



Use of Public Health Service Evaluation Set-Aside Authority for FY 2005

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 \$62 million in Fiscal Year 2004 – 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 2005 Health and Human Services Appropriation maintains the amount of funds that may be set aside for evaluation at 2.4 percent.

Purpose of Report

Section 206 of P.L. 108-447 "Consolidated Appropriations Act, 2005", requires the Department to report to Congress its plans for using the PHS Evaluation Set-Aside Authority in FY 2005:

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 sets forth the FY 2005 evaluation and research priorities of the Public Health Service agencies that are authorized under the Public Health Service Act¹ and the Office of the Secretary (the Office of the Assistant Secretary for Planning and Evaluation, the Office of Public Health and Science, and the Office of the National Coordinator for Health Information Technology). 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 2005.

Throughout FY 2005, 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 2005 priorities set forth in this report. In addition to specific evaluation projects, FY 2005 evaluation funds will also support related activities, including: evaluation

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).



planning, design, and implementation; dissemination of evaluation findings to Congress and stakeholders; and the maintenance of evaluation databases and analytical tools.

FY 2005 Departmental Evaluation Strategy

Fiscal Year 2005 evaluation priorities address a number of important evaluation needs. Particularly noteworthy is the continued focus on the Government Performance and Results Act (GPRA) of 1993. FY 2005 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 public programs and strategies;
- 3) evaluations to improve the management of public health and human services programs;
- 4) development of performance measures and data systems for measuring progress toward achieving the public health and human services 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 services goals. A number of FY 2005 priorities are dedicated to providing this information. For example, the Office of the Assistant Secretary for Planning and Evaluation (OASPE) and the Administration for Children and Families (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 health and human services programs is essential for success in achieving Department goals. In FY 2005, several priorities are devoted to assessing and improving the management of health and human services 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 and do not inappropriately influence the setting in which care is provided.

Performance Measurement and Data Systems

GPRA challenges 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 services goals. For example, in FY 2005 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 their missions and goals includes investing in infrastructure that provides tools that evaluators need to conduct 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 2005 funds will sustain these types of mission support activities.

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). A table showing these Priorities and a complete listing of the related Themes is provided in the Appendix.



FY 2005 Evaluation Priorities

Listed below are the FY 2005 evaluation priorities that will be supported with PHS Evaluation Set-Aside funds:

Public Health Service Agencies

Agency for Healthcare Research and Quality (AHRQ)

Program Effectiveness

Agency-Specific:

- *Research Dissemination and Knowledge Transfer:* Test and evaluate processes for improving the dissemination of AHRQ research findings, including evaluations of the Integrated Delivery Service Research Network (IDSRN), training grants, and the National Health Care Quality and National Health Care Disparities reports. Regarding knowledge transfer, AHRQ will evaluate its HMO Disparities Collaborative initiative.

Centers for Disease Control and Prevention (CDC)

Program Effectiveness

Realizing the Possibilities of 21st 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 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.

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.

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.

Protecting and Empowering Specific Populations – New Freedom Initiative: Enable People with Disabilities to Live Self-Sufficiently and With Dignity

- Evaluating CDC-funded State programs to prevent secondary conditions and promoting the health of people with disabilities.

Health Resources and Services Administration (HRSA)

Program Effectiveness

Ensuring Our Homeland is Prepared to Respond to Health Emergencies:

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

Understanding Health Differences and Disparities – Closing the Gaps

- Support development and evaluation of innovative care models for people living with HIV/AIDS and promote replication of effective models.

Rallying the Armies of Compassion

- Evaluate the Infant Adoption Awareness Training Program to assess its effectiveness to equip health care providers to provide adoption information and referrals on an equal basis with other courses of action included in non-directive counseling to pregnant clients.

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

Rallying the Armies of Compassion – Ending Chronic Homelessness:

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



Performance Measurement and Data Systems

Agency-Specific:

- 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 Research:

- Evaluation to determine the optimal approaches for evaluating the Cancer Disparities Research Partnership (CDRP) Program.

