



PERFORMANCE IMPROVEMENT 2006

EVALUATION ACTIVITIES OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Fiscal Year 2005

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U.S. Department of Health and Human Services

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For on-line versions of this report, see
<http://aspe.hhs.gov/pic/perfimp/index.html>

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Performance Improvement 2006

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CHAPTER I - PROGRAM EVALUATION AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

This **Performance Improvement 2006** report presents to Congress a comprehensive summary of evaluation projects completed by the Department, The Office of the Secretary, and agencies comprising the Department, engage in extensive evaluation activities; some are required by statute, while others are determined to be essential by an individual agency, the Department, or the President. Evaluation is a core Federal program management responsibility along with strategic planning, policy and budget development, and program operation (*Figure 1, Performance Management System*).

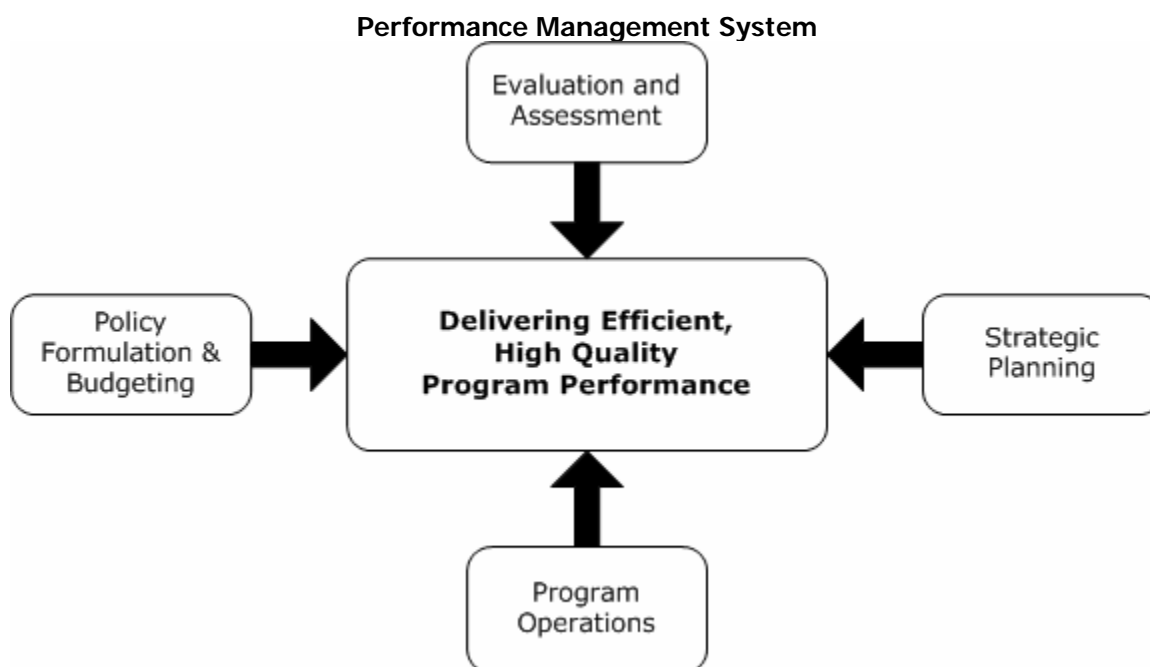


Figure 1

The Department of Health and Human Services (HHS) is responsible for more than 300 separate programs, with over \$580 billion in annual funding for health and social service support payments, and approximately \$67 billion for discretionary programs. HHS spends about \$2.6 billion for research, demonstration, and evaluation activities. Successful evaluations increase the likelihood of effective delivery of public services through these programs and insure that programs are efficient, targeted to their intended clients, and well managed.

Structure of this Report

Evaluations summarized in this year's report are organized under the Department's eight broad Strategic Goals consisting of 40 essential Objectives (*Appendix A*). As articulated in the Department's FY 2004-2009 Strategic Plan, the goals are as follows:

- I. Prevent Disease and Illness
- II. Protect Our Homeland
- III. Close the Gaps in Health Care
- IV. Improve Health Science
- V. Realize the Possibilities of 21st Century Health Care
- VI. Work Toward Independence
- VII. Leave No Child Behind
- VIII. Improve Department Management

Performance Improvement 2006, the 12th annual report in this series, provides summaries of findings of HHS evaluation projects completed or released during Fiscal Year (FY) 2005 (October 1, 2004 through September 30, 2005) that were funded under Section 241 of the Public Health Service Act. This Chapter provides an overview of the Department's evolving evaluation responsibilities. Chapter 2 presents the summaries of the evaluations. In addition to the Department's Strategic Plan Goals and Objectives found in *Appendix A*, *Appendix B* contains a statement of each agency's Mission and Evaluation Program, *Appendix C* provides a table of the studies by each agency and the Objective in this report where the study may be found, and *Appendix D* acknowledges the HHS officials who contributed to the report.

Role of Evaluation

Programs need to provide better results for the individuals served, assure that tax dollars are wisely spent, and achieve the aims set for them by elected representatives. This report to Congress on Performance Improvement continues the transition to a more strategic and analytic presentation of evaluation studies. With the implementation of a unified Strategic Plan, as required by the Government Performance and Results Act of 1993, the Department recognizes its responsibility both to evaluate programs and to assure that evaluation funds are targeted to address the core goals and objectives of both the Congress and Executive branch. This re-engineering of management practice underscores the important role of evaluations' potential to test, weigh, measure and judge the success of management performance, program outputs, and social outcomes.

Evaluations play an integral role in carrying out the HHS mission. Assessing various aspects of agency functioning allows staff to identify means of improving individual program performance. HHS evaluations directly support the following efforts: (1) Helping government officials and members of the Congress make decisions related to programs, policies, budgets, and strategic planning; (2) Enabling managers to improve program operations and performance; (3) Disseminating evaluation results and methodological tools useful to the larger health and human services community of state and local officials, researchers, advocates, and practitioners to improve the performance of their programs.

Types of Evaluation

For HHS, evaluation is the assessment of the performance (Comprising efficiency, effectiveness, and responsiveness) of the Department's programs or strategies through the analysis of data or information collected systematically and ethically; and the effective use of resulting information in strategic planning, program or policy decision-making and program improvement. Evaluations serve one or more of the following objectives (*Figure 2, Types of Evaluation*):

- **Enhance Program Effectiveness and Support Policy Analysis** — Determine the impact of HHS programs on achieving intended goals and objectives and examine the impact of alternative policies on the future direction of HHS programs or services.
- **Improve Performance Measurement** — Monitor annual progress in achieving departmental strategic and performance goals. We invest evaluation funds to develop and improve performance measurement systems and improve the quality of the data that support those systems. Performance measurement is a high priority for HHS agencies. The emphasis during development, implementation, and refinement of programs is on results and specific measurements are required under the Government Performance and Results Act.
- **Assess Environmental Factors** — Seek to understand the forces of change in the health and human services environment that influence the success of our programs. Such understanding allows us to adjust our strategies and continue to deliver effective health and human services.
- **Strengthen Program Management and Development** — Address the need of program managers to obtain information or data that will help them effectively design and manage programs more efficiently and ensure successful results. Focus on developmental or operational aspects of program activities and provide understanding of services delivered and populations served.

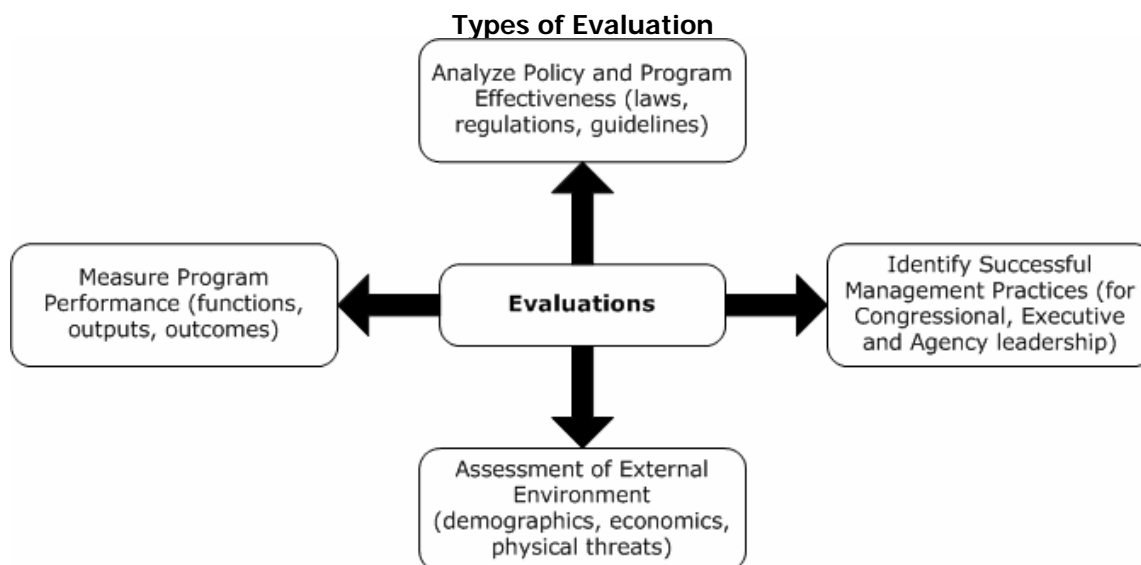


Figure 2

Evaluation Resources

Evaluation activities of the various HHS agencies are largely supported through two funding mechanisms: direct use of program funds and use of special legislative set-aside authorities for evaluation. The first is a common mechanism by which program managers have discretionary authority to use appropriated program funds to support contracts that will design and implement evaluation studies, and analyze evaluation data. In some cases, a program's legislative authority calls for a specially mandated evaluation, and program funds are used directly to support the evaluation.

The second mechanism for evaluation funding is the legislative set-aside authority that permits the Secretary of HHS to use a portion of overall program funds for evaluation purposes. The largest of the set-aside authorities at HHS is Section 241 of the Public Health Service (PHS) Act for evaluations conducted by several of HHS' agencies:

- Administration for Children and Families (ACF)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

In addition, two staff components in the Office of the Secretary receive funds under this authority to carry out evaluations:

- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- Office of Public Health and Science (OPHS)

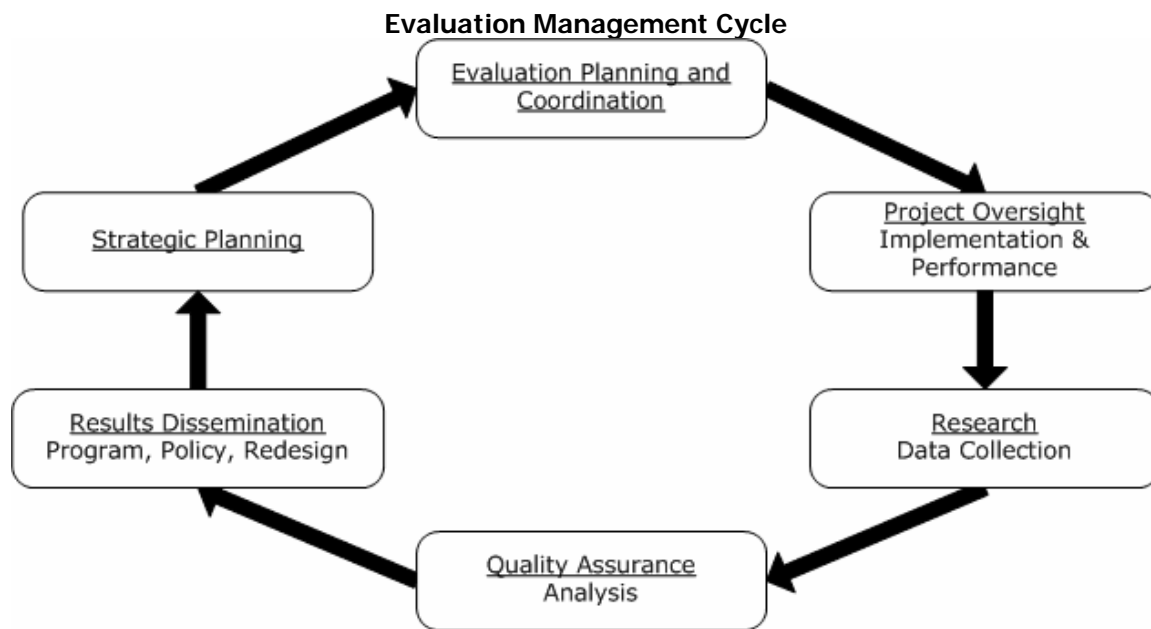
This authority was originally established in 1970, when the Congress amended the Act to permit the HHS Secretary to use up to 1 percent of appropriated funds to evaluate authorized programs. Section 241 limited the base from which funds could be reserved for evaluations to programs authorized by the PHS Act. Excluded were funds appropriated for the Food and Drug Administration, the Indian Health Service, and certain other programs that were managed by PHS agencies but not authorized by the Act (e.g., HRSA's Maternal and Child Health Block Grant and CDC's National Institute for Occupational Safety and Health).¹ In addition, programs may have other authorized sources of funding for evaluation activities.² Section 207 of Division F of the Consolidated Appropriations Act, 2005 increased the amount the Secretary could use for evaluation to 2.4 percent.

¹ FDA programs are principally authorized by the Food, Drug and Cosmetic Act, and appropriations are provided by the Appropriations Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies. IHS programs are principally authorized by the Indian Health Care Improvement Act and the Indian Self-Determination Act. Appropriations are provided by the Appropriations Subcommittee on Interior and Related Agencies.

² The Older Americans Act (OAA) specifies that \$1.5 million from Title III, and \$1.5 million from Title IV are to be available from its annual appropriations to be used for the evaluation of OAA programs. Since 2000, the Administration on Aging (AoA) has used those funds for the Performance Outcome Measures Project and its annual national performance measurement surveys. AoA initiated new evaluation studies of Title III-D Health Promotion and Disease Prevention, and Title III-B Supportive Services in FY 2004 and intends to continue evaluating all OAA titles on a rotating basis in the future.

Evaluation Management

Management of evaluations carried out by HHS agencies and offices and coordinated by ASPE involves: (1) planning and coordination, (2) project oversight, (3) quality assurance, and (4) dissemination of results (*Figure 3, Evaluation Management Cycle*). A description of each function follows.



Evaluation Planning and Coordination

HHS agencies, ASPE, the Office of the Inspector General (OIG), and OPHS develop evaluation plans annually in concert with HHS program planning, legislative development, and budgeting cycles. Plan development is coordinated by ASPE. Each agency or office evaluation plan generally states the evaluation priorities, or projects under consideration for implementation. Typically, HHS evaluation priorities include: congressionally-mandated program evaluations, evaluations of Secretarial program or policy initiatives, assessments of new programs and ones that are candidates for reauthorization, and evaluations that support program performance management and accountability.

HHS evaluation planning activities are coordinated with three department-wide planning initiatives. First, HHS evaluation activities support the Department's strategic planning and performance management activities in several ways. Completed evaluation studies are used in shaping the specific HHS strategic goals and objectives. Evaluation findings provide important sources of information and evidence about the success of various HHS programs or policies. The HHS Strategic Plan highlights evaluations that document efficacy or effectiveness of strategic programs or policies and lists future evaluations that will benefit strategic planning. HHS agencies use findings from their evaluations to support the Government Performance and Results Act (GPRA) annual performance reporting to Congress and program budget justifications.

Second, Congress requests that HHS coordinate and report to Congress regarding all of its research, demonstration, and evaluation (RD&E) programs to ensure that the results of these projects address HHS program goals and objectives. ASPE and the Assistant Secretary for Budget, Technology and Finance work together with HHS agencies to provide the Congress with a special annual research, demonstration, and evaluation budget plan that coincides with the preparation of the President's fiscal year budget. The plan outlines HHS agency research, demonstration, and evaluation priorities as related to the Department's strategic goals and objectives (*Figure 4, Evaluation Reporting Cycle*).

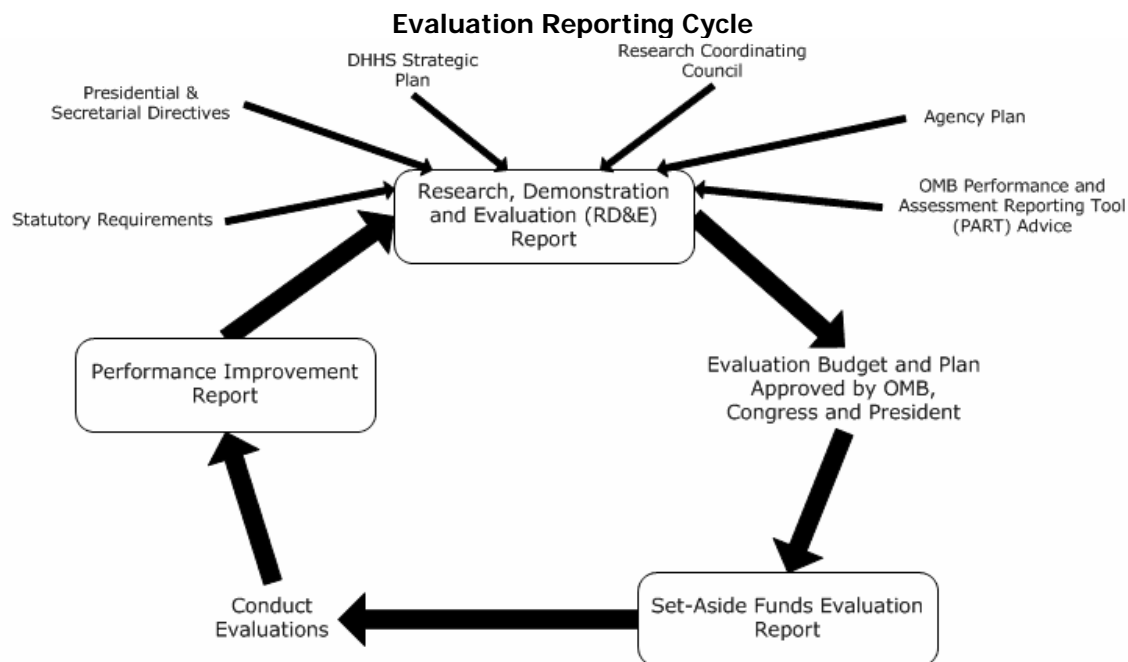


Figure 4

The Secretarially-created Research Coordination Council (chaired by the ASPE, and containing representatives of HHS agencies) fosters greater interactions among the research programs. The Council's work includes streamlining research and evaluating Department-wide research priorities to ensure greater efficiencies in research, demonstration, and evaluation. The Council seeks to strengthen HHS research coordination and planning around key Departmental priorities and themes.

Third, the Secretary must report to the Congress his plan for using PHS evaluation set-aside funds before implementing the plan (*Figure 4*). Those agencies and offices that use the PHS evaluation set-aside authority—ACF, AHRQ, CDC, HRSA, NIH, ASPE, OPHS, SAMHSA—submit a formal plan to ASPE, which coordinates and develops the individual plans into the HHS report to the Congress on the use of the PHS authority.

Project Oversight

HHS agencies, ASPE, and the OIG execute annual evaluation plans that involve developing evaluation contracts and disseminating and applying evaluation results. All agencies and their subunits (centers, institutes, and bureaus) coordinate with each other on research and evaluation project planning and release of final reports that relate to work of other HHS agencies. While there is some oversight responsibility and execution capability in the Office of the Director or Administrator for each agency, the various agency subunits conduct much of the day-to-day evaluation activity.

The OIG performs independent evaluations through its Office of Evaluations and Inspections (OEI). OEI's mission is to improve HHS programs by conducting inspections that provide timely, useful, and reliable information and advice to decision makers. These findings of deficiencies or vulnerabilities and recommendations for corrective action are usually disseminated through inspection reports issued by the Inspector General. A summary of individual inspection reports and other OIG reports can be viewed on the World Wide Web at <http://oig.hhs.gov/reports.html>. OEI provides technical assistance to HHS agencies in conducting their evaluations.

Quality Assurance and Improvement

Most evaluation projects are developed at the program or office level. A committee of agency- or office-level policy and planning staff members generally conducts the initial quality review. Before a project is approved, a second committee reviews it for technical quality with expertise in evaluation methodology. Technical review committees follow a set of criteria for quality evaluation practice established by each agency. ASPE, for example, has a formalized peer review process in which experienced evaluators on staff review, discuss and approve all proposed research projects before they are submitted for funding. Some HHS agencies have external evaluation review committees composed of evaluation experts from universities and research centers.

Since HHS began reporting to Congress in 1995 on completed evaluations through the *Performance Improvement* report series, the Department has focused attention on improving the quality of evaluation studies performed. An Evaluation Review Panel, convened periodically, has contributed insights to HHS evaluation officers on the strengths and challenges of ensuring quality evaluation studies. HHS evaluation officers have had opportunities to discuss these strengths and challenges and identify steps to improve agency evaluation projects.

Dissemination of Evaluation Reports

Maintaining on-line electronic report libraries and distributing information on evaluation results is an important component of HHS evaluation management. The Department's information and reports on major evaluations is available centrally through the website of the HHS Policy Information Center (PIC), located at the following Web address: <http://aspe.hhs.gov/pic>. ASPE's PIC website offers users an opportunity to search – by key word, selected program, or policy topics, – the departmental evaluation report database and electronic report library maintained by ASPE. The PIC contains over 8,500 completed and in-progress evaluation and policy research studies conducted by the Department, as well as key studies completed outside of HHS by the U.S. Government Accountability Office (GAO) and private foundations.

The results of HHS evaluations are disseminated through targeted distribution of final reports, articles in refereed journals, and presentations at professional meetings and conferences. Although individual HHS agencies have primary responsibility for disseminating results, ASPE continues its Department-wide efforts to expand dissemination of evaluation results to the larger research and practice communities through e-mail lists, e-newsletters, and publications available on the PIC Web site.

CHAPTER II – SUMMARIES WITH FINDINGS FOR COMPLETED EVALUATIONS

This Chapter presents brief abstracts summarizing the purposes and findings for each HHS evaluation completed between October 1, 2004 and September 30, 2005. As discussed in Chapter 1, each study is presented under the Strategic Objective (Appendix A) it most supports. This thematic grouping provides an immediate view of the program and research areas emphasized during the previous year and aids in identifying areas for possible future inquiry. Future evaluation priorities will also be guided by the results of oversight not only by the Congress but also by the Executive Branch through such management mechanisms as the Performance Assessment Reporting Tool (PART), which is already yielding specific recommendations for future evaluative inquiry and program validation.

To find abstracts in this Chapter for studies funded by particular agencies, refer to the Objectives identified in Appendix C. Not all Objectives are represented among the completed studies reported in Chapter 2; a multitude of studies are also already in progress and development of the new fiscal year's research, demonstration, and evaluation agenda will add other studies to the roster throughout the year. Further information about completed and in-progress reports can be accessed on-line at the Policy Information Center Web site, located at <http://aspe.hhs.gov/pic>

FISCAL YEAR 2006 EVALUATION REPORTS

GOAL 1 - REDUCE THE MAJOR THREATS TO THE HEALTH AND WELL-BEING OF AMERICANS

OBJECTIVE 1.1 - REDUCE BEHAVIORAL AND OTHER FACTORS THAT CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC DISEASES

National Kidney Disease Education Program (NKDEP) Evaluation Survey

This study measured the impact of intervention to increase awareness of the seriousness of kidney disease and the availability of effective treatments to prevent or slow kidney failure in a high-risk African-American population in four pilot cities in the U.S. Prior to launching a national education campaign, the National Kidney Disease Education Program (NKDEP) conducted pilot-site interventions to refine and test campaign strategy. Lessons learned from the pilot site initiatives were used to develop and refine the campaign for a broader national program. The campaigns focused on four cities: Jackson, MS, Cleveland, OH, Atlanta, GA, and Baltimore, MD. The targets include (1) African-Americans at risk for kidney disease, specifically those who have diabetes, hypertension, or a family history of kidney failure; and (2) primary care providers, specifically general internists, nurse practitioners, and physician assistants who treat African-American clients. This evaluation was a pre- and post-intervention comparison with a control site. The evaluation used Office of Management and Budget (OMB)-approved surveys, via telephone and fax, to collect the data. The outcome-centered evaluation assessed changes in knowledge, beliefs, awareness

and practices about kidney disease among the target audiences in the intervention sites. Several key findings emerged. African-Americans identified kidney disease as a serious problem but did not know the risk factors for it, particularly familial risk, or the fact that laboratory testing was needed for detection. Primary providers knew the major risks, and said they tested regularly. They also believed that treatment of early kidney disease was effective. However, they misinterpreted a standard laboratory test, using the serum creatinine. This has led to our efforts to provide better interpretation of that test. There were no clear differences pre- and post-comparison in the pilot or control sites. Nevertheless, the baseline data have had major effects on our activity, e.g. emphasis on risk factors including familial and better reporting of lab tests.

PIC ID: 7923; Agency Sponsor: NIH, National Institutes of Health; Federal Contact: Gladstone, Elisa, 301-435-8116; Performer: Equals Three Communications, Bethesda, MD

Assessment of Diabetic Eye Disease Education and Resource Needs of Pharmacists

Diabetes has reached epidemic proportions in the United States and prevalence rates are expected to increase over the coming years. Most people with diabetes develop diabetes complications, one of which is diabetic eye disease, particularly diabetic retinopathy. The National Eye Institute (NEI) conducted a series of discussion groups with pharmacists to determine their needs regarding diabetic eye disease education, and what resources and materials would be most useful to pharmacists and their patients. Pharmacists have the potential to educate their patients about the complications of diabetes, specifically about diabetic eye disease and glaucoma, but only if they are themselves educated about these diseases. Because language and health literacy were identified as barriers, careful consideration should be given to the wording used in any products developed. Content and calls to action must be written simply and clearly. Pharmacists also suggested that the National Eye Health Education Program (NEHEP) collaborate with pharmacy associations and organizations to create a free Continuing Education (CE) course on diabetic eye disease. Printed materials could also be distributed to pharmacists after they complete the CE course.

PIC ID: 8202; Agency Sponsor: NIH-NEI, National Eye Institute; Federal Contact: Janiszewski, Rosemary, 301-496-5248; Performer: ORC Macro, Calverton, MD

Diabetes: A National Plan for Action

Diabetes: A National Plan for Action is the latest initiative sponsored by the U.S. Department of Health and Human Services (HHS) to address diabetes prevention, detection, and treatment. Prompted by the Secretary's commitment to disease prevention and health promotion, together with efforts of individuals and organizations-including the American Diabetes Association, Juvenile Diabetes Research Foundation International, American Association of Diabetes Educators, and other professional associations-the national action plan utilizes a comprehensive action-oriented approach to identify activities among relevant stakeholders to improve diabetes prevention, detection, and care. This document is designed to: (1) Reduce the prevalence of diabetes and factors that increase the risk of diabetes; (2) Promote improved diabetes detection, monitoring, and treatment; (3) Reduce the complications of diabetes. The plan seeks to raise national awareness of existing resources, facilitate and coordinate efforts, and leverage resources for the prevention, detection, and treatment of diabetes. In addition, the plan outlines

steps individual Americans can take to help prevent or delay type 2 diabetes, together with recommendations persons already diagnosed with diabetes can use to prevent or delay complications from the disease. However, individual action alone is not sufficient for addressing diabetes. The plan also recommends and outlines action steps for families, friends, health care providers, schools, the media, communities, health insurance providers, employers, researchers and professional educators, and tribal and other government agencies, to help mitigate the increase in the prevalence of diabetes and its complications. Additional information and resources about diabetes prevention, detection, and treatment are also provided.

