

NIH-HHS Collaborations Study Brief

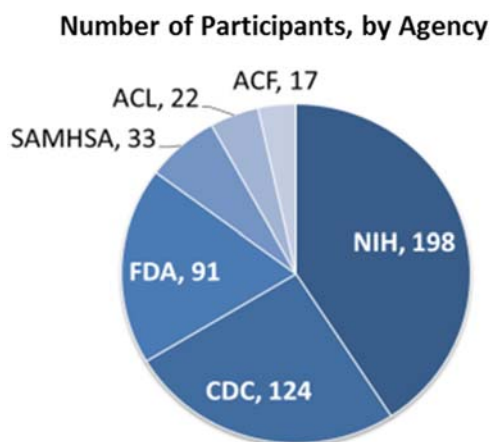
In 2014, the National Institutes of Health (NIH) participated in 604 collaborations with other operating divisions within the Department of Health and Human Services (HHS).¹ To better understand the value of these collaborations and identify actionable strategies to strengthen them, the NIH's Office of Science Policy (OSP) within the Office of the Director and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), undertook an evaluation of collaborations between NIH and five other HHS agencies: Administration for Children and Families (ACF), Administration for Community Living (ACL), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), and the Food and Drug Administration (FDA).

See the Appendix for study methodology and scope. Using secondary data from yearly reporting as well as primary data in the form of surveys and interviews, the goals of this study were to identify:

1. Essential elements of productive and successful interagency collaboration;
2. Barriers to successful collaboration;
3. The role of NIH in interagency collaborations; and
4. Important gaps in collaboration between NIH and the other HHS agencies.

With a response rate of over 50%, nearly 500 HHS staff participated in this study:

NIH and HHS ASPE are using the study results to generate options for enhancing effective NIH-HHS



collaborations, including better cross-agency communication of collaboration opportunities and programmatic intersections, as well as piloting new strategies for sharing information and expertise between agencies.

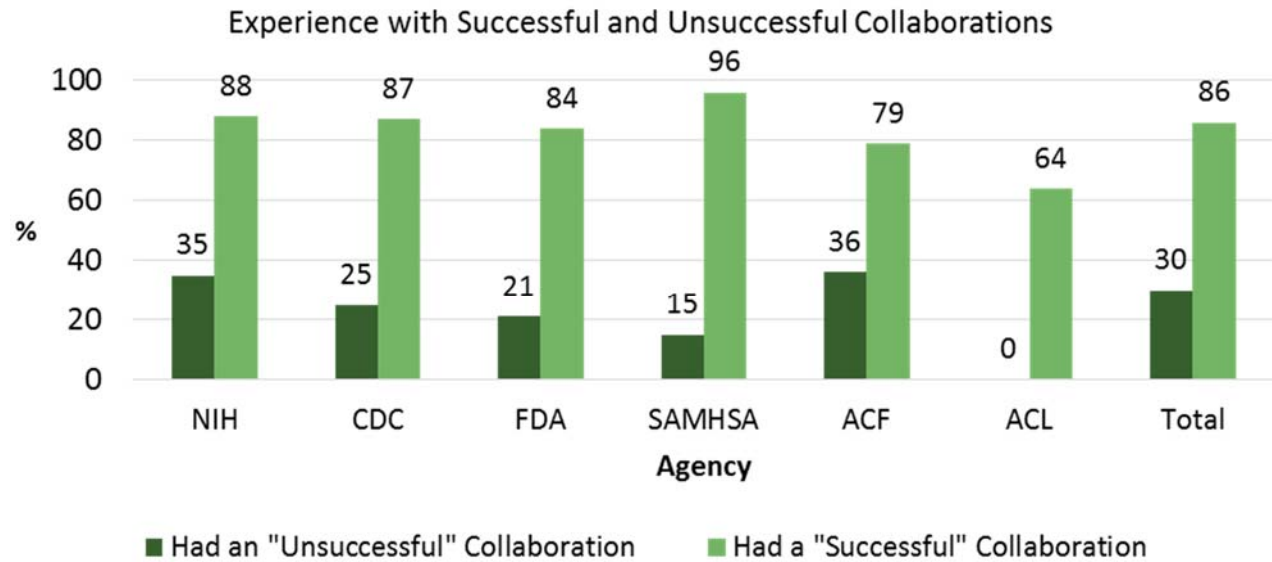
Sponsoring information: This study was sponsored by NIH's Office of Science Policy within the Office of the Director and the HHS Office of the Assistant Secretary for Planning and Evaluation. Funding was provided through the NIH's Evaluation Set-Aside program (13-5723 OD-OSP).