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

- Evaluation of the Geriatrics and Clinical Gerontology Program to see the types of research progress since its reorganization..

Agency-Specific:

- Evaluation of the NIH informed consent policy and process to determine if there is a need to revise the current protocol.
- Evaluation and review of the new NIH Graduate Partnership Program, a collaboration between select University Ph.D. programs and the NIH.

Environmental Assessments

Preventing Disease, Illness and Injury - General:

- Assessment of diabetic eye disease education and resource needs of pharmacists as key figures in the prevention of diabetic eye disease.

Agency-Specific:

- Continue evaluating 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.)
- Develop strategies and recommendations for enhancing support of sleep medicine and sleep research in academic health centers. Conducted by the Institute of Medicine.



Improving Program Management

Agency-Specific:

- Evaluation of the animal research services provided to the National Institutes of Health.
- Development of the NIH Dashboard Prototype 2.0, a program designed to enhance the decision-making efficiency of NIH senior management by providing these decision-makers with simplified, timely access to required information.

Performance Measurement and Data Systems

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

- The feasibility of producing annual NIH-related research and development expenditures by source of funds and performers of research.

Agency-Specific:

- Annual updating of the Consolidated Grant Applicant File and the Trainee and Fellow File to permit the conduct of long-term career outcome studies.
- Phase II development of evaluation databases to track the career trajectories of NIH trainees, including foreign researchers.
- Continued development of the NIH Program Performance Monitoring System (PPMS) database, which will centrally collect, store, and report project performance data for NIH projects.

Evaluation Infrastructure

Agency-Specific:

- Conduct 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.
- Conduct 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.
- Conduct 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:



- Evaluation of those Mental Health and Substance Abuse Prevention and Treatment Block Grants that have not had a recent evaluation. This would provide data needed for the OMB Program Assessment Rating Tool (PART).
- The Center for Substance Abuse Treatment has developed the Screening, Brief Intervention, Referral and Treatment 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. The evaluation of this program began in FY 2004 and builds on GPRA data collection and reporting functions.

Performance Measurement/Data Systems

- Continue 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 Centers and Program Offices to report aggregated results and to reduce the number of measures being tracked.

Improving Program Management

Agency-Specific:

- Assess how evaluation is conducted at SAMHSA to develop recommendations for management improvements.
- Evaluate whether the 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:

- Assess the impact of TANF policy changes and/or new approaches to transition TANF clients into the workforce.
- Analyze the longer-term effects of two approaches to welfare-to-work programs on employment, earnings, earnings growth, and welfare participation.
- Evaluate 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:

- Evaluate the effectiveness of the Collaborative Initiative to Help End Homelessness, a grant program jointly funded by HHS, HUD, and VA.
- Assess the evaluability of discharge planning in institutional and custodial settings as a



strategy to prevent homelessness.

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

- Continue evaluation of maternity group homes, a Presidential Initiative.

No Child Left Behind – Improving Child Well-Being:

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

No Child Left Behind - Preventing Teen Risk Behaviors:

- Evaluate State and community-based abstinence education programs.
- Evaluate abstinence education programs and programs that offer comprehensive sex education.

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

- Assess effective ways to enhance and promote active aging.

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

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

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

- Study ways to improve and maintain the quality of life of nursing home residents.
- Evaluate the effectiveness of nursing home regulatory and survey processes, including the use of quality indicators.
- Assess best practices in nursing home care.

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

- Assess 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:

- Evaluate Health Savings Accounts (HSAs) and other consumer-directed health plans that provide lower-cost health insurance while encouraging enrollees to be more cost-conscious of their health care options. The goal of this assessment is to evaluate current mechanisms and determining whether they can be improved to increase attractiveness and uptake of these plans.

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

- Study the demographics of the uninsured to better learn what policies may be most effective for expanding coverage and access.
- Study and evaluate the manner in which government surveys measure the uninsured to



determine where survey improvements are called for, allowing for better targeting of policies aimed at expanding coverage and access to this population.