PIC ID: 8235; Agency Sponsor: ASPE-OHP, Office of Health Policy; Federal Contact: Tilson, Wilma, 202-205-8841; Performer: Research Triangle Institute, Research Triangle Park, NC

Center for Food Safety and Applied Nutrition (CFSAN) Program Evaluation Model

The model provides guidance for preparing program evaluations, which provides the following: (1) A mechanism for the agency to address the condition of and specific regulatory concerns about regulated industry and products; (2) Provides for risk-based utilization of CFSAN and Office of Regulatory Affairs (ORA) field resources; (3) Furnishes the information necessary to develop or support regulations, policies, regulatory strategies, and industry and consumer outreach activities; (4) Provide a feedback mechanism for modifying, improving, and maintaining the quality of compliance programs and field assignments; (5) Provides an information source on FDA program area activities to an interested public. The model provides general instructions, content, and format guidance for preparing CFSAN program evaluations. The model identifies "Program Design and Methodology" as a required heading and discussion topic for each program evaluation. This section of the evaluation should describe the program requirements, indicate the method used for evaluation of the program area, (including the risk prioritization model that will be used, the type of data that will be collected, the data sources, and how the data will be analyzed), and indicate data and information sources used for the evaluation. The model identifies "Results" or "Findings" as a required heading and discussion topic for each program evaluation. This section of the evaluation should indicate the findings and use tables and figures to demonstrate support for each finding as appropriate. It also should include a summary of risks associated with the industry or with products covered by the program. The model identifies "Recommendations" as a required heading and discussion topic for each program evaluation. Recommendations for activities that are necessary to achieve the program objective or that will enhance CFSAN's ability to determine progress toward achieving the program objective should be addressed in this section of each program evaluation.

PIC ID: 8249; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Ledet, Mischelle, 301-436-2070; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

OBJECTIVE 1.2 - REDUCE THE INCIDENCE OF SEXUALLY TRANSMITTED DISEASES AND UNINTENDED PREGNANCIES

Evaluating the Impact of Viral Hepatitis Integration on HIV and STD Prevention Services

The primary objectives were to describe how and to what extent viral hepatitis services have been integrated into STD clinics, HIV Counseling and Testing Sites (CTSs), jails, and substance abuse treatment; the impact of integration on existing HIV and STD prevention activities; and the costs, benefits, and lessons learned from integration. The evaluation was conducted in two phases. The formative phase encompassed engaging stakeholders, describing the programs, and focusing the evaluation design. The main activities in the formal phase were to collect and analyze data, prepare the case studies, and analyze and summarize data within and across sites. The results indicate that a substantial level of viral hepatitis services can be achieved in STD clinics, HIV CTSs, jails, and substance abuse treatment facilities, and also documented multiple examples of successful integration into existing public health settings. Results also demonstrate the importance of providing hepatitis A and B vaccinations, hepatitis C virus testing, and clinical care options for persons identified with HCV infection in public health settings.

PIC ID: 7979; Agency Sponsor: CDC-NCHSTP, National Center for HIV, STD, and TB Prevention; Federal Contact: Dietz, Sue, 404-639-0210; Performer: Research Triangle Institute, Research Triangle Park, NC

AIDSinfo Process Evaluation Study: Analysis of Trends in Service Usage, Accuracy and Customer Satisfaction

AIDSinfo, sponsored by several Department of Health and Human Service (HHS) agencies, serves as the primary dissemination point for Federal HIV/AIDS treatment and prevention guidelines through a comprehensive Web site, and provides confidential responses to inquiries by telephone, postal and e-mail, and through its Web-based Live Help. AIDSinfo implemented a process evaluation study to assess how successfully the service is currently implemented, and to determine whether AIDSinfo goals are being achieved. The evaluation, which included secondary data analysis of AIDSinfo sources, content analysis of Live Help and e-mail transcripts, and external monitoring of telephone and e-mail services, provided information about the characteristics of AIDSinfo customers (including usage patterns), satisfaction levels, and the accuracy of the information provided by staff. With regard to characteristics of users and requests, the majority of requests for information were received by e-mail (49 percent) or telephone (41 percent), with males more likely to use Live Help than females (Nine percent vs. five percent). The general public accounted for the largest percentage of requests (33 percent) followed by health professionals (19 percent) and HIV-infected individuals and their family/friends (14 percent). Communication channel differed by requestor role, with organizational requestors and health care professionals more likely to use e-mail and HIV-infected individuals and their family/friends more likely to use the telephone. Over half (56 percent) of responses to questions were referrals only, regardless of communication channel. Analysis of the secondary data confirmed that AIDSinfo's goal of serving as the primary dissemination point for Federal HIV/AIDS treatment and prevention guidelines is being met. Satisfaction was high among all users and information was provided on a range of topics, including clinical trials, approved and experimental drugs, and preventive and therapeutic vaccines. While the

analyses showed that usage patterns for consumer groups varied by communication channel, all users received reliable information in response to their queries. Findings from the content analysis and the accuracy monitoring study also indicated that users were provided with confidential, accurate, and professional responses, fulfilling AIDSinfo's second goal of providing better service. The study led to recommendations that, when implemented, will enhance both the methods currently used to report on the service's impact, and the nature and quality of responses to users.

PIC ID: 8164; Agency Sponsor: NIH-NIAID, National Institute of Allergy and Infectious Diseases; Federal Contact: Siskind, Rona, 301-435-3732; Performer: Aspen Systems Corporation, Rockville, MD

Youth Development Approaches in Adolescent Family Life Demonstration Projects

The purpose of this project was to examine how youth development (YD) strategies in conjunction with abstinence education may affect adolescents' sexual decision making. The Urban Institute (UI) explored the relationship between YD activities and the prevention of sexual risk taking. Through this undertaking, UI also examined the evaluability of several Adolescent Family Life (AFL) grantees. The project conducted a literature review, a document review, and site visits to AFL projects to gather information. The UI also utilized feedback from AFL Project Officers to augment information for this report. The literature review identified several programs that demonstrated direct effects of YD approaches on sexual risk taking or on antecedents to sexual risk taking behaviors. All of these programs were clear in their interventions and conducted short and long-term evaluations. The project also found that several AFL grantees identified the use of specific YD strategies in their programming. The predominant theme of the programs was a total integration of YD approaches with the abstinence education components. This comprehensive approach makes it difficult to extract the YD strategies for individual evaluation. The UI recommends that the AFL projects submit more specific and intensive End of Year reports, thereby helping programs to better identify successes and failures. The project also recommends that individual programs should enhance their evaluations and the OAPP should conduct a cross-site evaluation.

PIC ID: 8242; Agency Sponsor: OPHS-OPA, Office of Population Affairs; Federal Contact: Roper, Allison, 240-453-2806; Performer: Urban Institute, Washington, DC

SAFE Know Now Campaign Evaluation

The objective of the Know Now campaign evaluation was to understand the effectiveness of the targeted campaign efforts. Specifically, the objectives were to understand whether campaign messages were reaching the targeted clusters based on degree of exposure; ascertain how the targeted clusters have been affected by the message, measuring their cognitive, affective, and behavioral responses; and determine whether campaign messages have reached other non-targeted clusters (message spillover) and if so, how people in these clusters have been affected and whether increases in requests for HIV testing by persons at low risk of infection were observed.

PIC ID: 8251; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Davis, David, 404-639-0938; Performer: Aeffect, Deerfield, IL

OBJECTIVE 1.3 – INCREASE IMMUNIZATION RATES AMONG ADULTS AND CHILDREN (NATIONAL IMMUNIZATION PROGRAM)

Institute of Medicine (IOM) Immunization Review

The key objectives of this evaluation were to: (1) Evaluate whether the IOM Committee has met the requirements and needs of CDC and NIH as described in the original scope of work and by informed agency staff members; (2) Assess the knowledge of the IOM Committee and its reports by various external partners and stakeholder groups; (3) Assess the impact of the IOM reports on immunization decisions of vaccine recipients and/or their parents; (4) Assess the impact of the IOM reports on information relayed to vaccine recipients or their patients by their health care providers. The methods consisted of primary (in-depth key informant surveys and interviews) and secondary (abstractions of IOM Committee reports to evaluate whether the Committee met its scope of work) data analysis. The analysis concluded that the IOM Committee generally met the scope of work, but there were incidents in which the Committee appeared to exceed or fail to meet the mission set out for it. There is a clear consensus that a continuing need exists for a credible vaccine safety review group. However, there is no consensus on the membership or structure of such a group.

PIC ID: 7986; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Dietz, Sue, 404-639-0210; Performer: Research Triangle Institute, Research Triangle Park, NC

OBJECTIVE 1.4 - REDUCE SUBSTANCE ABUSE

Alcohol and Drug Services Study (ADSS) Phase II: Client Record Abstract Report

This report presents findings for the Phase II of the Alcohol and Drug Services Study sponsored by SAMHSA. Data reported was abstracted from client treatment records in a stratified sample of 280 alcohol and drug treatment facilities. This report is based on a nationally representative sample of client treatment episodes from August 1997 through April 1999. Treatment experiences could be different depending on where an individual was treated, according to variations by client type of care. The objective of this report was to provide detailed national data on current substance abuse treatment practices, clients in treatment and treatment length of stay for use by providers, policymakers, and researchers. This Phase consisted of administrator interview and client record abstracting. The sample design for ADSS was a multi-stage stratified clustered design, which involved site visits to a sub-sample of facilities. This report was then organized into two main sections: the findings for the ADSS discharged clients and the findings for the in-treatment methadone clients. All findings presented were weighted national estimates.

PIC ID: 8060; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Gadzuk, Anita, 240-276-1266; Performer: Brandeis University, Waltham, MA

Feasibility Study for the NIDA Science-Based Drug Education Project Entitled "NIDA Goes Back to School." - Final Report

In September 2003, the National Institute on Drug Abuse (NIDA) launched its NIDA Goes Back to School (NGBTS) Campaign. NGBTS is designed to promote NIDA as the source for science-based information on drug abuse, announce the NIDA for Teens Website, and highlight opportunities to order NIDA's free science-based materials for school-aged children. This feasibility study refined the evaluation questions, identified the optimal evaluation methodology, and determined the feasibility of, and resources necessary for, a full-scale evaluation. The contractor collected and analyzed data from focus groups, individual interviews, school site visits, and secondary data sources. The school site visits and interviews demonstrated the usefulness of the NGBTS materials, but also illuminated obstacles teachers face incorporating new materials into their curriculum. Based on the evaluation of existing data, such as website usage and publication orders, it was determined that a full-scale evaluation is feasible. A mixed-method data collection strategy and multilevel study design was recommended. By examining NIDA's current dissemination strategies and identifying more efficient and cost-effective approaches to reach a multitude of target audiences, a full-scale evaluation of the NGBTS program will provide NIDA with the tools necessary to ensure the rapid and effective dissemination of NIDA's science education materials.

PIC ID: 8191; Agency Sponsor: NIH-NIDA, National Institute on Drug Abuse; Federal Contact: Palmquist, Lanette, 301-443-6036; Performer: CSR Incorporated, Washington, DC

Results from the 2004 National Survey on Drug Use and Health (NSDUH): National Findings

This report presents the results from the 2004 National Survey on Drug Use and Health (NSDUH), an annual survey of the civilian, non-institutionalized population of the United States aged 12 years old or older. This initial report on the 2004 data presents national estimates of rates of use, numbers of users, and other measures related to illicit drugs, alcohol, and tobacco products. Measures related to mental health problems also are presented, including data on the co-occurrence of substance use and mental health problems, and new data on depression among youths and adults. Among youths aged 12 to 17, the rate of illicit drug use declined between 2002 and 2004 (11.6 percent in 2002, 11.2 percent in 2003, and 10.6 percent in 2004). An estimated 22.5 million Americans aged 12 or older in 2004 were classified with past year alcohol or illicit drug dependence or abuse (9.4 percent of the population), about the same number as in 2002 and 2003.

<http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4Results/2k4Results.pdf>

PIC ID: 8259; Agency Sponsor: SAMHSA-OAS, Office of Applied Studies; Federal Contact: Hughes, Arthur, 240-276-1261; Performer: Research Triangle Institute, Research Triangle Park, NC

Drug Abuse Warning Network (DAWN), 2003: Area Profiles of Drug-Related Mortality

DAWN is a national surveillance system that monitors drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners/coroners (ME/Cs). This annual

publication presents profiles of drug-related deaths reported to DAWN by ME/Cs in selected metropolitan areas and States. For 2003, 122 jurisdictions in 35 metropolitan areas and 126 jurisdictions in six States submitted mortality data to DAWN. The publication profiles each metropolitan area and State separately, with participating and non-participating jurisdictions listed. In addition, each profile summarizes the number of deaths and rate per 1,000,000 population, the place of death, causes of death, and death rates by gender and age categories, and the specific drugs involved. All findings are presented separately for suicides (with drug involvement) and deaths involving drug misuse. A separate section of "spotlights" presents similar information for individual jurisdictions, typically the most populous county or counties in a metropolitan area. DAWN, which is one of three major surveys conducted by SAMHSA, provides a uniquely detailed view of some of the most serious consequences of substance abuse.

<http://dawninfo.samhsa.gov/pubs/mepubs/default.asp>

PIC ID: 8260; Agency Sponsor: SAMHSA-OAS, Office of Applied Studies; Federal Contact: Ball, Judy K, 240-276-1256; Performer: Westat, Inc., Rockville, MD

National Survey of Substance Abuse Treatment Services (N-SSATS): 2004 Data on Substance Abuse Treatment Facilities

The N-SSATS is an annual census of facilities providing substance abuse treatment conducted by the Substance Abuse and Mental Health Services Administration. The survey collects data on the location, characteristics, and use of alcoholism and drug abuse treatment facilities and services throughout the United States and other U.S. jurisdictions. The 2004 survey was the 27th in a series of national surveys of treatment providers and was conducted with a reference date of March 31, 2004. Data was collected by mail and web-based questionnaires and by telephone interviews. A total of 13,454 facilities reported a one-day census of 1,072,251 clients enrolled in treatment, 91,112 (eight percent) of which were under the age of 18. Nearly half (46 percent) of all clients were in treatment for both an alcohol and drug abuse problem. Approximately one third (34 percent) of clients were in treatment for drug abuse only, and 20 percent were in treatment for abuse of alcohol alone. Nationwide, there were 459 clients in treatment per 100,000-population aged 18 and older. 89 percent of all clients were in outpatient treatment, nine percent in non-hospital residential treatment, and one percent in hospital inpatient treatment. Opioid Treatment Programs were available at eight percent of all treatment facilities and clients receiving methadone accounted for 22 percent of all clients in treatment. Sixty percent of facilities were operated by private-nonprofit organizations, and 26 percent were operated by private for-profit organizations. The remaining 14 percent were operated by Federal, State, local, or tribal governments.

http://www.dasis.samhsa.gov/04nssats/nssats_rpt_04.pdf

PIC ID: 8261; Agency Sponsor: SAMHSA-OAS, Office of Applied Studies; Federal Contact: Trunzo, Deborah, 240-276-1267; Performer: Synectics for Management Decisions, Inc., Arlington, VA

GOAL 2 - ENHANCE THE ABILITY OF THE NATION'S HEALTH CARE SYSTEM TO EFFECTIVELY RESPOND TO BIOTERRORISM AND OTHER PUBLIC HEALTH CHALLENGES

OBJECTIVE 2.1 - BUILD THE CAPACITY OF THE HEALTH CARE SYSTEM TO RESPOND TO PUBLIC HEALTH THREATS, ESPECIALLY BIOTERRORISM THREATS, IN A MORE TIMELY AND EFFECTIVE MANNER

Evaluation of Non-Participants in the Smallpox Vaccination Program

The purpose of this project was to determine: (1) Why persons choose not to be vaccinated with smallpox (vaccinia) vaccine in the Stage I vaccination program; (2) Why individuals opt out of the vaccination program after the pre-screening process but before presenting for vaccination; (3) Why individuals who present for vaccination choose not to be vaccinated. The study includes health care workers (HCWs) and public health personnel. Results will be used to evaluate the performance of the State I vaccination program and to help identify areas of potential later stages. By identifying the rates and reasons for nonparticipation, CDC will be able to better understand the perceived barriers and educational needs. The threat of the use of biological agents (including smallpox) as biological weapons remains a major concern for the United States. Information collected from this evaluation will be used to enhance planning for other vaccination programs that might need to be directed toward adults and/or health care staff in preparation for or in response to a deliberate, malicious, and catastrophic release of bioterrorism agents or emerging infectious diseases.

PIC ID: 7935; Agency Sponsor: CDC-NIP, National Immunization Program; Federal Contact: Dietz, Sue, 404-639-0210; Performer: Research Triangle Institute, Research Triangle Park, NC

OBJECTIVE 2.2 - IMPROVE THE SAFETY OF FOOD, DRUGS, BIOLOGICAL PRODUCTS, AND MEDICAL DEVICES

FDA's Evaluation of the Seafood HACCP Program for Fiscal Years 2002/2003

On December 18, 1997, the Food and Drug Administration (FDA) adopted the Seafood Hazard Analysis Critical Control Point (HACCP) Regulation 21 CFR Part 123 final rule to ensure the safe and sanitary

processing of fish and fishery products including imported seafood. The regulation mandates the application of HACCP principles to the processing of seafood. HACCP is a preventive system of hazard control that can be used by processors to ensure the safety of their products to consumers. The Office of Seafood developed an electronic form (FDA form 3501) to collect data from the field. Data is collected during regulatory inspections for each product inspected by FDA. The data included in the tables in this report are based on the number of inspections actually completed and not the total number of firms in the FDA inventory. Not all firms are inspected annually; decisions on which firms to inspect are based on level of risk and compliance history. Currently, all high-risk firms are inspected; there were 3,226 high-risk firms in the 2004 inventory. Domestically, this evaluation covers implementation of the program by U.S. fish and fishery products processors, as observed during regulatory inspections by FDA and some states operating under contract or partnership agreements with FDA. This report also includes information about HACCP implementation by domestic processors of raw molluscan shellfish, as observed during audits by FDA of inspections performed by state regulatory authorities under the National Shellfish Sanitation Program. Internationally, this report reviews the status of HACCP implementation by 176 processors in 20 countries that were visited by FDA inspectors during 2002 and 2003. It also covers progress by U.S. importers of foreign fish and fishery products in ensuring that their foreign suppliers are complying with U.S. HACCP requirements. As in previous evaluations, the tables show the most significant elements of the program and provide the percentage of processors in each program year that succeeded in accomplishing each of these elements. The accompanying narrative addresses specific aspects of the data in the tables, including noteworthy trends and issues that are emerging, continuing, or reversing since the previous evaluation. The report makes five recommendations: (1) Continue to categorize processors of scombroid species and cooked ready-to-eat products as high risk manufacturers and inspect all annually; (2) Increase inspections of aquaculture firms and importers; (3) Work with the Seafood HACCP Alliance and NFI to develop and present HACCP training for seafood importers and aquaculture firms. We have completed one series of importer trainings in the large import districts with NFI at their regional meetings; (4) Issue the Fish & Fisheries Products Hazards and Control Guidance: Fourth Edition; (5) Continue follow-up on firms that need a plan but do not have one.

<http://www.cfsan.fda.gov/~comm/haccpsea.html>

PIC ID: 8243; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Creeden, John, 301-436-1419; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

Infant Formula Program (CP 7321.006)

This project provides a means to ensure the safety and nutrition of all infant formula, and to provide for annual surveillance of all infant formula manufacturers (including exempt infant formula manufacturers) to determine compliance with the provisions of Section 412 of the Act, and Title 21 Code of Federal Regulations Parts 106 and 107 and to take corrective action as appropriate. The methodology used to conduct the Infant Formula Program Evaluation included a review of FY 2004 Establishment Inspection Reports, FACTS sample and consumer complaint data, and CFSAN Program Monitor's data. Major findings of the report include: registered domestic manufacturers of infant formula are in substantial compliance with all applicable regulations; based on sample analysis alone, it appears that infant formulas manufactured by foreign firms that are registered as infant formula manufacturers, are in compliance with all applicable regulations; and infant formulas marketed by firms that are not registered infant formula manufacturers may not provide adequate nutrition for infants. The report makes a number of recommendations: (1) That inspection of all foreign infant formula manufacturers be conducted in FY05. In the event that the inspections of foreign infant formula manufacturers could not be accomplished, that representative domestic import samples of infant formula be collected from each active foreign

manufacturer; (2) Continue to conduct annual inspections of all domestic infant formula manufacturers; (3) Revise the Infant Formula Compliance Program to include sampling of all imported infant formula products that are imported from firms that are not registered as infant formula manufacturers. Update the program to reflect current procedures and priorities (e.g., E. sakazakii, allergens, bioterrorism concerns); (4) Conduct surveys in ethnic markets to determine if infant formulas that are not registered with FDA are being marketed domestically; (5) Work with the Atlanta Center for Nutrient Analysis (ACNA) to develop a testing protocol for analyzing imported products for specific nutrients; (6) Schedule high priority inspections if it is found that infant formula manufactured by firms that are not registered are being imported to the U.S.; (7) Publish Good Manufacturing Practice regulations for infant formula; (8) Develop industry guidance to ensure that powdered infant formula is not contaminated with E. sakazakii; (9) Issue an Import Bulletin to address the issue of American Goods Returned for infant formulas; (10) Ensure that infant formula recalls are classified in a timely manner; (11) Conduct bi-annual evaluations of the Infant Formula Program due to the high rate of compliance; (12) Provide training on how to use databases (e.g., Field Accomplishment Compliance Tracking System [FACTS], Operational and Administrative System for Import Support [OASIS], etc.) to help facilitate evaluation of program accomplishments.

<http://intranet.cfsan.fda.gov/oc/pages/programs/infantpe.pdf>

PIC ID: 8244; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Greenberg, Beatrice, 301-436-1690; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

Office of Cosmetics and Colors Program Evaluation of the Domestic Cosmetics Compliance Program (CP 7329.001) for Fiscal Year 2004 (October 1, 2003 through September 30, 2004)

The purpose of this project was to evaluate the Food and Drug Administration's (FDA) Field inspection findings for cosmetic manufacturing firms in order to assist in setting inspection priorities. Since FDA does not have pre-market review authority for cosmetics or cosmetic labeling, exercising our inspectional authority under the FD&C Act is especially important in the regulation of cosmetic products. Thus, the inspections and samples required under this program are necessary to help ensure that the industry is producing cosmetics that are both safe and properly labeled before they reach the market. The evaluation involved the review of FDA's "Field Accomplishments and Compliance Tracking System" (FACTS) database for Fiscal Year 2004 (FY04) "cosmetic establishment inspections." Data reviewed included numbers of inspections, inspection classifications, product types, and sample collections. 14 FDA District Offices conducted 120 inspections under the Domestic Cosmetics Compliance Program in FY04. Inspections covered a broad range of cosmetic products. Inspections were classified as follows: 69 percent "No Action Indicated," 23 percent "Voluntary Action Indicated," six percent "Official Action Indicated," and two inspections were not classified. The number (seven) and reasons (mainly microbiological and colors related) for recalls in FY04 did not diverge significantly from the number and reasons for recalls as the previous three fiscal years. Eighty-five samples were collected during these inspections. Two inspections involved samples for potential microbial contamination (shampoo and hair styling products), one inspection collected samples of tattoo inks for which multiple adverse events were reported to the agency, and one inspection involved the collection of decorative, non-vision-correcting contact lenses (for label review and to determine if the lenses were distributed without the involvement of a qualified eye care professional). Overall, the objectives of the Domestic Cosmetics Compliance Program (CP 7329.001) appear to have been met and remain as valid objectives for the FY05 cosmetics program. The program evaluation data indicated that program objectives could be enhanced through increased inspectional coverage of eye area cosmetic products, sampling for microbiological analysis, and

the submission of the bovine-derived tissue questionnaire per program directions. Additional coverage is suggested for establishments that produce solely cosmetic products (e.g., firms that do not also produce drug products), and of products marketed as cosmetics but that bear drug claims.

<http://intranet.cfsan.fda.gov/oc/pages/programs/cosmetpe.pdf>

PIC ID: 8245; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Lambert, Lark A, 301-436-1143; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

Evaluation of the Food and Color Additives Compliance Program for Imported Foods

The purpose of this project was to evaluate the performance of the program against its primary objective of determining compliance of imported foods with the requirements of the Federal Food, Drug, and Cosmetic Act and the food and color additive regulations. The performance of this compliance program was evaluated based on data collected by the Food and Drug Administration (FDA) field offices in FY 2004 from analyzing samples of imported food products for food and color additive violations. The study found continued high violation rates in 2004 for undeclared sulfites (45 percent), cyclamates (45 percent), and coumarin (36 percent). The violation rates for all targeted food and color additives were 44 percent and 58 percent, respectively. The report makes a number of recommendations: (1) Target cyclamates in all foods, not just mixed fruit products; (2) Target 3-MCPD (a carcinogenic impurity) in Asian-style sauces and acid-hydrolyzed protein; (3) Target unsafe herbal and other dietary supplement-type ingredients in conventional foods; (4) Spend more resources on medium and high risk violations (e.g., unapproved color additives such as Sudan I) and less on low risk problems (e.g., undeclared color additives that are approved for food use); (5) Use moderate surveillance program with focus on problems identified by foreign food-control authorities (e.g., the illegal color additive Sudan I); (6) Delete undeclared benzoates, sorbates, and nitrates/nitrites as violations that should be targeted; (7) Keep abreast of software for finding food and color additive violation trends; (8) Determine whether betel nuts are still being offered for import; (9) Implement an equivalent of the EC's Rapid Alert System.