¹ <http://report.nih.gov/crs/>

Key Findings and Results

State of NIH-HHS Collaborations

- **In general, the state of NIH-HHS collaborations is strong.** Overall, participants were satisfied with their collaboration experiences and wanted to continue collaborating. The majority of respondents reported experience with a successful collaboration (86%), while approximately one third reported at least one unsuccessful experience (see figure below).



*"I think they're (collaborations) essential. As I've said, **the work that we do is part of a continuum of effort.** Each of our agencies needs to recognize what our role is...and that each of our missions is informed by our sister agencies.*

Our ability to sit at the table and communicate effectively and collaborate can only be value-added. It's not an additional burden, it's an opportunity to do your jobs better."

~CDC Participant

Why and What Agencies Collaborate On

- Agencies collaborate to tap into additional expertise and multidisciplinary perspectives, share relevant information, and leverage resources.

Why do agencies collaborate? (selected)	Number of Respondents (N=45)
To utilize expertise from other agencies	30 (67%)
Due to commonality (common goals/interests)	26 (58%)
To share information	14 (31%)
To leverage resources	9 (20%)
Directed by leadership/management	9 (20%)

*"I honestly believe that the **more experts and more agencies** that we have involved and have common interests that we just build **stronger programs and stronger research.**"*

~CDC Participant

- Agencies collaborate for a wide range of purposes. The most common purpose is general interagency coordination, followed by more focused activities like conducting a meeting/workshop and supporting research and analysis activities.

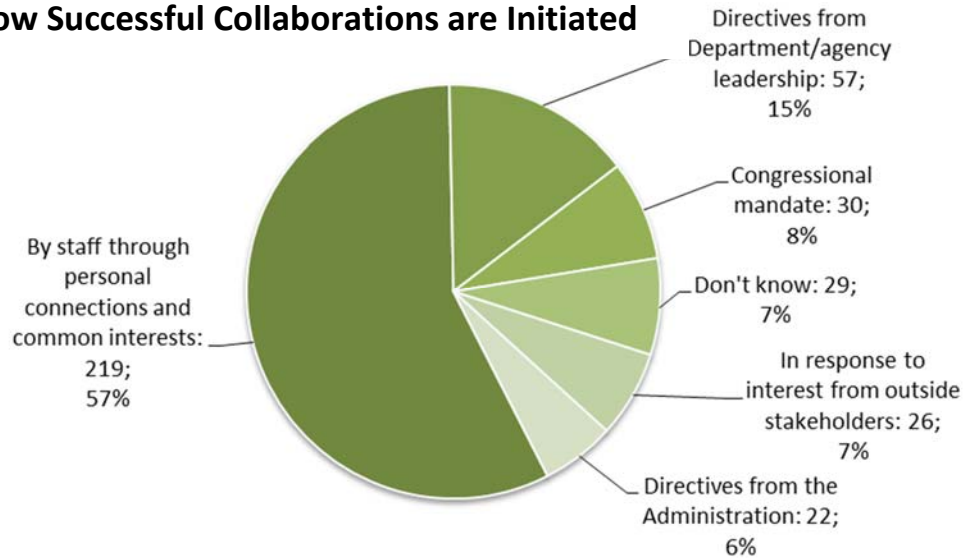
Purposes of NIH-HHS Collaborations



What Makes for a Successful Collaboration

- Successful collaborations often start from the bottom-up.** The most common method for initiating successful interagency collaborations was through personal connections and professional networks (see figure below). Overall, 69% of respondents rated initiation method as “quite important” or “extremely important” for determining a collaboration’s success.

