DEPARTMENT OF HEALTH AND HUMAN SERVICES

| Use of Public Health Service Evaluation Set-Aside Authority for FY 2004 |
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# Introduction

The Department of Health and Human Services (HHS) Public Health Service Evaluation Set-Aside Program, authorized by section 241 of the U.S. Public Health Service Act, plays a role in the improvement of programs and services of the U.S. Public Health Service (PHS), through the collection of information on program performance. Studies supported by these evaluation set-aside funds – approximately $60 million in Fiscal Year 2003 – serve decision makers in federal, state, and local governments, and private sector public health research, education, and practice communities by providing valuable information on how programs are working.

The FY 2004 Health and Human Services Appropriation increased the amount of funds that may be set aside for evaluation from 2.1 percent to 2.2 percent. It also provided for new uses of section 241 set-aside funds in the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

# Purpose of Report

Section 205 of P.L. 108-199 "Consolidated Appropriations Act, 2004", requires the Department to report to Congress its plans for using the PHS Evaluation Set-Aside Authority in FY 2004:

> *None of the funds appropriated in this Act may be expended pursuant to section 241 of the Public Health Service Act, except for funds specifically provided for in this Act, or for other taps and assessments made by any office located in the Department of Health and Human Services, prior to the Secretary's preparation and submission of a report to the Committee on Appropriations of the Senate and of the House detailing the planned uses of such funds.*

This report therefore sets forth the FY 2004 evaluation and research priorities of the Public Health Service agencies that are authorized under the Public Health Service Act[1] and the Office of the Secretary (the Office of the Assistant Secretary for Planning and Evaluation and the Office of Public Health and Science).  The report also includes a table specifying the amount of Evaluation Set-Aside funds to be used by each of these agencies and offices in FY 2004.

Throughout FY 2004, the PHS agencies and the Office of the Secretary will develop new, or support on-going, research and evaluation projects, either internally or by procurement, in order to implement the FY 2004 priorities set forth in this report.  In addition to specific evaluation projects, FY 2004 evaluation funds will also support related activities, including:  evaluation planning, design, and implementation; dissemination of evaluation findings to Congress and stakeholders; and the maintenance of evaluation databases and analytical tools.

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[1] The Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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# FY 2004 Departmental Evaluation Strategy

Fiscal Year 2004 evaluation priorities address a number of important evaluation needs. Particularly noteworthy is the focus on the Government Performance and Results Act (GPRA) of 1993. FY 2004 evaluation priorities fall into five categories. These are:

1) assessments of the effectiveness of programs and strategies used to achieve public health and human service goals and objectives;
2) assessments of the health and human services environment to understand how changes in the environment affect the public programs and strategies;
3) evaluations to improve the management of public health and human service programs;
4) development of performance measures and data systems for measuring progress toward achieving the public health and human service goals and objectives of the Department; and
5) support for maintaining and improving the infrastructure needed to evaluate PHS programs.

## Effectiveness of Programs and Strategies

GPRA requires information on how well programs and strategies are working to achieve public health and human service goals. A number of FY 2004 priorities are dedicated to providing this information. For example, the Office of the Assistant Secretary for Planning and Evaluation (OASPE) and ACF are conducting a multi-year, multi-site evaluation of promising programs designed to enhance employment outcomes for low-income families who face serious obstacles to gaining employment.

## Environmental Assessments

Fundamental changes are taking place in the way health services are delivered in the United States. For example, dramatic shifts in information technology are profoundly influencing the practice of medicine, as well as the relationships among entities in the health care system. Understanding the impact of these environmental forces on public health programs and

consumers is essential for adjusting public health programs and strategies in the future. A number of priorities address environmental issues. For example, HRSA will assess the impact of health policy and market changes on safety-net providers in community-based systems of care.

## Improving Program Management

Effective management of the public health and human service programs is essential for success in achieving Department goals. In FY 2004, several priorities are devoted to assessing and improving the management of public health and human service programs. For example, OASPE will evaluate ways to improve the data that Medicare uses to calculate payments for services provided in hospital outpatient departments and ambulatory surgical centers to ensure that payments more accurately reflect the cost of care provided.