- Evaluate the effectiveness of programs for financing care for “dual-eligibles,” those Medicare beneficiaries who are also eligible to enroll in State Medicaid programs.
- Examine 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:

- Study effective ways to encourage the adoption of healthy behaviors and reduce barriers to achieving good health and personal fitness.
- Develop ways to assist communities in assessing the effectiveness of community-based prevention programs focusing on prevention efforts targeted to diabetes, asthma and obesity reduction.

Agency-Specific:

- Assess tort reform models.

Environmental Assessment

Working Toward Independence – Encouraging Work and Self-Sufficiency:

- Understand the range and complexity of assets, debt, credit and financial practices of low-income households and the formal and informal institutions with which they interact.
- Understand poverty dynamics among the working poor, including employment patterns and income progression of single mothers and their families after they exit poverty.

Working Toward Independence - Promoting Healthy Marriage and Strong Families:

- Assess child and family outcomes by marital status and how state welfare agencies and the federal government can better support healthy marriages.
- Analyze differences in program eligibility and participation among two-parent and single-parent families to inform the Administration's marriage promotion initiative.

No Child Left Behind – Improving Child Well-Being:

- Assess the well-being of children, including children adopted from foster care and children referred for evaluation of developmental needs following child maltreatment investigations, and ways to improve the healthy development of children and youth.

No Child Left Behind – Preventing Teen Risk Behaviors:

- Investigate how to prevent risky behavior in teenagers.

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

- Assess 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:



- Examine 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, immigrants, Native Americans, etc.

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

- Develop and assess 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:

- Explore the impact of litigation on quality of care in nursing homes.
- Seek better understanding of the dynamics of disability levels among nursing home residents.

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

- Study ways to help the public understand the need for long-term care insurance and financing options.
- Study the market dynamics of long-term care insurance, and effective ways to motivate individuals to purchase it.
- Study the use of assistive technology in long-term care settings and identify how such technology may save money for individuals and providers.

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

- Research the effects of health care spending on the overall U.S. economy.
- Develop a framework for determining the role of comparative effectiveness in health care coverage decision-making.

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

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

Protecting and Empowering Specific Populations – Medicare Modernization:

- Provide impact information 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.
- Assess 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:

- Conduct statistical analyses of demographic factors that predict the likelihood of being



- uninsured, with the goal of informing solutions tailored to specific sub-populations.
- Conduct analyses of health insurance benefit design.

Agency-Specific:

- Monitor liability trends across the country to better understand those trends and inform policy-making.
- Examine the relationships among medical liability, reimbursement policy, and service quality.
- Study the impact of liability issues, including beneficiaries' access to services.

Program Management

Working Toward Independence – Encouraging Work and Self-Sufficiency:

- Assess the effectiveness of discharge planning as a strategy to prevent homelessness.
- Analyze State child support policies that are intended to increase current child support payments to families and to increase family self-sufficiency.

Protecting and Empowering Specific Populations – Medicare Modernization:

- Evaluate Medicare and Medicaid adjustments to payments to hospitals to reflect the financial burden of providing care to the uninsured to assess whether the current structure adequately targets payments to the most appropriate hospitals.
- Evaluate the redistribution of medical residents at teaching hospitals mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to assess the effects of the statute and its implementation on graduate medical education.

Performance Measurement/Data Systems

- Support 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)); the National Survey of Family Growth (NSFG); microsimulation; performance indicators in human service programs; and develop a systematic approach to generating data on marriage and divorce.
- Continue survey of long-term care workers.
- Support the development of a National Health Information Infrastructure (NHII).
- Develop aging-related data, and assess aging-related trends.
- Support 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:

- Develop and utilize microsimulation 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 services programs.



- Continue ad hoc analyses using actuarial and other technical contractors in order to provide ongoing and short-term evaluations of HHS health care programs and policies.
- Disseminate the results of ASPE and Department evaluations.

