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Biomedical and Health Sciences

RBHS Community Health and Health Systems Emerging Signature Area: 2015 Faculty Web Survey

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RBHS Community Health and Health Systems Emerging Signature Area: 2015 Faculty Web Survey

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Executive Summary

Rutgers Biomedical and Health Sciences (RBHS) was established in July 2013 combining health-related units that were previously part of the University of Medicine and Dentistry of New Jersey and Rutgers University under the 2012 New Jersey Medical and Health Sciences Restructuring Act. The RBHS strategic plan established a series of signature and complementary programs, educational and clinical initiatives, service activities and other priorities to guide RBHS growth and development. Community Health and Health Systems (CHHS) was established as an *emerging signature area*.

The survey reported here is designed to inform ongoing efforts to establish Rutgers as a premiere institution working to improve community health and health care delivery systems. It is part of the first-year review of the implementation of the RBHS strategic plan within the CHHS emerging signature area. In the survey, Rutgers faculty with interest in community health and health services were asked about their specific areas of interest, the supportiveness of the Rutgers environment for developing extramurally funded work in CHHS, and their extramural funding activity.

The fieldwork for the web survey was conducted from mid-June, 2015, to early August, 2015. RBHS and non-RBHS faculty in related fields (n=327) were invited to participate. There were 135 responses to the web survey for a response rate of 41%.

About 2/3 of the faculty respondents expressed a high level of interest in engaging in CHHS research, teaching, or service. Faculty respondents were most interested in collaborating in research led by others and teaching/mentoring and least interested in engaging with patients, providers, community groups, or policy audiences. Specific interests by faculty characteristics include:

- RBHS faculty were more likely than non-RBHS faculty to be interested in teaching or mentoring and engaging with patients or health care providers.
- Newark-based faculty were more likely than Camden-based faculty to be interested in engaging with policy audiences.

- Assistant professors, instructors, and lecturers were more likely than distinguished, full, or associate professors to be interested in engaging with patients or health care providers and engaging with community groups.
- Non-tenure track faculty were more likely than tenure track not tenured or tenured faculty to be interested in teaching or mentoring and engaging with patients or health care providers. Both non-tenure track and tenure track not tenured faculty were more likely than tenured faculty to be interested in engaging with community groups. Tenure track not tenured faculty were more likely than non-tenure track faculty to be interested in leading research.
- Faculty in clinical disciplines were more likely than non-clinical faculty to be interested in engaging with patients or health care providers.

Faculty respondents felt that Rutgers was strongest in conducting rigorous research and teaching/mentoring and not as strong in engaging with policy audiences. Specific Rutgers strength areas by faculty characteristics include:

- RBHS faculty were more likely than non-RBHS faculty to rate Rutgers as strong in teaching/mentoring and engaging with patients and health care providers. Non-RBHS faculty were more likely than RBHS faculty to rate Rutgers as strong in obtaining extramural funding and conducting rigorous research.
- Faculty in clinical professions were more likely to rate Rutgers as strong in engaging with patients or health care providers.

Nearly 40% have some level of funding for CHHS grants, and that is roughly equally divided among faculty who are funded but not PI, PI up to \$250k, and PI > \$250k. Half of those in the latter group have over \$1 million in CHHS grant funding. Funding status did not differ for any of the faculty characteristics except campus location:

- Faculty in New Brunswick, Piscataway, or Scotch Plains were more likely than faculty in the other campus locations to be PI on CHHS grants over \$250k and over \$1 million.
- Also, Camden/Stratford faculty were more likely than faculty in the other campus locations to be PI on smaller CHHS grants (up to \$250k).
- Faculty in both Camden/Stratford and Newark faculty were more likely than New Brunswick, Piscataway, or Scotch Plains faculty to have no extramural funding.

When asked to rate the level of supportiveness of Rutgers for CHHS work, faculty felt Rutgers was most supportive in helping them find collaborators at Rutgers with social science, economics, statistical and related expertise and providing pre-award grant/contract application support such as budget preparation. Faculty felt Rutgers was least supportive in providing departmental or

unit funding for pilot studies and providing Rutgers funded graduate research assistants to work on projects. Level of Rutgers supportiveness by faculty characteristics include:

- Faculty who were PI on grants up to \$250k and faculty who were PI on grants greater than \$250k felt Rutgers provided more support than did non-PI but funded faculty for Institutional Review Board procedures. Faculty PIs with grants >\$250k felt Rutgers was more supportive finding Rutgers collaborators with social science, economics, statistics, or related expertise than did faculty PIs with grants <\$250k. Likewise, higher award PIs felt Rutgers was more supportive providing up-to-date computer resources than did lower award PIs.
- RBHS faculty felt Rutgers was less supportive regarding Institutional Review Board procedures than did non-RBHS faculty. RBHS faculty also felt that Rutgers provided less computer/IT staff support in their department than did non-RBHS faculty.
- Clinical faculty felt Rutgers provided less post-award grant management support than did non-clinical faculty. Clinical faculty also felt Rutgers provided less computing/IT staff support in their department than did non-clinical faculty and less adequate clinical/laboratory research space. However, clinical faculty felt Rutgers provided more support finding colleagues with knowledge of community participatory research than did non-clinical faculty.
- Perceived Rutgers support did not differ for the 13 grant-related areas by campus location, rank, tenure status, or years on Rutgers faculty.

Suggestions most often made by faculty respondents to enable excellent work by its faculty to improve CHHS work include hire researchers with expertise in the CHHS area, encourage collaboration among departments, units, other institutions, other specific suggestions to encourage collaboration, improve administrative pre/post-award support, encourage community engagement, increase faculty support (non-monetary), increase junior faculty support/mentoring, provide financial support and other resources, issues related to healthcare providers and organization, increase education, training, and communication about CHHS, safety net issues, narrow the focus of CHHS, strategic planning, and issues related to infrastructure and healthcare delivery.

Among those faculty who responded to the survey, a total of \$62.4 million in 52 externally funded, active CHHS projects are held by 38 Rutgers faculty serving as principal investigators.

Overall, results from the survey of RBHS and non-RBHS faculty with interest in Community Health and Health Systems (CHHS) highlight a number of opportunities for CHHS research, educational and service activities as well as challenges in the RBHS setting. Findings suggest areas of strength and others where improvement is needed. Compared to more established faculty, junior faculty

express the greatest interest in developing new extramurally funded work. Respondents point to areas where administrative support could be improved and note that financial and other support for more junior faculty could enhance the stature of Rutgers in advancing its impact in improving health of communities and the health care system. The report concludes with the recommendation that a CHHS steering committee be formed to begin to address the findings of this report.

RBHS Community Health and Health Systems Emerging Signature Area: 2015 Faculty Web Survey

Joel C. Cantor, Sc.D., Shawna Hudson, Ph.D., and Susan Brownlee, Ph.D.

Introduction

Rutgers Biomedical and Health Sciences (RBHS) was established in July 2013 combining health-related units that were previously part of the University of Medicine and Dentistry of New Jersey and Rutgers University under the 2012 New Jersey Medical and Health Sciences Restructuring Act. To address the challenges of operating a major academic health center, RBHS undertook a comprehensive strategic planning process beginning in December 2013. This process resulted in a five-year RBHS strategic plan that was published in December 2014 (RBHS 2014).

The RBHS strategic plan established a series of key initiatives to address RBHS academic programs, faculty, clinical programs, finances and development, and infrastructure. These include signature and complementary programs, educational and clinical initiatives, service activities, and enabling structures that will guide and facilitate RBHS growth and development. Community Health and Health Systems (CHHS) was established as an *emerging signature area*. It is designated as “emerging” because strategic planning leadership felt that Rutgers does not yet have the capacity to compete with top programs in this area nationally. Leadership acknowledged that the University has great depth of capacity in CHHS, suggesting that Rutgers is positioned to move into the top tier of institutions over time. It further underscored the importance of work in community health and health systems to the RBHS and broader Rutgers mission.

The survey reported here is designed to inform ongoing efforts to establish Rutgers as a premiere institution working to improve community health and health care delivery systems. It is part of the first-year review of the implementation of the RBHS strategic plan within the CHHS emerging signature area. In the survey, Rutgers faculty with interest in community health and health services were asked about their specific areas of interest, the supportiveness of the Rutgers environment for developing extramurally funded work in CHHS, and their extramural funding activity.

Methods

The RBHS faculty web survey questionnaire was designed by the CHHS co-chairs with input from other Rutgers faculty and staff in the spring of 2015. The final version of the questionnaire was programmed into Survey Monkey and pretested (see Appendix A).

Faculty email addresses were obtained from five sources:

- Rutgers-affiliated attendees at the March 31, 2015, symposium: “Advancing health through community-engaged research: Successful & Emerging Approaches”, New Brunswick, NJ
- Rutgers faculty respondents to a February 2014 survey who identified a primary interest in an area related to community health and health systems
- Institute of Health, Health Care Policy, and Aging Research list of faculty
- School of Public Health list of faculty
- RWJMS-Family Medicine & Community Health, Research Division list of faculty

After removing duplicates from these merged email lists, 327 unique email addresses were included in the final sample.

The fieldwork for the faculty web survey was conducted from mid–June, 2015, to early August, 2015. The first email sent on June 18 described the survey and contained informed consent information and a link to the web survey (see Appendix B). Reminder emails with the consent information and survey link were sent on June 29 and July 14. The survey fieldwork closed on August 7. There were 135 responses to the web survey for a response rate of 41%. Of these, 119 completed the full questionnaire. The number of responses for some questionnaire items may be lower due to question skip patterns and non-response.

Survey topics included level of interest in the RBHS Community Health and Health Systems (CHHS) emerging signature area, ratings of Rutgers’ strengths in various roles related to CHHS, current CHHS funding, ratings of the supportiveness of Rutgers for extramurally-funded research, recommendations to improve CHHS, faculty characteristics, and details related to specific grants awarded to the faculty member.