## Performance Measurement and Data Systems

GPRA requires the Department to focus a portion of its evaluation resources on the development of performance measures and data systems necessary to assess progress toward achieving public health and human service goals. In FY 2004 for example, CDC will evaluate the confidentiality and data utility of public use data files generated by the National Center for Health Statistics (NCHS), focusing on the issue of the right to privacy versus the need to know.

## Supporting an Evaluation Infrastructure

Evaluation of how well public health service programs and strategies are achieving the mission and goals of the Public Health Service is accomplished by an investment in an infrastructure that provides tools for high quality evaluations. These tools include design and programming for tabulations, statistical and quantitative data analysis, modeling, and the acquisition of databases and other statistical information. FY 2004 funds will sustain these types of mission support activities.

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Within each of these categories, the activities are organized by **Research Priorities and Themes** developed on behalf of the Secretary by HHS' Research Coordination Council (RCC).  The priorities are:

I.      **Working Toward Independence**
II.     **Rallying the Armies of Compassion**
III.    **No Child Left Behind**
IV.     **Promoting Active Aging and Improving Long-Term Care**
V.      **Protecting and Empowering Specific Populations**
VI.     **Helping the Uninsured and Increasing Access to Health Insurance**
VII.    **Realizing the Possibilities of 21st Century Health Care**
VIII.   **Ensuring Our Homeland is Prepared to Respond to Health Emergencies**
IX.     **Understanding Health Differences and Disparities-Closing the Gaps**
X.      **Preventing Disease, Illness, and Injury**
XI.     **Agency-Specific Priorities**

Under each of these priorities are "themes" which are indicated along with the priority area where applicable (except for data items, which already have their own category/grouping).

# FY 2004 Evaluation Priorities

Listed below are the FY 2004 evaluation priorities that will be supported by PHS Evaluation Set-Aside funds:

# PHS Agencies

# Agency for Healthcare Research and Quality (AHRQ)

## Program Effectiveness

Agency-Specific:

- *Research Dissemination:* Test and evaluate processes for improving the dissemination of AHRQ research findings.

Helping the Uninsured – Promoting Home and Community-Based Services:

- *Child Health Insurance Research Initiative (CHIRI):* Evaluate the effectiveness of CHIRI in informing national and state policy as it relates to children's health insurance and health care services.

# Centers for Disease Control and Prevention (CDC)

## Program Effectiveness

Realizing the Possibilities of 21$^{st}$ Century Healthcare – Patient Safety, Quality, and Reducing Medical Errors:

- Evaluate the Institute of Medicine Immunization Safety Review Committee project to determine the impact it has on the decisions of those needing to be vaccinated, or, in the case of children, their parents.

Preventing Disease, Illness, and Injury - General:

- Evaluation of CDC prevention programs; for example, an assessment to determine the impact of CDC guidelines for prevention of surgical wound infections.

- Evaluating CDC programs to prevent secondary conditions affecting the health of people with disabilities.

- Evaluation of the Fire Fighter Fatality Investigation and Prevention Program to determine the effectiveness and usefulness of the dissemination of information gained through investigations into fire fighter fatalities.

- The Centers for Disease Control and Prevention immunization program awards grants to State health departments and carries out other activities such as surveillance and public education to ensure that children are vaccinated against disease. *CDC is conducting a comprehensive evaluation of the 317 Immunization Grant Program. The evaluation consists of three phases. The first phase of the evaluation will be completed in 2004 and the estimated completion date for the entire evaluation is June 2006.*

Preventing Disease, Illness, and Injury – HIV:

- Evaluation of the national guidelines to provide sexually transmitted disease and hepatitis services in the public and private sectors to HIV-infected men.

Preventing Disease, Illness, and Injury *and* No Child Left Behind:

- Evaluation of public health program operations; for example the Rape Prevention and Education Block Grant Program, the Rape Set-Aside Program, and the Centers of Excellence in Youth Violence Prevention.

No Child Left Behind – Improving Child Well-Being:

- Evaluation of the Early Hearing Detection and Intervention System, focusing on barriers and best practices to ensure that infants with hearing loss receive follow-up and early intervention.