<http://intranet.cfsan.fda.gov/OC/pages/progrevaln.htm>

PIC ID: 8247; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Zajac, Andrew, 301-436-1267; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

Program Evaluation of the Domestic and Imported Cheese and Cheese Products October 1, 2003 - September 30, 2004 (FY04)

The purpose of this study was to prevent food-borne illness associated with cheese and cheese products. The methodology used was conducting domestic inspections of cheese firms, sampling and testing domestic and imported cheeses, and taking appropriate action when violations were encountered. For FY04, 707 domestic inspections, 392 domestic cheese samples, and 1136 imported cheese samples were evaluated. The major findings of the report include: growing number of small manufacturers making soft-fresh, soft-ripened, and/or raw milk cheeses; inadequate pasteurization was the most serious problem

found in domestic inspections; and the largest area of concern was seen in imported cheeses. There were several countries that had over 50 entries in FY04 with a high percentage of sampled product, which was violative. These included Honduras, Mexico, Nicaragua, and the Dominican Republic that had respectively 90.9, 61.9, 57.1 and 50 percent samples violative. Finally, consumption of un-pasteurized soft Mexican cheeses has been linked to a resurgence of brucellosis and tuberculosis in the United States. The report makes several recommendations: (1) Prioritize inspections to look at small manufacturers, i.e. artisanal and farmstead cheese manufacturers producing high-risk cheese that distribute cheese in interstate commerce; (2) Increase scrutiny in certain areas of inspections, including: product handling techniques; pasteurization, i.e. recording chart review; post process contamination (i.e. brine quality, conveyor belt design/cleanability, cleaning, and ripening rooms), as well as pest control, personal hygiene, milk filtration, and storage conditions; (3) Shift some resources from monitoring French and other European Union cheeses to monitoring more problematic areas such as South and Central America, Eastern European countries, and the Middle East by issuing field assignments, import bulletins, and/or import alerts; (4) Develop methods to detect *Brucella* and *Mycobacterium bovis* in cheese and cheese products and include testing for these organisms in the compliance program once developed.

PIC ID: 8248; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Metz, Monica, 301-436-2041; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

GOAL 3 - INCREASE THE PERCENTAGE OF THE NATION'S CHILDREN AND ADULTS WHO HAVE ACCESS TO HEALTH CARE SERVICES, AND EXPAND CONSUMER CHOICES

OBJECTIVE 3.1 - ENCOURAGE THE DEVELOPMENT OF NEW, AFFORDABLE HEALTH INSURANCE OPTIONS

The Role of Health Insurance in Successful Labor Force Entry and Employment Retention

This report is one in a series developed by The Lewin Group and its subcontractors, Berkeley Policy Associates and Cornell University, for the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services (HHS), in connection with the study, "Research on Employment Supports for People with Disabilities." For this project, we reviewed available studies and literature, and collected detailed information on the experiences of people with significant disabilities who are successfully and competitively employed, the events and factors affecting their employment decisions, the relative importance of specific factors, and the reasons for successful and unsuccessful employment attempts. The goal of the study was to gain a better understanding of the role supports play in the employment of people with disabilities. In particular, the study aimed to identify the role(s) supports play in two key areas: providing assistance to people with significant disabilities to participate successfully in competitive employment, and improving employment outcomes for people with disabilities. This project is unique among the many investigations of the factors affecting the employment of people with disabilities, in that it focuses on those who have achieved a measure of success in employment, and the factors contributing to their success.

<http://aspe.hhs.gov/daltcp/reports/lfentry.htm>

PIC ID: 7346; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: The Lewin Group, Fairfax, VA

Evaluation of Parity in the Federal Employees Health Benefits (FEHB) Program: Final Report

The evaluation of the 2001 Office of Personnel Management (OPM) policy of parity for mental health and substance abuse (MH/SA) health care insurance benefits in the FEHB Program was conducted primarily to assess the impact of this policy on utilization and cost. Would increases be within reasonable limits or would the increase to utilization and cost render MH/SA parity unaffordable? Would implementation of MH/SA parity have an effect on the quality of MH/SA care? Analysis of claims data from 1999-2002 for

nine FEHB plans, which cover over 3.2 million lives, showed that both utilization and cost increased after parity. However, when compared to a matched set of claims drawn from the Medstat Group MarketScan® Benefit Plan Design database, the increase in FEHB plans was not statistically significantly different from the Medstat plans that were not included in the parity policy. The increase could not be attributed to the parity policy. Further analysis of the FEHB claims on the impact of the parity policy on quality of care found that there was no negative impact on quality when looking at care in comparison to published professional standards.

<http://aspe.hhs.gov/daltcp/reports/parity.htm>

PIC ID: 8208; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Kennedy, Cille, 202-690-6443; Performer: Northrop Grumman Information Technology, Health Solutions, Rockville, MD

Health Savings Accounts: Early estimations on national take-up from the 2003 MMA and future policy proposals

The Medicare Modernization Act (MMA) established Health Savings Accounts (HSAs), which are tax-advantaged savings vehicles that can be used to pay for medical expenses incurred by individuals and their dependents. The purpose of this project was to examine the potential impact of HSAs on insurance coverage. This examination included: (1) Developing baseline estimates of the numbers of individuals that will be covered by HSAs; (2) Developing estimates on the number of additional low-income individuals that would obtain insurance coverage, if HSAs were offered in combination with either tax credits or vouchers; (3) Developing estimates of the costs to the government associated with tax credits or vouchers. Using a combination of public and private data sources to examine the impact of consumer directed health plans generally and HSAs more specifically, the analysis found that the national adoption of these plans might be significant. The baseline (unsubsidized) simulation indicates that there could be approximately 3.2 million HSA-covered members of the U.S. population between the ages of 19 and 64 who are not students and not enrolled in public health insurance programs. Depending upon the generosity of the assumed subsidy, additional simulations found that upwards of 12.8 million previously uninsured individuals could enroll in an HSA plan.

PIC ID: 8255; Agency Sponsor: ASPE-OHP, Office of Health Policy; Federal Contact: Cox, Donald, 202-690-6597; Performer: University of Minnesota, Minneapolis, MN

OBJECTIVE 3.2 - STRENGTHEN AND EXPAND THE HEALTH CARE SAFETY NET

Evaluation of Health Resources and Services Administration (HRSA)'s Clinical Pharmacy Demonstration Projects

This study conducted an independent national evaluation of 18 networks composed of multiple HRSA-supported community health centers that collaborated with a school of pharmacy to introduce or expand comprehensive pharmacy services at their health center sites. The study used both quantitative and qualitative methods. The quantitative analyses were conducted to examine: (1) the extent to which

projects reached and retained their target population; (2) the health outcomes of patients in these target populations; (3) the operational and economic outcomes of each health center that participated in these projects. Qualitative analyses were based on discussions with stakeholders from each network. Overall, findings indicate use of a clinical pharmacist to provide disease management services appears to add another potentially effective tool to the toolbox that health centers (and, potentially, other practice settings) can use to improve the clinical outcomes of people with diabetes. In order for clinical pharmacy services to become a widely used tool for improving care, the financing of services, physician support and relationships between health centers and schools of pharmacy will all need to be favorably resolved. Future research may include an examination of the extent to which these services are cost-effective and effective relative to other competing “best practice” approaches.

PIC ID: 7959; Agency Sponsor: HRSA-BPHC, Bureau of Primary Health Care; Federal Contact: McGee, Kathy, 301-594-0318; Performer: Mathematica Policy Research, Inc., Plainsboro, NJ

Using Medicaid in Support of Working Age Adults with Serious Mental Illnesses in the Community: A Handbook

This Handbook is designed to improve understanding and provide greater clarity concerning Medicaid's contribution in supporting working-age adults with serious mental illnesses in the community. The Handbook focuses on working-age adults between the ages of 21 and 64 with serious mental illnesses, whose need for support extends beyond mental health services that can be effectively provided by primary care physicians or periodic visits to outpatient settings.

<http://aspe.hhs.gov/daltcp/reports/handbook.htm>

PIC ID: 8209; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Kennedy, Cille, 202-690-6443; Performer: Research Triangle Institute, Research Triangle Park, NC

OBJECTIVE 3.3 - STRENGTHEN AND IMPROVE MEDICARE

Analysis of the Medicare Advantage Stabilization Fund

The purpose of this project was to develop a simulation model for assessing the potential effect of the Medicare Advantage (MA) stabilization fund in inducing MA plans to enter and remain in particular MA markets. The MA stabilization can be used to provide: (1) A bonus for insurers offering a national plan; (2) A plan entry bonus for plans entering MA regions without an MA plan in the prior year; (3) A retention bonus for plans in regions that will have fewer than two available plans due to plan exits. This project involved using historical Medicare + Choice (M+C) information to simulate the effects of the bonus on plan entry and exit. A statistical model was developed measuring the relationship between plan payments, entry, and exit. The effects of the bonus were then simulated based upon estimates of the marginal impacts of payment rates on plan participation, within a given defined market area. It was estimated that characteristics of plans and markets such as the plan's major medical and health maintenance organization (HMO) market share (combined with those of its affiliates) and the strength of

its previous presence in the MA market have a significant impact on a plan's decision to enter the Medicare market. Other factors, independent of payment rates, discourage plan entry - particularly a high medical loss ratio in the plan's regional major medical and Medicare HMO businesses, and the existing penetration of commercial HMOs in the region. Once these factors have all been accounted for, there was a relatively low estimated sensitivity of plan entry to increases in payments.

PIC ID: 8229; Agency Sponsor: ASPE-OHP, Office of Health Policy; Federal Contact: Cox, Donald, 202-690-6597; Performer: Mathematica Policy Research, Inc., Washington, DC

Issues in the Design and Implementation of Drug Formularies and Therapeutic Classes

This report provided an examination of public and private sector formulary and classification schemes compared with USP Model Formulary and CMS formulary approval guidance. It used data from the Medicare Current Beneficiary Survey (MCBS) to develop a simulation model of the cost impacts of formulary changes. One finding was that without modification, some formularies that existed prior to the implementation of Part D would have failed CMS' rules for formulary approval. Another finding suggested that some formularies could have been approved although they did not include some popular drugs. Neither finding accounted for the potential effect of market competition that would be expected to provide incentives for plans to offer richer benefit packages. The simulation model suggests that co-insurance provides patients with stronger behavioral incentives than does co-payments, and tiered cost sharing can strengthen those incentives.

PIC ID: 8254; Agency Sponsor: ASPE-OHP, Office of Health Policy; Federal Contact: Sheingold, Steven, 202-690-7387; Performer: National Opinion Research Center (NORC), Washington, DC

OBJECTIVE 3.4 - ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES

Racial, Ethnic and Primary Language Data: An Assessment of State Laws, Regulations and Practices Affecting Their Collection and Reporting by Health Insurers and Managed Care Plans

While acknowledging the importance of racial and ethnic (r/e) data collection in identifying r/e disparities in access to and quality of health care, and in monitoring and ensuring progress towards elimination of such disparities, representatives of many health insurers and managed care organizations (MCOs) have not collected such data, due at least in part to misconceptions, misinterpretations, and confusion about what existing laws, regulations, and other written rules do and do not allow regarding the collection and use of r/e data. Thus, this project was undertaken to clarify the nature and extent of state laws, regulations, policies, and practices prohibiting or allowing the collection and use of r/e data by health plans and insurers. The project was conducted in two phases. Phase I consisted of a comprehensive secondary data search review, and analysis of laws and regulations in all 50 states and the District of Columbia addressing the collection, reporting, and use of r/e and primary language data. This examination also included the extent to which MCOs and health insurers can collect and report information on the applicants and enrolled members by race and ethnicity, existing interpretation of state

laws and regulations governing these entities, parameters and overlap of civil rights versus insurance and managed care laws, and practices of the state officials and these entities at the state level. Phase II involved site visits to, and key informant interviews in, 20 states selected on the basis of criteria informed by Phase I (e.g., whether the State had statutes prohibiting or requiring r/e data collection by health insurers or MCOs). Using a standardized interview protocol, interviews were conducted with State representatives responsible for insurance, public health, and the Medicaid and State Children's Health Insurance Programs (SCHIP) programs as well as with those from influential MCOs and indemnity plans. During the interviews, in-depth examinations were conducted of actual data collection and reporting practices; analyses of the interpretation, implementation, and effects of laws and policies identified in Phase I; and problems and potential solutions. Key Phase I findings concerning r/e data collection, anti-discrimination provisions, confidentiality, and Medicaid (SCHIP and managed care) practices are presented in individual reviews and reports for each of the 50 states and the District of Columbia. Results of the Phase II site visits are also presented in individual reports for the selected states, along with general observations of common responses, practices, and hurdles that emerged during the course of the interviews. The study concluded that the vast majority of states do not generally prohibit or require the collection or reporting of r/e or primary language data by health insurers, plans, or providers, although many do collect such data in various contexts. Also, although commercial insurers and health plans interviewed do not generally collect such data, those that do so recognize its benefits for monitoring, improving, and ensuring quality health care for all and could be used as models for others seeking the same end.

PIC ID: 7479; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Woo, Violet Ryo-Hwa, 301-496-5343, and Welsh, Valerie, 240-453-8222; Performer: National Health Law Program, Washington, DC

Evaluation of the Office of Minority Health Resource Center (Final Report)

The purpose of this project was to determine the effectiveness of the Office of Minority Health Resource Center's (OMH-RC's) ability to develop and disseminate minority health resources and information to target audiences. An evaluation instrument and protocol developed in a previous evaluation of the OMH-RC was examined to determine the extent to which it required revision based on lessons learned from the previous study, programmatic improvements within and new activities of the OMH-RC, and other relevant information and research literature on evaluation of similar efforts. The instrument and protocol were revised accordingly, and generated the following kinds of information about user satisfaction with the OMH-RC: quantity and quality of information provided in response to written or telephone requests, e-mail inquiries, and website searches; variety of services OMH-RC offers in literature searches, database retrieval, conference schedules, convention exhibits, Internet access, and resource referral; timeliness, relevance, and applicability of OMH-RC technical assistance workshops; and utility and usability of methods that OMH-RC uses in disseminating minority health information and resources. A number of items contained in the customer satisfaction questionnaire were added to elicit and capture direct user feedback using open-ended responses. The items provided respondents with the opportunity to identify any information gaps or to make suggestions for additional services OMH-RC might consider adding to its menu of services. Key findings were: (1) Develop current and new staff's customer service delivery skills; (2) Improve OMH-RC's Information Technology Infrastructure; (3) implement customer service feedback loops; (4) Expand efforts to market OMH-RC services; (5) Develop printed materials. Based on recommendations made by the final report, next steps will include periodic training to improve staff's customer service delivery; IT infrastructure modifications to gain Web site improvements; implementation of viable customer feedback loops; expanding exhibit activities to market services; and developing more in-house printed materials to TA services.

PIC ID: 7862; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: West, John I., 240-453-8833; Performer: Cosmos Corporation, Bethesda, MD

A Patient-Centered Guide to Implementing Language Access Services in Health Care Organizations

The purpose of this project was to develop a "Health Care Language Services Implementation Guide" (HCLSIG) that provides practical, action-oriented, ground-level suggestions and alternatives for how health care organizations can implement language access services for Limited English Proficiency (LEP) individuals, and that also serves as a companion piece to Office of Minority Health (OMH)'s National Standards for Culturally and Linguistically Appropriate Services (CLAS). This implementation guide was intended to meet the needs of a variety of physician practice settings and health care organizations, including community health centers, clinics, hospitals, mental health institutions, dental offices, long-term care facilities, substance abuse treatment centers, and the like. It was also intended to be patient-centered and family-focused, regardless of the type of clinical setting in which patients and families receive health care services. The guide was developed collaboratively with input from a wide range of experts representing the field of language services, provider groups and health care entities, and patients. It contains four steps and six resource units that provide guidance on the process of implementing Language Access Services (LAS) at a health care organization. The first two steps involve assessment. The third step focuses on the planning, implementation, and evaluation of the various components of LAS. The fourth and final step provides a detailed discussion of specific methods for monitoring, evaluation, and improving the organization's LAS. Each step and resource unit describes two case studies that depict a situation and reactions to the situation from patient and provider perspectives. The placement of the cases is designed to help readers apply what they have learned through the guide content. Placed at the beginning of each step and resource unit, Case 1 illustrates what an organization and its patients might experience in a setting where LAS are not well established. Case 1 is followed by a brief synopsis of the patient's perspective as well as the provider's perspective. Placed at the end of each step and resource unit, Case 2 illustrates what an organization and its patients might experience in a setting where LAS are better established as compared with Case 1. Case 2 is also followed by a brief synopsis of both the patient and provider's perspectives. Each step and resource unit concludes with a summary of insights from the cases that illustrate the benefits of LAS for health care organizations. The guide provides emphasis on patient-centered care by highlighting the process a patient and his or her family members go through when seeking health care services, specifically at each point of contact throughout the delivery of a continuum of care. This guide should be beneficial to not only providers but to LEP patients as well.

PIC ID: 7864; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Pacheco, Guadalupe, 240-453-2882; Performer: American Institutes for Research, Washington, DC

Identification of Variables that Influence Access to Eye Care

Representatives from 10 government agencies and non-government organizations were interviewed to gather information about factors that influence the receipt of health care, in particular care that may prevent vision loss. The purpose of this research was to identify barriers to care and to determine best practices and strategies used by other agencies and organizations to deal with those barriers. A literature review was conducted to provide a framework for this research and guide the development of the discussion protocol. The majority of agencies and organizations primarily offer services and programs that

are characterized as prevention/screening and education. Those programs and services tend to focus on high-risk target populations by increasing awareness about the importance of early detection and treatment of illness, and by encouraging people to take action based on their increased awareness. However, representatives from a number of agencies and organizations indicated that they did not have any programs or services directly related to eye care services. This research gathered information about barriers to receiving health and eye care and strategies and approaches to effectively deal with those barriers. The National Eye Health Education Program (NEHEP), coordinated by the National Eye Institute (NEI), would then use these strategies to better design educational materials and programs and collaborate with other government agencies and non-government organizations that specifically address access-to-care issues.

PIC ID: 8196; Agency Sponsor: NIH-NEI, National Eye Institute; Federal Contact: Janiszewski, Rosemary, 301-496-5248; Performer: National Eye Institute, Bethesda, MD

Evaluation of the Impact of a Computerized Screening Tool on Preventative Care and Research Recruitment

The goal of this project was to improve the quality of preventive health care and to increase recruitment in research trials, especially African-Americans, by using a computerized screening tool. By linking patient report information to medical records data, computerized technology was used to enhance the potential for identifying women eligible for research trials and of obtaining initial consent to contact. Patients received a personalized print out with advice on their preventive health needs and a report was generated for the patient chart. In addition, the patient and clinician were alerted to potential research projects for which the patient may be eligible. Qualitative interviews and chart reviews were used to evaluate the impact of the screening, including acceptability to patients and clinic staff, impact on referrals/provision of preventive health care, and impact on research recruitment. The use of the computerized intake method increased assessment completion, identified more positives (particularly in the areas of intimate partner violence and depression), and increased provider response with counseling and referrals. Smoking and drug use were not as significantly affected by use of the computer except for counseling in pregnant women and written information to gynecology patients. The computerized intake process shows promise for supporting more complete assessments, identifying positive risk behaviors with increased counseling and referrals.

PIC ID: 8241; Agency Sponsor: OPHS-OWH, Office of Women's Health; Federal Contact: Newman, Eileen P., 301-443-1393; Performer: Magee-Women's Hospital, NCE Women's Health, Pittsburgh, PA

OBJECTIVE 3.5 - EXPAND ACCESS TO HEALTH CARE SERVICES FOR TARGETED POPULATIONS WITH SPECIAL HEALTH CARE NEEDS

Evaluation Guidance for TB Programs

This project sought to provide information and guidance to state and local tuberculosis control program managers regarding the purposes and methods of evaluation, in order to implement evaluations to improve their programs. The final product provides specific guidance on developing evaluation capacity,

conducting evaluations, and using evaluation results to improve state and local programs. The final report identifies action steps for each of the guidance areas, as well as tools to use to address key challenges to evaluation.

PIC ID: 7980; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Lobato, Mark, 404-639-8131; Performer: Research Triangle Institute, Research Triangle Park, NC

A Compendium of Intervention and Descriptive Studies Designed to Promote the Health of Caregivers for Older Adults

An important component of the Assistant Secretary for Planning and Evaluation (ASPE) Health Promotion and Aging Project is the development of an inventory of health promotion, disease prevention, and health education activities targeted at informal caregivers for HHS. The specific focus of this report is to highlight some state and local initiatives that have developed promising programs to support, educate, and motivate caregivers of persons age 60 and older to maintain and improve their health and functioning.

<http://aspe.hhs.gov/daltcp/CaregiverEvent/compendium.htm>

PIC ID: 8077; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: RTI International, Research Triangle Park, NC

Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003

This synthesis paper reviews, summarizes, and discusses the significance of available research findings on the front-line long-term care (LTC) workforce since 1999, in both home and community-based and nursing home settings. This paper provides an updated review of the status of empirical findings, focusing on what had been learned between 1999 and 2003. The primary goal was to learn what initiatives have worked to reduce LTC direct-care work force recruitment and retention problems. A secondary goal was to provide empirically based insights on the factors that contribute to recruitment and retention problems. This paper was intended to help policymakers, providers, worker and consumer groups, and researchers create a framework for future evidence-based policy, practice, and applied research initiatives to address LTC direct-care work force shortages.

<http://aspe.hhs.gov/daltcp/reports/insight.htm>

PIC ID: 8079; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: Institute for the Future of Aging Services, Washington, DC

State-Based Initiatives to Improve the Recruitment and Retention of the Paraprofessional Long-Term Care Workforce

The Department of Health and Human Services (HHS) awarded a contract to launch a national initiative designed to improve recruitment and retention of direct care workers in the long-term care field. As part of this initiative, the Institute for the Future of Aging Services and the Paraprofessional Health Care Institute have identified a range of workforce improvement initiatives at the state and sub-state level to reduce high vacancy and turnover rates among direct care workers, and improve the quality of their jobs. This report summarizes the experiences of five states—California, Massachusetts, North Carolina, Pennsylvania, and Wisconsin—that have pursued several strategies to address this issue to inform policymakers, long-term care providers, organized labor and other worker groups, and consumers across the country grappling with serious shortages of direct care workers.

<http://aspe.hhs.gov/daltcp/reports/pltcwf.htm>

PIC ID: 8080; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: Institute for the Future of Aging Services, Washington, DC

Evaluation of the Alzheimer's Disease Demonstration Grants to States Program - First Phase

The Alzheimer's Disease Demonstration Grants to States Program was established in 1991 with the goal of supporting individuals with Alzheimer's disease and their family caregivers in their own homes and communities. The purpose of the first phase evaluation was to determine the effects on individuals with Alzheimer's disease and their family caregivers, of the home and community-based supportive services that they receive through this program. The evaluation identifies differences in service effectiveness and consumer satisfaction based on racial, ethnic, and geographical diversity.

PIC ID: 8136; Agency Sponsor: AOA, Administration on Aging; Federal Contact: Stalbaum, Lori, 202-357-3452; Performer: University of Kansas, Lawrence, KS

Evaluation of Health Info Web Resources for and about Specific Populations

The Specialized Information Services (SIS) is responsible for health information in the areas of toxicology, environmental health, and HIV/AIDS, and includes the Office of Outreach and Special Populations, which addresses the health info needs of minority and underserved health professionals and the general public. SIS has several new or recently released Web and PDA-based products that are at a point where evaluation is required to determine next steps and product viability. These products and proposed evaluation methods are: (1) WISER (Wireless Information System for Emergency Responders) <http://wiser.nlm.nih.gov/>. Up to eight U.S. fire departments will use WISER on-the-job and provide feedback on their experiences. (2) TOXMAP <http://toxmap.aquilent.com/toxmap/main/index.jsp>. Two online focus groups, one of GIS professionals/public health workers/researchers, and the other of interested citizens. (3) Tox Town <http://toxtown.nlm.nih.gov/>. Study of high school students' and educators' opinions and preferences for graphical vs. text version. (4) TOXNET and ChemIDplus <http://toxnet.nlm.nih.gov/>. Usability study of search and navigation functions. Health information web sites for and about specific populations: Arctic Health at <http://www.arctichealth.org/>; Asian-

American Health at <http://asianamericanhealth/>; and American Indian Health at <http://americanindianhealth/>. There is one focus group about each Web site for its target population.

PIC ID: 8193; Agency Sponsor: NIH-NLM, National Library of Medicine; Federal Contact: Love, Cindy, 301-496-5306; NIH, National Library of Medicine

Feasibility Study of the Optimal Approach for Evaluating the Cancer Disparities Research Partnership Program

This study examined and identified the most appropriate evaluation methodologies, techniques, and tools to measure the relevance, effectiveness, and impact of the Cancer Disparities Research Partnership (CDRP) Program. The study resulted in the identification of consistent evaluation methods to collect and analyze data over the life of the grants to effectively evaluate program progress and to produce meaningful annual reports to stakeholders of interest within and outside the National Cancer Institute (NCI). The evaluation plan focuses on two different sets of outcomes based on their timing. First, the CDRP Program logic model specifies implementation outcomes that are to be measured annually. Second, the logic model provides for summative outcomes that assess the short- and long-term results of a project and seeks to measure the changes brought about by the project. Justifying conclusions on the basis of evidence will include comparing predetermined measures of success or Program objectives with analysis and synthesis of information, interpretation of evidence, and recommendations for consideration. When appropriate, conclusions will be strengthened by summarizing plausible mechanisms of change, delineating temporal sequences between activities and effects, and showing that the effects can be repeated.

PIC ID: 8206; Agency Sponsor: NIH-NCI, National Cancer Institute; Federal Contact: Govern, Frank, 301-496-6111; Performer: NOVA Research Company, Bethesda, MD

The Size of the Long-Term Care Population in Residential Care: A Review of Estimates and Methodology

This report is part of a project that will attempt to better understand the source of differences in estimates of the older population in residential care by analyzing key national surveys. In the report, the authors present results of a review of existing estimates of the number of residential care settings, generally divided into nursing homes and alternative residential care settings, and the number of persons residing in them. The review has three purposes. First, the authors describe the data that have been used to generate estimates and summarize the range of estimates. Second, they identify methodological issues that contribute to differences among estimates, focusing on those that can be investigated using available national surveys. Finally, the authors identify four surveys that appear to offer the best opportunity to conduct such an investigation, and to provide a better understanding of the size and characteristics of the residential care population and insights into how collection of data on residential care settings can be improved.

<http://aspe.hhs.gov/daltcp/reports/ltcpopsz.htm>

PIC ID: 8236; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Drabek, John, 202-690-6443; Performer: Urban Institute, Washington, DC

OBJECTIVE 3.6 - INCREASE ACCESS TO HEALTH SERVICES FOR AMERICAN INDIANS AND ALASKA NATIVES (AI/AN)

Revised Methodology to Adjust AI/AN Mortality Data to Compensate for Under Reporting of AI/AN Race on State Death Certificates

The project purpose is to replicate the previous study completed in November 1996 using current National Death Index (NDI) data and current Indian Health Service (IHS) patient registration data to develop more current race reporting adjustment factors to use for state mortality record adjustment purposes. This study was completed in two phases. Phase I involved using the NDI, which is maintained by the National Center for Health Statistics (NCHS), to develop estimates for each Indian Health Service Area and for each reservation state or the proportion of American Indian and Alaska Native deaths that occur each year that are reported by state Vital Statistics Offices to the NCHS as non-Indian deaths. The data indicated which states have significant problems in under-reporting of Indian race on state death certificates, and thereby warrant the attention of IHS to mount corrective actions at the state and local levels. In the second phase of this project a contractor performed an analysis of the data obtained during the first phase. This analysis involved aggregation of data by the deceased's age and sex, IHS Area Office and state of occurrence, and cause of death (cause of death is contained on records contained in the NDI file).