Tables of results are presented at the end of the report (see Tables 1–7). To understand the differential impact of faculty characteristics, cross-tabulations and ANOVAs were conducted by the following characteristics (see Table 1 for distribution of characteristics among respondents):

- Primary academic unit
 - RBHS
 - All others

- Campus
 - New Brunswick, Piscataway, Scotch Plains
 - Newark
 - Camden
- Rank
 - Distinguished or full professor
 - Associate professor
 - Assistant professor, instructor, lecturer, other
- Tenure status
 - Tenured
 - Tenure track, not tenured
 - Non-tenure track
- Primary discipline or profession
 - Clinical professions
 - Other disciplines/professions
- Years on Rutgers faculty
 - 2 years or less
 - 3–5 years
 - 6–10 years
 - 11 or more years

In the Findings section, p-values for significant differences ($p < .05$) between the faculty characteristic groups are presented. Charts for selected measures are presented in the text. Most survey questions had item non-response below 5%. For these variables, missing values are excluded from the analysis.

Findings

Faculty Interest in CHHS Research, Teaching, or Service

When asked about their overall level of interest (high interest, moderate interest, some interest, no interest) in engaging in CHHS research, teaching, or service, about 2/3 (67.9%) of the faculty respondents expressed a high level of interest. About ¼ (24.4%) expressed moderate interest, and 7.6% expressed some interest. None of the respondents said that they had no interest in CHHS research, teaching, or service.

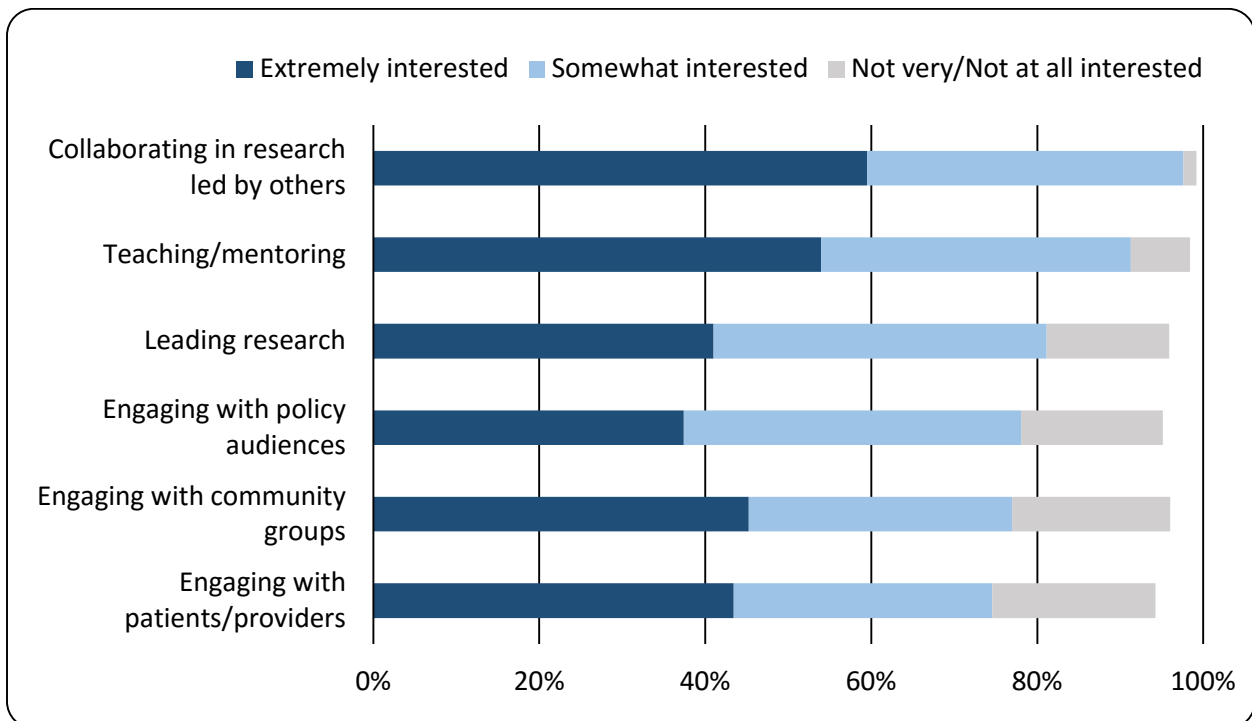
Faculty respondents were then asked to rate their level of interest in the following specific roles of CHHS research, teaching, or service:

- Teaching/mentoring

- Leading research
- Collaborating in research led by others
- Engage with patients or health care providers
- Engaging with community partners
- Engaging with policy audiences

Faculty respondents were most interested in collaborating in research led by others and teaching/mentoring and least interested in engaging with patients, providers, community groups, or policy audiences (see Figure 1).

Figure 1: Level of Interest in CHHS Activities by Role (n=126)



Note: "Not applicable" responses not shown in bars.

Cross-tabulations of the level of interest in the different roles of CHHS research, teaching, or service by faculty characteristics were then conducted. Table 2 shows these cross-tabulated results for those faculty who responded "extremely interested".

RBHS faculty were more likely than non-RBHS faculty to be interested in teaching or mentoring (RBHS faculty 61.8% extremely interested, non-RBHS faculty 40.5% extremely interested, $p < .007$) and engaging with patients or health care providers (RBHS faculty 52.0% extremely interested, non-RBHS faculty 30.8% extremely interested, $p < .043$). None of the other roles were significantly different for RBHS faculty versus non-RBHS faculty.

Newark-based faculty were more likely than Camden-based faculty to be interested in engaging with policy audiences (Newark faculty 48.1% extremely interested, Camden faculty 12.5% extremely interested, $p < .029$). None of the other roles were significantly different for campus location.

Assistant professors, instructors, and lecturers were more likely than distinguished, full, or associate professors to be interested in engaging with patients or health care providers (assistant professors, etc., 66.7% extremely interested, associate professors 36.1% extremely interested, distinguished or full professors 34.1% extremely interested, $p < .023$) and engaging with community groups (assistant professors, etc., 58.3% extremely interested, associate professors 50.0% extremely interested, distinguished or full professors 32.6% extremely interested, $p < .047$). None of the other roles were significantly different for rank.

Non-tenure track faculty were more likely than tenure track not tenured or tenured faculty to be interested in teaching or mentoring (non-tenure track 63.5% extremely interested, tenure track not tenured 57.1% extremely interested, tenured 45.1% extremely interested, $p < .037$) and engaging with patients or health care providers (non-tenure track 63.5% extremely interested, tenure track not tenured 57.1% extremely interested, tenured 21.3% extremely interested, $p < .002$). Both non-tenure track and tenure track not tenured faculty were more likely than tenured faculty to be interested in engaging with community groups (non-tenure track 55.8% extremely interested, tenure track not tenured 57.1% extremely interested, tenured 33.3% extremely interested, $p < .012$). Tenure track not tenured faculty were more likely than non-tenure track faculty to be interested in leading research (tenure track not tenured 71.4% extremely interested, non-tenure track 27.5% extremely interested, $p < .018$). The remaining roles were not significantly different for tenure status.

Faculty in clinical disciplines were more likely than non-clinical faculty to be interested in engaging with patients or health care providers (clinical faculty 59.6% extremely interested, non-clinical faculty 34.8% extremely interested, $p < .017$). None of the other roles were significantly different for discipline.

Those who have been Rutgers faculty for 3–5 years reported more interest in all roles of CHHS research, teaching, or service, but none of these were significant.

Ratings of Rutgers Strength in CHHS Research, Teaching, or Service

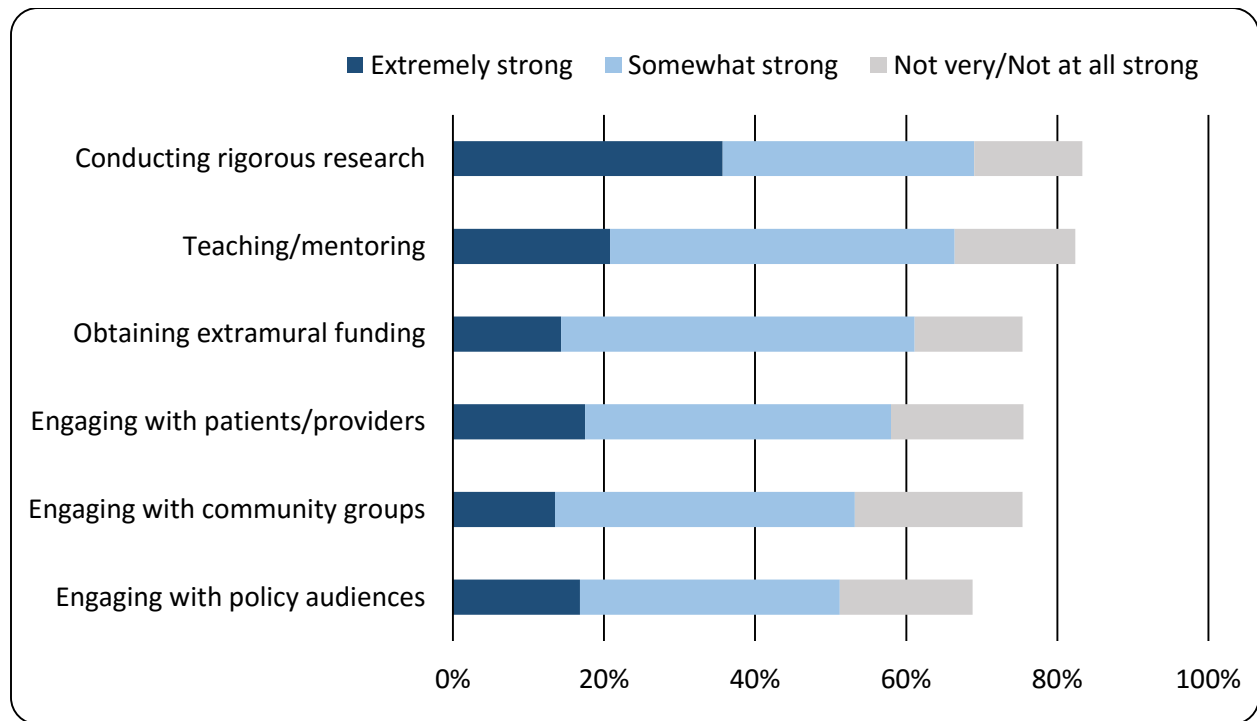
Faculty respondents were asked to rate the strength of Rutgers in the following specific roles of CHHS research, teaching, or service:

- Teaching/mentoring

- Obtaining extramural funding
- Conducting rigorous research
- Engage with patients or health care providers
- Engaging with community partners
- Engaging with policy audiences

Faculty respondents felt that Rutgers was strongest in conducting rigorous research and teaching/mentoring and not as strong in engaging with policy audiences (see Figure 2).