## Performance Measurement/Data Systems

- Evaluation of confidentiality and data utility for NCHS public use data files, focusing on the right to privacy versus the need to know.

- Evaluation of current surveillance system capacity for hepatitis B and hepatitis C viruses, with special emphasis on determining whether existing systems help State or county health departments evaluate the effectiveness of their prevention programs and enhance their ability to distinguish changes in case occurrence, and improve case management for infected persons.

- Evaluation of the Epi Info System to determine its effectiveness and use by healthcare professionals addressing informatics needs and current technological access capabilities among public health professionals.

## Health Resource and Services Administration (HRSA)

### Program Effectiveness

Ensuring Our Homeland is Prepared to Respond to Health Emergencies:

- Evaluation of the implementation and effectiveness of the National Bioterrorism Hospital Preparedness Program.

### Environmental Assessment

Helping The Uninsured and Increasing Access to Health Insurance – Increasing Access to Health Insurance Coverage and Services:

- Assessment of major policy and market changes on safety-net providers in community-based systems of care.

Understanding Health Differences and Disparities-Closing the Gaps – Health Disparities:

- Assessment of the involvement of Historically Black Colleges and Universities (HBCU) in health disparity issues.

## Program Management

Realizing the Possibilities of 21$^{st}$ Century Health Care – Privacy and Other HIPAA Administrative Simplification Provisions:

- Identification and sharing of best practices on the implementation of HIPAA Administrative Simplifications regulations for HRSA-funded clinical providers.

Rallying the Armies of Compassion – Ending Chronic Homelessness:

- Assessment and sharing of best practices on ways of improving access to mainstream services for persons who are homeless.

## Performance Measurement/Data Systems

Agency-Specific:

- Development and implementation of an enterprise-wide information management system, that builds on previous investments, to allow the linkage of grant, program, performance, and budget information for program evaluation and decision-making throughout HRSA.

- Assessment of the quality, validity, and reliability of HRSA's performance indicators and identification of additional benchmarks for use in interpreting GPRA measures.

## National Institutes of Health (NIH)

### Program Effectiveness

Understanding Health Differences and Disparities-Closing the Gaps – Health Disparities:

- Evaluation of certain methods to assess the research portion of the National Institute of Dental and Craniofacial Research's health disparities program.

- Evaluation to determine the feasibility of an outcome/impact evaluation and to identify the experimental or quasi-experimental research designs that could be used to evaluate the efficiency and effectiveness of the Loan Repayment Program (LRP) operation (including the LRP for Health Disparities Research) and determine whether the LRP is meeting its goals.

Agency-Specific:

- Evaluation of social and behavioral scientists' success in obtaining extramural research support from NIH.

- Design a process and outcome evaluation of the NIH Clinical Research Curriculum Award Program, which is intended to improve the quality of training in clinical research.

### Environmental Assessments

Realizing the Possibilities of 21st Century Health Care – Technology/Increase Consumer and Policymaker Access to Health Information:

- Evaluation to establish a new metric linking NIH technology transfer activities to the mission and goals of the NIH by measuring the health and research outcomes of licensed technologies discovered in NIH intramural laboratories.

Agency-Specific:

- Continuing evaluation of the Nation's need for biomedical and behavioral research personnel, the subject areas in which such personnel are needed, and the kinds and extent of training that should be provided to such personnel. (NIH will use the results of this evaluation to determine the number of positions it will support at the predoctoral and postdoctoral levels through the Ruth L. Kirschstein National Research Service Award program.)

- Assessment of facilities at biomedical research institutions, research hospitals, and academic institutions, conducted in collaboration with the National Science Foundation.

## Improving Program Management

Agency-Specific:

- Evaluation to provide an unambiguous, uniform, and equitable mechanism for identifying and promoting outstanding women scientists from both within and outside the NIH to the ranks of tenured Senior Investigators responsible for conducting research and training to improve public health.

- Evaluation of whether the NIH Office of Research Services achieves its organizational goals, including improving customer service delivery to its NIH customers, studying and improving processes to increase operational efficiency, and measuring and reducing costs of services to customers while maintaining quality.