PIC ID: 7964; Agency Sponsor: IHS, Indian Health Service; Federal Contact: Melton, Debbie, 301-443-4700; Performer: Indian Health Service, Rockville, MD

Violence and Suicide Reduction-Methodologic Training and Information Synthesis

This proposal responded to the Director's Child and Adolescent Initiative and addressed five of the 21 critical objectives for youth in Healthy People 2010 objectives. Given the focus of the present application is capacity building for tribal leaders to collect information as it relates to self-directed and other directed violence, this proposal addressed the following 2010 objectives: (1) Reduce homicides from year 2000 baselines; (2) Reduce suicide attempts to 1 percent; (3) Reduce suicide rates; 4) Reduce the percent of youth involved in physical fights; 5) Reduce the percent carrying a weapon to school to 4.9 percent.

PIC ID: 7965; Agency Sponsor: IHS, Indian Health Service; Federal Contact: Melton, Debbie, 301-443-4700; Performer: Indian Health Service, Rockville MD

Assessing the Effect of Health Care Delivery Among the Emerging Elders of Fort Peck

In the past, the Indian population's life expectancy was shortened due to a variety of factors. The shorter life expectancy meant fewer elders with chronic diseases. The Native population is now seeing more

elders, and with that, more elders with chronic diseases or other manifestations of aging. The Emerging Elders (55 - 64 years of age) represent an understudied group who appear to have the highest degree of disability of any age group, even than those more advanced in age. Fort Peck Service Unit provides services for the continuum of ages in our population. We have begun to use a variety of assessment tools targeted to evaluate the health status of elders and direct appropriate intervention. The Service Unit used the data being generated through our assessment tools to evaluate the health services required to better plan improved future services for this rapidly growing high risk segment of our population. The Health Services Research used data collected to study and analyze for a better use of health information available to service units on our specific population of Emerging Native Elders and plan for future and near-future services.

PIC ID: 7968; Agency Sponsor: IHS, Indian Health Service; Federal Contact: Melton, Debbie, 301-443-4700; Performer: Indian Health Service, Rockville MD

GOAL 4 - ENHANCE THE CAPACITY AND PRODUCTIVITY OF THE NATION'S HEALTH SCIENCE RESEARCH ENTERPRISE

OBJECTIVE 4.1 - ADVANCE THE UNDERSTANDING OF BASIC BIOMEDICAL AND BEHAVIORAL SCIENCE AND HOW TO PREVENT, DIAGNOSE, AND TREAT DISEASE AND DISABILITY

National Eye Institute VISION Public Information Network Final Evaluation March 30, 2005

This feasibility study was a self-initiated evaluation request. The NEI has supported the VISION Public Information Network (Network) for a 10 year-period and it appears to be an appropriate time to confirm its value to the NEI and its grantee institutions. The National Eye Institute (NEI) coordinates the Network for Eye Institutes and departments of ophthalmology and schools and colleges of optometry. Network members appoint a Public Information Officer to work with NEI and the Network to develop an ongoing program to inform and educate the public about the benefits of vision research. A review of the Network's various reports and activities was undertaken, but limited to the following: the Network's participation in the dissemination of clinical trial study results to the media, the amount of media coverage generated, the annual business meeting, survey reports from the Network membership, and website activity. Also, input from representatives of the numerous stakeholders had to be obtained. These stakeholders included, but were not limited to the following: Network Members, Deans and Presidents of the Schools and Colleges of Optometry, and the Chairs of the Departments of Ophthalmology, Directors of Public Affairs Offices at NEI grantee institutions, NEI senior administrative staff, and Principal Investigators at NEI grantee institutions. In addition, a search for comparable programs within the Federal and state governments as well as in the private sector needed to be undertaken. Evaluation results were reviewed to determine whether an outcome or process evaluation is needed. This study will help in the design of a process and/or outcome evaluation to assess the programs operation and/or to assess the programs effects.

PIC ID: 8192; Agency Sponsor: NIH-NEI, National Eye Institute; Federal Contact: Horrigan, Jean, 301-496-5248; Performer: GYMR Public Relations, Washington, DC

Diabetic Education in Tribal Schools (DETS) Evaluation Project Report

The development of an integrated K-12 science curriculum focusing on diabetes, by eight Tribal Colleges and Universities (TCUs), is targeted at increasing Tribal children's understanding of diabetes, enhancing understanding of science, and ultimately encouraging Tribal children to enter health science professions. This is a complex task requiring a broad process evaluation strategy to track and monitor progress. These eight TCUs are guided by a Steering Committee (SC) consisting of members of each participating institution, representatives from the NIH National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK), the NIH Office of Science Education (OSE), the Centers for Disease Control and Prevention (CDC), and the Indian Health Service (IHS) Four subcommittees report to the SC, three to develop

curricula (K-4, 5-8, 9-12) and one on evaluation. The process evaluation determined whether the curriculum development program was being conducted as planned, whether expected output was being produced, and how program-critical processes can be improved. Curriculum design and pilot test outcomes questions were answered through several data gathering methods: (1) Instrumentation was developed to measure all process outcomes; (2) Lessons were reviewed against the 5E lesson template checklist, where the 5Es apply to the pedagogical levels (Engage, Explore, Explain, Elaborate, Evaluate); (3) The pilot test survey data was analyzed to identify portions of the curriculum that are weak and need improvement; (4) Lesson and unit assessment design included pre- and post- testing as well as matched controls in order to examine lesson effectiveness relative to achievement and attitude; (5) classroom observations as well as curriculum writer/ teacher interviews were conducted during site visits to establish curriculum implementation fidelity. These process evaluation analyses are important to establish credibility and validity of the DETS curriculum.

PIC ID: 8194; Agency Sponsor: NIH-NIDDK, Diabetes and Digestive and Kidney Diseases; Federal Contact: Garfield, Sanford A, 301-594-8803; Performer: Doug Coulson, Arnold, MD 21012

A Feasibility Study for the Evaluation of Parkinson's Disease Research Centers: Assessment of Approaches and Development of an Evaluation Plan

In September 2004, the National Institute of Neurological Disorders and Stroke (NINDS) contracted with ORC Macro, Inc. to assess the feasibility of conducting a full-scale outcome evaluation of its original 11 Morris K. Udall Centers for Excellence in Parkinson's Disease Research. The feasibility study explored potential questions that could be addressed in such an evaluation, and assessed the availability of the data necessary to address these questions. At its conclusion, the contractors performing the study determined that an evaluation was feasible and articulated an approach for conducting such an evaluation. This approach involved a conceptual framework for the anticipated function of the Udall Centers and a set of ten study questions focused on the selection process for the Centers; the administration of the Centers program by (NINDS); the achievement of short-term and long-term research and related (e.g., collaboration, sharing, etc.) goals by the Centers; an assessment of why some Centers were more successful than others; and a comparison of the Centers' performance to that of other Parkinson's disease researchers in the community (who are not affiliated with the Udall Centers).

PIC ID: 8200; Agency Sponsor: NIH-NINDS, Nat'l Institute of Neurological Disorders & Stroke; Federal Contact: Scott, Paul A, 301-496-9271; Performer: ORC Macro, Calverton, MD

OBJECTIVE 4.3 - STRENGTHEN AND DIVERSIFY THE POOL OF QUALIFIED HEALTH AND BEHAVIORAL SCIENCE RESEARCHERS

Feasibility Study for Evaluating Research Training in NIMH, NIDA and NINDS

This feasibility study examined different methodological options for conducting a large-scale evaluation of National Institute of Mental Health (NIMH)'s, National Institute on Drug Abuse (NIDA)'s, and the National Institute of Neurological Disorders & Stroke (NINDS)'s investment in research training. Through a series of interviews and focus groups, the study identified appropriate outcomes of interest in terms of their

recognition as standards of performance by all relevant stakeholders and in the feasibility of their use. The study also identified existing data sources, and proposed methods for collecting primary data.

PIC ID: 8195; Agency Sponsor: NIH-NIMH, National Institute of Mental Health; Federal Contact: Hann, Della, 301-443-4335; Performer: Westat, Inc., Rockville, MD

A- NLM Local Legends Usability Test Report Round 1; 11-19-04 & B-Final: NLM Local Legends Usability Test Report Round 2; 5-06-05

The Woman Physician Local Legends (WPLL) Web site was a new resource in 2004, and The National Library of Medicine (NLM) sought to assure that it is highly usable and accessible. The site has been developed in collaboration with Congress and the American Women's Medical Association Foundation (AMWA). The site represents a collection of interesting physician bibliographies available as a searchable database, includes inspiring video/audio segments and a guest book feature which can serve as a collaboration tool for the nomination process of woman physicians, aiding the general public and those involved in the approval process of nominated candidates. A form-filling feature for congressional staff has also been implemented to enable electronic submissions of congressional nominations. Usability and Accessibility testing was conducted blending Needs Assessment with Focused Outcome Evaluation. A combination of the following evaluation methods was employed: (1) Semi-structured stakeholder interviewing; (2) Heuristic inspection of prototype features; (3) Structured scenario walkthroughs with design prototypes; (4) Pre- and post-usability testing surveys; (5) Analysis of statistical usage/tracking data for the parent Local Legends site; (6) Testing with assistive technology (AT) devices. The evaluation project produced several interface re-designs and additional site functionality. The redesigned site continues to help ensure that users can maintain site orientation and that the site meets or exceeds the US Access Board's Section 508 Accessibility Compliance Standards. The site can be found at:

<http://www.nlm.nih.gov/exhibition/locallegends/index.html>.

PIC ID: 8198; Agency Sponsor: NIH-NLM, National Library of Medicine; Federal Contact: Ma, Wei, 301-496-8436; Performer: UserWorks, Silver Spring, MD

Review of the Joint National Institutes of Health / National Science Foundation Ecology of Infectious Disease Program

Initiated in 1999, the Ecology of Infectious Diseases (EID) initiative is a competitive research grant program administered jointly by the National Science Foundation (NSF) and National Institutes of Health (NIH). Its purpose is to encourage development of predictive models and discovery of principles for relationships between anthropogenic environmental change and transmission of infectious agents. In 2005, as part of its ongoing program review procedures, the Fogarty International Center (FIC) convened a panel of seven experts to review the achievements of the EID program to date and to make recommendations about its future. Fields of expertise represented on the panel included infectious diseases, epidemiology, public health, ecology, environmental science, and biostatistics. The panel met June 18th-20th, 2005, on the NIH campus in Bethesda, Maryland. Interviews were conducted in person and via telephone with EID principal investigators, EID key personnel, NSF and NIH program partners, EID program officers, and outside experts with relevant knowledge. In these interviews, the panelists explored the appropriateness of the program mission, management, partnerships, communication, and results. The Panelists also reviewed key program data including: current and former Request for

Applications (RFAs) and Program Solicitations, annual progress reports, funding data, publication data, key personnel data, and other historical program documents. Overall, the panel concluded that the first five years of the EID program have been successful and productive. A total of 34 projects have been funded, and all of them have been both interdisciplinary and appropriately targeted at the development of new concepts and methods to predict and respond to emerging or re-emerging infectious diseases. At least 566 individuals from 123 institutions in 23 countries around the world have served as key personnel on the grants. Although EID is not a training program, it has considerable potential for impact with respect to capacity building, especially in the area of human capital and has helped to train at least 208 students at the undergraduate, graduate, and post-doctoral levels. Though it is a young program, more than 228 journal articles, 95 abstracts, and 11 book chapters already have been attributed to the EID program. While the program has been effective in achieving goals, the panel made several recommendations for the program's future. This report outlines the panel's rationale and full set of recommendations based on the findings of the review.

http://www.fic.nih.gov/about/eid_review2005.pdf

PIC ID: 8203; Agency Sponsor: NIH-FIC, Fogarty International Center; Federal Contact: Kupfer, Linda, 301-496-3288; Performer: Abt Associates Inc., Cambridge, MA

OBJECTIVE 4.4 - IMPROVE THE COORDINATION, COMMUNICATION, AND APPLICATION OF HEALTH RESEARCH RESULTS

Genome.gov: Redesign Outcome Evaluation

This report summarized the results of an evaluation of the National Human Genome Research Institute (NHGRI)'s website performed in the last half of 2004. The purpose of the evaluation was to determine the effectiveness of the redesign that was launched in June 2004. Although the entire site was included in the evaluation, the "Research" and "Careers & Training" tiers were specifically targeted for review since they received the most radical restructuring in the redesign. The evaluation included feedback from both external visitors and internal staff members. Many internal staff members not only use the site regularly, they also provide the material for the site. Their participation in the ongoing curation of the site's content was key to the success of the site. Major findings include the following strengths: (1) The new navigation scheme worked well for helping visitors find information; (2) The new layout in the "Careers & Training" section worked well; (3) The revamping of the "Research" section was mostly successful, but needed some adjustments. Major findings include the following weaknesses: (1) The extramural program pages were confusing for visitors; (2) External visitors noticed that the research tools hosted on a related server were out of date and poorly maintained; (3) There were ongoing difficulties in fully engaging internal staff members in the maintenance of the site's content. The remainder of the report provides details for the findings, and recommendations for addressing them.

PIC ID: 8170; Agency Sponsor: NIH-NHGRI, National Human Genome Research Institute; Federal Contact: Bartlett, Maggie, 301-594-0632; Performer: Lynn Baumeister, Silver Spring, MD

An Application of MASSCsm to the Disclosure Treatment of Selected NCHS Survey Data

A Statistical Disclosure Limitation methodology known as MASSC was applied to two sets of data from the public use files of the third National Health and Nutrition Examination Survey and the 2000 National Health Interview Survey. For each set of data, an assessment of the ability of the MASSC methodology to reduce the risk of disclosure while minimizing the impact on data quality was carried out. Since public use files used in this study were previously treated in order to limit disclosure, it was not possible to determine the level of disclosure risk associated with each set of public use files. Accordingly, the pre-MASSC treatment level of "risk" should be regarded as being simulated and not be considered true risk. Under this condition, the degree to which the MASSC treatment lowered this simulated risk was measured. Pre-treatment estimates, including point estimates and regression estimates, were compared with the corresponding post-treatment quantities. The level of agreement between the pre- and post-treatment estimates was measured.

PIC ID: 8175; Agency Sponsor: OPHS, Office of Public Health and Science; Federal Contact: Harris, Kenneth; Performer: Research Triangle Institute, Research Triangle Park, NC

National Institutes of Health Usage and Attitudes Study

Purpose: Are health information seekers aware of the National Institute of Health (NIH)'s research mission? To what degree? How satisfied are health information seekers with NIH health content? How satisfied are users with the depth of health topics covered by NIH? Do users have different expectations for the NIH Health Information Pages than they do for commercial health Web sites? Methodology: Email survey fielded to Nielsen/NetRatings MegaPanel January, 2004: 35 percent response rate, Weighted n = 1,095. Data weighted based on Age, Income and Gender. Findings and Recommendations: Trust is clearly a key component to which sites consumers visit for health content. NIH could increase visitors' trust of their content simply through online brand awareness campaign. Since health visitors find new sites mostly through search engines and links from other respected sites, it may be most effective to develop deeper partnerships with respected health related sites to further develop brand awareness. Clearly, building traffic should be a key goal for NIH. Users who have visited NIH in the past month have a significantly better opinion of the quality of NIH content and have a much better understanding of NIH's core message. NIH is doing an adequate job conveying its message to health content consumers. Improving the messaging is important for long-term success of NIH.gov.

PIC ID: 8197; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Rodrigues, Dennis, 301-435-2932; Performer: Nielsen/NetRatings, Haymarket, VA

Evaluation of the Health and Research Outcomes of Technologies Licensed by the National Institutes of Health

This evaluation examined the feasibility of developing new metrics for measuring technology transfer outcomes. These new metrics are to focus on the manner and extent to which products resulting from technologies developed in National Institutes of Health (NIH) laboratories and transferred to commercial partners are meeting the NIH mission of advancing research to ultimately improve public health. The evaluation involved a literature review of adequate and acceptable methods that can quantitatively and

qualitatively assess the public health effects of drugs and vaccines. A systematic review of these methods enabled the creation of a menu of tools and metrics to be applied in improving health and research outcomes of the products resulting from technologies developed in NIH laboratories. Additionally, the evaluation assessed the usefulness of these final metrics, recommended tools, and identified data sources through application in a segment of products. Recommendations include a focus on products with research and health impacts, and usage of multiple methods to assess effectiveness. Other key recommendations for the evaluation included the following: (1) The creation of tailored processes and measurement tools to automate data collection and analysis; (2) Repeat assessments throughout the life of a technology; (3) Selecting key technologies to perform in-depth assessments; (4) Developing a process for incorporating metrics into clinical trials and research studies; and (5) Evaluating the use of small expert surveys to supplement information gained from secondary data sources.

PIC ID: 8204; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Elliott, Cerise L., 301-435-5294; Performer: Research Triangle Institute, Waltham, MA

Modular Grants Application Process Outcome Evaluation

The program evaluated is the modular grant application process. This National Institutes of Health (NIH) policy was introduced on June 1, 1999. Designed to simplify the grant application process, the program was predicated on the belief that NIH provides research institutions with grant-in-aid for research endeavors, and therefore it is not necessary for NIH to have an accounting for all dollars spent, i.e. a detailed budget. By simplifying budgetary requests within an application, the initiative was designed to focus the attention of investigators, their institutions, peer reviewers and the NIH staff on the proposed research rather than on budgetary details. The modular program specifies that budget requests be made in modules that consist of \$25,000 increments. In addition, long budgetary justifications are to be replaced with short descriptions of personnel needs. The modular grant program was developed as an extension of NIH's streamlining and reinvention activities. The process is intended to provide an alternative to "cost analysis" by focusing review on scientific merit and disengaging from complex budgetary negotiations. It was designed to meet the following long-term goals: to focus the efforts of the investigators, institutional officials, and NIH staff on the science of the applications; to reduce administrative burden; to accommodate investigators' need for flexibility; and to facilitate science and simplify administration. Through survey questionnaires of the various stakeholders, this evaluation assesses the effectiveness of the program in meeting these goals.

<http://grants.nih.gov/grants/funding/modular/eval/index.htm>

PIC ID: 8237; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Schaffer, Walter, 301-435-2770; Performer: Westat, Inc., Rockville, MD

OBJECTIVE 4.5 - STRENGTHEN THE MECHANISMS FOR ENSURING THE PROTECTION OF HUMAN SUBJECTS AND THE INTEGRITY OF THE RESEARCH PROCESS

Review of the Fogarty International Center International Bioethics Education and Career Development Award Program

The Fogarty International Center's (FIC) International Bioethics Education and Career Development Award Program (referred to hereinafter as the "Bioethics program"), addresses an important need in clinical research in developing countries and has already made important contributions in its first five years of existence. Clinical research in developing countries is essential to better understand and treat diseases whose burdens are disproportionately great in these regions. Ethical issues in research need to be resolved in order for scientists to gain the trust of the public and research participants. FIC conducts qualitative process evaluations of its programs every five years. In May 2005, the Fogarty International Center convened a panel of six experts in research ethics and curriculum development to review progress of the first five years of the Bioethics program and to make suggestions regarding its future. This review served as the first formal evaluation of the Bioethics program. With the program goals in mind, the panel spoke with Bioethics Principal Investigators (PIs), past and current program trainees, FIC program officer, National Institutes of Health (NIH) partners, and outside experts in bioethics and clinical research ethics. During these interviews, the panel explored the impact of the program with respect to FIC's mission and program goals as well as the impact on developing country researchers and institutions in order to suggest improvements and modifications to all areas of the Bioethics program. In accordance with the Fogarty Evaluation Framework, the panelists explored five aspects of the program: Program Planning, Program Management, Partnerships and Program Results with regard to Re-entry and Post-training Activities, and Program Results with regard to program Outcomes and Metrics of Success. The panelists noted that even though it is relatively new, the trainee from the Bioethics program has published papers in high-impact journals, successfully obtained NIH funding, and established national ethics review committees. The panel strongly recommended the continuation and support of the Bioethics program, and suggested several modifications to strengthen its impact in the developing world and more closely align its objectives with the goals of FIC and the other NIH partners. The review panel made nine formal recommendations on modifications and improvements to the Bioethics program.

<http://www.fic.nih.gov/about/bioethics%20review.pdf>

PIC ID: 8201; Agency Sponsor: NIH-FIC, Fogarty International Center; Federal Contact: Kupfer, Linda, 301-496-3288; Performer: Abt Associates Inc., Cambridge, MA

Evaluating the Efficacy of Informed Consent Forms and the Impact on Recruitment of Minorities into Clinical Research

This project provided a qualitative assessment of informed consent forms and their possible role as a barrier to the recruitment of minorities into clinical research, and attitudes and barriers to participating in research. Focus groups were conducted to assess attitudes and beliefs regarding participation in research, and assessing informed consent forms for plain language, comprehension, likelihood of participation, and perception of costs/benefits. Eighty-one women participated. Themes included: trust in personal physicians, need for increased professionalism, and improved communication and cultural awareness. Minority women were more likely to express mistrust in researchers and the coded language

of consent forms. Other women reported their views of the consent form as a license for researchers "to do whatever they want." Additionally, women identified common words they did not understand used in many forms, and would be more likely to participate in research if certain convenience factors were met or their physician recommended it, and less likely to participate if the study included invasive procedures, side effects, or if there was a risk of being placed in a control group. RECOMMENDATIONS: Educate researchers regarding disparities and the purpose of research, and the use of peers and participants to describe their research experiences

PIC ID: 8240; Agency Sponsor: OPHS-OWH, Office of Women's Health; Federal Contact: Newman, Eileen P., 301-443-1393; Performer: Drexel University - Med School NCE Women's Health, Philadelphia, PA

GOAL 5 - IMPROVE THE QUALITY OF HEALTH CARE SERVICES

OBJECTIVE 5.2 - INCREASE THE APPROPRIATE USE OF EFFECTIVE HEALTH CARE SERVICES BY MEDICAL PROVIDERS

The Value of Hospital Discharge Databases

The objectives for this contract are: (1) To obtain encounter-level data from statewide information sources; (2) To maintain and expand a uniform, multi-state health care database for health services research and health policy analysis; and (3) To make these data available to a broad set of public and private users. This contract will extend the capabilities of the Health Care Cost and Utilization Project (HCUP) national data system to assist researchers and decision-makers at the national, state, and community levels by expanding HCUP to include more states and more settings of care, and to develop tools to make better use of administrative data.

http://www.hcup-us.ahrq.gov/reports/final_report.pdf

PIC ID: 7694; Agency Sponsor: AHRQ-CODS, Center for Organization and Delivery Studies; Federal Contact: Schnaier, Jenny, 301-594-6827; Performer: Medstat Group, Washington, DC

Prevention of Surgical Wound Infections

Key objectives were to measure adherence to CDC's SSI Guideline recommendations using eight measures, three related to antibiotic prophylaxis; two, preoperative glucose control; two, surgical site preparation; and one, hand hygiene. RTI performed quantitative and qualitative data collection. Overall, adherence rates are not high, with the exception of type of antibiotic agent used. The degree of compliance was also strongly related to the consequences of post-surgical infection. Steps should be taken to improve compliance with both antimicrobial prophylaxis and perioperative glucose control, and also to standardize site preparation and hand hygiene protocols.

PIC ID: 7877; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Dietz, Sue, 404-639-0210 Performer: Research Triangle Institute, Research Triangle Park, NC

OBJECTIVE 5.3 - INCREASE CONSUMER AND PATIENT USE OF HEALTH CARE QUALITY INFORMATION

The Past, Present and Future of Managed Long-Term Care

This study assesses the state of the managed long-term care market from the perspective of purchasers (states) and suppliers (managed long-term care contractors), addressing the following questions: (1) What is the current state of the managed long-term care market? (2) What value do managed long-term care products offer relative to the fee-for-service system? (3) What is the market outlook in terms of future demand from state purchasers and supply from existing and new organizations? [33 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/mltc.htm>

PIC ID: 8174; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: McKay, Hunter, 202-690-6443; Performer: Edmund S. Muskie Institute of Public Affairs, Bethesda, MD

Summary report on Needs Assessment of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Pediatric Rheumatic Diseases CD-ROM

NIAMS developed a CD-ROM to provide pediatric rheumatic diseases health care professionals with information in an easy-to-use format so they could better serve their patients. NIAMS contracted with Circle Solutions, Inc. to assess the content, presentation, and usability of the CD-ROM. The study design entailed mailing the CD and one of two different feedback forms to reviewers, and direct observations of 11 reviewers. An array of health care professionals reviewed the CD-ROM, particularly health care professionals involved in pediatric rheumatology. The reviewers' consensus was that the CD-ROM provides convenient access to helpful literature. They particularly liked the utility of the print-friendly publications, Web site links, the Arthritis Foundation materials, and the information from the professional reference guides. Several reviewers recommended improvements in navigation: (1) Have documents open in a smaller view; (2) Have an easier means to return to the CD-ROM from a PDF document or Web site; (3) Update the NIAMS publication order page Web site link; (4) Improve the primary means of navigation (welcome page or bookmarks); (5) Make the links more visible in certain sections; (6) incorporate a keyword search function; (7) Make the "Tips for using this CD-ROM" briefer.

PIC ID: 8207; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Peterman, Wilma, 301-496-8271; Performer: Circle Solutions, McLean, VA

OBJECTIVE 5.5 - ACCELERATE THE DEVELOPMENT AND USE OF AN ELECTRONIC HEALTH INFORMATION INFRASTRUCTURE

Understanding Our Users: How to Better Deliver Health Information Online to American Indians and Alaska Natives

The Office of Disease Prevention and Health Promotion (ODPHP) conducted this qualitative study to build user-focused Web sites. This report presents findings from September 2002 using research conducted to better understand American Indian and Alaska Native (AIAN) online health information seekers. ODPHP seeks to provide reliable health information for a variety of audiences through <http://www.healthfinder.gov/>. Launched in 1997, www.healthfinder.gov is a portal site, linking the general public to quality health information resources. Known for being user friendly, <http://www.healthfinder.gov/> is continuously evaluated by its users through interviews, usability tests, online comments, and expert reviews. In fall 2002, ODPHP focused on expanding resources for AIAN populations. Some goals of the study were to (1) Assess the range of health-information-seeking behaviors in the AIAN population by identifying who their authoritative information sources are and discover when they would use health information; (2) To identify tasks that AIAN individuals want to accomplish on a health information Web site; (3) To understand how healthfinder® can best serve the AIAN population; (4) To investigate the overall usability of healthfinder®. According to the results of each goal, it was found that all AIAN interviewees had used computers before, although their skills varied. Intermediaries were asked the question, "How can healthfinder® best serve AIAN populations?" Most respondents were very pleased that ODPHP was conducting these interviews. Face-to-face contact is extremely important when working with AIAN communities. It shows commitment and builds trust. Web quality is judged by the ease with which diverse users enter the electronic environment and accomplish their goals. Various strategies (such as Advisory/Review boards) should be examined for reviewing the content of health-related Web sites to ensure that it provides these populations with the information they need.