Figure 2: Rutgers Strength in CHHS Activities by Role (n=126)



Note: “Not applicable” responses not shown in bars.

Cross-tabulations of the rating of Rutgers strength in the different roles of CHHS research, teaching, or service by faculty characteristics were then conducted. Table 3 shows these cross-tabulated results for those faculty who responded “extremely strong”.

RBHS faculty were more likely than non-RBHS faculty to rate Rutgers as strong in teaching/mentoring (RBHS faculty 22.1% extremely strong, non-RBHS faculty 19.0% extremely strong, $p < .001$) and engaging with patients and health care providers (RBHS faculty 22.1% extremely strong, non-RBHS faculty 9.3% extremely strong, $p < .011$). Non-RBHS faculty were more likely than RBHS faculty to rate Rutgers as strong in obtaining extramural funding (non-RBHS faculty 20.9% extremely strong, RBHS faculty 10.4% extremely strong, $p < .012$) and conducting rigorous research (non-RBHS faculty 41.9% extremely strong, RBHS faculty 29.9%

extremely strong, $p < .014$). For all of these, non-RBHS faculty were about twice as likely to respond “not sure”, which may have contributed to the significant findings. The rating of Rutgers strength in engaging with community groups or policy audiences did not differ by RBHS versus non-RBHS faculty.

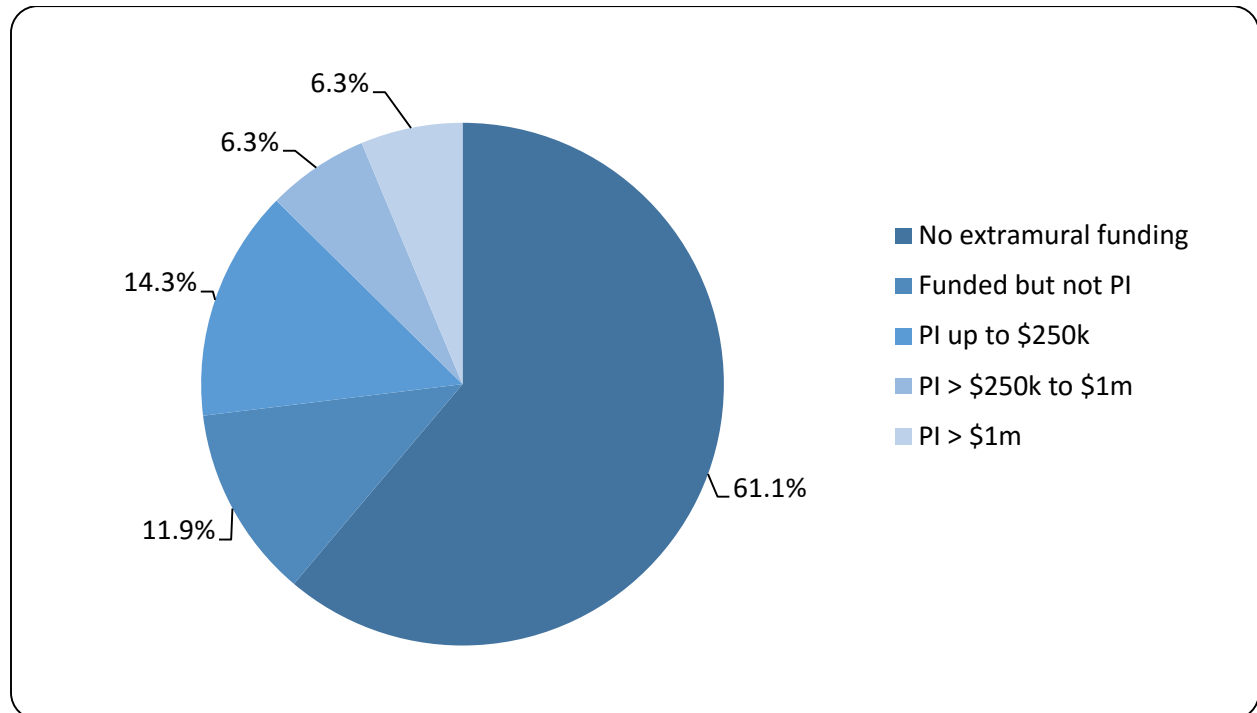
Faculty in clinical professions were more likely to rate Rutgers as strong in engaging with patients or health care providers (clinical faculty 20.0% extremely strong, non-clinical faculty 14.5% extremely strong, $p < .032$). None of the other roles differed by clinical versus non-clinical faculty.

None of the roles were significantly different by campus location, rank, tenure status, or years on Rutgers faculty.

Faculty CHHS Grant Funding Status

The current funding status of responding faculty overall for CHHS grants is shown in Table 4 and Figure 3. Nearly 40% (38.9%) have some level of funding for CHHS grants, and that is roughly equally divided among the following three groups: funded but not PI (n=15), PI up to \$250k (n=18), and PI > \$250k (n=16). Half of those in the latter group have over \$1 million in CHHS grant funding.

Figure 3: Faculty Funding Status (n=126)



Faculty in New Brunswick, Piscataway, or Scotch Plains were more likely than faculty in the other campus locations to be PI on CHHS grants over \$250k and over \$1 million (9.9% and 8.6% for New Brunswick, Piscataway, or Scotch Plains respectively versus 0.0% and 0.0% respectively for Newark, Camden, or Stratford, $p < .041$) (see Table 5). Also, Camden/Stratford faculty were more likely than faculty in the other campus locations to be PI on smaller CHHS grants (up to \$250k) (Camden 25.0% versus New Brunswick 11.1% and Newark 13.3%). Faculty in both Camden/Stratford and Newark faculty were more likely than New Brunswick, Piscataway, or Scotch Plains faculty to have no extramural funding (Newark 83.3% and Camden 75.0% versus New Brunswick 53.1%).

Current CHHS grant funding status did not significantly differ for any of the other faculty characteristics (primary academic unit, rank, tenure status, primary discipline/profession, and years on Rutgers faculty).

Among those with current CHHS grant funding, faculty that had grants in both community health and health systems were marginally more likely to have grants over \$1 million than faculty with grants in only one of the areas ($p < .057$) (see table below).

	Funded but not PI	PI up to \$250k	PI \$250k to \$1m	PI > \$1m
Funding distribution among those funded, row %				
Community health grants	29.2	45.8	16.7	8.3
Health systems grants	40.0	40.0	13.3	6.7
Both	20.0	10.0	20.0	50.0
Any grant	30.6	36.7	16.3	16.3

Rutgers CHHS Extramural Funding Support

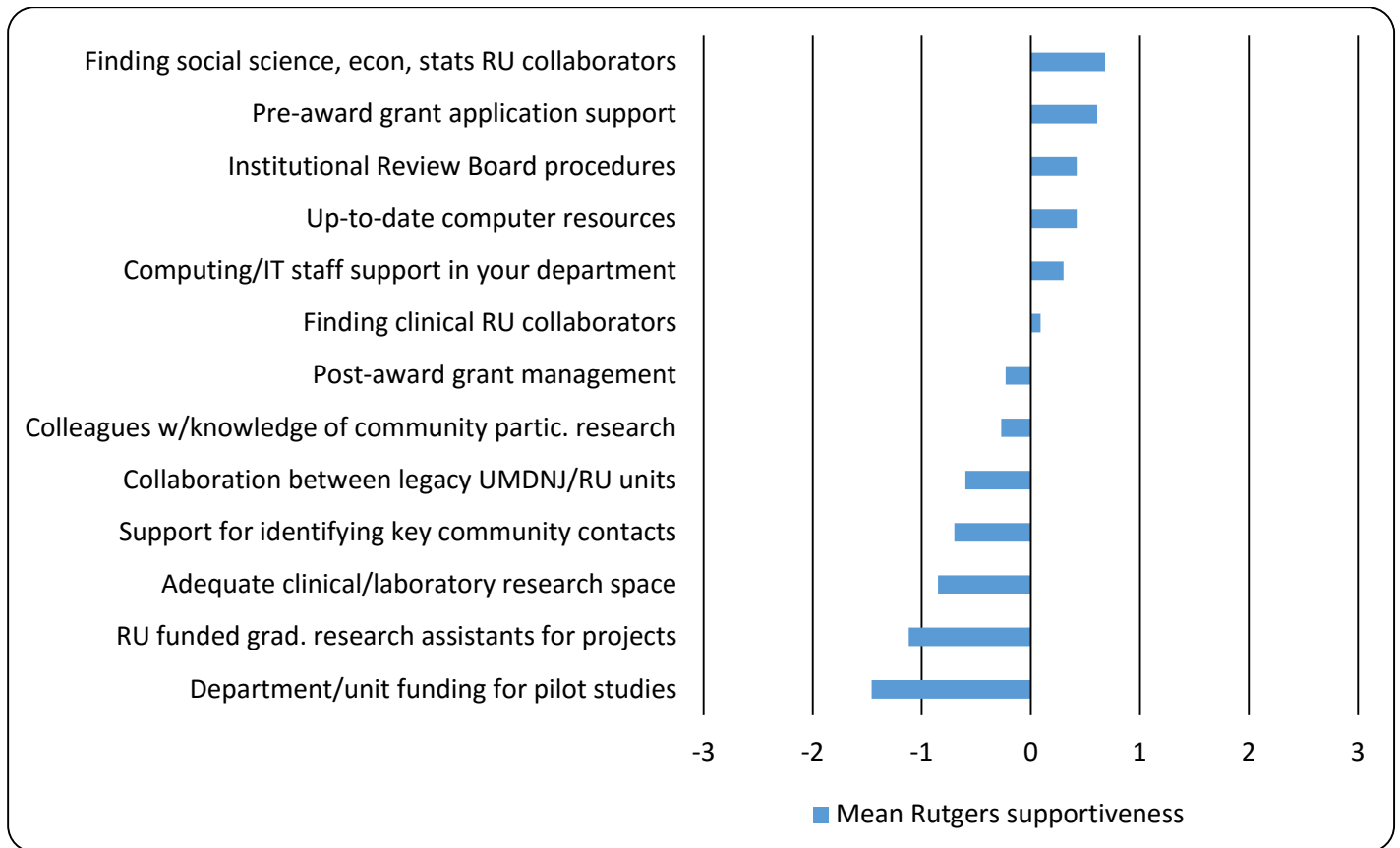
Faculty respondents with current CHHS funding were asked to rate how supportive (scored as – 3=very unsupportive, 3=very supportive) they feel Rutgers is in the following 13 areas related to their ability to develop and carry out grant/contract funded work in CHHS:

- Institutional review board procedures
- Pre-award grant/contract application support (e.g., budget preparation)
- Post-award grant/contract management (e.g., sub-contracting and financial reporting)
- Collaboration between legacy UMDNJ and legacy Rutgers units
- Finding collaborators at Rutgers with clinical expertise
- Finding collaborators at Rutgers with social science, economics, statistical and related expertise
- Up-to-date computer resources (e.g., hardware, software)

- Computing/IT staff support in your department, center or institute
- Rutgers funded graduate research assistants to work on projects
- Adequate clinical/laboratory research space
- Colleagues with knowledge of community participatory research
- Support for identifying key community contacts
- Departmental/Unit funding for pilot studies

Mean responses for each grant-related area across all faculty respondents with current CHHS funding are shown in Figure 4. Faculty felt Rutgers was most supportive in helping them find collaborators at Rutgers with social science, economics, statistical and related expertise (mean=0.68) and providing pre-award grant/contract application support such as budget preparation (mean=0.61). Faculty felt Rutgers was least supportive in providing departmental or unit funding for pilot studies (mean=-1.46) and providing Rutgers funded graduate research assistants to work on projects (mean=-1.12).

Figure 4: Supportiveness of Rutgers for Extramurally Funded Work (n=46 funded investigators) (-3=very unsupportive, 3=very supportive)



These 13 grant-related areas were then examined by funding status and faculty characteristics (see Table 6). Faculty who were PI on grants up to \$250k and faculty who were PI on grants greater than \$250k felt Rutgers provided more support than did non-PI but funded faculty for Institutional Review Board procedures (PI <\$250k mean 1.13, PI >\$250k mean 0.63, non-PI funded mean -0.57, $p < .009$). Faculty PIs with grants >\$250k (mean 1.46) felt Rutgers was more supportive finding Rutgers collaborators with social science, economics, statistics, or related expertise than did faculty PIs with grants <\$250k (mean -0.14, $p < .024$). Likewise, higher award PIs (mean 1.38) felt Rutgers was more supportive providing up-to-date computer resources than did lower award PIs (mean -0.60, $p < .003$).

RBHS faculty (mean 0.09) felt Rutgers was less supportive regarding Institutional Review Board procedures than did non-RBHS faculty (mean 1.36, $p < .020$). RBHS faculty (mean -0.06) also felt that Rutgers provided less computer/IT staff support in their department than did non-RBHS faculty (mean 1.36, $p < .049$).

Clinical faculty (mean -1.00) felt Rutgers provided less post-award grant management support than did non-clinical faculty (mean 0.50, $p < .011$). Clinical faculty (mean -1.00) also felt Rutgers provided less computing/IT staff support in their department than did non-clinical faculty (mean 1.24, $p < .000$) and less adequate clinical/laboratory research space (clinical faculty mean -1.43, non-clinical faculty mean 0.09, $p < .039$). However, clinical faculty (mean 0.33) felt Rutgers provided more support finding colleagues with knowledge of community participatory research than did non-clinical faculty (mean -0.90, $p < .019$).

Perceived Rutgers support did not differ for the 13 grant-related areas by campus location, rank, tenure status, or years on Rutgers faculty.

Recommended Steps for Rutgers to Enable Excellent CHHS Work

Faculty respondents were given the opportunity to provide three open-ended steps that Rutgers could take to enable excellent work by its faculty to improve Community Health and Health Systems. These responses were coded into 24 categories:

- Hire researchers with expertise in the CHHS area (n=7) including those with existing NIH funding and expertise in community-based participatory research.
- Encourage collaboration among departments, units, other institutions (n=45). This included general collaboration among interested faculty and collaboration among specific units such as the Schools of Public Health, School of Environmental and Biological sciences, Cooperative Extension, legacy UMDNJ and legacy Rutgers units, the Bloustein School of Planning and Public Policy, and the Institute of Health, Health Care Policy, and Aging Research, among the three campuses (New Brunswick, Newark, and Camden), and

with other healthcare institutions. Other suggestions in this area included creating a core group of faculty in the CHHS area, improving communication among interested faculty across units such as providing a forum or retreat to share grant ideas and findings, and making it easier to collaborate among RBHS and non-RBHS units by reducing some of the administrative hurdles and paperwork.

- Other specific suggestions to encourage collaboration (n=13) such as create subject working groups to vet grant proposals, create an internal directory of faculty with CHHS expertise and related skills, have meetings to plan large grant proposals, fund working groups of faculty, health agency representatives, healthcare providers, and citizens, enhance the data infrastructure so that data can be available across disciplines for pilot studies, provide shared resources for data collection, analysis, and grant-writing, enable the sharing of theoretical assumptions related to CHHS, and identify specific problem areas or high visibility projects for grant proposals.
- Administrative pre and post-award support (n=25). This area included funding for support staff (grant-writing staff, grant/contract administration), improving grants administration activities to enable more timely processing (legal review of contracts, human resources for hiring of research staff, grants submission), improved IRB activities (more friendly toward community partners, improved collaboration between RBHS and non-RBHS IRBs, improved RBHS IRB functionality, and provision of sample IRB proposals for community-based research).
- Encourage community engagement (n=30). This included general suggestions such as engage with the community and specific suggestions such as identify community partners, develop community cohorts for longitudinal studies, support community programming with funding and participation, and assess community needs.
- Faculty support (non-monetary) (n=23). These included give more value to community-based research in the tenure process, provide release time from teaching or clinical work to faculty for research, and generally provide a more supportive environment for and recognition of local-impact research.
- Junior faculty support/mentoring (n=11). These included suggestions to increase support to junior faculty through grant funding, mentoring from senior faculty, and increased collaboration and communication between junior and senior faculty.
- Financial support and other resources (n=33). This area included funding for pilot studies, research support staff (graduate assistants, post-doctorate fellows, data analysts, data collectors, IT staff, and work-study students), tuition waivers for graduate assistants, and adequate space and resources.
- Issues related to healthcare providers and organization (n=6) including the involvement of social workers in the healthcare team, understanding healthcare quality metrics, and collaboration between health systems and providers in the community.

- Education, training, and communication about CHHS (n=23). These included specific suggestions about increasing the knowledge of faculty related to CHHS work (increase communication about what this field comprises and why it is needed, provide basic research training to faculty including training in community-based research, improve the communication of research findings to policy makers and clinicians to enable their use, define specific CHHS research areas, highlight current efforts and successes in the field). Suggested communication vehicles included a seminar series, website, newsletter, and symposiums.
- Safety net (n=4). These were suggestions to understand the relevance and importance of Medicaid, the Affordable Care Act, and federally-qualified community health centers in CHHS work.
- Narrow the focus of CHHS (n=4). These included focus on a small set of issues and consolidate within one location.
- Strategic planning (n=7). Suggestions included make CHHS a key strategic initiative, develop a strategic plan, assess the current CHHS research/service/teaching needs, bring all voices to the table, reassess long-term goals, incentivize faculty, and create a centralized community health program that includes teaching, research, and service.
- Infrastructure (n=4). These included specific references to creating an infrastructure such as a specific office to coordinate efforts in this area in order to provide care and education to the community.
- Healthcare delivery (n=14). These included an assortment of suggestions related to healthcare delivery such as improve patient literacy, focus on patient and community needs not the provider, demonstrate superior methods of organizing, financing, and delivering healthcare, focus on preventive health care in the community, and improve access to quality and affordable healthcare.

The remaining categories had three or fewer comments:

- Student engagement in community (n=3).
- Role in community (n=3).
- Other funding sources – value (n=2).
- Specific campus/research unit needs (n=3).
- Indirect costs (n=2).
- Research opportunities (n=2).
- Apply for funding (n=3).
- CHHS teaching suggestions (n=2).

One additional “Other” category had four unrelated suggestions.

Current CHHS Grants

A list of 64 current CHHS grants held by 40 Rutgers faculty serving as principal investigators on externally funded grants who responded to the survey (includes 12 grants for 2 PIs known to us who did not respond to the survey) is shown in Tables 7a-c. A total of \$79.9 million in active funded projects are listed in the tables which gives the grant (or contract) title, focus area (Community Health or Health Systems or both equally), primary funding source (federal, state, foundation), grant mechanism if federally funded (e.g., R01), total grant amount, grant duration in months, and annual grant amount.

Conclusions

Results from the survey of RBHS and non RBHS faculty with interest in Community Health and Health Systems (CHHS) highlight a number of opportunities for CHHS research, educational and service activities as well as challenges in the RBHS setting.