## Performance Measurement and Data Systems

Agency-Specific:

- Evaluation to determine the optimal configuration of the Program Performance Monitoring System, which would centrally collect, store, and report project performance data for NIH projects.

- Annual updating of the Consolidated Grant Applicant File and the Trainee and Fellow File to permit the conduct of long-term career outcome studies.

- Development of evaluation databases to track the career trajectories of NIH trainees, including foreign researchers.

## Evaluation Infrastructure

- Annual Survey of Science and Engineering Graduate Students and Postdoctorates to track trends in graduate enrollments and provide time-series data on the sources of support for graduate education, conducted in collaboration with the National Science Foundation.

- Annual Survey of Doctoral Recipients in the biomedical and behavioral sciences to collect data of sufficiently high quality to guide the formulation, monitoring, and assessment of policies relevant to the supply and utilization of scientists and engineers, conducted in collaboration with the National Science Foundation.

- Annual Survey of Earned Doctorates to monitor published annual and trend data on doctoral production and provide data for the conduct of special analyses by the NIH (e.g., trends in the age of doctoral graduates), conducted in collaboration with the National Science Foundation.

## Substance Abuse and Mental Health Services Administration (SAMHSA)

### Program Effectiveness

Protecting and Empowering Specific Populations – Mental Health and Drug Treatment:

- Evaluate SAMHSA's Mental Health and Substance Abuse Prevention and Treatment Block Grants that have not had a recent evaluation. This data would provide data needed for the OMB Program Assessment Rating Tool (PART).

- SAMHSA's Center for Substance Abuse Treatment has developed the Screening, Brief Intervention, Referral and Treatment (SBIRT) program as a new state discretionary grant program designed to assist States, Territories, and Tribes in expanding the continuum of care available for treatment of substance use disorders. Seven grants totaling about $21 million were awarded to seven states in fiscal year 2003. The evaluation of this program will be awarded and begin in fiscal year 2004. The evaluation will build on the current GPRA data collection and reporting functions and will attempt to address issues in the implementation of the project, including fidelity to the intended model.

### Performance Measurement/Data Systems

- Continuing development of the GPRA performance measures to:

  o implement the Performance Partnership Grant approaches with the Mental Health and Substance Abuse Prevention and Treatment Block Grants to improve the reporting of performance data.

  o standardize performance measures across SAMHSA's Centers and program offices to report aggregated results and to reduce the number of measures being tracked.

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## Improving Program Management

Agency-Specific:

- Assessing how evaluation is conducted at SAMHSA to develop recommendations for management improvements.

- Evaluate whether SAMHSA's National Registry of Effective Programs should be expanded.

# Office of the Secretary

## Office of the Assistant Secretary for Planning and Evaluation (OASPE)

### Program Effectiveness

Working Toward Independence – Encouraging Work and Self-Sufficiency:

- Assessments of the impact of TANF policy changes and/or new approaches to moving TANF clients into the workforce.

- Evaluation of innovative programs to mitigate substance abuse and mental and physical health barriers to employment of welfare recipients.

Rallying the Armies of Compassion – Ending Chronic Homelessness:

- Assessment of the effectiveness of collaboration within HHS in providing services to chronically homeless persons, and across HHS, HUD, and VA in ending chronic homelessness.

No Child Left Behind – Improving Child Well-Being:

- Design of an evaluation of professional development interventions in child care settings to measure whether the interventions benefit children (in collaboration with ACF).

No Child Left Behind - Preventing Teen Risk Behaviors:

- Evaluation of state and community-based abstinence education programs.

Promoting Active Aging and Improving Long-Term Care – Promoting Home and Community-Based Services – Active Aging:

- Assessing effective ways to enhance and promote active aging.

Promoting Active Aging and Improving Long-Term Care – Promoting Home and Community-Based Services:

- Assessing best practices in quality of care in home and community based services.

Promoting Active Aging and Improving Long-Term Care – Improving Nursing Home Quality:

- Studying ways to improve and maintain the quality of life of nursing home residents.

- Evaluating the effectiveness of nursing home regulatory and survey processes, including the use of quality indicators.

- Assessing best practices in nursing home care.