Office of Public Health and Science (OPHS)

Program Effectiveness

Preventing Disease, Illness, and Injury – General:

- Assess recommendations for nutrition and physical activity and the communication of those recommendations.
- Evaluate the ABC HIV prevention strategy.
- Evaluate the National Vaccine Plan and DHHS influenza research programs.

Agency-Specific:

- Evaluate regional efforts to meet the nation's public health needs.
- Carry out preliminary assessment of research integrity programs, including the institutions' role in mentoring young investigators.
- Evaluate the effectiveness and impact of information technology tools and informed consent forms for research recruitment, including the recruitment of minorities.

Program Management

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

- Assessment of omit-funded State initiatives.

Performance Measurement/Data Systems

No Child Left Behind – Preventing Teen Risk Behaviors:

- Review and evaluate programs related to Title XX Adolescent Family Life Care and Prevention activities.

Preventing Disease, Illness, and Injury – General:

- Develop a framework and establish an agenda for setting health promotion and disease prevention objectives for the next decade to assist the Federal Government, States, communities and individuals in targeting their actions to improve health.

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

- Use standardized hypertension and diabetes screening forms in African-American communities and conduct subsequent impact evaluation.
- Develop an evaluation protocol for assessing impacts of OMH-funded State initiatives.

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



- Assess women's health programs, including health care delivery and prevention through the development of a strategic planning and performance measurement framework.

Agency-Specific:

- Assessment of human research protection educational activities.

Office of the National Coordinator for Health Information Technology (ONCHIT)

Performance Measurement/Data Systems

Realizing the Possibilities of 21st Century Health Care:

- In April 2004 the President expressed his vision for improving the safety, quality, and cost-effectiveness of health care through the rapid implementation of secure and interoperable electronic health records. To help make this vision a reality, this year the National Coordinator for Health Information Technology will work closely with AHRQ to:
 - o Accelerate the development of interoperability standards and prototypes for the secure exchange of electronic health records.
 - o Support the evaluation of strategies to promote electronic health record adoption.



Funds for FY 2005 Evaluations

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 2005 Appropriation, which allows the use of up to 2.4 percent of funds appropriated for programs authorized under the Act, a total of \$827 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).

The Department plans to use all of the funds available for Public Health Service research and evaluation activities in FY 2005. Of this total, \$751 million will be used to finance activities of the Centers for Disease Control and Prevention, 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 2005 Appropriations Act. An additional \$58 million will be used to carry out research and evaluations in the Office of the Secretary (\$34 million for ASPE, \$4 million for OPHS, and \$20 million for ONCHIT). PHS agencies plan to use \$18 million on evaluation activity in FY 2005 (see the right hand column of the following table).

In the table below, the agencies that are responsible for the programs that are the source of the funds under this authority are indicated in column 1; the amount of available funds from these agencies are indicated in column 2 (Total Available); the receiving agencies/offices and the amounts of the funds received are indicated in columns 3-9 (Distribution of Funds); the funds not distributed through this process in column 10 (Amount Remaining); and the amount of the remaining funds that the source agency would use itself in column 11 (Planned Use).

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.



FY 2005 PHS Evaluation Funds: Sources and Uses												
(Dollars in thousands)												
	Total Available	Distribution of Funds									Amount Remaining	Planned Use
		CDC	AHRQ	HRSA	SAMHSA	NIH	ACF	OS				
								ASPE /1	OPHS	ONCHIT		
HRSA.....	\$112,633	\$36,090	\$43,387	\$3,403	\$16,762	\$1,116	\$1,429	\$4,697	\$572	\$2,680	\$2,497	\$2,497
CDC.....	70,915	22,723	27,317	2,143	10,554	703	900	2,957	360	1,688	1,570	1,570
NIH.....	608,698	195,039	234,470	18,393	90,589	6,033	7,725	25,382	3,091	14,489	13,487	13,487
SAMHSA.....	25,201	8,075	9,707	761	3,750	250	320	1,051	129	600	558	558
OPHS /2.....	9,313	2,984	3,587	282	1,386	92	118	388	47	222	207	0
OPA (non add).....	6,590	2,112	2,538	199	981	65	84	275	33	157	146	0
AoA /3.....	283	91	109	9	42	3	4	12	1	7	5	0
ACF 4.....	307	98	118	9	46	3	4	13	2	7	7	0
TOTAL.....	\$827,350	\$265,100	\$318,695	\$25,000	\$123,129	\$8,200	\$10,500	\$34,500	\$4,202	\$19,693	\$18,331	\$18,112