Culture of Collaborators

Collaboration around the research and teaching missions were highlighted by faculty as areas of interest. Faculty respondents expressed most interest in collaborating in community health and health systems research led by others and in teaching/mentoring in these content areas. Fewer were interested in leading research or strongly engaging various policy, community and/or patient groups. RBHS faculty members were most interested in CHHS teaching and mentoring and working with patients and health care providers than non RBHS faculty. RBHS faculty members in clinical disciplines were most interested in working with patients and health care providers than faculty not housed in clinical disciplines. There were also some geographic differences in the type of CHHS work that was conducted with more Newark based faculty self-reported as conducting policy focused work than faculty based in Camden. These results point to a culture of collaboration upon which we can build and suggests the need to cultivate additional leadership resources, particularly faculty able and willing to initiate robust programs of research, to move the CHHS agenda forward.

Impact of Career Stage on CHHS Activities

There were some marked distinctions in terms of the roles that faculty at various stages of their career play in the CHHS activities of RBHS. Tenure track faculty who have not yet achieved tenure were more likely than non-tenure track faculty to be interested in leading research. Assistant professors, instructors, and lecturers were more likely than professors of higher rank to be interested in engaging with patients or health care providers and community groups. Both non-tenure track and tenure track but not yet tenured faculty were more likely than tenured faculty to be interested in engaging with community groups. These findings suggest that there may

opportunities to bring together new and mid-career investigators with an interest in leading research with clinical collaborators and community and policy stakeholders to move forward research and service agendas that address the needs of community, patients and the health care delivery system. Given that the greatest interest in leading development of new research is disproportionately in our more junior faculty, more institutional resources may be needed to support pilot studies and other activities to build the capacity of our nascent PIs. There are a number of funding opportunities through national funders such as Patient Centered Outcomes Research Institute (PCORI) and private foundations such Robert Wood Johnson Foundation (RWJF) to advance patient and community-engaged research and service work that seek to fund such initiatives. There is an opportunity to enhance preparation of our faculty pipeline of investigators at RBHS by targeting and tailoring programs and resources to enhance our faculty's ability to compete for extramural resources.

Extramural Funding

There is interest in CHHS with just under half of respondents (40%) reporting that they have CHHS extramural funding either at a collaborator or principal investigator (PI). More than half of those individuals reported themselves as PI. The majority of funded projects were produced by faculty investigators on the New Brunswick/Piscataway/Scotch Plains campus. Unlike choice of CHHS activity, there were no significant differences in terms of funding status by career stage or tenure. It bodes well for the future that junior faculty are funded at a similar level as their more senior colleagues. Among those faculty who responded to the survey, a total of \$62.4 million in 52 externally funded, active CHHS projects were held by 38 Rutgers faculty serving as principal investigators. These findings suggest that there is developing capacity within Rutgers and RBHS for producing high quality, extramurally funded CHHS work and that resources to expand this capacity are needed across all faculty levels and across the campuses.

Next Steps to Enhance CHHS Activities

Faculty endorsed a number of opportunities to enhance CHHS activities of RBHS. While many noted strengths in terms of helping to link RBHS collaborators with social science, economics, statistical and related expertise and providing pre-award grant/contract application support such as budget preparation, challenges were also presented in terms of post award and project implementation processes. Information technology and IRB issues were reported as problematic, particularly by those faculty in RBHS units. Some of the administrative challenges noted by respondents may be the result of short-term impacts of the Rutgers-UMDNJ integration process. There are significant changes underway at Rutgers to improve research support.

Resources for providing departmental or unit funding for pilot studies and funding for graduate research assistants to work on projects are reported to be limited. A number of strategies were

proposed as actionable items in the open ended responses. In response, we propose that a CHHS steering committee composed of representatives from each of the RBHS units should be convened to propose strategies to begin to address the report findings.

Tables

Table 1: Distributions of Faculty Characteristics, N=120*

Total	N	%
Primary academic unit		
RBHS	77	64.2
RWJ Medical School	24	20.0
School of Health Related Professions	15	12.5
School of Public Health	10	8.3
New Jersey Dental School	8	6.7
Institute for Health, Health Care Policy, & Aging Research	6	5.0
School of Nursing	6	5.0
Other	8	6.7
Other units, non-RBHS	43	35.8
School of Arts and Sciences	10	8.3
School of Environmental and Biological Sciences	10	8.3
School of Social Work	8	6.7
School of Communication and Information	6	5.0
Other	9	7.5
Campus - primary Rutgers office		
New Brunswick/Piscataway/Scotch Plains	81	68.1
Newark	30	25.2
Camden/Stratford	8	6.7
Rank		
Distinguished or Full Professor	44	37.0
Associate Professor	39	32.8
Assistant Professor, Instructor, Lecturer, Other	36	30.3
Tenure status		
Tenured	52	43.7
Tenure-track but not tenured	14	11.8
Non-tenure track	53	44.5

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Some totals may not equal 120 due to non-response.

Table 1: Distributions of Faculty Characteristics, N=120* (continued)

Total	N	%
Primary discipline or profession		
Clinical professions	50	42.0
Other disciplines/professions	69	58.0
Years on Rutgers faculty		
2 years or less	14	11.8
3-5 years	15	12.6
6-10 years	22	18.5
11+ years	68	57.1

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Some totals may not equal 120 due to non-response.

Table 2: Cross-tabulations of Level of Interest in CHHS Roles by Faculty Characteristics, N=118

	% of Faculty Extremely Interested					
	Teaching or mentoring	Leading research	Collab in research led by others	Engage with patients or providers	Engaging with community groups	Engaging with policy audiences
Primary academic unit	**			*		
RBHS	61.8	40.5	60.5	52.0	46.1	35.1
All other	40.5	42.5	59.5	30.8	47.6	41.5
Campus - primary Rutgers office						*
New Brunswick/Piscataway/Scotch Plains	46.8	40.3	57.5	39.7	44.4	35.4
Newark	76.7	46.4	65.5	63.0	50.0	48.1
Camden/Stratford	37.5	37.5	62.5	37.5	50.0	12.5
Rank				*	*	
Distinguished or Full Professor	45.2	39.0	53.5	34.1	32.6	30.0
Associate Professor	51.3	45.9	66.7	36.1	50.0	39.5
Assistant Professor, Instructor, Lecturer, Other	69.4	40.0	62.9	66.7	58.3	41.7
Tenure status	*	*		**	*	
Tenured	45.1	47.9	60.8	21.3	33.3	34.7
Tenure-track but not tenured	57.1	71.4	71.4	57.1	57.1	57.1
Non-tenure track	63.5	27.5	57.7	63.5	55.8	33.3
Primary discipline or profession				*		
Clinical professions	61.2	36.2	58.0	59.6	46.9	31.9
Other disciplines/professions	50.0	45.5	62.7	34.8	45.6	40.3
Years on Rutgers faculty						
2 years or less	42.9	42.9	71.4	57.1	57.1	35.7
3-5 years	73.3	78.6	78.6	60.0	66.7	46.7
6-10 years	50.0	31.8	54.5	36.4	45.5	31.8
11+ years	54.5	36.5	56.7	40.3	39.4	38.1

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 3: Cross-tabulations of Ratings of Rutgers Strength in CHHS Roles by Faculty Characteristics, N=120

	% Rating Rutgers as Extremely Strong					
	Teaching or mentoring	Obtaining extramural funding	Conducting rigorous research	Engage with patients or providers	Engaging with community groups	Engaging with policy audiences
Primary academic unit	**	*	*	*		
RBHS	22.1	10.4	29.9	22.1	14.3	19.7
All other	19.0	20.9	41.9	9.3	11.6	11.6
Campus - primary Rutgers office						
New Brunswick/Piscataway/Scotch Plains	21.3	17.3	38.3	16.0	12.3	21.3
Newark	26.7	6.7	30.0	26.7	20.0	10.0
Camden/Stratford	0.0	12.5	25.0	0.0	0.0	0.0
Rank						
Distinguished or Full Professor	20.9	13.6	34.1	18.2	6.8	18.6
Associate Professor	25.6	15.4	38.5	17.9	17.9	15.4
Assistant Professor, Instructor, Lecturer, Other	16.7	13.9	30.6	13.9	16.7	16.7
Tenure status						
Tenured	17.6	15.4	34.6	11.5	7.7	19.2
Tenure-track but not tenured	14.3	14.3	35.7	14.3	7.1	21.4
Non-tenure track	26.4	13.2	34.0	22.6	20.8	13.5
Primary discipline or profession				*		
Clinical professions	20.0	12.0	26.0	20.0	12.0	8.2
Other disciplines/professions	22.1	15.9	40.6	14.5	14.5	23.2
Years on Rutgers faculty						
2 years or less	35.7	7.1	28.6	28.6	21.4	7.1
3-5 years	13.3	13.3	46.7	20.0	20.0	26.7
6-10 years	18.2	13.6	36.4	13.6	4.5	13.6
11+ years	20.9	16.2	33.8	16.2	13.2	17.9

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area. Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 4: Faculty Funding Status, N=126

Total	N	%
Funding status		
No extramural funding	77	61.1
Funded but not PI	15	11.9
PI up to \$250k	18	14.3
PI > \$250k to \$1m	8	6.3
PI > \$1m	8	6.3

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

Table 5: Cross-tabulations of Faculty CHHS Grant Funding Status by Faculty Characteristics, N=120