Promoting Active Aging and Improving Long-Term Care – Improving Long-Term Care Delivery and Financing:

- Assessing new options for financing long-term care insurance.

Helping the Uninsured and Increasing Access to Health Insurance – Increasing Access to Health Insurance Coverage and Services:

- Continuing to evaluate the effectiveness of "safety net" institutions, such as community health centers and free clinics, in providing care to the uninsured.

Helping the Uninsured and Increasing Access to Health Insurance - Medicaid and SCHIP:

- Evaluating best ways to ensure that enrollees in Medicaid and SCHIP receive high-quality, cost-effective health care.

- Evaluating the effectiveness of programs for financing care for "dual-eligibles," those Medicare beneficiaries who are also eligible to enroll in state Medicaid programs.

- Examining existing State efforts to expand access to health insurance coverage (e.g., use of insurance pools, high risk pools, and similar efforts).

Preventing Disease, Illness, and Injury – General:

- Studying effective ways to encourage the adoption of healthy behaviors and reduce barriers to achieving good health and personal fitness.

- Evaluating the effectiveness of community-based prevention programs such as the Healthy Community Innovation Initiative, focusing on prevention efforts targeted to diabetes, asthma and obesity reduction.

- Continuing to provide oversight and advice in support of the Indian Health Service's evaluation of the Sanitation Facilities Construction (SFC) Program. The evaluation of the overall national SFC Program is underway and the Indian Health Service plans to complete it by the end of calendar year 2004. Once completed, the Indian Health Service intends to evaluate three to four areas per year and complete a strategic planning exercise with stakeholders in each Area.

Agency-Specific:

- Assessing tort reform models.

## Environmental Assessment

Working Toward Independence – Encouraging Work and Self-Sufficiency:

- Assess the prevalence, variety, and limitations of private employer practices related to recipients of cash assistance.

Working Toward Independence - Promoting Healthy Marriage and Strong Families:

- Understanding how to promote healthy marriages and families.

No Child Left Behind – Improving Child Well-Being:

- Assessing the well-being of children and ways to improve the healthy development of children and youth.

No Child Left Behind – Preventing Teen Risk Behaviors:

- Understanding how to prevent risky behavior in teenagers.

Rallying the Armies of Compassion – Expanding the Use of Faith-Based and Community-Based Organizations:

- Assessing the role and impact of faith and community-based organizations in community development and the delivery of health and human services.

Rallying the Armies of Compassion – Addressing the Needs of Special Populations:

- Examining of the needs of hard-to-serve and/or high-risk populations such as homeless individuals and families, people affected by substance abuse and domestic violence, TANF child-only cases, immigrants, etc.

Promoting Active Aging and Improving Long-Term Care – Promoting Home and Community-

Based Services:

- Developing and assessing new options to finance and expand consumer choice and control over home and community-based services.

Promoting Active Aging and Improving Long-Term Care – Improving Nursing Home Quality:

- Understanding the impact of litigation on quality of care in nursing homes.

- Understanding the dynamics of disability levels among nursing home residents.

Promoting Active Aging and Improving Long-Term Care – Improving Long-Term Care Delivery and Financing:

- Studying ways to help the public understand the need for long-term care insurance and financing options.

- Understanding market dynamics of, and effective ways to motivate individuals to purchase, long-term care insurance.

- Studying the use of assistive technology in long-term care settings and identifying how such technology may save money for individuals and providers.

Realizing the Possibilities of 21$^{st}$ Century Health Care – Technology/Increase Consumer and Policymaker Access to Health Information:

- Understanding how to establish and operate consumer-directed health programs.

Realizing the Possibilities of 21$^{st}$ Century Health Care – Patient Safety, Quality, and Reducing Medical Errors:

- Studying the trends affecting the provision of health care, such as changes in the health care workforce and demographics of the U.S. population.

Protecting and Empowering Specific Populations – Medicare Modernization:

- Providing information on impacts as changes required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 are implemented; e.g., the impact of a prescription drug benefit expansion, competitive market forces, appropriate risk adjustment, preventive health coverage, new cost-sharing arrangements under fee-for service Medicare, etc.

