrative Assistant	AYSPS- GHPC		
VanCantfort, Katherine (3 mos. of FY 06)	Research Associate I	AYSPS- GHPC		
VanValkenburg, Rachel	Research Associate II	AYSPS- GHPC		
Walker, Ernest (8 months of FY 06)	Research Associate II	AYSPS- GHPC		
Ward, Dora	Research Associate II	AYSPS- GHPC		
Zhou, Mei	Research Associate II	AYSPS- GHPC		
SALARY TOTALS			\$ 896,700.00	\$428,742.00

¹ Over the last five years, the Center has received an average of \$4 million in newly-awarded contracts each year and an average of \$436,000 in annual State and university support (Fund Code 10). The university and State contribution, which is approximately 10% of the Center's total annual revenue, supports the director and 2.5 FTEs. The non-Fund Code 10 funding supports the work of about 20 Center staff, project consultants, external contracts, travel, supplies, equipment, indirect costs, and faculty course buyouts.

Personnel	Position	College & Department	External Grants/Contracts	Amount of Funding – Internal College/Department
Other GRA's Consultants, etc.				
Bankston, Forest	GRA	AYSPS- GHPC		
Burns, Keith	GRA	AYSPS- GHPC		
Ujamaa, Dawud	GRA	AYSPS- GHPC		
Zhang, Lei	GRA	AYSPS- GHPC		
GRA Totals:			\$ 42,000.00	\$0.00

Personnel	Position	College & Department	External Grants/Contracts	Amount of Funding – Internal College/Department
Faculty Course Buyouts				
William S. Custer	Professor	Robinson College of Business/Health Administration	\$61,450.00	
Patricia Ketsche	Associate Professor	Robinson College of Business/Health Administration	\$46,000.00	
Buyout Totals:			\$107,450.00	\$0.00