	% CHHS Grant Funding Status				
	No extramural funding	Funded but not PI	PI up to \$250k	PI \$250k to \$1m	PI > \$1m
Primary academic unit					
RBHS	54.5	14.3	14.3	9.1	7.8
All other	72.1	9.3	11.6	2.3	4.7
Campus - primary Rutgers office*					
New Brunswick/Piscataway/Scotch Plains	53.1	17.3	11.1	9.9	8.6
Newark	83.3	3.3	13.3	0.0	0.0
Camden/Stratford	75.0	0.0	25.0	0.0	0.0
Rank					
Distinguished or Full Professor	63.6	11.4	9.1	6.8	9.1
Associate Professor	53.8	12.8	15.4	10.3	7.7
Assistant Professor, Instructor, Lecturer, Other	69.4	13.9	16.7	0.0	0.0
Tenure status					
Tenured	65.4	9.6	9.6	5.8	9.6
Tenure-track but not tenured	57.1	7.1	14.3	21.4	0.0
Non-tenure track	60.4	17.0	17.0	1.9	3.8
Primary discipline or profession					
Clinical professions	60.0	14.0	18.0	4.0	4.0
Other disciplines/professions	63.8	11.6	10.1	7.2	7.2
Years on Rutgers faculty					
2 years or less	64.3	14.3	21.4	0.0	0.0
3-5 years	73.3	13.3	13.3	0.0	0.0
6-10 years	54.5	9.1	27.3	4.5	4.5
11+ years	60.3	13.2	7.4	10.3	8.8

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area. Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 6: Rutgers Supportiveness for Extramurally Funded Work by Funding Status & Faculty Characteristics**(N=46)**

	Mean Level of Rutgers Supportiveness			
	Institutional Review Board procedures	Pre-award grant application support	Post-award grant management	Collaboration between legacy UMDNJ and legacy Rutgers units
Funding status	**			
Funded but not PI	-0.57	0.43	-0.17	0.09
PI up to \$250k	1.13	1.13	0.25	-1.18
PI > \$250k	0.63	0.25	-0.75	-0.69
Primary academic unit	*			
RBHS	0.09	0.41	-0.45	-0.55
All other	1.36	1.00	0.40	-1.00
Campus - primary Rutgers office				
New Brunswick/Piscataway/Scotch Plains	0.17	0.46	-0.49	-0.43
Newark	2.00	1.50	1.00	-0.50
Camden/Stratford	0.00	1.00	2.00	-2.00
Rank				
Distinguished or Full Professor	0.50	1.00	0.38	-0.85
Associate Professor	0.56	0.00	-0.53	-0.85
Assistant Professor, Instructor, Lecturer, Other	0.25	1.00	-0.25	0.25
Tenure status				
Tenured	0.78	0.56	0.06	-1.00
Tenure-track but not tenured	1.00	1.00	-0.50	0.00
Non-tenure track	0.05	0.50	-0.20	-0.41
Primary discipline or profession			*	
Clinical professions	0.06	0.00	-1.00	-1.13
Other disciplines/professions	0.76	1.00	0.50	-0.11
Years on Rutgers faculty				
2 years or less	0.50	1.00	0.33	-1.00
3-5 years	-0.50	0.50	0.33	0.50
6-10 years	0.80	0.60	-0.40	-0.71
11+ years	0.44	0.56	-0.23	-0.73

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 6: Rutgers Supportiveness for Extramurally Funded Work by Funding Status & Faculty Characteristics**(N=46) (continued)**

	Mean Level of Rutgers Supportiveness			
	Finding RU collaborators with clinical expertise	Finding RU collaborators with soc science, econ, stats expertise	Up-to-date computer resources	Computing/IT staff support in your department
Funding status		*	*	
Funded but not PI	0.60	0.82	0.43	0.29
PI up to \$250k	-0.17	-0.14	-0.60	-0.25
PI > \$250k	-0.08	1.46	1.38	0.88
Primary academic unit				*
RBHS	0.29	0.86	0.41	-0.06
All other	-0.71	-0.25	0.40	1.36
Campus - primary Rutgers office				
New Brunswick/Piscataway/Scotch Plains	0.21	0.79	0.50	0.46
Newark	1.00	1.00	0.50	0.00
Camden/Stratford	-2.00	-1.00	0.00	-1.00
Rank				
Distinguished or Full Professor	-0.23	1.29	0.63	0.75
Associate Professor	0.33	0.41	-0.22	-1.46
Assistant Professor, Instructor, Lecturer, Other	0.14	-0.14	-0.11	0.56
Tenure status				
Tenured	-0.33	0.63	0.88	0.56
Tenure-track but not tenured	0.50	0.60	0.20	0.60
Non-tenure track	0.20	0.60	0.00	0.00
Primary discipline or profession				***
Clinical professions	0.60	0.60	0.11	-1.00
Other disciplines/professions	-0.47	0.62	0.58	1.24
Years on Rutgers faculty				
2 years or less	1.00	1.00	0.33	-0.33
3-5 years	0.00	0.50	1.00	0.50
6-10 years	0.25	0.11	-0.11	-0.20
11+ years	-0.05	0.82	0.48	0.48

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 6: Rutgers Supportiveness for Extramurally Funded Work by Funding Status & Faculty Characteristics**(N=46) (continued)**

	Mean Level of Rutgers Supportiveness			
	Rutgers funded graduate research assistants to work on projects	Adequate clinical or laboratory research space	Colleagues with knowledge of community participatory research	Support for identifying key community contacts
Funding status				
Funded but not PI	-0.33	-0.60	-0.23	-0.54
PI up to \$250k	-1.55	-1.25	-0.50	-1.13
PI > \$250k	-1.55	-0.75	0.00	-0.33
Primary academic unit				
RBHS	-1.26	-0.82	-0.16	-0.52
All other	-1.00	-1.00	-0.78	-1.20
Campus - primary Rutgers office				
New Brunswick/Piscataway/Scotch Plains	-1.00	-0.62	-0.25	-0.55
Newark	-0.50	-1.67	0.50	-0.50
Camden/Stratford	-3.00	-3.00	-1.00	-2.00
Rank				
Distinguished or Full Professor	-0.86	-0.60	-0.69	-0.38
Associate Professor	-1.46	-1.18	0.06	-0.88
Assistant Professor, Instructor, Lecturer, Other	-1.40	0.00	-0.56	-1.00
Tenure status				
Tenured	-1.44	-0.67	-0.87	-1.00
Tenure-track but not tenured	-1.67	-1.00	-0.60	-1.00
Non-tenure track	-0.64	-0.80	0.16	-0.41
Primary discipline or profession				
Clinical professions	-1.80	-1.43	0.33	-0.50
Other disciplines/professions	-0.91	0.09	-0.90	-0.90
Years on Rutgers faculty				
2 years or less	-2.00	-1.67	-0.33	-0.33
3-5 years	-1.50	0.00	-0.50	-1.50
6-10 years	-1.25	-0.20	-1.20	-1.44
11+ years	-1.00	-1.14	0.13	-0.27

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 6: Rutgers Supportiveness for Extramurally Funded Work by Funding Status & Faculty Characteristics (N=46) (continued)

	Mean Level of Rutgers Supportiveness
	Department or unit funding for pilot studies
Funding status	
Funded but not PI	-1.57
PI up to \$250k	-1.00
PI > \$250k	-1.83
Primary academic unit	
RBHS	-1.73
All other	-0.56
Campus - primary Rutgers office	
New Brunswick/Piscataway/Scotch Plains	-1.31
Newark	-1.50
Camden/Stratford	-3.00
Rank	
Distinguished or Full Professor	-1.38
Associate Professor	-1.53
Assistant Professor, Instructor, Lecturer, Other	-1.29
Tenure status	
Tenured	-1.11
Tenure-track but not tenured	-2.33
Non-tenure track	-1.59
Primary discipline or profession	
Clinical professions	-1.50
Other disciplines/professions	-1.36
Years on Rutgers faculty	
2 years or less	-1.67
3-5 years	-2.00
6-10 years	-1.22
11+ years	-1.43

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Significant at p<.05, **significant at p<.01, ***significant at p<.001.

Table 7a: Current Federal CHHS Grants, N=37

Title	Focus Area	Federal Agency	Federal Grant Mechanism	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
Rutgers Cooperative Extension*	Community Health			\$20,000,000	12	\$20,000,000
Sustainable High-Utilization Team Model	Health Systems	CMMI, CMS		\$14,347,807	36	\$4,782,602
Centers for Education and Research on Therapeutics (CERTs)	Health Systems	AHRQ	U19	\$4,233,171	60	\$811,878
SMINET: Applying Evidence to Improve Care and Outcomes in Severe Mental Illness	Health Systems	AHRQ	R18	\$4,153,088	48	\$923,922
Extended Cancer Education for Longer-term Survivors (EXCELS) in Primary Care	Health Systems	NIH	R01	\$3,235,412	60	\$647,082
Impact of Environmental Changes on Children's BMI and Behaviors	Community Health	NIH	R01	\$3,000,000	60	\$600,000
Patient provider communication on ecig	Both equally	NIH	R01	\$3,000,000	60	\$600,000
NJ State Innovation Model Design Award	Both equally	CMMI, CMS		\$3,000,000	12	\$3,000,000
Evaluating System Change to Advance Learning and Take Evidence to Scale (ESCALATES) (sub-contract)	Both equally	AHRQ		\$2,264,759	48	\$566,190
PCMH Implementation Strategies: Implications for Cancer Survivor Care	Both equally	NCI	R01	\$1,905,457	34	\$672,514
(no title given)	Health Systems	NIH	R01	\$1,500,000	36	\$500,000
(no title given)	Community Health	HRSA		\$1,500,000	36	\$500,000
Comparative Effectiveness of State Psychotropic Oversight Systems for Children in Foster Care	Health Systems	PCORI	Contract-CR7	\$1,500,000	36	\$500,000

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Co-funded by additional source(s).

Note: Includes grants known to us not reported by survey respondents.