- Assessing the changing demographics of the Medicare population to determine trends in the characteristics, expectations, and concerns of future recipients.

Helping the Uninsured and Increasing Access to Health Insurance – Increasing Access to Health Insurance Coverage and Services:

- Studying the dynamics of the uninsured population to better target policies that expand health insurance coverage.

Agency-Specific:

- Monitoring liability trends across the country to better understand those trends and inform policy-making.

- Understanding the relationships among medical liability, reimbursement policy, and service quality.

- Studying the impact of liability issues, including beneficiaries' access to services.

## Program Management

Working Toward Independence – Encouraging Work and Self-Sufficiency:

- Assessing the effectiveness of discharge planning as a strategy to prevent homelessness.

- Analyzing state child support policies that are intended to increase current child support payments to families and increase family self-sufficiency.

Protecting and Empowering Specific Populations – Medicare Modernization:

- Evaluating Medicare payment rates for hospital outpatient department services and services provided in ambulatory surgical centers to ensure payments do not inappropriately influence the setting in which care is provided.

- Evaluating the technical aspects of payments for physical therapy services and services provided by psychiatric hospitals.

## Performance Measurement/Data Systems

- Supporting the development of improvements to: state level administrative data (e.g., TANF, Medicaid, child welfare, etc.); Census surveys (e.g., Survey of Income and Program Participation (SIPP), Current Population Survey (CPS), National Longitudinal Survey of Youth (NLSY)); microsimulation; and performance indicators in human service programs, and developing a systematic approach to generating data on marriage and divorce.

- Continuing survey of long-term care workers.

- Supporting the development of a National Health Information Infrastructure (NHII).

- Developing aging-related data, and assessing aging-related trends.

- Supporting the development and improvement of the Department's data infrastructure and modeling capabilities to assess disability, aging, and long-term care policies and programs.

## Evaluation Infrastructure

Agency-Specific:

- Developing and utilizing micro simulation models to estimate the impact of specific policies and the effect of future changes in the demographic and health characteristics of the U.S. population on public health and human service programs.

- Dissemination of the results of ASPE and Department evaluations.

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# Office of Public Health and Science (OPHS)

## Program Effectiveness

Preventing Disease, Illness, and Injury – General:

- Scientific assessment of recommendations for nutrition and physical activity and the communication of those recommendations.

Understanding Health Differences and Disparities-Closing the Gaps – Women's Health:

- Assessment of women's health programs, including health care delivery and prevention through the Centers of Excellence.

Agency-Specific:

- Collaborative evaluation of effectiveness of OPHS web communications for recipients of OPHS programs, such as President's Challenge Physical Activity and Fitness Awards Programs, and Centers of Excellence in Women's Health.

- Evaluation of regional efforts to meet the nation's public health needs.

- Review and evaluation of programs related to Title X Family Planning activities, including efforts related to HIV prevention /treatment and family violence prevention.

- Preliminary assessment of research integrity programs, including the institutional scientific misconduct process.

## Environmental Assessment

Realizing the Possibilities of 21st Century Health Care – Technology/Increase Consumer and Policymaker Access to Health Information:

- Assessment the effectiveness of information technology for improving health and health care, including applications to promote healthy behaviors, healthcare quality improvement, and issues related to sharing of personal health information.

## Program Management

Understanding Health Differences and Disparities-Closing the Gaps – Health Disparities:

- Assessment of minority health programs, including programs to recruit minorities into health professions, and the impact of regional HIV/AIDS technical assistance programs.

## Performance Measurement/Data Systems

Preventing Disease, Illness, and Injury – General:

- Measurement of worksite health promotion programs supporting *Healthier US* and *Healthy People 2010*.

Preventing Disease, Illness, and Injury – HIV:

- Assessment of information needs for coordinating HIV programs.

Agency-Specific:

- Evaluation of the effectiveness and impact of information technology tools and informed consent forms for research recruitment, including the recruitment of minorities.

- Assessment of data collection methods for racial and ethnic populations to identify and monitor health disparities.