PIC ID: 7823; Agency Sponsor: OPHS-ODPHP, Office of Disease Prevention and Health Promotion; Federal Contact: Hsu, Leslie, 202-401-0732; Performer: Office of Disease Prevention and Health Promotion, Washington, DC

Understanding Our Users: How to Better Deliver Health Information Online to Asian-Americans, Native Hawaiians, and Other Pacific Islanders

The Office of Disease Prevention and Health Promotion (ODPHP) conducted qualitative studies on healthfinder®'s American Indian and Alaska Native section and Asian-American, Native Hawaiian, and other Pacific Islander section to build user-focused sites for their cultural communities. The specific goals of the study and the report are to: (1) Assess the range of health information-seeking behaviors of intermediaries and individuals of Asian-American, Native Hawaiian, and other Pacific Islander communities; (2) To identify tasks that intermediaries of Asian-American, Native Hawaiian, and other Pacific Islander communities want to accomplish on a health information Web site; (3) To understand how Federal agencies can best serve Asian-American, Native Hawaiian, and other Pacific Islander communities in the area of health education materials. Healthfinder® is a portal site linking the general public to reliable health information resources. Healthfinder® is regularly evaluated by its users through interviews, usability tests, online comments, and expert reviews. Because of the diverse and multilingual needs of these populations, ODPHP decided to test the concept of delivering a searchable database of multilingual patient education materials, each paired with its English equivalent to support its use by intermediaries. In this investigation, ODPHP gathered information about various audiences, attributes of health information that are important to these audiences, and their reasons for visiting health-related Web sites. The individual populations learned that there is a central location where they can go for quality translated materials. They shared their frustrations about the lack of such materials. Intermediaries recommended that Federal agencies consider developing a health or medical lexicon or

glossary as well as standards or procedures for translating materials.

<http://odphp.osophs.hhs.gov/projects/aanhopi/aanhopi.pdf>

PIC ID: 7823.1; Agency Sponsor: OPHS-ODPHP, Office of Disease Prevention and Health Promotion; Federal Contact: Hsu, Leslie, 202-401-0732; Performer: HHS, Department of Health and Human Services, Washington, DC

Pregnancy Risk Assessment Monitoring System (PRAMS) Program Evaluation

The objectives were to inform the operational, analytic, translation, and capacity-building functions of the current PRAMS system and make them more efficient, effective, and capable of meeting future needs; to provide information that will guide the expansion and support of additional state PRAMS programs; and to provide information that will enable the PRAMS system to be more responsive to changes in public health priorities and policies, including the needs of the state programs and the wider Maternal and Child Health Block Grant (MCH) community. The findings from this evaluation show that PRAMS is a strong and vibrant surveillance program facing a range of programmatic challenges. Many of the study's recommendations have already been incorporated into program operations.

PIC ID: 7976; Agency Sponsor: CDC-NCCDPHP, National Center for Chronic Disease Prevention and Health Promotion; Federal Contact: Dietz, Sue, 404-639-0210; Performer: Research Triangle Institute, Research Triangle Park, NC

Case Studies of Electronic Health Records in Post-Acute and Long-Term Care

This study focused on electronic health records (EHRs) and information systems used to exchange clinical information between providers. The only clinical information systems that were identified that exchanged information across settings that include post-acute and long-term care (PAC/LTC) providers were health delivery systems that were highly integrated, due to either their geographic location (large, rural health systems) or financial structure. Sites selected for this study were sites that used EHRs in the course of providing care and also used their EHRs to exchange clinical information with other health care providers. To learn more about the most advanced EHR systems in PAC/LTC, case studies were conducted at four sites with connectivity to acute hospitals, pharmacies, and/or ambulatory care. The goal was to examine and describe sites representing the various PAC/LTC settings, and organizational and payment arrangements.

<http://aspe.hhs.gov/daltcp/reports/ehrpaltc.htm>

PIC ID: 8075; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Harvell, Jennie, 202-690-6443; Performer: University of Colorado, Denver, CO

Evaluation of Confidentiality Protection and Data Utility for NCHS Public Use Microdata Files

The purpose of this evaluation was to perform combined studies and to compare analytical outputs on two publicly released microdata files selected from the National Center for Health Statistics (NCHS) families of data systems. One file involved establishments and the other involved persons. For each selected file, the contractor developed and applied several standard methods and combinations of methods to reduce the identifiability of microdata records and the risk of disclosure of confidential information. Evaluations were based on quantitative methods.

PIC ID: 7874; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Harris, Kenneth, 301-458-4262; Performer: Research Triangle Institute, Research Triangle Park, NC

Evaluation of the Role of Epi Info in Public Health

Epi Info is a series of public domain computer programs for rapid questionnaire design, data entry, statistical analysis, mapping, and graphing designed for use by public health professionals. Recent events related to bioterrorism have brought to the forefront the need for flexible data gathering, management, and analysis software in the hands of communities where new monitoring systems may be necessary within hours. The goals of this evaluation are to provide information on: (1) The impact of Epi Info use on domestic and international public health; (2) The degree of Epi Info use, as well as relevant informatics needs and current technological access capabilities among public health professionals; (3) Improved development methods and an ongoing system for evaluation in the future, with defined outcomes and performance criteria. Information will be used to inform the future software development.

PIC ID: 7871; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Yoon, Steven, 404-639-8331; Performer: Booz Allen Hamilton, McLean, VA

GOAL 6 - IMPROVE THE ECONOMIC AND SOCIAL WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES, ESPECIALLY THOSE MOST IN NEED

OBJECTIVE 6.1 - INCREASE THE PROPORTION OF LOW-INCOME INDIVIDUALS AND FAMILIES, INCLUDING THOSE RECEIVING WELFARE, WHO IMPROVE THEIR ECONOMIC CONDITION

Indicators of Welfare Dependence Annual Report to Congress 2005

The 2005 Indicators of Welfare Dependence report is the eighth annual report that addresses the extent to which Americans are dependent on social welfare programs. The report provides welfare dependence indicators through 2002, reflecting changes that have taken place since enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in August 1996. The report uses a variety of data sources, including the Survey of Income and Program Participation and the Current Population Survey, Annual Demographic Supplement, analyzed using the TRIM3 micro-simulation model. These indicators show a significant decline in welfare dependency since 1996, concurrent with the more widely reported declines in welfare recipiency and poverty. In 2002, 3.2 percent of the total population was dependent, in that they received more than half of their total family income from Temporary Assistance for Needy Families (TANF), food stamps, and/or Supplemental Security Income (SSI). While marginally higher than the 3.1 percent dependency rate measured in 2001, the 2002 rate is much lower than the 5.2 percent rate measured in 1996. Overall, 4.7 million fewer Americans were dependent on welfare in 2002 compared to 1996.

<http://aspe.hhs.gov/hsp/indicators05/>

PIC ID: 7281.7; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Isaacs, Julia, 202-690-7507; ASPE, Office of Human Services Policy

Linking TANF Recipients with Paraprofessional Long-Term Care Jobs

This brief is based on Mathematica's study of Temporary Assistance for Needy Families (TANF) recipients as long-term care (LTC) workers. The study examined the suitability of TANF recipients for employment as certified nurse aides and home health aides and the feasibility of training recipients for these paraprofessional jobs. The authors used two data sources: (1) a survey of single-parent TANF recipients in three states and the District of Columbia; and (2) in-person visits to five programs that train TANF recipients and other low-income individuals for these jobs. The study shows that more than half of those on the TANF caseload have the potential to succeed in paraprofessional LTC jobs and that there are many different ways to design and implement successful LTC training programs for TANF recipients. [6 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/linkTANF.htm>

PIC ID: 8173; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Liggins, Charlene, 202-690-6443; Performer: Mathematica Policy Research, Inc., Washington, DC

TANF Recipients as Potential Long-Term Care Workers: An Assessment of the Prospects in the District of Columbia, Illinois, Maryland and South Carolina

The long-term care (LTC) industry's need for workers and Temporary Assistance for Needy Families (TANF) recipients' need for jobs could be mutually beneficial if recipients' characteristics, skills, and circumstances match the requirements, accessibility, and availability of LTC jobs. In this paper, the authors provide a brief overview of what is already known about the characteristics of long-term care jobs and the individuals who hold them, focusing on nurse aides and home health aides. They use survey data from the District of Columbia and three states (Illinois, Maryland, and South Carolina) to examine the characteristics and circumstances of all single parent TANF case heads, and of those recipients who are or have recently been employed in the long-term care industry. Finally, the authors use multivariate analysis to predict the likelihood of employment among current TANF recipients and use the results to estimate the proportion of the current TANF caseload that could potentially be employed in the long-term care industry and describe their characteristics. They conclude this paper with a brief discussion of the potential policy and/or program initiatives that this analysis suggests.

<http://aspe.hhs.gov/daltcp/reports/TANFltc.htm>

PIC ID: 8173.1; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Liggins, Charlene, 202-690-6443; Performer: Mathematica Policy Research, Inc., Washington, DC

Potential Employment Liabilities Among TANF Recipients: A Synthesis of Data from Six State TANF Caseload Studies

The goal of this project was to improve understanding of the relationship between Temporary Assistance for Needy Families (TANF) recipient characteristics and employment outcomes through an analysis of existing survey and administrative data from six states: Colorado, the District of Columbia, Illinois, Maryland, Missouri, and South Carolina. The Assistant Secretary for Planning and Evaluation (ASPE) funded a round of competitive state and local research grants in fiscal year 2001 to study the characteristics and circumstances of individuals and families receiving TANF cash assistance. ASPE staff merged survey data from all six studies and conducted a pooled analysis of employment liabilities and work among welfare recipients. The study found that those liabilities that were most consistently related to work - low education levels, low work experience, poor physical health, and child care problems - were also among those liabilities that were more common among TANF recipients in the six states.

<http://aspe.hhs.gov/hsp/leavers99/emp-liab04/index.htm>

PIC ID: 8178; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Hauan, Susan, 202-690-8698; Performer: ASPE, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, Washington, DC

Public Assistance Use Among Two-Parent Families: an Analysis of TANF and Food Stamp Program Eligibility and Participation

States increasingly are focusing on the Temporary Assistance for Needy Families (TANF) goals relating to promoting and supporting healthy marriage. To understand how state policies may affect marriage, it is useful to first examine the extent to which existing public assistance programs provide benefits to both married-parent and single-parent families. Specifically, this recent study by Mathematica Policy Research (MPR) examines patterns of married- and single-parent families' eligibility and participation in the (TANF) program and the Food Stamp Program (FSP). Results are based on data from the 2001 Current Population Survey as well as micro-simulation results from the TRIM3 and MATH models. Among the key findings are: (1) low-income married-parent families are less likely than single-parent families to be eligible for public assistance programs, and once eligible, are less likely to participate; (2) FSP and TANF caseloads have declined over time for both married- and single-parent families, but the reasons differ between the two; and (3) differences between married- and single-parent family participation rates persisted even after controlling for demographic and economic circumstances, suggesting that these family types make fundamentally different decisions about public assistance.

<http://aspe.hhs.gov/hsp/05/2parent-part/report.pdf>

PIC ID: 8179; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Kaye, Kelleen, 202-401-6634; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Maternity Group Homes Classification and Literature Review

The Office of Human Services Policy (OHSP) in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica Policy Research, Inc. (MPR) to conduct a study of how Maternity Group Home programs operate and to explore options for studying them further. This first report of three provides an overview of past research and develops a preliminary classification framework for Maternity Group Homes. Maternity Group Homes offer an array of on-site social support services for the most at-risk teen families, using trained staff members to provide nurturing, structured guidance. There is some limited evidence suggesting that Maternity Group Homes may be effective in addressing subsequent teen pregnancies, school-related outcomes, self-sufficiency, and childhood immunization rates. By exploring the history of Maternity Group Homes, identifying program components and service delivery methods, and describing management and funding mechanisms, this report sets the stage for further exploration of the range of Maternity Group Homes currently in the field.

<http://aspe.hhs.gov/hsp/grouphomes04/litreview04/report.pdf>

PIC ID: 8180; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Trivits, Lisa, 202-205-5750; Performer: Mathematica Policy Research, Inc., Princeton, NJ

The Implementation of Maternity Group Home Programs: Serving Pregnant and Parenting Teens in a Residential Setting

The Office of Human Services Policy (OHSP) in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica Policy Research, Inc (MPR) to conduct a study of how Maternity Group Home programs operate and to explore options for studying them further. Maternity Group Homes offer an innovative and intensive approach to addressing the needs of teenage mothers and their children. This second report of three documents the implementation of maternity group homes in seven programs chosen because they had the highest potential for inclusion in a random assignment evaluation. The MPR researchers conducted two-day site visits to each program, visiting up to five homes per program to tour the facilities, meet with key staff, and observe program activities. The report addresses research questions on management structure, funding sources, population characteristics, the range of services provided, and staffing. Key findings indicated that the homes: (1) tended to be operated by larger organizations with broader social service missions; (2) were funded by a combination of federal and state monies and private donations; (3) served a highly disadvantaged population with many special needs; (4) provided intensive, comprehensive support programs for pregnant and parenting teens; (5) often required a large staff.

<http://aspe.hhs.gov/hsp/grouphomes04/imp05/report.pdf>

PIC ID: 8180.1; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Trivits, Lisa, 202-205-5750; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Designing a Rigorous Evaluation of a Maternity Group Home Program

The Office of Human Services Policy (OHSP) in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica Policy Research, Inc (MPR) to conduct a study of how Maternity Group Home programs operate and to explore options for studying them further. This third and final report discusses the feasibility of evaluating the effectiveness of existing maternity group home programs using a random assignment research design. The contractor developed a set of criteria to identify and select promising programs for study. Two researchers visited the site programs for two to three days to gather information about the program operations and service delivery. Georgia's Second Chance Homes program, operated by the Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP), was determined to be the only viable candidate for such a study. Therefore, the report focuses on a comprehensive evaluation plan for the GCAPP program model. The evaluation plan includes an implementation and in-depth study of participants' life circumstances. It also includes an impact study that examines the success of the program in improving key outcomes. Finally, the evaluation assesses the cost of serving teens in the program compared to the costs of serving them in alternative settings.

PIC ID: 8180.2; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Trivits, Lisa, 202-205-5750; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Meta-Analysis of Welfare-to-Work Programs

This study is a meta-analysis of 31 Welfare-to-Work (WtW) evaluations of demonstrations carried out in the 1980s and 90s. This meta-analysis attempted to determine how the observed impacts were affected by the various components of the treatment, such as job search or sanctions. It also attempted to control

for participant and site characteristics. Major findings include the following: (1) On average, WtW programs had the intended positive impacts although they were modest in size and there was considerable variation in results; (2) The components of WtW interventions that appeared to have the clearest positive impacts were job search, time limits, and sanctions; (3) The components of WtW interventions that involve education and work experience showed no clear impact one way or the other; (4) Time limits tended to reduce caseloads, but had no clear impact on earnings; (5) Impacts appeared to have been greater for those more disadvantaged in terms of recent work history and time spent receiving benefits; (6) Positive impacts on recipients appear to have been greatest in the first couple of years after treatment; (7) For children, impacts on behavioral and emotional outcomes were less positive for school-age children than for younger children, though all impacts were, on average, very modest. Some caveats to keep in mind in interpreting the results of this study include: (1) The analysis was limited in the number of explanatory variables that could be included, and this could have biased the results in ways that cannot be known; (2) In particular, only variables which indicated whether a service was received and not variables indicating the intensity of service were included; (3) These results are mostly based on conditions under the Aid to Families and Dependent Children (AFDC) program and may not be applicable to the current Temporary Assistance to Needy Families (TANF) environment; (4) A meta-analysis combines data from different demonstrations which may not be strictly comparable.

http://www.acf.hhs.gov/programs/opre/welfare_employ/meta_analysis/reports/report_wtw/meta_title.html

PIC ID: 8210; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Sternbach, Leonard, 415-437-7671; Performer: University of Maryland, School of Social Work, Baltimore, MD

Barriers to Subsidies: The Influence of Family Characteristics on Child Care Subsidies Study II: Child Care Preferences and Study III: Child Care Quality and Preferences

Study II investigated how low-income families evaluate child care quality by examining the child care preferences of a sample of low-income African-American mothers. It employed the factorial survey technique - a method used to assess how people evaluate multidimensional phenomena freed from real-world constraints. The study assessed the impact of child care characteristics on respondents' perceptions of child care desirability, fair market value, and willingness to pay. Findings indicate that parents' definition of quality focused squarely on the care-giving environment, specifically the qualifications, experience, training, and behavior associated with the child care provider. The type of care facility - family, center, relative, or neighbor care - was largely irrelevant to this sample of parents. Parents believed that the characteristics they defined as desirable child care situations were worth more and were willing to pay more for them. A second component of the study (Study III) assessed the type and quality of child care used by low-income families who were either using or not using child care assistance to help offset the cost of care using standardized interviews with 112 low-income, inner-city parents; observations of 71 child care arrangements and interviews and surveys with child care providers. The researchers found that more families receiving child care assistance used center care than families not receiving assistance (77 percent vs. 58 percent). Little difference was seen in use of family day care arrangements across the two groups (15 percent vs. 19 percent), although, more families not using assistance had children cared for by a relative in the relative's home than did families using assistance (19 percent vs. 2 percent). Overall, families using some kind of federal assistance to pay for child care tended to be more likely to have their children in licensed, registered arrangements than families not receiving assistance (89 percent vs. 71 percent). Families receiving child care assistance paid nearly half as much (\$43.23 per week) as families not receiving child care assistance (\$89.69).

[http://www.temple.edu/psychology/FacultyWebs/Weinraub/Links/Factorial Survey Draft - Final to ECRO - July 2004.doc](http://www.temple.edu/psychology/FacultyWebs/Weinraub/Links/Factorial_Survey_Draft_Final_to_ECRO_-_July_2004.doc)

PIC ID: 8211; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Temple University, Philadelphia, PA

From Welfare to Child Care: What Happens to Young Children When Single Mothers Exchange Welfare for Work- Infant and Toddler Care After Welfare Reform: A Cross State Comparison

The study found descriptive evidence from Miami-Dade County (MDC), Florida and from five representative areas in Massachusetts, that government policies governing welfare reform, the child care subsidy system, and minimum-standards regulations had considerable impact on the availability, use, quality, and price of infant and toddler care, as welfare reform progressed from 1996 to 2000. During this period, more than double the number of low-income infants and toddlers using child care subsidies were placed in formal (licensed) care in MDC. This was likely related to a welfare reform policy in Florida requiring cash assistance recipients with children 3-months or older to engage in work-related activities. There was also evidence during this period, in order to meet state minimum-standards regulations, that child care centers in MDC and Massachusetts had to find other sources of funding for their infant and toddler programs, since neither the prices providers charged families, nor the reimbursements providers received from the state, covered the full costs of providing care for these age groups.

[http://www.wellesley.edu/Economics/partner/Witte Queralto 2004.pdf](http://www.wellesley.edu/Economics/partner/Witte_Queralto_2004.pdf)

PIC ID: 8214; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: National Bureau of Economic Research, Cambridge, MA

A Snapshot of Quality in Minnesota's Child Care Centers

This study assessed the quality of center-based care in Minnesota using environmental ratings scales and surveys with directors and classroom teachers. The study found overall quality of preschool classrooms below the "good" benchmark on the Early Childhood Environment Rating Scale, Revised Edition. Areas of particular concern were personal care routines (health, safety, meals, toileting) and the variety and accessibility of activities (art, music, math, science). The correlates of high quality classrooms were a higher percentage of staff with Bachelor's degrees, lower staff turnover, accreditation by the National Association for the Education of Young Children (NAEYC), and low child-staff ratios. Directors identified resources that would be helpful for improving quality. Findings from this study can inform policy decision-making in Minnesota including identifying targets for child care quality improvement initiatives.

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-423-ENG>

PIC ID: 8215; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Minnesota Department of Human Services, St. Paul, MN

Child Care Assistance and the Market for Child Care in Minnesota

The study analyzes trends in the price of child care in Minnesota using data from market rate surveys from 1998 through 2004. The approach uses descriptive statistical analysis to compare trends in prices by age, type of care, and region of the state. Trends in the dispersion or variation of prices within regions are also compared. The study found that child care rates in Minnesota have increased about five to six percent per year over the time period, not adjusting for inflation. This rate of increase is similar to the rate of price increases for educational services nationwide (based on the Consumer Price Index). Price trends were similar across age groups and types of care, except for hourly rates of family child care providers outside the Minneapolis-St Paul metro area, which barely rose over the time period. Rising child care prices may have implications for the affordability of child care for families and the type of care they use.

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4234-ENG>

PIC ID: 8216; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Minnesota Department of Human Services, St. Paul, MN

Early Care and Education Partnerships: State Actions and Local Lessons

This report presents the findings from a three-year study of a randomly selected sample of 141 child care providers in Ohio. Half of the providers participated in partnerships with Head Start and half served as comparison centers. The report describes the nature of partnerships, including details about the financial resources, supervision, training, and professional development provided to child care centers. The report also provides details about differences in child care teachers who are employed by partnering centers and comparison centers. Differences in parents' perceptions of services and quality are also presented. The study found that child care centers in partnership with Head Start are more likely than comparison centers to: (A) Offer screenings, referrals, and services such as developmental screenings, referrals to medical services, and other services, such as physical therapy; (B) Offer more services to parents, such as GED classes or adult literacy classes; (C) Offer job benefits, such as vacation and sick time to teachers; (D) Have lower ratios of children to teachers; (E) Offer a structured curriculum to children.

http://ccf.edc.org/PDF/EDC_ExecBrief.pdf

PIC ID: 8217; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Education Development Center, Newton, MA

Under-Reporting of Medicaid and Welfare in the Current Population Survey

The purpose of this study is to determine the accuracy of data on the Current Population Survey (CPS) concerning the receipt of welfare benefits and Medicaid. It also attempts to estimate the uninsured rate for adults. The method determines the accuracy of CPS data by comparing them to administrative data from California's Medi-Cal system. (The Medicaid program in California is referred to as Medi-Cal.) Some major findings include: (1) Medi-Cal reporting rates on the CPS were generally in the 70 to 75 percent range for children and adults throughout the 1990s. The welfare-reporting rate held steady near the 50 percent range for children and adults until 1996, but then decreased by 2000 to 37 percent for adults and

30 percent for children. (2) It is estimated that the un-insurance rate for adults (i.e., those that are not covered by Medi-Cal or any other health insurance) is 20.8 percent, while for children the un-insurance rate is 11.9 percent. One should bear in mind in interpreting these results that: these results use only data from California; and, in estimating un-insurance rates the study assumes that CPS responses to the questions concerning coverage by Other Health Insurance (i.e., other than Medi-Cal) are correct. In light of the fact that they found large discrepancies in responses to questions concerning receipt of Temporary Assistance for Needy Families (TANF) and Medicaid, this assumption is open to question.

http://www.acf.hhs.gov/programs/opre/welfare_employ/under_cps/reports/under_rep/under_title.html

PIC ID: 8222; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Sternbach, Leonard, 415-437-7671; Performer: Rand Corporation, Santa Monica, CA

The Employment Retention and Advancement Project - Early Results from Four Sites

This report presents early evidence on the effectiveness of four diverse programs that aim to help current or former welfare recipients maintain stable employment and increase their earnings. The four programs are part of the Employment Retention and Advancement (ERA) project, which is testing 15 such programs across the country. The evaluation design is similar in most of the programs. Individuals who meet the ERA eligibility criteria (which vary by program) are randomly assigned to an experimental group or a control group. Members of the experimental group are recruited for - and, in some programs, required to participate in - the ERA services, while those in the control group are not eligible for ERA services. The extent and nature of services and supports available to the control group vary, but it is important to note that, in most cases, the ERA group is not being compared with a "no services" control group. The four programs discussed in this report, like virtually all the other ERA programs, have faced a substantial challenge in increasing participation in ERA services. These early findings reflect a short follow-up period, only one year after individuals entered the four programs. The early effects on employment outcomes are mixed: some of the ERA programs appear to be promoting retention or advancement, while others seem to be less successful.

http://www.acf.hhs.gov/programs/opre/welfare_employ/employ_retention/reports/early_results/early_title.html

PIC ID: 8223; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Richards, Patrice, 202-205-8324; Performer: MDRC, New York, NY

The Evaluation Data Coordination Project: Common Constructs and Measures Across Nine ACF Studies and Other Key Data Collection Efforts

Many of the studies supported by the Administration for Children and Families (ACF) collect data on the same constructs, such as family income, family structure, employment-related activities, or child outcomes. Because the studies are developed independently, however, they do not necessarily use the same measures for these common constructs. Nonetheless, there are distinct advantages to the use of common measures. For example, common measures would facilitate secondary analysis across studies.

The Evaluation Data Coordination Project (EDCP) was an effort to begin the process of developing common measurements and reporting formats for selected ACF evaluation projects. Through discussions with project staff from nine ongoing ACF-supported studies, the project developed "options documents" with information about a range of measures available for selected constructs. The options documents generally provide information about a range of measures available for assessing a given construct, such as the psychometric properties. They do not, however, include recommendations of a specific measure or set of measures to be used. The final report, "The Evaluation Data Coordination Project: Common Constructs and Measures Across Nine ACF Studies and Other Key Data Collection Efforts," presents these options documents for income and earnings, child care quality, parental monitoring/awareness, and children's behavior problems.

http://www.acf.hhs.gov/programs/opre/other_resrch/eval_data/reports/common_construcs/common_constructs.pdf

PIC ID: 8263; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Yaffe, Alan, 202-401-4537; Performer: American Institutes for Research, Washington, DC

The Welfare Rules Data Book: State Policies as of July 2002

The State Temporary Assistance for Needy Families (TANF) Policies: Welfare Rules Database Expansion project provided resources to facilitate updating and expanding the Urban Institute's Welfare Rules Database (WRD). The Urban Institute had begun developing the WRD in early 1997, as part of the Assessing New Federalism project. The database was conceived as a single location where information on program rules could be researched across States and/or across years, without the need to consult multiple documents, and it was intended to provide a resource for researchers working on both descriptive and quantitative projects. As of the end of 2000, the Urban Institute had released information on eligibility and benefits rules for 1996 through 2000. This project funded updates to the database for 2001 and 2002. The database is available to the public online at:

<http://anfdata.urban.org/drsurvey/login.cfm?CFID=142812&CFTOKEN=83213734>.