Table 7a: Current Federal CHHS Grants, N=37 (continued)

Title	Focus Area	Federal Agency	Federal Grant Mechanism	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
Improving Medication Safety in Nursing Home Dementia Care	Health Systems	AHRQ	R18	\$1,290,034	36	\$248,542
Development and Performance of Medicaid ACOs	Health Systems	AHRQ	R18	\$1,205,221	60	\$241,044
Comprehensive Primary Care Initiative	Health Systems	CMMI, CMS		\$1,200,000	48	\$300,000
Long Term Training in Rehabilitation Counseling	Community Health	RSA		\$1,000,000	60	\$200,000
Integrating Practice and Community Cancer Control	Community Health	NCI	K05	\$840,035	72	\$140,006
HRSA Predoctoral training in primary care	Community Health	HRSA		\$800,000	60	\$160,000
Long term training in rehabilitation of individuals who are mentally ill	Community Health	RSA		\$750,000	60	\$150,000
Economic Shocks and Family Health Security	Both equally	AHRQ	R01	\$574,000	30	\$229,600
Comparative Effectiveness of Adaptive Pharmacotherapy Strategies for Schizophrenia	Health Systems	PCORI	Contract	\$557,356	36	\$185,785
Healthcare Delivery Transformation Resource Center	Health Systems	CMS		\$500,000	12	\$500,000
RCT of an online multimedia program to boost coping & function for Pca survivors	Both equally	NIH	R01	\$453,889	60	\$90,778
Safety of Second Generation Antipsychotics for Adult Depression	Health Systems	NIH	R21	\$426,250	24	\$213,125

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Co-funded by additional source(s).

Note: Includes grants known to us not reported by survey respondents.

Table 7a: Current Federal CHHS Grants, N=37 (continued)

Title	Focus Area	Federal Agency	Federal Grant Mechanism	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
Virtual Weight Loss Program for African-American Breast Cancer Survivors	Community Health	NIH	R21	\$380,407	24	\$190,204
Reducing Health Disparities by Decreasing Weight Bias in Community Healthcare Settings	Both equally	NIH	R21	\$379,756	24	\$189,878
REU Site: Social Disparities in Health, Health Behavior and Access to Care (Project L/EARN)	Both equally	NSF		\$350,000	36	\$116,667
Media literacy technology in community groups	Community Health	NIH	R41	\$305,000	9	\$406,667
Working Conference Series to Disseminate PCMH Implementation Strategies	Both equally	AHRQ	R13	\$289,351	34	\$102,124
(no title given)	Community Health	ACF		\$196,783	22	\$107,336
South Asian screening	Community Health	NIH	CHE	\$125,000	12	\$125,000
Community Outreach and Education Core, Center for Environmental Exposures and Disease	Community Health	NIH	P01	\$100,000	12	\$100,000
Identifying Barriers to Recovery-Oriented Practice in Supportive Housing	Health Systems	NIH	F31	\$84,000	24	\$42,000
Nutrition Project for the Elderly - Mercer County	Community Health	USDHHS		\$75,000	36	\$25,000
Communication skills intervention to promote transition into survivorship	Health Systems					
(no title given)	Health Systems	AHRQ	R01			
Total				\$75,521,776		

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Co-funded by additional source(s).

Note: Includes grants known to us not reported by survey respondents.

Table 7b: Current State Government CHHS Grants, N=6

Title	Focus Area	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
New Jersey Safe Schools Program	Community Health	\$808,000	36	\$269,333
Community Living Education Project	Community Health	\$400,000	12	\$400,000
Impact of Health Reform in NJ*	Health Systems	\$237,181	21	\$135,532
Community based Stroke prevention in South Asians	Community Health	\$180,000	60	\$36,000
New Jersey SBIRT	Health Systems	\$111,600	28	\$47,829
Respite Center Evaluation	Health Systems	\$12,000	24	\$6,000
Total		\$1,748,781		

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

*Co-funded by additional source(s).

Note: Includes grants known to us not reported by survey respondents.

Table 7c: Current Private Foundation CHHS Grants, N=21

Title	Focus Area	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
Support for community health programming in New Brunswick	Both equally	\$750,000	12	\$750,000
Evaluation of AF4Q Super User Projects	Health Systems	\$400,000	42	\$114,286
(no title given)	Health Systems	\$300,000	12	\$300,000
Tracking Changes in the Food and Physical Activity Environments in Five New Jersey Cities	Community Health	\$273,000	60	\$54,600
Essential Competencies for Addressing the Needs of High-Utilizing Patients	Health Systems	\$249,000	24	\$124,500
Workflow Analysis: Improving Care Coordination in Primary Care	Health Systems	\$150,000	24	\$75,000
NB Community Farmers Market	Community Health	\$125,000	12	\$125,000
Nestle First 1000 days	Community Health	\$90,000	12	\$90,000
(no title given)	Health Systems	\$50,000	24	\$25,000
PCT-LEAP Phase II	Health Systems	\$47,253	30	\$18,900
Medicare Part D and Economic Burden of Medical Expenses	Health Systems	\$45,000	24	\$22,500
Aging in Place Among Low- to Moderate-Income Older Adults in Bergen County	Community Health	\$38,000	9	\$50,667
Safe and Judicious Use of Antipsychotic Medications in Children and Adolescents: Seed Money for Pilot Study	Health Systems	\$35,000	12	\$35,000
Developing Supportive Services Programs in Publicly Subsidized Senior Housing	Community Health	\$33,000	6	\$66,000
Sealants project	Community Health	\$25,000	12	\$25,000
Sealant program	Community Health	\$25,000	12	\$25,000
Developing and Piloting an Adolescent Concussions / Traumatic Brain Injury (TBI) Surveillance System in NJ to Inform School-Based Educational Trainings and Prevention of Repeated TBI	Community Health	\$20,000	12	\$20,000
ALICE Project	Community Health	\$15,000	6	\$30,000

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

Note: Includes grants known to us not reported by survey respondents.

Table 7c: Current Private Foundation CHHS Grants, N=21 (continued)

Title	Focus Area	Total Grant Amount	Grant Duration in Months	Grant Amount per 12 Months
Experience with Variations in Treatment for Early Stage Breast Cancer	Health Systems	\$5,000	12	\$5,000
Community Engagement for Health Hot spotting	Community Health Both equally	\$2,500	12	\$2,500
Total		\$2,677,753		

Source: 2015 Rutgers Biomedical and Health Sciences Community Health and Health Systems Emerging Signature Area.

Tabulations by Rutgers Center for State Health Policy.

Note: Includes grants known to us not reported by survey respondents.

References

RBHS (Rutgers Biomedical and Health Sciences). 2014. *Building an Academic Health Center for the 21st Century: A Strategic Plan for Rutgers Biomedical and Health Sciences*. Newark, NJ: RBHS.

Appendix A: RBHS Community Health and Health Systems Faculty Web Survey, Questionnaire

Continued on next page.

* 1. Introduction:

Community Health and Health Systems was identified as an emerging signature area in the Rutgers Biomedical and Health Sciences (RBHS) strategic plan. We ask that you complete this survey to support the next phase of strategic planning in this area.

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

If you are a Rutgers faculty member and willing to participate in the survey, click on the “I Agree” button to begin the survey. If not, please click on the “I Do Not Agree” button after which you will exit this program.

- I am a Rutgers faculty member and agree to participate
- I am not a Rutgers faculty member or do not agree to participate

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

2. What is your level of interest in engaging in research, teaching or service on Community Health or Health Systems (as defined above)?

- High interest
- Moderate interest
- Some interest
- No interest

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

RBHS Community Health and Health Systems Emerging

3. Which of the following roles are you interested in playing in the areas of Community Health or Health Systems?

	Extremely Interested	Somewhat Interested	Not Very/Not At All Interested	Not Sure
Teaching/mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leading research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating in research led by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with patients or health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging with community groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging with policy audiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

4. Please rate how strong you feel Rutgers is in the following roles related to Community Health or Health Systems?

	Extremely Strong	Somewhat Strong	Not Very/Not At All Strong	Not Sure
Teaching/mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining extramural funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting rigorous research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with patients or health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging with community groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging with policy audiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

5. Are you currently funded by grants or contracts (do not include internal Rutgers funding) for projects on Community Health or Health Systems (see definitions above)?

- Community health
- Health systems
- Both
- Neither

6. Are you currently Principal Investigator on any of these grants/contracts?

- Yes
- No

7. What is the total amount of funding (including direct and indirect costs) for Community Health or Health Systems grants or contracts on which you are PI (or dual PI)? (check one)

- \$10,000 or less
- \$10,001 to \$250,000
- \$250,001 to \$500,000
- \$500,001 to \$1 million
- Over \$1 million

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

RBHS Community Health and Health Systems Emerging

8. Please rate the supportiveness of Rutgers in each of the following for your ability to develop and carry out grant/contract funded work in Community Health or Health Systems. Rate each aspect of the environment as Very Supportive, Somewhat Supportive, Somewhat Unsupportive, or Very Unsupportive (or not applicable).

	Very Supportive	Somewhat Supportive	Somewhat Unsupportive	Very Unsupportive	Not Applicable
Institutional review board procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-award grant/contract application support (e.g., budget preparation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-award grant/contract management (e.g., sub-contracting and financial reporting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration between legacy UMDNJ and legacy Rutgers units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding collaborators at Rutgers with clinical expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding collaborators at Rutgers with social science, economics, statistical and related expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Up-to-date computer resources (e.g., hardware, software)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computing/IT staff support in your department, center or institute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rutgers funded graduate research assistants to work on projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate clinical/laboratory research space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colleagues with knowledge of community participatory research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for identifying key community contacts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Departmental/Unit funding for pilot studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

9. What are the three most important steps Rutgers can take to enable excellent work by its faculty to improve Community Health and Health Systems?

- a.
- b.
- c.

10. In what unit is your primary Rutgers faculty appointment? If you are appointed in more than one unit, select the unit in which you spend the greatest share of your research time. Use the drop-down menu below.

Other (specify below)

11. What is the location of your primary Rutgers office? (select one)

- New Brunswick/Piscataway/Scotch Plains
- Newark
- Camden

12. What is your title? (select one)

- Professor or Distinguished Professor (or equivalent)
- Associate Professor (or equivalent)
- Assistant Professor (or equivalent)
- Instructor
- Other (specify below)

13. Are you tenured, tenure-track but not yet tenured, or non-tenure track?

- Tenured
- Tenure-track but not tenured
- Non-tenure track

14. What is your discipline/profession(s)? Please indicate primary and secondary discipline if applicable.

	Primary	Secondary
Discipline/Profession	<input type="text"/>	<input type="text"/>
Other (specify below)	<input type="text"/>	

15. How long have you been a member of the Rutgers faculty?

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11 or more years

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

16. On how many current active grants or contracts (do not include internal Rutgers funding) for projects on Community Health or Health Systems are you principal investigator (include dual PI and subcontract PI)?