# FY 2004 Evaluation Funds

Section 241 of the Public Health Services Act allows the Secretary of Health and Human Services to use up to one percent of funds appropriated for programs authorized under the Act for evaluation of such programs.[2] Most of the funds appropriated for the CDC, HRSA, NIH, and SAMHSA are available for Public Health Service evaluations except, by HHS convention, for funds appropriated for certain block grants (Prevention, Substance Abuse, and Mental Health), for program management activities, and for Buildings and Facilities. Based on the FY 2004 Appropriation, which allows the use of up to 2.2 percent of funds appropriated for programs authorized under the Act, a total of $746 million is available for research and evaluation (the amount available for evaluation by agency is shown in the left hand column of the following table).

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[2] The programs of the Food and Drug Administration and the Indian Health Service, although part of the Public Health Service, are not authorized by this Act and, therefore, do not participate in the Public Health Service evaluation program. Some of the programs in the other PHS agencies are not financed by the Public Health Service Act (e.g., the Maternal and Child Health Block Grant in the Health Resources and Services Administration). These programs also do not participate in the PHS evaluation program.

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The Department plans to use nearly all of the funds available for Public Health Service research and evaluation activities in FY 2004. Of this total, $676 million will be used to finance activities of the Centers for Disease Control and Prevention (including the National Center for Health Statistics), Agency for Health Care Research and Quality, Health Resources Services Administration, Substance Abuse and Mental Health Services Administration, National Institutes of Health, and the Administration for Children and Families as provided by the FY 2004 appropriations Act. An additional $42 million will be used to carry out research and evaluations in the Office of the Secretary ($37 million for ASPE and $5 million for OPHS). PHS agencies plan to use $21 million on evaluation activity in FY 2004 (see the right hand column of the following table).

| | | Assessments | | | | | | | | | Amount Remaining | Planned Use |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total Available | CDC | | AHRQ | HRSA | SAMHSA | NIH | ACF | OS | | | |
| | | NCHS | Other /[1] | | | | | | ASPE /[2] | OPHS | | |
| HRSA....................... | $101,872 | $17,433 | $11,542 | $41,483 | $4,029 | $15,971 | $1,120 | $820 | $5,088 | $622 | $3,764 | $2,885 |
| CDC........................ | 64,856 | 11,099 | 7,348 | 26,409 | 2,565 | 10,168 | 714 | 522 | 3,239 | 395 | 2,397 | 1,757 |
| NIH.......................... | 548,093 | 93,797 | 62,098 | 223,182 | 21,680 | 85,929 | 6,026 | 4,409 | 27,375 | 3,345 | 20,252 | 15,393 |
| SAMHSA................ | 22,233 | 3,805 | 2,519 | 9,053 | 880 | 3,486 | 244 | 179 | 1,110 | 136 | 821 | 573 |
| OPHS /[3]................. | 8,221 | 1,407 | 931 | 3,348 | 325 | 1,289 | 90 | 66 | 411 | 50 | 304 | 0 |
| *OPA (non add)..* | *5,764* | *986* | *653* | *2,347* | *228* | *904* | *63* | *46* | *288* | *35* | *214* | *0* |
| AoA /[4]..................... | 261 | 45 | 30 | 106 | 10 | 41 | 3 | 2 | 13 | 2 | 9 | 0 |
| ACF /[5].................... | 281 | 48 | 32 | 114 | 11 | 44 | 3 | 2 | 14 | 2 | 11 | 0 |
| TOTAL................... | $745,817 | $127,634 | $84,500 | $303,695 | $29,500 | $116,928 | $8,200 | $6,000 | $37,250 | $4,552 | $27,558 | $20,608 |

**FY 2004 PHS Evaluation Funds: Sources and Uses**
**(Dollars in thousands)**

/1 Includes $41.9 million for NIOSH, $28.6 million for Public Health Improvements and $14.0 million for Immunizations.

/2 Includes $20.7 million for Policy Research.

/3 Office of Population Affairs (OPA) funds are appropriated to HRSA but administered by OPHS.

/4 AoA administers the Alzheimer's Disease Demonstration Grant Program, but funding is appropriated under the Pubic Health Service Act.

/5 ACF administers the Adoptions Awareness Program but funding is appropriated under the Public Health Services Act.