The reports from the project were three Welfare Rules Data books, which provide summary tables of selected information on state TANF policies as of July of the years 2000, 2001, and 2002.

http://www.acf.hhs.gov/programs/opre/welfare_employ/state_tanf/reports/wel_rules02/wel02_rules.pdf

PIC ID: 8228; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Yaffe, Alan, 202-401-4537; Performer: The Urban Institute, Washington, DC

OBJECTIVE 6.2 - INCREASE THE PROPORTION OF OLDER AMERICANS WHO STAY ACTIVE AND HEALTHY

National Survey of Older Americans Act Participants Using Indicators Developed under the Performance Outcomes Measures Project

The purpose of this project was to conduct a statistically valid national survey of recipients of services under the Older Americans Act using survey questions designed in concert with states and Area agencies on aging. Questions were field-tested by states under the Administration on Aging (AoA)'s current performance outcomes measures project. Westat conducted telephone surveys on a sample drawn with the cooperation of approximately 150 area agencies nationwide. Two national surveys have been conducted, focusing on recipients that received specific services funded under the Older Americans Act. A third survey is being finalized at this time.

PIC ID: 7650; Agency Sponsor: AOA, Administration on Aging; Federal Contact: Greenberg, Saadia, 202-357-3516; Performer: Westat, Inc., Rockville, MD

State Residential Care and Assisted Living Policy: 2004

This compendium describes regulatory provisions and Medicaid policy for residential care settings in all 50 states and the District of Columbia. It updates an earlier report completed in 2002. Information was collected between February and July 2004 by reviewing state websites and regulations and calling key state contacts to verify information. Section 1 provides an overview of residential care and assisted living policy. Section 2 presents six tables, which compare states' policies in selected areas. Section 3 provides summaries of each state's regulations and policy for residential care settings, including assisted living facilities. [499 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/04alcom.htm>

PIC ID: 8171; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Kennedy, Gavin, 202-690-6443; Performer: Research Triangle Institute, Research Triangle Park, NC

Supportive Services Programs in Naturally Occurring Retirement Communities

Findings presented in this report are based on information derived from three sources - a review of the literature, discussions with national experts on naturally occurring retirement communities (NORCs), and case studies of NORCs and their associated services programs in five Agency on Aging demonstration sites. In each of the five demonstration sites (Baltimore, Cleveland, Philadelphia, Pittsburgh, and St. Louis), Jewish social services agencies provide supportive services for the elderly. Based on the literature and expert opinions, the authors develop a conceptual model of NORCs and NORC-supportive services programs, which they use to structure a discussion of the five demonstration projects. The authors then highlight policy issues related to NORC supportive services programs for consideration by stakeholders

and policymakers at the federal, state, and local levels. An annotated bibliography is provided as an appendix. [146 PDF pages]

<http://aspe.hhs.gov/daltcp/reports/NORCssp.htm>

PIC ID: 8172; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Kennedy, Gavin, 202-690-6443; Performer: Urban Institute, Washington, DC

OBJECTIVE 6.3 - INCREASE THE INDEPENDENCE AND QUALITY OF LIFE OF PERSONS WITH DISABILITIES, INCLUDING THOSE WITH LONG-TERM CARE NEEDS

Evaluability Assessment of Discharge Planning and the Prevention of Homelessness

The Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Services (HHS) supported this study in order to build knowledge for researchers and policy makers regarding the evaluability of discharge planning. The specific focus of this study was on discharge planning as a homeless prevention strategy in institutional and custodial settings including: (1) Adult inpatient psychiatric treatment units in state psychiatric, private psychiatric, or general hospitals; (2) Residential treatment centers serving children and youth with serious emotional disturbances and/or substance use disorders; (3) Residential treatment programs for adults with substance use disorders; (4) foster care independent living programs. The project had three goals: (1) To identify key evaluation questions both by setting and across settings; (2) To determine the feasibility of conducting a rigorous and objective evaluation; (3) To develop alternative evaluation designs. The approach included a literature review, the use of an expert panel, documentary analysis of selected exemplary discharge planning programs, site visits to the exemplary programs, the development of logic models related to the programs, and a final report. Study findings indicated that a rigorous outcome evaluation is not justified at this time. However, several alternative study designs to evaluate issues or activities related to discharge planning and homelessness prevention are feasible and are described.

PIC ID: 8187; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Halpern, Peggy, 202-260-0285; Performer: Westat, Inc., Rockville, MD

Does Consumer Direction Affect the Quality of Medicaid Personal Assistance in Arkansas?

As states seek to improve supportive services, policymakers need to know whether consumer-directed programs deliver quality care that can satisfy consumers' preferences and does not harm their health. The need for evidence grows daily as states respond to Federal Systems Change grants and other initiatives spurred by the Supreme Court's 1999 Olmstead decision and the Bush administration's subsequent New Freedom Initiative. The national Cash and Counseling Demonstration is an innovative model of consumer direction and is the first to use a randomized design to compare care quality under

agency- and consumer-directed approaches. This analysis presents findings from the first of three demonstration programs to be implemented, Arkansas's IndependentChoices.

<http://aspe.hhs.gov/daltcp/reports/arqual.htm>

PIC ID: 6161; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Boston College, Social Welfare Research Institute, Chestnut Hill, MA

The Effect of Consumer Direction of Personal Assistance Received in Arkansas

The traditional system of providing Medicaid personal care services (PCS) through home care agencies gives consumers few choices about how and when their care is provided. Because some agencies do not provide care on weekends or outside business hours, consumers may not receive care when they need it. Moreover, worker shortages make it difficult to ensure that beneficiaries receive all the care they are entitled to. This study of Arkansas' Cash and Counseling Demonstration program, IndependentChoices, examined how this model of consumer direction changes the way that consumers meet their personal assistance needs.

<http://aspe.hhs.gov/daltcp/reports/Arkpa.htm>

PIC ID: 8054.1; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Boston College, Social Welfare Research Institute, Chestnut Hill, MA

Easing the Burden of Caregiving: The Effect of Consumer Direction on Primary Informal Caregivers in Arkansas

Cash and Counseling, an innovative model of consumer direction, has been implemented as a three-state demonstration designed to weigh the advantages and disadvantages of allowing Medicaid beneficiaries to assume more responsibility for the supportive services they may need. This paper presents estimates of program effects on primary informal caregivers (those providing the most unpaid supportive services at baseline) from Arkansas's Cash and Counseling demonstration, the first of three such demonstrations to enroll and randomly assign Medicaid beneficiaries to direct their own services or to rely on agencies as usual. Arkansas's consumer-directed program, known as IndependentChoices, was designed for elderly and non-elderly adults.

<http://aspe.hhs.gov/daltcp/reports/easing.htm>

PIC ID: 8054; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Boston College, Social Welfare Research Institute, Chestnut Hill, MA

Enabling Personal Preference: The Implementation of the Cash and Counseling Demonstration in New Jersey

This report describes the design and implementation of Personal Preference, New Jersey's model of Cash and Counseling. It also draws lessons from the state's experience. The report is based primarily on in-person interviews conducted in April 2001, about 18 months after the program began enrolling beneficiaries (November 1999). Interviews were conducted with New Jersey state officials, Personal Preference program staff members, officials of organizations representing the personal care industry in New Jersey, and staff members of organizations providing outreach, enrollment, consulting, and fiscal services under Personal Preference.

<http://aspe.hhs.gov/daltcp/Reports/enablepp.htm>

PIC ID: 8054.2; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Boston College, Social Welfare Research Institute, Chestnut Hill, MA

Medicaid Costs Under Consumer Direction for Florida Children with Developmental Disabilities

The randomized design of the evaluation of the national Cash and Counseling Demonstration enables researchers to rigorously analyze costs under traditional and consumer-directed approaches. In this report, we use results from Florida's Consumer-Directed Care for children to investigate the program's effect on Medicaid waiver costs, other Medicaid costs, and Medicaid service use under consumer-directed and traditional programs for the two-year period after demonstration enrollment.

<http://aspe.hhs.gov/daltcp/reports/FLddkids.htm>

PIC ID: 8054.5; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Do Consumer-Directed Medicaid Supportive Services Work for Children with Developmental Disabilities?

The evaluation of Cash and Counseling is the first to use a randomized design to compare service use and quality under traditional versus consumer-directed approaches to Medicaid supportive services. As part of the evaluation, this paper presents results for the children and parents who participated in Florida's Cash and Counseling demonstration program, Consumer Directed Care.

<http://aspe.hhs.gov/daltcp/reports/ddkidsMss.htm>

PIC ID: 8054.6; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Mathematica Policy Research, Inc., Princeton, NJ

The Effect of Cash and Counseling on Medicaid and Medicare Costs: Findings for Adults in Three States

Recent research suggests that Florida's Cash and Counseling model—Consumer-Directed Care - increased the well-being of children with disabilities and their parents in Florida, and the Cash and Counseling programs in Arkansas, Florida, and New Jersey similarly increased the well-being of adults. The program also increased the likelihood that consumers in all three states would receive paid personal care services. However, the results to date on costs are less clear-cut. Arkansas's Cash and Counseling program increased personal care costs for adults, but, because of savings on other Medicaid services, the higher costs were partially offset during the first post-enrollment year and almost fully offset during the second. Florida's program for children increased Section 1915(c) waiver costs, although savings on home health services partly offset the higher costs. This report compares results from all three demonstration programs to examine how consumer direction for adults affects Medicaid and Medicare service use and costs.

<http://aspe.hhs.gov/daltcp/reports/3stcost.htm>

PIC ID: 8054.7; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Lessons from the Implementation of Cash and Counseling in Arkansas, Florida, and New Jersey

This paper is the first to consider the Cash and Counseling program in all three states. It draws lessons about the structure and policies of a Cash and Counseling program, to provide information useful to other states considering adopting such a program. It draws on the experience of those responsible for the demonstration and evaluation at the Cash and Counseling National Program Office, the Assistant Secretary for Planning and Evaluation (ASPE), the Robert Wood Johnson Foundation (RWJF), the Centers for Medicare & Medicaid Services (CMS), the three participating states, and Mathematica Policy Research (MPR). Evaluation staff visited each of the three Cash and Counseling programs about 18 months after each began to operate, and these visits provide an important source of data.

<http://aspe.hhs.gov/daltcp/reports/cclesson.htm>

PIC ID: 8073; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: Boston College, Social Welfare Research Institute, Chestnut Hill, MA

OBJECTIVE 6.4 - IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF DISTRESSED COMMUNITIES

Rural Research Needs and Data Sources for Selected Human Services Topics

The main goal of this study was to develop an inventory of databases that researchers could use to study selected human services-related conditions and the accessibility and utilization of human services in rural areas. Three human services issues were focal topics for the project - work supports for low-income families, substance abuse, and child welfare. The study found that: (1) There is no single, standardized definition that designates populations and places as rural or urban; (2) In contrast to urban areas, less is known about human and social services conditions in rural areas, the social services rural residents need and use, and the effectiveness of those services; (3) One of the major difficulties in conducting rural research is finding suitable data; (4) Several steps could be taken by researchers or their sponsors to strengthen rural data and research. The final report provides a descriptive overview of the social and economic conditions in rural America, including persistent and emerging trends, as well as descriptions (e.g., content, rural identifiers, access restrictions) of 20 federal and nonfederal and 60 state administrative data sources that could be used by rural researchers and policymakers to study one or more of the selected focal conditions.

<http://aspe.hhs.gov/hsp/05/rural-data/index.htm>

PIC ID: 8188; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Halpern, Peggy & McCormick, Ann; Performer: Mathematica Policy Research, Inc., Princeton, NJ

OBJECTIVE 6.5 - EXPAND COMMUNITY AND FAITH-BASED PARTNERSHIPS

State and Local Contracting for Social Services Under Charitable Choice - Final Report

The welfare reform law of 1996 contains provisions that are intended to allow faith-based organizations (FBOs) to compete for public funding to provide social services under the Temporary Assistance for Needy Families (TANF) program on the same terms as any other provider without having to alter their religious character, while preserving the religious freedom of service recipients. In 2000, Congress enacted similar "Charitable Choice" provisions for certain programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the largest of which is the Substance Abuse Prevention and Treatment (SAPT) block grant. Regulations clarifying the TANF and SAPT Charitable Choice rules were issued in 2003. This study examines how state and local officials in these programs understand and apply Charitable Choice provisions. Mathematica Policy Research, Inc., with assistance from subcontractors the Hudson Institute, the Center for Public Justice, and the Sagamore Institute of Policy Research, surveyed agencies contracting with TANF or SAPT funds in all 50 states and the District of Columbia, along with local TANF agencies in selected counties. Findings indicate that Charitable Choice provisions have had little or no effect on agencies' preexisting contracting policies regarding FBOs. There are, however, significant efforts to reach out to FBOs to encourage their involvement in TANF and SAPT and to remove barriers. The vast majority of agencies recognize that certain characteristics and behaviors

make FBOs ineligible for funding under Charitable Choice, but in several instances, agencies did not appear to know or apply the relevant Charitable Choice provisions that establish the eligibility of certain types of FBOs for TANF or SAPT funding. These discrepancies may indicate a need for greater training of agency staff.

<http://aspe.hhs.gov/hsp/05/contracting/>

PIC ID: 8184; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana & Tambornino, John; Performer: Mathematica Policy Research, Inc., Washington, DC

GOAL 7 - IMPROVE THE STABILITY AND HEALTHY DEVELOPMENT OF OUR NATION'S CHILDREN AND YOUTH

OBJECTIVE 7.1 – PROMOTE FAMILY FORMATION AND HEALTHY MARRIAGES

Service Delivery and Evaluation Design Options for Strengthening and Promoting Healthy Marriages

Increasing access to marriage education services is a major objective within the Healthy Marriage Initiative. A major goal of this project was to provide Administration for Children and Families (ACF) with better information about the range of existing programs, and to identify opportunities for potential expansion of services to low-income couples and individuals. In the course of the project, the researchers conducted telephone discussions with key staff in 58 different programs and conducted visits to 28 programs. The report presents the authors' assessment of key factors to understanding how marriage education programs are implemented, in terms of the setting and organizational structure, the intervention (approach, format, curriculum), and population served. In examining potential opportunities for expansion, the authors suggest two possible approaches, each with challenges: expanding the number of marriage education programs to include low-income couples, or enabling and encouraging programs otherwise serving low-income couples to incorporate marriage education into their traditional work. Both would need to build internal capacity to address the new situation - addressing the needs of a new target population for marriage education programs, and building knowledge and skills related to marriage education among staff within other service programs. They suggest that ACF consider a framework for expansion that combines the expertise of providers currently offering marriage education services with that of providers with expertise in serving low-income populations, in order to build on both sets of providers' strengths.

http://www.acf.hhs.gov/programs/opre/strengthen/serv_delivery/index.html

PIC ID: 8224; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Campbell, Nancye, 202-401-5760; Performer: The Urban Institute, Washington, DC

Systematic Review of the Impact of Marriage and Relationship Programs

Prior research suggests that there is promising evidence that couples participating in marriage and relationship education programs can learn specific skills to improve their relationships and reduce patterns of negative interaction in order to maintain higher levels of relationship satisfaction. This study reviewed findings from 39 studies that represent the highest quality evidence available in the field and synthesizes the findings meta-analytically. The process of identifying and screening studies involved the review of more than 12,000 research abstracts and more than 500 program evaluations. Only 39 studies remained after the evaluations were screened against the inclusion criteria. Through the meta-analysis, the reviewers found a moderate average effect size of .68 for relationship satisfaction and a small effect size of .26 for relationship communication. These findings add further evidence that marriage education

services can have a positive effect on couples' relationships and marital satisfaction. This report makes a valuable contribution to the field of learning in this arena because it was conducted systematically, included a range of marriage programs, and included only rigorous evaluations that were carefully screened for quality.

http://www.acf.hhs.gov/programs/opre/strengthen/serv_delivery/index.html

PIC ID: 8225; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Campbell, Nancye, 202-401-5760; Performer: The Urban Institute, Washington, DC

OBJECTIVE 7.2 - IMPROVE THE DEVELOPMENT AND LEARNING READINESS OF PRESCHOOL CHILDREN

Child Care for Working Poor Families: Child Development and Parent Employment Outcomes

This study assessed types and quality of care used by low-income working families and explored links between children's developmental and parents' employment outcomes and child care quality. The researchers conducted parent focus groups, interviews with community child care leaders, parent and caregiver questionnaires, and structured observations and assessments of 307 children in their child care settings on a volunteer non-random sample in four counties in Indiana. The most common types of child care used were licensed centers (38 percent), licensed family child care homes (24 percent), child care ministries (16 percent), Head Start (nine percent), unlicensed family child care (eight percent), and relative care (five percent). Twenty percent of children started in child care soon after birth and more than 75 percent of children were in some type of child care by age eight months. Low-income working parents reported the primary reason for using child care was to work or attend school. Lack of flexibility in child care and work schedules were reported as a barrier to work. Overall, average global quality was rated below "good," and 25 percent of classrooms or homes were below "minimal" quality. Child care for preschoolers was of higher quality than child care for infants and toddlers. Many children in this sample scored below national norms in areas of cognitive and language competence. In general, there were few significant links between child care quality and parent employment outcomes but there was scattered evidence that families whose children were enrolled in higher-quality care had more stable employment patterns.

<http://www.cfs.purdue.edu/cccrp/>

PIC ID: 8212; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Purdue University, West Lafayette IN

The Cost and Quality of Full-Day Year-Round Early Care and Education in Massachusetts: Infant and Toddler Classrooms

This study conducted observations on quality and interviewed directors in a random sample of 100 infant classrooms and 100 toddler classrooms in licensed community centers in Massachusetts. The researchers found that one-quarter of infant classrooms and 31 percent of toddler classrooms provided care that met professional standards for infant/toddler programs. Centers that served predominantly low-income or low- to-moderate income families were less likely to receive the level of early care and education that will prepare them for school and later life, with toddlers in low-income centers at the greatest risk. Parent fees were the most important source of revenues for centers serving low-to-moderate, moderate, and high-income families. Government subsidies were an important revenue source for centers serving low-income families. Labor costs were the single largest component of center expenditures. Higher-quality infant and toddler care costs significantly more than lower-quality infant/toddler care. Classrooms with better child: staff ratios, more experienced and better educated teachers provided better quality care overall, including more developmentally-appropriate stimulation, and better relationships between classroom staff and children. Centers serving different income groups varied considerably in the quality of care they provided. While qualified teachers are clearly an important part of quality early care and education, center directors reported that it was difficult to hire qualified teachers. Data collected in this study provide evidence that higher quality early care and education is associated with greater costs.

<http://www.wcwoonline.org/earlycare/index.html>

PIC ID: 8213; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Wellesley Centers for Women, Wellesley, MA

Assessing the Quality of Child Care Using Longitudinal, Administrative Data: What Can It Tell Us and How Can It Be Used?

Using administrative data from 1996 through 2001, this report assessed how child care quality changed as a result of welfare reform and concurrent social, political, and economic changes. The researchers compared the group care of subsidized children, children in poverty neighborhoods, and children who were neither subsidized nor in poverty neighborhoods in Miami-Dade County, Florida, and found that providers serving Child Care Development Fund (CCDF) subsidized children reported smaller proportions of their staff with low levels of education (high school or less); were more likely to report use of a curriculum than other providers; were more likely to be accredited; and more likely to be profit-seeking firms than other providers. CCDF providers more frequently violated minimum-standards regulations (e.g., instances of child-staff ratios in excess of minimum-standards requirements); had more complaints filed against them than other providers; including other providers in poverty neighborhoods; and had a larger proportion of unfilled (vacant) child care slots than other providers. A single composite indicator of quality developed from quality measures was able to explain 80 percent of the total variation in a broad array of quality measures. The researchers suggest that this composite indicator could be used to: (1) Develop a quality rating system based on multiple quality measures rather than on a single quality measure (e.g., accreditation), as is commonly done; (2) Identify groups of low-quality providers administrators might target for quality-enhancing interventions; or (3) Evaluate the impact of quality interventions.

<http://www.wellesley.edu/Economics/partner/>

PIC ID: 8218; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: National Bureau of Economic Research, Cambridge, MA

Head Start Impact Study: First Year Findings

In 1998, as part of the Head Start reauthorization, Congress mandated that the U.S. Department of Health and Human Services (HHS) conduct a national study of the impact of Head Start programs to determine, on a national level, how participation in Head Start affects the school readiness of the children it serves, and identify the types of participants and under what circumstances the program is most effective. The Head Start Impact Study is being conducted across 84 nationally representative grantee/delegate agencies. Approximately 5,000 newly entering 3- and 4-year-old children applying for Head Start were randomly assigned to either a Head Start group that had access to Head Start program services or to a non-Head Start group that could enroll in available community non-Head Start services, selected by their parents. This report examines outcomes for children after one year in the program and compares children who received Head Start services to children who were assigned to a control group. The report quantifies the impact of Head Start separately for 3- and 4-year-old children across child cognitive, social-emotional, and health domains as well as on parenting practices. For children in the 3-year-old group, the preliminary results from the first year of data collection demonstrate small to moderate positive effects favoring the children enrolled in Head Start for some outcomes in each domain. There were fewer positive impacts found for children in the 4-year-old group.

http://www.acf.hhs.gov/programs/opre/hs/impact_study/reports/first_yr_finds/firstyr_finds_title.html

PIC ID: 8226; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Woolverton, Maria, 202-205-4039; Performer: Westat, Rockville, MD

Role of Early Head Start Programs in Addressing the Child Care Needs of Low-Income Families with Infants and Toddlers

The report describes child care use and quality of child care received by children enrolled in Early Head Start (EHS) in 17 diverse sites (3001 children enrolled at baseline). The data was collected in conjunction with the EHS Research and Evaluation project, conducted by Mathematica Policy Research, Columbia University National Center for Children and Families, and the EHS Research Consortium of researchers from 15 universities, when children were 14, 24, and 36 months of age, and periodically after enrollment into the research project. Findings include: (1) Enrollment in EHS increased the probability of children experiencing good quality center care. EHS children were three times more likely to be receiving their primary care in a good quality center than were control group children when they were 14 and 24 months old (and approximately one and a half times more likely to be in good quality center care at 36 months); (2) A high proportion of EHS parents placed their children in child care during the evaluation period. Nearly two-thirds of EHS children aged three spent at least 30 hours per week in some kind of child care arrangement, and child care use increased from the children's 14-month to 36-month assessment; (3) EHS increased the percentage of families using any child care at any age; (4) EHS increased the average number of hours per week that children were in care, and decreased the number of weekend and evening hours that children needed care.

http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/role_ehs_cc/role_ehs_cc_title.html

PIC ID: 8252; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Cohen, Rachel Chazan, 202-205-8810; Performer: Mathematica Policy Research, Inc., Princeton, NJ

Health And Disabilities Services in Early Head Start: Are Families Getting Needed Health Care Services?

The report describes the health status and incidence of health-related problems among 3001 children enrolled in Early Head Start (EHS) research in 17 diverse sites. The data were collected in conjunction with the EHS Research and Evaluation project, conducted by Mathematica Policy Research, Columbia University National Center for Children and Families, and the EHS Research Consortium of researchers from 15 universities, when children were 14, 24, and 36 months of age, and periodically after enrollment into the research project. Immunization rates for EHS children were significantly higher than for control group children, who did not receive EHS. EHS children were also more likely to have visited a doctor for treatment of illness, and were less likely to have visited the emergency room due to accident or injury. Incidence of asthma and respiratory problems were high. Children exposed to household smoking were more likely to have asthma problems, with 57 percent of EHS children exposed to household smoke in all. Most parents used safety precautions, but parents needed more information on poison control measures. Almost all parents used car seats for infants. However, car seat use declined for EHS toddlers, as parents were not always able to replace car seats as children grew. A number of EHS programs have instituted programs for exchanging car seats as children grow larger. Of the women who enrolled during pregnancy, women enrolled in EHS were more likely to breast feed their infants. Hispanic children fared worse, on average, than African-American and white EHS children. Hispanic children were less likely to have health insurance and regular health care providers than African-American or white children, and Hispanic parents were more likely to report their children were in fair or poor health.

http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/ehs_disabilities/ehs_dis_title.html

PIC ID: 8253; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Cohen, Rachel Chazan, 202-205-8810; Performer: Mathematica Policy Research, Inc., Princeton, NJ

OBJECTIVE 7.4 - INCREASE THE PERCENTAGE OF CHILDREN AND YOUTH LIVING IN A PERMANENT, SAFE ENVIRONMENT

Formative Evaluation of the National Academic Centers of Excellence in Youth Violence

The National Academic Centers of Excellence in Youth Violence (NACEYV) were funded in FY2000 as part of a congressional initiative. Five comprehensive centers were funded for 5 years and five developing

centers for 3 years. The comprehensive centers have established expertise in the area of youth violence. The core activities of these centers include conducting research into risk factors for youth violence and the effectiveness of interventions. The developing centers focus on developing and implementing community response plans, training health care professionals, and conducting small pilot projects to evaluate effective intervention in youth violence. The purpose of this project was to clarify and develop activities, as well as to examine the centers as models for the prevention of youth violence through research and translations.

PIC ID: 7859; Agency Sponsor: CDC, Centers for Disease Control and Prevention; Federal Contact: Dietz, Sue, 404-639-0210; Performer: Battelle, Arlington, VA

Child Welfare Outcomes 2002: Annual Report

Child Welfare Outcomes 2002: Annual Report to Congress analyzes data on outcomes for children who come into contact with state child welfare systems. Analyses of state performance data suggest that many states are improving performance, particularly with regard to reducing maltreatment of children in foster care by foster parents or facility staff members, achieving permanency for children in foster care, and ensuring placement stability for children during the first 12 months that they are in foster care. However, many states experience challenges in reducing the incidence of maltreatment recurrence, as well as in finding permanent homes for children who have a diagnosed disability; children who enter foster care when they are adolescents; children who are African-American; and children who are Alaska Native/Native American. Many states are successful in reunifying children in a timely manner, but this success is tempered by the fact that rapid reunification tends to be positively correlated with re-entry into foster care. There was an increase in the number of States achieving adoptions within 24 months of a child's entry into foster care. Efforts to achieve timely adoptions are often impeded by the reluctance of some judges and agency staff to seek termination of parental rights (TPR), and the lengthy legal procedures to achieve a TPR. Finally, variations in state performance may be influenced by state differences in demographics and other contextual factors.