/1 Includes Policy Research.

/2 Office of Population Affairs (OPA) funds are appropriated to HRSA, but administered by OPHS.

/3 AoA administers the Alzheimer's Disease Demonstration Grant Program, but funding is appropriated under the Public Health Services Act.

/4 ACF administers the Children's Health Act Program but funding is appropriated under the Public Health Services Act.



Appendix
Research Coordinating Council Priorities and Themes

PRIORITY AREA (1): WORKING TOWARD INDEPENDENCE

- Theme A: Encouraging Work and Self-Sufficiency
- Theme B: Promoting Healthy Marriage and Strong Families
- Theme C: Promoting State Flexibility and Accountability

PRIORITY AREA (2): RALLYING THE ARMIES OF COMPASSION

- Theme A: Expanding the Use of Faith-Based and Community-Based Organizations
- Theme B: Addressing the Needs of Special Populations
- Theme C: Ending Chronic Homelessness

PRIORITY AREA (3): NO CHILD LEFT BEHIND

- Theme A: Improving Reading and School Readiness
- Theme B: Improving Child Well-Being
- Theme C: Preventing Teen Risk Behaviors
- Theme D: Protecting Children and Youth

PRIORITY AREA (4): PROMOTING ACTIVE AGING AND IMPROVING LONG-TERM CARE

- Theme A: Active Aging
- Theme B: Promoting Home and Community-Based Services
- Theme C: Improving Nursing Home Quality
- Theme D: Improving Long-Term Care Delivery and Financing

PRIORITY AREA (5): PROTECTING AND EMPOWERING SPECIFIC POPULATIONS

- Theme A: New Freedom Initiative – Enable People with Disabilities to Live Self-Sufficiently and with Dignity
- Theme B: Medicare Modernization
- Theme C: Mental Health and Drug Treatment

PRIORITY AREA (6): HELPING THE UNINSURED AND INCREASING ACCESS TO HEALTH INSURANCE

- Theme A: Increasing Access to Health Insurance Coverage and Services
- Theme B: Medicaid and SCHIP
- Theme C: Promoting State Flexibility and Accountability

PRIORITY AREA (7): REALIZING THE POSSIBILITIES OF 21ST CENTURY HEALTH CARE

- Theme A: Organ Donation and Transplantation
- Theme B: Patient Safety, Quality, and Reducing Medical Errors
- Theme C: Technology/ Increase Consumer and Policymaker Access to Health Information
- Theme D: Privacy and Other HIPAA Administrative Simplification Provisions

PRIORITY AREA (8): ENSURING OUR HOMELAND IS PREPARED TO RESPOND TO HEALTH EMERGENCIES

- Theme A: Bioterrorism and Chemical Terrorism
- Theme B: Food Safety

PRIORITY AREA (9): UNDERSTANDING HEALTH DIFFERENCES AND DISPARITIES – CLOSING THE GAPS

- Theme A: Health Disparities Research
- Theme B: Women's Health Research

PRIORITY AREA (10): PREVENTING DISEASE, ILLNESS, AND INJURY

- Theme A: Prevention – General
- Theme B1: Diabetes Prevention
- Theme B2: Asthma Prevention
- Theme B2: Cancer Prevention
- Theme B4: Cardiovascular Disease Prevention
- Theme B5: HIV/AIDS Prevention

AGENCY-SPECIFIC RESEARCH PRIORITIES (11)