How Successful Collaborations are Initiated



- Having a clear purpose and engaged, dedicated participants are the most important factors determining a collaboration’s success.** Somewhat surprisingly, financial resources, formal agreements, and structured processes were considered less critical for success:

Factors Determining a Collaboration’s Success

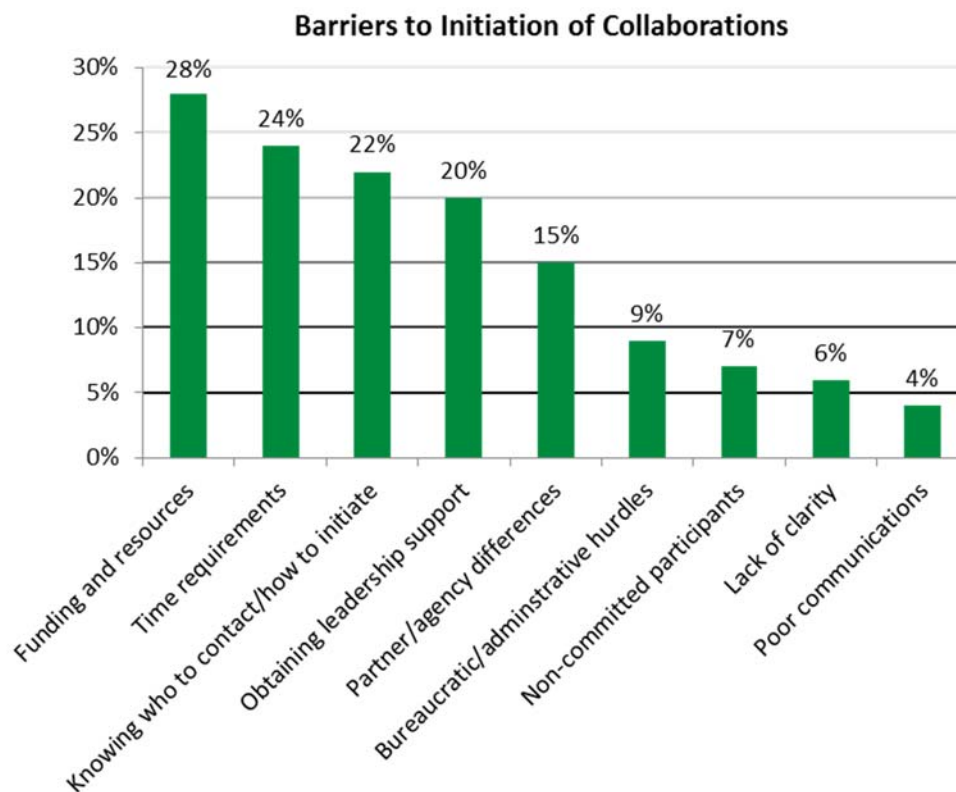


“Relationships and specific goals I think are the two main [factors that determine success]. I think in the most successful ones, we always went into the partnership with a very specific, tangible, and common goal... Having the right people and expertise at the table, having a specific shared goal, and then just investment of each of the people at the table...”

~ACF Participant

What Barriers Impede Successful Collaboration

- **The most common barriers to initiating collaborations included:** securing the needed funding/resources; time commitment; and not knowing who to contact. Results indicate that though financial resources are not a main driver of a collaboration’s success, they are still quite important for getting a collaboration off the ground.



*“I just don’t know where to start in terms of **who the people are** that might care about the topic areas that my office cares about. HHS is so huge, and so it’s figuring out where to start [that is the biggest barrier].”*