<http://www.acf.hhs.gov/programs/cb/pubs/cwo02/index.htm>

PIC ID: 8154.1; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Newburg-Rinn, Sharon, 202-205-0749; Performer: Caliber Associates, Fairfax, VA

Re-reporting and Recurrence of Child Maltreatment: Findings from NCANDS

This report presents findings from a longitudinal analysis of child abuse reporting data spanning five years, derived from nine states' submissions to the National Child Abuse and Neglect Data System (NCANDS). The study focuses on the phenomena of "re-reporting" which occurs when individual children have been the subjects of more than one maltreatment investigation, and "recurrence" which refers to children who have been victimized more than once (i.e. multiple investigations have substantiated abuse or neglect allegations). Reducing recurrence is a key safety goal of child protective services systems. Until recently, however, it has been impossible to analyze federal child abuse data across multiple years. The analysis described here was conducted by the staff of Walter R. McDonald and Associates under contract to the Assistant Secretary for Planning and Evaluation (ASPE), and in cooperation with the Administration for Children and Families (ACF).

<http://aspe.hhs.gov/hsp/05/child-maltreat-rereporting/>

PIC ID: 8182; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Radel, Laura, 202-690-5938; Performer: Walter R. McDonald & Associates, Inc., Rockville, MD

Alternative Responses to Child Maltreatment: Findings from NCANDS

Alternative response systems are a new and quickly growing innovation in the child maltreatment field. More defined by what they are not (investigations) than by what they are, states have implemented a range of alternative response models. In general, these models are intended to focus on family strengths and needs and take a more service-oriented approach than do investigations, which are primarily intended to determine forensically whether or not a particular incident or circumstance occurred. While the first alternative response systems emerged less than a decade ago, in some states the majority of child abuse and neglect reports are no longer investigated, but rather are referred to these new response models. And while a few early studies of individual states show promising results, to date there have been no cross-state studies of these programs. This study uses data from six states' submissions to the National Child Abuse and Neglect Data System (NCANDS) to begin understanding, across states that use these systems, which children no longer receive investigations and whether those children are more or less likely than others to receive services, be placed in foster care, or to be the subject of subsequent maltreatment reports. The analysis described here was conducted by the staff of Walter R. McDonald and Associates, under contract to the Assistant Secretary for Planning and Evaluation (ASPE), and in cooperation with the Administration for Children and Families (ACF).

<http://aspe.hhs.gov/hsp/05/child-maltreat-resp/index.htm>

PIC ID: 8183; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Radel, Laura, 202-690-5938; Performer: Walter R. McDonald & Associates, Inc., Rockville, MD

Understanding Adoption Subsidies: An Analysis of AFCARS Data

Using data from the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), this report explores patterns of adoption subsidy receipt, how subsidies are related to adoption outcomes such as the rate of adoptions among eligible children and how quickly eligible children are adopted. Questions of interest include how extensively subsidies are used and how they are funded, the relationships between children's characteristics, foster care experiences, and subsidy receipt and amount, and variations among states in subsidy practice. Three types of analyses are presented: (1) Descriptive analyses of both national trends and variation among states; (2) Correlations among state-level measures, examining relationships among state subsidy practices and adoption outcomes; (3) Multivariate analyses addressing the relationship of the child, family, and state characteristics to subsidy receipt and subsidy amount.

<http://aspe.hhs.gov/hsp/05/adoption-subsidies/index.htm>

PIC ID: 8189; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Radel, Laura, 202-690-5938; Performer: Research Triangle Institute, Research Triangle Park, NC

Understanding Foster Parenting: Using Administrative Data to Explore Retention

Foster homes are a critical resource within the child welfare system, with more than 260,000 children in non-relative foster care at the end of FY2001. Child welfare agencies are continually challenged to provide adequate numbers of foster homes that are stable, can accommodate sibling groups, and are located in proximity to family members. However, research on foster parent retention is surprisingly slender, with little known about the length of time served by foster parents and the characteristics associated with varying length of service. This study was designed to extend current understanding of foster parent retention by producing unbiased estimates of length of service and examining factors associated with licensure, provision of care, and length of service. The study used administrative data, applying data management and analytical methods that have previously been used by researchers to describe the length of stay for children in foster care. Principal research questions include: How have the characteristics of foster parents changed over time? How can variations in activity levels be described, and what foster parent characteristics are associated with varying activity levels? What is the typical length of service for foster parents? What characteristics are associated with variations in length of foster parent careers?

<http://aspe.hhs.gov/hsp/05/foster-parenting/index.htm>

PIC ID: 8190; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Radel, Laura, 202-690-5938; Performer: Research Triangle Institute, Research Triangle Park, NC

Synthesis of Findings: Assisted Guardianship Child Welfare Waiver Demonstrations

Since 1996, seven states have implemented assisted guardianship child welfare waiver demonstration projects: Delaware, Illinois, Maryland, Montana, New Mexico, North Carolina, and Oregon. These projects allow states to spend federal funds normally reserved for foster care and adoption subsidies to provide monthly subsidies to families that assume legal guardianship of children previously in the foster care system. Increasingly, guardianship is being embraced as an appropriate permanency option for children in foster care, especially for children placed with relatives, who cannot be safely reunified with birth parents and who cannot or do not wish to be adopted. An independent evaluator evaluated each of the state guardianship projects. This report reviews and synthesizes process and outcome findings from each of those evaluations and presents crosscutting lessons learned. Among the key findings presented is that in Illinois, the state conducting the largest demonstration, the availability of assisted guardianship increased overall permanency rates by a statistically significant 6.1 percent. Several state evaluations presented quantitative and/or qualitative data indicating that children in guardianship did as well as adopted children on measures of child safety, stability, and well-being, and that both youth and their caretakers identified significant advantages of guardianship over continued stays in foster care. Another lesson learned by two states is that the amount of the guardianship subsidy matters. Many caregivers either cannot or will not absorb a decrease in financial resources, meaning that to be successful, guardianship subsidies must be comparable to foster care maintenance payments and/or adoption assistance subsidies.

http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/agissue/index.htm

PIC ID: 8219; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Collins, Gail E., 202-205-8087; Performer: James Bell Associates, Inc., Arlington, VA

Synthesis of Findings: Substance Abuse Child Welfare Waiver Demonstrations

Since 1996, four states have implemented child welfare waiver demonstration projects focusing on the needs of families with substance abuse problems. These waiver demonstration projects allow states to spend federal foster care funds more flexibly in order to improve services and outcomes for children and families. Three states - Delaware, Maryland, and New Hampshire - focused on early identification of parents with substance use disorders and referral to existing treatment resources, seeking to prevent removal of children from the home. One state, Illinois, has used intensive case management and supportive services to support the recovery of caregivers whose children have already been removed from the home and placed in foster care. An independent evaluator evaluated each of the state projects. This report reviews the process and outcome findings from each of those evaluations and presents crosscutting lessons learned. Among the findings is that some states were successful in improving the engagement and retention of parents in substance abuse treatment and in decreasing lengths of stay in foster care for children removed from home. However, none of the state demonstrations has yet been successful either in reducing the rates of removal or in increasing overall permanency rates for children in foster care. Other lessons learned include the need to strengthen the skills of frontline child welfare workers to identify and assess substance abuse, and the need to have strong managerial support and consistent communication in order to foster successful collaboration between child welfare and substance abuse service providers.

http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/substanceabuse/index.htm

PIC ID: 8220; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Collins, Gail E., 202-205-8087; Performer: James Bell Associates, Inc., Arlington, VA

Synthesis of Findings: Title IV-E Flexible Funding Child Welfare Waiver Demonstrations

Since 1996, four states - Indiana, North Carolina, Ohio, and Oregon - have implemented flexible funding child welfare waiver demonstration projects that allow the states and their counties or other localities to use funds normally reserved for foster care for a wide variety of child welfare purposes. The projects respond to a widely held concern that while the Federal government reimburses expenses for foster care on an open-ended entitlement basis, funds for services to prevent placement or return children home are more limited and capped. Each state adopted a different approach for its flexible funding demonstration, but all sought to reduce entries into foster care placement, decrease lengths of stay for children coming into care, and improve the permanency and well-being of children, while assuring child safety. An independent evaluator evaluated each of the state flexible funding projects. This report reviews and synthesizes process and outcome findings from each of those evaluations and presents crosscutting lessons learned. Among the key findings presented is that in three of the four states (Indiana, North Carolina, and Oregon), the flexible funding demonstration was associated with a significantly reduced probability of out-of-home placement. Indiana also found a positive association between the availability of flexible funding and reduced lengths of stay in foster care, as well as increased rates of reunification

and better educational outcomes for children.

http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/flexfund/index.htm

PIC ID: 8221; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Collins, Gail E., 202-205-8087; Performer: James Bell Associates, Inc., Arlington, VA

Report on Baseline Findings from the National Survey of Child and Adolescent Well-Being: CPS Sample Component

The National Survey on Child and Adolescent Well-Being is a nationally representative, prospective longitudinal survey that examines the functioning and well-being of children and families who come into contact with the child welfare system. For the Child Protective Services (CPS) component, CPS selected 5501 children, ages 0-14, from among those who were the subjects of investigation for child maltreatment during the sampling period, which began in December 1999 and continued through early 2001. Direct assessments and interviews with the children themselves, their caregivers, their caseworkers, and their teachers were used to gather information about the children's functioning across multiple domains, their family environments, their service needs, and service utilization. Baseline findings suggest that children who encounter CPS, regardless of whether the reports of maltreatment are substantiated, have high rates of developmental risks across cognitive, social, emotional, and behavioral domains. High rates of risk are found across age groups, and are present for children who remain at home with their families of origin as well as for children who are placed in foster or kinship care. The survey finds that many of the assessed needs of the children and families who encounter child welfare services remain unaddressed. More systematic assessment of the needs of this group of children and families by child welfare personnel, and coordination across child service systems, is recommended.

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/cps_sample/cps_report_revised_090105.pdf

PIC ID: 8227; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Webb, Mary Bruce, 202-205-8628; Performer: RTI, International, Research Triangle Park, NC

GOAL 8 - ACHIEVE EXCELLENCE IN MANAGEMENT PROGRAMS

OBJECTIVE 8.5 - ENHANCE THE USE OF ELECTRONIC COMMERCE IN SERVICE DELIVERY AND RECORD KEEPING

Compendium for the Evaluation of Performance of the Medical Expenditure Panel Survey (MEPS): Final Report

The purpose of the project was to evaluate key aspects of the Medical Expenditure Panel Survey (MEPS) in terms of data quality, cost, and timeliness. The evaluation focuses on areas in which there have been programmatic concerns, especially those in which the data now exists for evaluation, which would be implemented in a timely way to inform quality enhancements for MEPS. Where appropriate, the evaluation identifies priorities for redesign, and outlines potential cost-effective alternatives. The final report is in three volumes.

PIC ID: 7401; Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality; Federal Contact: Hagan, Michael, 301-594-1354; Performer: Research Triangle Institute, Research Triangle Park, NC

OBJECTIVE 8.6 - ACHIEVE INTEGRATION OF BUDGET AND PERFORMANCE INFORMATION

A Review of the Population Research Infrastructure Program (PRIP)

The Population Research Infrastructure Program (PRIP) is an ongoing program providing support for centers. It is National Institute of Child Health and Human Development (NICHD) policy that such programs undergo evaluation before they are renewed for another 5-year cycle. Because the PRIP was established only in 2000, it is not yet mature enough for an outcome evaluation. The process evaluation examined the extent to which supported programs have implemented activities that are likely to lead to the fulfillment of program goals. The evaluation also provided early indicators of program productivity that can be used as a benchmark in later evaluations.

PIC ID: 8124; Agency Sponsor: NIH-NICHD, National Institute of Child Health and Human Development; Federal Contact: Bachrach, Christine, 301-496-9485; Performer: Rose Li and Associates, Inc., Washington, DC

APPENDIX A – HHS FY 2004-2009 STRATEGIC GOALS AND OBJECTIVES

“PREVENTING DISEASE AND ILLNESS”

- GOAL 1: Reduce the major threats to the health and well-being of Americans**
- Objective 1.1 Reduce behavioral and other factors that contribute to the development of chronic diseases
 - Objective 1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies
 - Objective 1.3 Increase immunization rates among adults and children
 - Objective 1.4 Reduce substance abuse
 - Objective 1.5 Reduce tobacco use, especially among youth
 - Objective 1.6 Reduce the incidence and consequences of injuries and violence

“PROTECTING OUR HOMELAND”

- GOAL 2: Enhance the ability of the Nation’s health care system to effectively respond to bioterrorism and other public health challenges**
- Objective 2.1 Build the capacity of the health care system to respond to public health threats in a more timely and effective manner, especially bioterrorism threats
 - Objective 2.2 Improve the safety of food, drugs, biological products, and medical devices

“CLOSING THE GAPS IN HEALTH CARE”

- GOAL 3: Increase the percentage of the Nation’s children and adults who have access to health care services, and expand consumer choices**
- Objective 3.1 Encourage the development of new, affordable health insurance options
 - Objective 3.2 Strengthen and expand the health care safety net
 - Objective 3.3 Strengthen and improve Medicare
 - Objective 3.4 Eliminate racial and ethnic health disparities
 - Objective 3.5 Expand access to health care services for targeted populations with special health care needs
 - Objective 3.6 Increase access to health services for American Indians and Alaska Natives (AI/AN)

“IMPROVING HEALTH SCIENCE”

- GOAL 4: Enhance the capacity and productivity of the Nation’s health science research enterprise**
- Objective 4.1 Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability
 - Objective 4.2 Accelerate private sector development of new drugs, biologic therapies, and medical technology
 - Objective 4.3 Strengthen and diversify the pool of qualified health and behavioral science researchers
 - Objective 4.4 Improve the coordination, communication, and application of health research results
 - Objective 4.5 Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process

“REALIZING THE POSSIBILITIES OF 21ST CENTURY HEALTH CARE”

- GOAL 5: Improve the quality of health care services**
- Objective 5.1 Reduce medical errors

- Objective 5.2 Increase the appropriate use of effective health care services by medical providers
- Objective 5.3 Increase consumer and patient use of health care quality information
- Objective 5.4 Improve consumer and patient protections
- Objective 5.5 Accelerate the development and use of an electronic health information infrastructure

“WORKING TOWARD INDEPENDENCE”

GOAL 6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need

- Objective 6.1 Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition
- Objective 6.2 Increase the proportion of older Americans who stay active and healthy
- Objective 6.3 Increase the independence and quality of life of persons with disabilities, including those with long-term care needs
- Objective 6.4 Improve the economic and social development of distressed communities
- Objective 6.5 Expand community and faith-based partnerships

“LEAVING NO CHILD BEHIND”

GOAL 7: Improve the stability and healthy development of our Nation’s children and youth

- Objective 7.1 Promote family formation and healthy marriages
- Objective 7.2 Improve the development and learning readiness of preschool children
- Objective 7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children
- Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment

“IMPROVING DEPARTMENT MANAGEMENT”

GOAL 8: Achieve excellence in management practices

- Objective 8.1 Create a unified HHS committed to functioning as one Department
- Objective 8.2 Improve the strategic management of human capital
- Objective 8.3 Enhance the efficiency and effectiveness of competitive sourcing
- Objective 8.4 Improve financial management
- Objective 8.5 Enhance the use of electronic commerce in service delivery and record keeping
- Objective 8.6 Achieve integration of budget and performance information
- Objective 8.7 Reduce regulatory burden on providers and consumers of HHS services

APPENDIX B – AGENCY MISSION AND EVALUATION PROGRAM STATEMENTS

ADMINISTRATION FOR CHILDREN AND FAMILIES

Mission

To promote the economic and social well-being of families, children, individuals, and communities.

Evaluation Program

The Administration for Children and Families (ACF) administers a broad range of formula and discretionary programs, including family self-sufficiency (Temporary Assistance for Needy Families), child support, child care, children and family services (Head Start, Child Welfare, Family Preservation and Support, and youth programs), and special programs for community development and for targeted populations, such as the developmentally disabled, refugees, and Native Americans.

ACF's evaluation objectives are to: furnish information on designing and operating effective programs; test new service delivery approaches capitalizing on the success of completed demonstrations; apply evaluation data to policy development, legislative planning, budget decisions, program management, and strategic planning and performance measures development; and disseminate findings of completed studies and promote application of results by state and local governments.

ACF stays current on emerging issues affecting its programs and identifying questions for evaluation studies by actively engaging other federal agencies, state and local policy and program officials, national organizations, foundations, professional groups and practitioners, and consumers. Of primary concern are systems changes and how they affect vulnerable populations, particularly children. The movement toward devolving responsibility for health and human services to state and local organizations offers both tremendous opportunities and unprecedented challenges in redefining and implementing services for families.

Studies are often funded as joint ventures with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and other federal agencies and foundations. Such collaborations permit large-scale efforts that are better informed and more representative of varying perspectives. Multidisciplinary experts review proposals. Evaluation study designs are carefully developed in collaboration with project partners and technical experts in order to address specific research questions. Work groups of various kinds are used to monitor the progress of projects and to advise on design refinements and the presentation of findings.

ADMINISTRATION ON AGING

Mission

To foster the development of services to help older persons maintain their independence.

Evaluation Program

The Administration on Aging (AoA) is the federal focal point and advocate agency for the concerns of older persons. The agency administers key federal programs mandated under various titles of the Older Americans Act. These programs help vulnerable older persons remain in their own homes by providing supportive services. Other programs offer opportunities for older Americans to enhance their health and to be active contributors to their families, communities, and the nation through employment and volunteer programs. AoA works closely with its nationwide network of regional offices and state and area agencies on aging to plan, coordinate, and develop community-level systems of services that meet the unique needs of individual older persons and their caregivers. AoA collaborates with other federal agencies, national organizations, and representatives of business to ensure that, whenever possible, their programs and resources are targeted to the elderly and coordinated with those of the network on aging. As the responsibilities of this nationwide network of state and area agencies on aging continue to grow, it is essential that they have the necessary information to meet these responsibilities.

The overall evaluation priorities of the AoA are to support studies that provide information on: (1) Successful program implementation in meeting the goals of the Older Americans Act; (2) Design and operation of effective programs; (3) Issues relevant to policy development, legislative planning, and program management.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Mission

To improve the quality, safety, efficiency and effectiveness of health care for all Americans.

Evaluation Program

Evaluation activities within the Agency for Healthcare Research and Quality (AHRQ) provide executive management, program officers and audiences external to the Agency with evaluative findings concerning the Agency's effectiveness and efficiency in meeting its Government Performance Results Act (GPRA), Program Assessment Rating Tool (PART), and other performance goals. The work is conducted by external, independent evaluators and complies with the Office of Management and Budget's (OMB) Paperwork Reduction Act requirements. Evaluation components are built into virtually all major AHRQ programmatic or portfolio activities beginning at the design phase. Among evaluation mechanisms employed by the Agency are targeted evaluation studies undertaken via contract that use a variety of quantitative and qualitative methods and that tend increasingly to provide more real-time monitoring feedback. Evaluation activities also include satisfaction feedback from AHRQ customers regarding the usefulness of its research findings and dissemination products.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Mission

To serve the public by using the best science, taking responsible public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances.

Evaluation Program

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), more commonly known as Superfund, created the Agency for Toxic Substances and Disease Registry (ATSDR) as a federal agency. ATSDR was created to implement the health-related sections of CERCLA and other laws that protect the public from hazardous waste and environmental spills of hazardous substances. The ATSDR evaluation program is coordinated with the HHS-wide strategic planning process to implement requirements of the Government Performance and Results Act (GPRA), the Program Assessment Rating Tool (PART), and the President's Management Agenda (PMA). ATSDR's strategic goals and its annual performance plan are the result of an interactive process that reflects a long-term commitment by Agency staff to develop stronger relationships among external clients and stakeholders, to assess products and services using relevant data, and to improve our processes and systems for more efficient accomplishment of its mission.

CENTERS FOR DISEASE CONTROL AND PREVENTION

Mission

To promote health and quality of life by preventing and controlling disease, injury, and disability.

Evaluation Program

The Centers for Disease Control and Prevention (CDC) conducts evaluation studies designed to provide essential information about its programs, goals, and priorities. These projects support the assessment of CDC's strategies, which are to protect the health and safety of Americans provide credible information to enhance health decisions, and promote health through strong partnerships.

CDC emphasizes evaluations that answer policy, program, and strategic planning questions related to the goals and objectives of Healthy People 2010. Performance improvement studies, such as those focusing on the development of key performance indicators consistent with the Government Performance and Results Act (GPRA) and the Office of Management and Budget's Program Assessment Rating Tool (PART) are of particular interest and import to the Agency.

In addition, CDC supports a variety of activities to enhance evaluation quality, use, and understanding. An example of one such activity completed during FY2004 was a study that looked at case reporting of HIV, AIDS, STD, TB, and Hepatitis B and C in tribally operated health facilities.

CENTERS FOR MEDICARE & MEDICAID SERVICES

Mission

To assure health care security for beneficiaries.

Evaluation Program

The research arm of the Centers for Medicare & Medicaid Services (CMS), the Office of Research, Development, and Information (ORDI), performs and supports research and evaluations of demonstrations (through intramural studies, contracts and grants) to develop and implement new health care financing policies and provide information on the impact of CMS' programs. ORDI's activities embrace all areas of health care: costs, access, quality, service delivery models, and financing. ORDI's responsibilities include evaluations of ongoing Medicare and Medicaid programs and demonstration projects testing new health care financing and delivery approaches.

Examples of research themes include state program flexibility, the future of Medicare, provider payment and delivery, and vulnerable populations and dual-eligibles.

FOOD AND DRUG ADMINISTRATION

Mission

To protect the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation; to advance public health by helping to speed innovations that make medicines and foods more effective, safer, and affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health.

Evaluation Program

The Food and Drug Administration (FDA) evaluates programs it is responsible for consistent with the goals established and promulgated by the HHS strategic performance planning process. FDA uses its own strategic framework to accomplish these goals. This process also satisfies the implementation requirements of the Government Performance and Results Act (GPRA) and the Food and Drug Administration Modernization Act of 1997 (FDAMA). The strategic and performance process is an evolving set of program directions as changes occur in FDA's dynamic environment. Meeting these challenges, now and in the future, will rest on its ability to leverage its efforts in that environment, which grows increasingly complex and more institutionally networked. The Agency strives to maintain the scientific knowledge base necessary to achieve greater effectiveness in assuring the quality and availability of the products it regulates.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Mission

To provide national leadership, program resources and services needed to improve access to culturally competent, quality health care.

Evaluation Program

The Health Resources and Services Administration (HRSA) supports a wide array of very different programs and activities that promote access to needed health care for all, including primary health care centers, the National Health Service Corps, HIV/AIDS programs, maternal and child health activities, health professions training, rural health programs, organ donation and transplantation initiatives, and telehealth activities. To provide underpinning for these efforts, HRSA's evaluation program is designed to enhance strategic planning, strengthen budget and legislative development, and improve program performance.

INDIAN HEALTH SERVICE

Mission

In partnership with American Indian and Alaska Native people, to raise their physical, mental, social, and spiritual health to the highest level.

Evaluation Program

The goal of the Indian Health Service (IHS) is to assure that comprehensive, culturally acceptable, personal and public health services are available and accessible to American Indian and Alaska Native people. The importance of evaluation in supporting this goal has increased significantly in recent years and includes American Indians and Alaska Natives as the primary stakeholders in defining the purpose, design, and execution of evaluations. The stakeholders use the end product of the evaluations, and are the population or groups most likely to be affected by the findings. The IHS has formally adopted the principle of a responsive evaluation practice to address the needs and concerns of Native Americans and Alaska Natives.

Each year IHS selects high-priority health care and management studies for funding through the submission of proposals to headquarters and Area Offices. These proposals are reviewed and rated by a panel of subject-matter experts, evaluation experts, and IHS staff for concurrence with IHS strategic goals, objectives, and priority areas. The proposals are then prioritized and forwarded to the IHS Director, who reviews the projects that are recommended for funding and determines the respective funding levels.

The evaluation needs of the IHS service components are coordinated using two major types of short-term studies: policy assessments and program evaluations. Policy assessments contribute to decision making about budget, legislation, and program modifications including information to support the Agency's initiatives. Evaluations are focused at the program level, or Area Offices, and focus on specific needs.

The evaluation program of the IHS is managed by the Office of Public Health Support, Staff Office of Planning, Evaluation, and Research, which provides national leadership and consultation for IHS and Area Offices on strategic and tactical planning, program evaluation and assessment, public health and medical services, research agendas, and special public health initiatives for the Agency.

NATIONAL INSTITUTES OF HEALTH

Mission

To uncover new knowledge that will lead to better health for everyone.

Evaluation Program

The National Institutes of Health (NIH) pursue new knowledge about the prevention, detection, diagnosis, and treatment of disease and disability. To that end, NIH has a wide range of programs to support health-related research and training and professional development. Evaluating these numerous and diverse programs is one important tool that NIH administrators use to determine the extent to which these programs are operating efficiently and achieving their intended outcomes.

NIH Institutes and Centers (ICs) and components within the Office of the Director (OD), NIH, use program evaluations and evaluation-related activities to improve decision-making and, ultimately, enhance program performance. Many NIH activities are crosscutting in nature and require trans-NIH program evaluations (i.e., program evaluations that involve more than one IC or OD office) to be examined effectively. Program evaluations are professional systematic investigations or studies that evaluate the merit of particular programs, or contribute to making such an evaluation possible. In most cases, the purpose of program evaluations is to help NIH administrators improve a program or make other programmatic decisions (e.g., how to allocate resources). A “program” is broadly defined as any set of activities funded by the NIH to achieve one or more predefined goals (also referred to as “program goals”).

The NIH recognizes that results-based management as a basic principle for the sound and productive operation of government agencies and their programs. The most notable evidence of this is passage of the Government Performance and Results Act (GPRA), and the use of the Program Assessment Rating Tool (PART). With additional efforts to increase public sector accountability (such as passage of the Chief Financial Officers Act and the Government Management Reform Act), interest in evaluation has increased steadily among program administrators.

A distinguishing feature of the NIH Evaluation Program is its position within a larger institutional framework of several evaluation strategies including the use of national advisory councils, boards of scientific counselors, consensus development conferences, and ad hoc committees. This framework helps to chart scientific directions and select the most promising research to support.

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Mission

To provide the Secretary analysis and advice on policy development, and to assist the development and coordination of department-wide program planning and evaluations.

Evaluation Program

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has three evaluation-related responsibilities: funding or conducting necessary policy and evaluation research; in partnership with others, especially HHS agencies, planning and carrying out evaluations; and providing oversight and advice to the Secretary regarding evaluation across the Department. ASPE functions as a principal advisor to the Secretary on policy development and conducts a variety of health and human services evaluation and policy research studies on issues of national importance. ASPE also is responsible for

department wide coordination of planning, policy review, and legislative activities. In its evaluation coordination role, ASPE has the following tasks: (1) Provide annual guidance to all HHS agencies and staff offices regarding evaluation priorities, procedures, and review requirements. (2) Review evaluation priorities proposed by HHS agencies, providing advice about the focus or method of proposed projects and identifying opportunities for collaboration and effective use of resources. (3) Prepare planning and summary reports on evaluation activities as required by Congress.