- 0
- 1
- 2
- 3
- 4
- 5 or more

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

RBHS Community Health and Health Systems Emerging

17. The following questions are about active grants/contracts in Community Health or Health Systems on which you are principal investigator. If you are PI on more than one active project, the questions will be repeated for up to five awards. If you have more than five active awards, please provide information for your five largest awards.

What is the title of this project?

18. Does this project focus primarily on community health, health systems or both equally?

- Community Health
 Health Systems
 Both equally

19. What is the primary source of funding for this project? (check one)

- Federal (including National Science Foundation)
 State or local government
 Private foundation
 Other (specify below)

20. What federal agency is funding this grant/contract? (check one)

- Agency for Healthcare Research and Quality
 Centers for Disease Control and Prevention
 Health Resources and Services Administration
 National Institutes of Health
 National Science Foundation
 Substance Abuse and Mental Health Services Administration
 Other (specify below)

21. What is the federal grant mechanism (activity code) of this project?

- R01 or U01 – Research Project
- R03 – Small Research Project
- R18 – Research, Demonstration, and Dissemination
- R21 – Exploratory/Developmental Research
- R24 – Resource-Related Research Projects
- K01 or other K series awards – Mentored Research Scientist Development (or similar)
- T32 or other T or F series awards – Training and Fellowships
- P01 or other P series award – Research Program Project or Center (or similar)
- Other (specify below)

22. Is this project funded by a New Jersey state or local government agency or a state or local agency in another state?

- New Jersey state agency
- Local government in New Jersey
- Non-New Jersey state government agency
- Non-New Jersey local government agency

23. What is the total budget in dollars for this project (include direct and indirect costs) for the full anticipated duration of the project (including anticipated non-competing renewals)?

24. What is the budget period for the amount reported above? (Please report as number of months)

of
months

25. Do you currently serve as principal investigator on any additional active grants or contracts for projects on Community Health or Health Systems?

- Yes
- No

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

26. The following questions are about your next largest active grant/contract in Community Health or Health Systems on which you are principal investigator.

What is the title of this project?

27. Does this project focus primarily on community health, health systems or both equally?

- Community Health
- Health Systems
- Both equally

28. What is the primary source of funding for this project? (check one)

- Federal (including National Science Foundation)
- State or local government
- Private foundation
- Other (specify below)

29. What federal agency is funding this grant/contract? (check one)

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- National Institutes of Health
- National Science Foundation
- Substance Abuse and Mental Health Services Administration
- Other (specify below)

30. What is the federal grant mechanism (activity code) of this project?

- R01 or U01 – Research Project
- R03 – Small Research Project
- R18 – Research, Demonstration, and Dissemination
- R21 – Exploratory/Developmental Research
- R24 – Resource-Related Research Projects
- K01 or other K series awards – Mentored Research Scientist Development (or similar)
- T32 or other T or F series awards – Training and Fellowships
- P01 or other P series award – Research Program Project or Center (or similar)
- Other (specify below)

31. Is this project funded by a New Jersey state or local government agency or a state or local agency in another state?

- New Jersey state agency
- Local government in New Jersey
- Non-New Jersey state government agency
- Non-New Jersey local government agency

32. What is the total budget in dollars for this project (include direct and indirect costs) for the full anticipated duration of the project (including anticipated non-competing renewals)?

33. What is the budget period for the amount reported above? (Please report as number of months)

of
months

34. Do you currently serve as principal investigator on any additional active grants or contracts for projects on Community Health or Health Systems?

- Yes
- No

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

35. The following questions are about your next largest active grant/contract in Community Health or Health Systems on which you are principal investigator.

What is the title of this project?

36. Does this project focus primarily on community health, health systems or both equally?

- Community Health
- Health Systems
- Both equally

37. What is the primary source of funding for this project? (check one)

- Federal (including National Science Foundation)
- State or local government
- Private foundation
- Other (specify below)

38. What federal agency is funding this grant/contract? (check one)

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- National Institutes of Health
- National Science Foundation
- Substance Abuse and Mental Health Services Administration
- Other (specify below)

39. What is the federal grant mechanism (activity code) of this project?

- R01 or U01 – Research Project
- R03 – Small Research Project
- R18 – Research, Demonstration, and Dissemination
- R21 – Exploratory/Developmental Research
- R24 – Resource-Related Research Projects
- K01 or other K series awards – Mentored Research Scientist Development (or similar)
- T32 or other T or F series awards – Training and Fellowships
- P01 or other P series award – Research Program Project or Center (or similar)
- Other (specify below)

40. Is this project funded by a New Jersey state or local government agency or a state or local agency in another state?

- New Jersey state agency
- Local government in New Jersey
- Non-New Jersey state government agency
- Non-New Jersey local government agency

41. What is the total budget in dollars for this project (include direct and indirect costs) for the full anticipated duration of the project (including anticipated non-competing renewals)?

42. What is the budget period for the amount reported above? (Please report as number of months)

of
months

43. Do you currently serve as principal investigator on any additional active grants or contracts for projects on Community Health or Health Systems?

- Yes
 No

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

44. The following questions are about your next largest active grant/contract in Community Health or Health Systems on which you are principal investigator.

What is the title of this project?

45. Does this project focus primarily on community health, health systems or both equally?

- Community Health
 Health Systems
 Both equally

46. What is the primary source of funding for this project? (check one)

- Federal (including National Science Foundation)
 State or local government
 Private foundation
 Other (specify below)

47. What federal agency is funding this grant/contract? (check one)

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- National Institutes of Health
- National Science Foundation
- Substance Abuse and Mental Health Services Administration
- Other (specify below)

48. What is the federal grant mechanism (activity code) of this project?

- R01 or U01 – Research Project
- R03 – Small Research Project
- R18 – Research, Demonstration, and Dissemination
- R21 – Exploratory/Developmental Research
- R24 – Resource-Related Research Projects
- K01 or other K series awards – Mentored Research Scientist Development (or similar)
- T32 or other T or F series awards – Training and Fellowships
- P01 or other P series award – Research Program Project or Center (or similar)
- Other (specify below)

49. Is this project funded by a New Jersey state or local government agency or a state or local agency in another state?

- New Jersey state agency
- Local government in New Jersey
- Non-New Jersey state government agency
- Non-New Jersey local government agency

RBHS Community Health and Health Systems Emerging

50. What is the total budget in dollars for this project (include direct and indirect costs) for the full anticipated duration of the project (including anticipated non-competing renewals)?

51. What is the budget period for the amount reported above? (Please report as number of months)

of
months

52. Do you currently serve as principal investigator on any additional active grants or contracts for projects on Community Health or Health Systems?

- Yes
 No

For the purposes of this survey “Community Health” concerns the study and improvement of the health of defined populations (e.g., defined by geography or ethnic group) and “Health Systems” concerns the study and improvement of the organization, financing and delivery of healthcare services.

53. The following questions are about your next largest active grant/contract in Community Health or Health Systems on which you are principal investigator.

What is the title of this project?

54. Does this project focus primarily on community health, health systems or both equally?

- Community Health
 Health Systems
 Both equally

55. What is the primary source of funding for this project? (check one)

- Federal (including National Science Foundation)
 State or local government
 Private foundation
 Other (specify below)

56. What federal agency is funding this grant/contract? (check one)

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- National Institutes of Health
- National Science Foundation
- Substance Abuse and Mental Health Services Administration
- Other (specify below)

57. What is the federal grant mechanism (activity code) of this project?

- R01 or U01 – Research Project
- R03 – Small Research Project
- R18 – Research, Demonstration, and Dissemination
- R21 – Exploratory/Developmental Research
- R24 – Resource-Related Research Projects
- K01 or other K series awards – Mentored Research Scientist Development (or similar)
- T32 or other T or F series awards – Training and Fellowships
- P01 or other P series award – Research Program Project or Center (or similar)
- Other (specify below)

58. Is this project funded by a New Jersey state or local government agency or a state or local agency in another state?

- New Jersey state agency
- Local government in New Jersey
- Non-New Jersey state government agency
- Non-New Jersey local government agency

59. What is the total budget in dollars for this project (include direct and indirect costs) for the full anticipated duration of the project (including anticipated non-competing renewals)?

60. What is the budget period for the amount reported above? (Please report as number of months)

of
months

THANK YOU for completing the survey!! When you hit the "Done" button below, your answers will be submitted and you will be directed to the Rutgers Biomedical and Health Sciences website.

Appendix B: RBHS Community Health and Health Systems Faculty Web Survey, Email Invite

Subject line: Community Health and Health Systems Strategic Planning

Dear Colleague:

As you may know, *Community Health and Health Systems* was identified as an emerging signature area in the strategic plan of Rutgers Biomedical and Health Sciences (RBHS). You are receiving this email because you have expressed interest in community health or health systems or because you are a faculty member in a Rutgers unit doing work in these areas. To support the next phase of strategic planning in this area, we ask that you complete the survey at the link below. It should take no more than 10 minutes to complete. Aggregated results will be used to benchmark our progress in the emerging signature area and identify priorities for the coming year.

Some individuals who are on more than one faculty list may receive multiple emails. Please complete the survey only once. Thank you for your participation.

Survey link: [LINK]

Sincerely,
Shawna Hudson, PhD & Joel C. Cantor, ScD
Co-Chairs
RBHS Community Health and Health Systems
Emerging Signature Area


The word "RUTGERS" is written in a red, serif, all-caps font. The letter 'R' is significantly larger than the other letters and has a distinctive, sweeping tail that extends downwards and to the left.

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