~ACF Participant

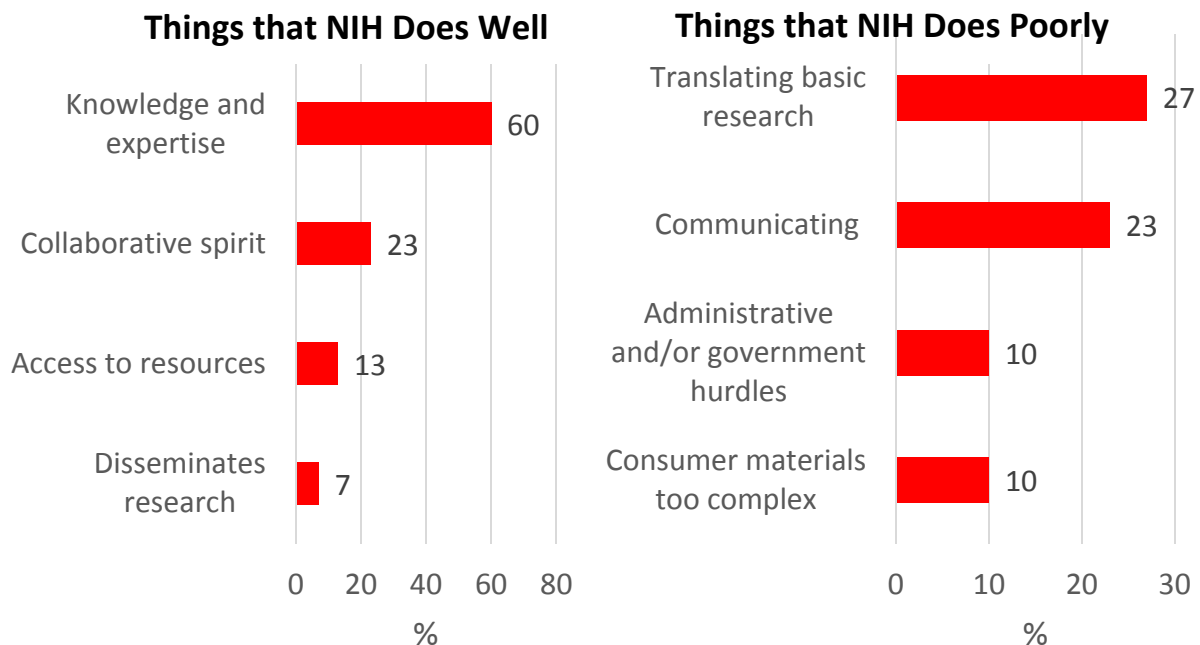
Impacts of NIH-HHS Collaborations

Participants identified important benefits to agencies and to public health from NIH-HHS collaborations. For example, NIH staff reported:

- When discussing their most successful collaboration, 92% felt the same success could NOT be achieved without collaborating and 83% felt it had influenced public health.
- 72% felt collaborations provided a better sense of public health.
- 72% felt collaborations provided new research ideas.
- 84% felt their collaborations with other HHS agencies generated new opportunities for collaborating.

Other HHS Staff Perspectives on Working with NIH

- The ability of NIH to play a leadership role and bring research to bear is an important factor to successful interagency collaborations.
- 60% of HHS interview respondents felt NIH-funded research played a role in their collaboration.
- 88% rated the role of NIH as quite or extremely important.
- 72% characterized NIH as a main or co-initiator of interagency collaborations.
- HHS interview respondents were asked to describe what NIH does particularly well, and what NIH does poorly:



*“I don’t think we’re the best at **taking [NIH’s] research and getting it out into the field** – unless we have created a structure to do that – one with specific goals and objectives to disseminate the information. I do think that there is a tremendous gap between [NIH] funding a bunch of research and [CDC] sitting here telling our programs what to do. I can tell you that we don’t troll [NIH’s] results and say, ‘Oh, okay, now we’ve got to move this into practice.’ There is not a lot of that going on.”*

~CDC Participant

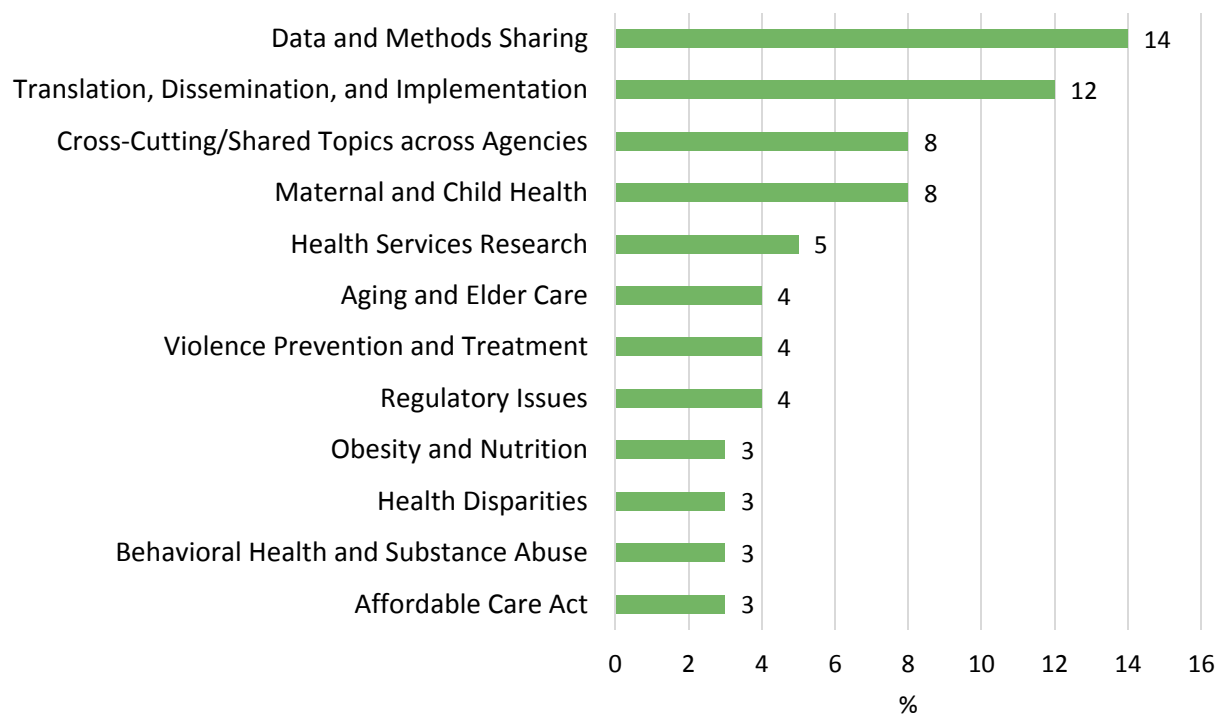
*“It would be nice if we were launching a new initiative or program, if we could also release NIH-funded studies along with that so that people **understood what the evidence was.**”*

~ACF Participant

Areas Where More Collaborations Should be Fostered

- Study participants suggested specific topics or health issues in need of increased interagency collaboration:

Specific Topics or Issues for New NIH-HHS Collaborations



Strategies for Improving NIH-HHS Collaborations

- The three most favored suggestions from study participants for improving collaborations included:
 - Increase awareness of opportunities and relevant staff contacts at other agencies.
 - Allow for more dedicated staff time and resources.
 - Provide more support from leadership.

*“**NIH is a very large and complex organization.** I have found that it’s been sometimes challenging just to know who was responsible for what, or how to even know who the right partners are to include and where the right balance is between being inclusive and having such a long list that you’re not able to get stuff done.”*

~ACL Participant

*“I know that there is all of this great research that’s going on at NIH, but I’ll have to say that it’s probably been more **ad hoc in terms of learning about [NIH’s research]**. It’s dependent on the couple of folks we know who participate in some of our meetings, and when they’re there we get an update of some stuff that they’re finding – that they’re funding, learning about – but then it’s very surface level. I think we could put in some key words and find the studies or whatever, but it’s just not something I’ve done. It would be nice to get more of like a regular update.”*

~ACF Participant

Strategies under development by NIH and ASPE:

- **Better disseminate NIH data on collaborations** throughout HHS to raise awareness of ongoing collaboration opportunities and to provide NIH staff contact information.
- **Build and pilot bidirectional information platforms** to improve the communication of relevant research results and research gaps across the Department.
- **Increase awareness of programmatic intersections and specific HHS staff contacts** in related program areas.

*“It would be great if there was some kind of **central location**, like a newsletter or a website that listed what all of these workgroups were doing. It would be great to know what the various workgroups are; what their projects are, and what they’ve completed and accomplished.”*

~SAMHSA Participant

Appendix. Study Scope, Methodology, and Sponsoring Information

The evaluation focused on NIH's collaborations with a selected set of five other HHS agencies, which represent a mix of research, regulation, policy, and service provision programs, and which vary in collaboration experience with NIH from very little to a great deal:

- Administration for Children and Families (**ACF**)
- Administration for Community Living (**ACL**)
- Substance Abuse and Mental Health Services Administration (**SAMHSA**)
- Centers for Disease Control and Prevention (**CDC**)
- Food and Drug Administration (**FDA**)

Using a mixed methods approach, the evaluation consisted of:

- An analysis of existing data annually reported by NIH staff on their collaborative activities with other HHS agencies (from [NIH's Intra-HHS Collaborations Reporting System](#));
- A web survey of employees at NIH and the five participating HHS agencies (n=485); and
- In-depth interviews with a sample of survey respondents, including staff from the five participating agencies (non-NIH; n=45) and staff from NIH (n=25).

To identify potential study participants, a well-populated list of NIH staff known to participate in NIH-HHS collaborations was generated from NIH's annual data collection activities. Those individuals were invited to participate in the study and further referred HHS staff with whom they have collaborated, either currently or in the past. In addition, central contacts at the agencies aided in recruiting.