Through the departmental evaluation planning process, ASPE has the capacity to identify crosscutting health and human services program or policy issues of particular concern to the Secretary and specific program and policy areas not covered by the HHS Agency evaluation plans. In these instances, ASPE initiates evaluations or collaborates with the agencies to conduct evaluations or policy assessments.

Another continuing evaluation objective of ASPE is to support and promote the development and improvement of databases that HHS agencies and ASPE use to evaluate health care programs and health trends. For example, ASPE has been the major initiator, in collaboration with the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC), of the first comprehensive survey of people with disabilities in the United States. The first component of this new data was completed in FY 1996, and national prevalence data on disability is now available.

The ASPE chairs the Research Coordination Council (RCC), which will evaluate Department-wide research priorities to ensure that efficiencies are realized and research funding priorities are consistent with the Administration's priorities. The ASPE also co-chairs and provides support to the HHS Data Council, which is charged with integrating key national surveys, such as linking health status indicators with indicators of well being.

Finally, ASPE uses evaluation funds to promote effective use of evaluation-generated information in program management and policymaking. The latter is accomplished through the dissemination of evaluation findings and other activities, such as providing technical assistance to agencies in the development of performance measures.

OFFICE OF PUBLIC HEALTH AND SCIENCE

Mission

To provide advice to the Secretary on public health and science, to provide executive direction to program offices within the Office of Public Health and Science, and, at the Secretary's direction, to coordinate crosscutting public health and science initiatives in the Department.

Evaluation Program

The Office of Public Health and Science (OPHS) provides advice, policy and program coordination, and leadership in the implementation, management, and development of activities related to public health and science, as directed by the Secretary. OPHS helps HHS conduct broad-based public health assessments to better address and solve public health problems. It assists other components of HHS in anticipating future public health issues and helps ensure that HHS designs and implements appropriate approaches, interventions, and evaluations that will maintain, sustain, and improve the health of the Nation. OPHS provides leadership and policy recommendations on population-based public health and science and, at the Secretary's direction, leads or coordinates initiatives that cut across agencies and operating divisions. In addition, OPHS communicates and interacts, on behalf of the Secretary, with professional and constituency organizations on matters of public health and science. Finally, OPHS' unique role allows it to use its resources to link important HHS programs or fill gaps in areas needing better policy formulation and coordination.

OPHS' evaluation strategy focuses on public health and science issues that cut across multiple interests of the operating divisions and requires a coordinated approach to achieve the most effective results. OPHS

evaluations support the Assistant Secretary for Health as the Secretary's senior advisor for public health and science. OPHS also conducts evaluations specific to the needs of the programs operated from the offices located within OPHS, such as women's health, minority health, disease prevention and health promotion, and research integrity. Some evaluation funds are made available to the ten HHS Regional Health Administrators.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Mission

To build resilience and facilitate recovery for people with, or at risk for, substance abuse and mental illness.

Evaluation Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) evaluates the effectiveness of prevention, treatment, and rehabilitation approaches and systems of care used by its overall programs and individual grant projects. SAMHSA conducts evaluations to ensure accountability for federal funds and to measure results toward its programmatic and policy objectives. In compliance with the Government Performance and Results Act (GPRA), SAMHSA is improving performance management and results by identifying annual, long-term and cost-efficiency performance measures to manage its programs.

SAMHSA has an integrated evaluation and planning process. Strategic planning identifies priorities that drive the development of grant programs and evaluations. The formulation of programmatic and evaluation priorities includes consultation with SAMHSA Center Advisory Councils, with other HHS agencies, and with experts in the fields of evaluation and service delivery. Early and continuous coordination of program planning and evaluation design results in the articulation of program objectives that may be evaluated. Evaluations measure achievement of grant programs overall objectives, and these results are used for program and policy development. The strategic planning and policy development processes then use these results to refine SAMHSA's priorities and performance objectives.

The specific type of evaluation required depends on the type and purpose of the particular grant program. To the greatest extent possible, SAMHSA encourages the use of comparable data elements and instruments across its evaluations to implement a comprehensive evaluation system and to minimize respondent burden. Efforts to improve evaluation are continuing and SAMHSA is committed to using systematic approaches in using data to accomplish its mission.

APPENDIX C – LIST OF STUDIES BY AGENCY

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|----------|------|--|-----|---|-------------------------|
| ACF-ACYF | 8221 | Synthesis of Findings: Title IV-E Flexible Funding Child Welfare Waiver Demonstrations | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Collins, Gail E. |
| ACF-ACYF | 8220 | Synthesis of Findings: Substance Abuse Child Welfare Waiver Demonstrations | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Collins, Gail E. |
| ACF-ACYF | 8219 | Synthesis of Findings: Assisted Guardianship Child Welfare Waiver Demonstrations | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Collins, Gail E. |
| ACF-ACYF | 8218 | Assessing the Quality of Child Care Using Longitudinal, Administrative Data: What Can It Tell Us and How Can It Be Used? | 7.2 | Improve the development and learning readiness of preschool children | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8217 | Child Care Assistance and the Market for Child Care in Minnesota | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8216 | Early Care and Education Partnerships: State Actions and Local Lessons | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8215 | A Snapshot of Quality in Minnesota's Child Care Centers | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8214 | From Welfare to Child Care: What Happens to Young Children When Single Mothers Exchange Welfare for Work- Infant and Toddler Care After Welfare Reform: A Cross State Comparison | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8213 | The Cost and Quality of Full-Day Year-Round Early Care and Education in Massachusetts: Infant and Toddler Classrooms | 7.2 | Improve the development and learning readiness of preschool children | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8212 | Child Care for Working Poor Families: Child Development and Parent Employment Outcomes | 7.2 | Improve the development and learning readiness of preschool children | Martinez-Beck, Ivelisse |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|----------|--------|---|-----|--|-------------------------|
| ACF-ACYF | 8211 | Barriers to Subsidies: The Influence of Family Characteristics on Child Care Subsidies Study II: Child Care Preferences and Study III: Child Care Quality and Preferences | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Martinez-Beck, Ivelisse |
| ACF-ACYF | 8154.1 | Child Welfare Outcomes 2002: Annual Report | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Newburg-Rinn, Sharon |
| ACF-ACYF | 8263 | The Evaluation Data Coordination Project: Common Constructs and Measures Across Nine ACF Studies and Other Key Data Collection Efforts | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition. | Yaffe, Alan |
| ACF-OPRE | 8224 | Service Delivery and Evaluation Design Options for Strengthening and Promoting Healthy Marriages | 7.1 | Promote family formation and healthy marriages | Campbell, Nancye |
| ACF-OPRE | 8225 | Systematic Review of the Impact of Marriage and Relationship Programs | 7.1 | Promote family formation and healthy marriages | Campbell, Nancye |
| ACF-OPRE | 8253 | Health and Disabilities Services in Early Head Start: Are Families Getting Needed Health Care Services? | 7.2 | Improve the development and learning readiness of preschool children | Cohen, Rachel Chazan |
| ACF-OPRE | 8252 | Role of Early Head Start Programs in Addressing the Child Care Needs of Low-Income Families with Infants and Toddlers | 7.2 | Improve the development and learning readiness of preschool children | Cohen, Rachel Chazan |
| ACF-OPRE | 8223 | The Employment Retention and Advancement Project - Early Results from Four Sites | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Richards, Patrice |
| ACF-OPRE | 8222 | Under-Reporting of Medicaid and Welfare in the Current Population Survey | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Sternbach, Leonard |
| ACF-OPRE | 8210 | Meta-Analysis of Welfare-to-Work Programs | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Sternbach, Leonard |
| ACF-OPRE | 8227 | Report on Baseline Findings from the National Survey of Child and Adolescent Well-Being: CPS Sample Component | 7.4 | Improving the response of CPS to needs of children and families receiving welfare services | Webb, Mary Bruce |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|--------------|--------|--|-----|---|-------------------|
| ACF-OPRE | 8226 | Head Start Impact Study: First Year Findings | 7.2 | Improve the development and learning readiness of preschool children | Woolverton, Maria |
| ACF-OPRE | 8228 | The Welfare Rules Data Book: State Policies as of July 2002 | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Yaffe, Alan |
| AHRQ | 7401 | Compendium for the Evaluation of Performance of the Medical Expenditure Panel Survey (MEPS): Final Report | 8.5 | Enhance the use of electronic commerce in service delivery and record keeping | Hagan, Michael |
| AHRQ-CODS | 7694 | The Value of Hospital Discharge Databases | 5.2 | To build and maintain a multi-state database for health care analysis and information | Schnaier, Jenny |
| AOA | 7650 | National Survey of Older Americans Act Participants Using Indicators Developed under the Performance Outcomes Measures Project | 6.2 | Increase the proportion of older Americans who stay active and healthy | Greenberg, Saadia |
| AOA | 8136 | Evaluation of the Alzheimer's Disease Demonstration Grants to States Program - First Phase | 3.5 | To gather detailed information on the health and well-being of older Americans | Stalbaum, Lori |
| ASPE-ODALTCP | 8073 | Lessons from the Implementation of Cash and Counseling in Arkansas, Florida, and New Jersey | 6.3 | Expand access to health care services for targeted populations with special health care needs | Doty, Pamela |
| ASPE-ODALTCP | 8054.7 | The Effect of Cash and Counseling on Medicaid and Medicare Costs: Findings for Adults in Three States | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 8054.6 | Medicaid Costs for Children with Developmental Disabilities | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 8054.5 | Medicaid Costs Under Consumer Direction for Florida Children with Developmental Disabilities | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 8054.2 | Enabling Personal Preference: The Implementation of the Cash and Counseling Demonstration in New Jersey | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 8054.1 | The Effect of Consumer Direction of Personal Assistance Received in Arkansas | 6.3 | Expand access to health care services for targeted populations with special health care needs | Doty, Pamela |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|--------------|--------|--|-----|---|-------------------|
| ASPE-ODALTCP | 8054 | Easing the Burden of Caregiving: The Effect of Consumer Direction on Primary Informal Caregivers in Arkansas | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 6161 | Does Consumer Direction Affect the Quality of Medicaid Personal Assistance in Arkansas? | 6.3 | Strengthen and improve Medicare | Doty, Pamela |
| ASPE-ODALTCP | 8236 | The Size of the Long-Term Care Population in Residential Care: A Review of Estimates and Methodology | 3.5 | Expand access to health care services for targeted populations with special health care needs | Drabek, John |
| ASPE-ODALTCP | 8080 | State-Based Initiatives to Improve the Recruitment and Retention of the Paraprofessional Long-Term Care Workforce | 3.5 | Expand access to health care services for targeted populations with special health care needs | Frank, Andreas |
| ASPE-ODALTCP | 8079 | Recent Findings on Frontline Long-Term Care Workers: A Research Synthesis 1999-2003 | 3.5 | Expand access to health care services for targeted populations with special health care needs | Frank, Andreas |
| ASPE-ODALTCP | 8077 | A Compendium of Intervention and Descriptive Studies Designed to Promote the Health of Caregivers for Older Adults | 3.5 | Expand access to health care services for targeted populations with special health care needs | Frank, Andreas |
| ASPE-ODALTCP | 7346 | The Role of Health Insurance in Successful Labor Force Entry and Employment Retention | 3.1 | Encourage the development of new, affordable health insurance options | Frank, Andreas |
| ASPE-ODALTCP | 8075 | Case Studies of Electronic Health Records in Post-Acute and Long-Term Care | 5.5 | Accelerate the development and use of an electronic health information infrastructure | Harvell, Jennie |
| ASPE-ODALTCP | 8209 | Using Medicaid in Support of Working Age Adults with Serious Mental Illnesses in the Community: A Handbook | 3.2 | Strengthen and expand the health care safety net | Kennedy, Cille |
| ASPE-ODALTCP | 8208 | Evaluation of Parity in the Federal Employees Health Benefits (FEHB) Program: Final Report | 3.1 | Encourage the development of new, affordable health insurance options | Kennedy, Cille |
| ASPE-ODALTCP | 8172 | Supportive Services Programs in Naturally Occurring Retirement Communities | 6.2 | Increase the proportion of older Americans who stay active and healthy | Kennedy, Gavin |
| ASPE-ODALTCP | 8171 | State Residential Care and Assisted Living Policy: 2004 | 6.2 | Increase the proportion of older Americans who stay active and healthy | Kennedy, Gavin |
| ASPE-ODALTCP | 8173.1 | TANF Recipients as Potential Long-Term Care Workers: An Assessment of the Prospects in the District of Columbia, Illinois, Maryland and South Carolina | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Liggins, Charlene |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|--------------|--------|---|-----|---|----------------------------------|
| ASPE-ODALTCP | 8173 | Linking TANF Recipients with Paraprofessional Long-Term Care Jobs | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Liggins, Charlene |
| ASPE-ODALTCP | 8174 | The Past, Present and Future of Managed Long-Term Care | 5.3 | Increase consumer and patient use of health care quality information | McKay, Hunter |
| ASPE-OHP | 8255 | Health Savings Accounts: Early estimations on national take-up from the 2003 MMA and future policy proposals | 3.1 | Encourage the development of new, affordable health insurance options | Cox, Donald |
| ASPE-OHP | 8229 | Analysis of the Medicare Advantage Stabilization Fund | 3.3 | Strengthen and improve Medicare | Cox, Donald |
| ASPE-OHP | 8254 | Issues in the Design and Implementation of Drug Formularies and Therapeutic Classes | 3.3 | Strengthen and improve Medicare | Sheingold, Steven |
| ASPE-OHP | 8235 | Diabetes: A National Plan for Action | 1.1 | Reduce behavioral and other factors that contribute to the development of chronic diseases | Tilson, Wilma |
| ASPE-OHSP | 8187 | Evaluability Assessment of Discharge Planning and the Prevention of Homelessness | 6.3 | Increase the independence and quality of life of persons with disabilities, including those with long-term care needs | Halpern, Peggy |
| ASPE-OHSP | 8188 | Rural Research Needs and Data Sources for Selected Human Services Topics | 6.4 | Improve the economic and social development of distressed communities | Halpern, Peggy & McCormick, Ann |
| ASPE-OHSP | 8178 | Potential Employment Liabilities Among TANF Recipients: A Synthesis of Data from Six State TANF Caseload Studies | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Hauan, Susan |
| ASPE-OHSP | 7281.7 | Indicators of Welfare Dependence Annual Report to Congress 2005 | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Isaacs, Julia |
| ASPE-OHSP | 8179 | Public Assistance Use Among Two-Parent Families: an Analysis of TANF and Food Stamp Program Eligibility and Participation | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Kaye, Kelleen |
| ASPE-OHSP | 8184 | State and Local Contracting for Social Services Under Charitable Choice - Final Report | 6.5 | Expand community and faith-based partnerships | Landey, Alana & Tambornino, John |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|-----------|--------|--|-----|---|-----------------|
| ASPE-OHSP | 8190 | Understanding Foster Parenting: Using Administrative Data to Explore Retention | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Radel, Laura |
| ASPE-OHSP | 8189 | Understanding Adoption Subsidies: An Analysis of AFCARS Data | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Radel, Laura |
| ASPE-OHSP | 8183 | Alternative Responses to Child Maltreatment: Findings from NCANDS | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Radel, Laura |
| ASPE-OHSP | 8182 | Rereporting and Recurrence of Child Maltreatment: Findings from NCANDS | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Radel, Laura |
| ASPE-OHSP | 8180.2 | Designing a Rigorous Evaluation of a Maternity Group Home Program | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Trivits, Lisa |
| ASPE-OHSP | 8180.1 | The Implementation of Maternity Group Home Programs: Serving Pregnant and Parenting Teens in a Residential Setting | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Trivits, Lisa |
| ASPE-OHSP | 8180 | Maternity Group Homes Classification and Literature Review | 6.1 | Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition | Trivits, Lisa |
| CDC | 8251 | SAFE Know Now Campaign Evaluation | 1.2 | Reduce the incidence of sexually transmitted diseases and unintended pregnancies | Davis, David |
| CDC | 7874 | Evaluation of Confidentiality Protection and Data Utility for NCHS Public Use Microdata Files | 5.5 | Accelerate the development and use of an electronic health information infrastructure | Harris, Kenneth |
| CDC | 7859 | Formative Evaluation of the National Academic Centers of Excellence in Youth Violence | 7.4 | Increase the percentage of children and youth living in a permanent, safe environment | Dietz, Sue |
| CDC | 7980 | Evaluation Guidance for TB Programs | 3.5 | Expand access to health care services for targeted populations with special health care needs | Lobato, Mark |
| CDC | 7871 | Evaluation of the Role of Epi Info in Public Health | 5.5 | To create flexible data gathering systems for use in public health emergencies | Yoon, Steven |
| CDC | 7877 | Prevention of Surgical Wound Infections | 5.2 | Increase the appropriate use of effective health care services by medical providers | Dietz, Sue |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|-------------|------|--|-----|--|---------------------|
| CDC-NCCDPHP | 7976 | Pregnancy Risk Assessment Monitoring System (PRAMS) Program Evaluation | 5.5 | Accelerate the development and use of an electronic health information infrastructure | Dietz, Sue |
| CDC-NCHSTP | 7979 | Evaluating the Impact of Viral Hepatitis Integration on HIV and STD Prevention Services | 1.2 | Reduce the incidence of sexually transmitted diseases and unintended pregnancies | Dietz, Sue |
| CDC-NIP | 7935 | Evaluation of Non-Participants in the Smallpox Vaccination Program | 2.1 | Build the capacity of the health care system to respond to public health threats, especially bioterrorism threats, in a more timely and effective manner | Dietz, Sue |
| FDA-CFSAN | 8243 | FDA's Evaluation of the Seafood HACCP Program for Fiscal Years 2002/2003 | 2.2 | Improve the safety of food, drugs, biological products, and medical devices | Creeden, John |
| FDA-CFSAN | 8244 | Infant Formula Program (CP 7321.006) | 2.2 | Improve the safety of food, drugs, biological products, and medical devices | Greenberg, Beatrice |
| FDA-CFSAN | 8245 | Office of Cosmetics and Colors Program Evaluation of the Domestic Cosmetics Compliance Program (CP 7329.001) for Fiscal Year 2004 (October 1, 2003 through September 30, 2004) | 2.2 | Improve the safety of food, drugs, biological products, and medical devices | Lambert, Lark A. |
| FDA-CFSAN | 8249 | CFSAN Program Evaluation Model | 1.1 | Reduce behavioral and other factors that contribute to the development of chronic diseases | Ledet, Mischelle |
| FDA-CFSAN | 8248 | Program Evaluation of the Domestic and Imported Cheese and Cheese Products October 1, 2003 - September 30, 2004 (FY04) | 2.2 | Improve the safety of food, drugs, biological products, and medical devices | Metz, Monica |
| FDA-CFSAN | 8247 | Evaluation of the Food and Color Additives Compliance Program for Imported Foods | 2.2 | Improve the safety of food, drugs, biological products, and medical devices | Zajac, Andrew |
| HRSA-BPHC | 7959 | Evaluation of HRSA's Clinical Pharmacy Demonstration Projects | 3.2 | Strengthen and expand the health care safety net | McGee, Kathy |
| IHS | 7968 | Assessing the Effect of Healthcare Care Delivery Among the Emerging Elders of Fort Peck | 3.6 | Increase access to health services for American Indians and Alaska Natives (AI/AN) | Melton, Debbie |
| IHS | 7965 | Violence and Suicide Reduction-Methodologic Training and Information Synthesis | 3.6 | Increase access to health services for American Indians and Alaska Natives (AI/AN) | Melton, Debbie |
| IHS | 7964 | Revised Methodology to Adjust AI/AN Mortality Data to Compensate for Under-Reporting of AI/AN Race on | 3.6 | Increase access to health services for American Indians and Alaska Natives (AI/AN) | Melton, Debbie |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|-----------|------|--|-----|---|-----------------------|
| | | State Death Certificates | | | |
| NIH | 7923 | National Kidney Disease Education Program (NKDEP) Evaluation Survey | 1.1 | Reduce behavioral and other factors that contribute to the development of chronic diseases | Gladstone, Elisa |
| NIH-FIC | 8203 | Review of the Joint National Institutes of Health / National Science Foundation Ecology of Infectious Disease Program | 4.3 | Strengthen and diversify the pool of qualified health and behavioral science researchers | Kupfer, Linda |
| NIH-FIC | 8201 | Review of the Fogarty International Center International Bioethics Education and Career Development Award Program | 4.5 | Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process | Kupfer, Linda |
| NIH-NCI | 8206 | Feasibility Study of the Optimal Approaches for Evaluating the Cancer Disparities Research Partnership Program | 3.5 | Expand access to health care services for targeted populations with special health care needs | Govern, Frank |
| NIH-NEI | 8192 | National Eye Institute VISION Public Information Network Final Evaluation March 30, 2005 | 4.1 | Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability | Horrigan, Jean |
| NIH-NEI | 8202 | Assessment of Diabetic Eye Disease Education and Resource Needs of Pharmacists | 1.1 | Reduce behavioral and other factors that contribute to the development of chronic diseases | Janiszewski, Rosemary |
| NIH-NEI | 8196 | Identification of Variables that Influence Access to Eye Care | 3.4 | Eliminate racial and ethnic health disparities | Janiszewski, Rosemary |
| NIH-NHGRI | 8170 | Genome.gov: Redesign Outcome Evaluation | 4.4 | Improve the coordination, communication, and application of health research results | Bartlett, Maggie |
| NIH-NIAID | 8164 | AIDSInfo Process Evaluation Study: Analysis of Trends in Service Usage, Accuracy and Customer Satisfaction | 1.2 | Reduce the incidence of sexually transmitted diseases and unintended pregnancies | Siskind, Rona |
| NIH-NICHD | 8124 | A Review of the Population Research Infrastructure Program (PRIP) | 8.6 | Achieve integration of budget and performance information | Bachrach, Christine |
| NIH-NIDA | 8191 | Feasibility Study for the NIDA Science-based Drug Education Project: titled "NIDA Goes Back to School." - Final Report | 1.4 | Reduce substance abuse | Palmquist, Lanette |
| NIH-NIDDK | 8194 | DETS Evaluation Project Report | 4.1 | Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and | Garfield, Sanford A. |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|------------|--------|---|-----|---|--------------------|
| | | | | treat disease and disability | |
| NIH-NIMH | 8195 | Feasibility Study for Evaluating Research Training in NIMH, NIDA and NINDS | 4.3 | Strengthen and diversify the pool of qualified health and behavioral science researchers | Hann, Della |
| NIH-NINDS | 8200 | A Feasibility Study for the Evaluation of Parkinson's Disease Research Centers: Assessment of Approaches and Development of an Evaluation Plan | 4.1 | Advance the understanding of basic biomedical and behavioral science and how to prevent, diagnose, and treat disease and disability | Scott, Paul A. |
| NIH-NLM | 8193 | Evaluation of Health Info Web Resources for and about Specific Populations | 3.5 | Expand access to health care services for targeted populations with special health care needs | Love, Cindy |
| NIH-NLM | 8198 | A- NLM Local Legends Usability Test Report Round 1; 11-19-04 & B-Final: NLM Local Legends Usability Test Report Round 2; 5-06-05 | 4.3 | Strengthen and diversify the pool of qualified health and behavioral science researchers | Ma, Wei |
| NIH-OD | 8204 | Evaluation of the Health and Research Outcomes of Technologies Licensed by the National Institutes of Health | 4.4 | Improve the coordination, communication, and application of health research results | Elliott, Cerise L. |
| NIH-OD | 8207 | Summary report on Needs Assessment of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Pediatric Rheumatic Diseases CD-ROM | 5.3 | Increase consumer and patient use of health care quality information | Peterman, Wilma |
| NIH-OD | 8197 | National Institutes of Health Usage and Attitudes Study | 4.4 | Improve the coordination, communication, and application of health research results | Rodrigues, Dennis |
| NIH-OD | 8237 | Modular Grants Application Process Outcome Evaluation | 4.4 | Improve the coordination, communication, and application of health research results | Schaffer, Walter |
| OPHS | 8175 | An Application of MASSCsm to the Disclosure Treatment of Selected NCHS Survey Data | 4.4 | Improve the coordination, communication, and application of health research results | Harris, Kenneth |
| OPHS-ODPHP | 7823.1 | Understanding Our Users: How to Better Deliver Health Information Online to Asian-Americans, Native Hawaiians, and Other Pacific Islanders | 5.5 | Accelerate the development and use of an electronic health information infrastructure | Hsu, Leslie |
| OPHS-ODPHP | 7823 | Understanding Our Users: How to Better Deliver Health Information Online to American Indians and Alaska Natives | 5.5 | Accelerate the development and use of an electronic health information infrastructure | Hsu, Leslie |

| AGENCY | ID | TITLE | G/O | OBJECTIVE | PROJECT OFFICER |
|------------|------|---|-----|---|--------------------------------------|
| OPHS-OMH | 7864 | A Patient-Centered Guide to Implementing Language Access Services in Health Care Organizations | 3.4 | Eliminate racial and ethnic health disparities | Pacheco, Guadalupe |
| OPHS-OMH | 7479 | Racial, Ethnic and Primary Language Data: An Assessment of State Laws, Regulations and Practices Affecting Their Collection and Reporting by Health Insurers and Managed Care Plans | 3.4 | Eliminate racial and ethnic health disparities | Ryoo-Hwa, Violet, and Welsh, Valerie |
| OPHS-OMH | 7862 | Evaluation of the Office of Minority Health Resource Center (Final Report) | 3.4 | Increase consumer and patient use of health care quality information | West, John I. |
| OPHS-OPA | 8242 | Youth Development Approaches in Adolescent Family Life Demonstration Projects | 1.2 | Reduce the incidence of sexually transmitted diseases and unintended pregnancies | Roper, Allison |
| OPHS-OWH | 8241 | Evaluation of the Impact of a Computerized Screening Tool on Preventive Care and Research Recruitment | 3.4 | Eliminate racial and ethnic health disparities | Newman, Eileen P. |
| OPHS-OWH | 8240 | Evaluating the Efficacy of Informed Consent Forms and the Impact on Recruitment of Minorities into Clinical Research | 4.5 | Strengthen the mechanisms for ensuring the protection of human subjects and the integrity of the research process | Newman, Eileen P. |
| SAMHSA | 8060 | Alcohol and Drug Services Study (ADSS) Phase II: Client Record Abstract Report | 1.4 | Reduce substance abuse | Gadzuk, Anita |
| SAMHSA-OAS | 8260 | Drug Abuse Warning Network, 2003: Area Profiles of Drug-Related Mortality | 1.4 | Reduce substance abuse | Ball, Judy K |
| SAMHSA-OAS | 8259 | Results from the 2004 National Survey on Drug Use and Health: National Findings | 1.4 | Reduce substance abuse | Hughes, Arthur |
| SAMHSA-OAS | 8261 | National Survey of Substance Abuse Treatment Services (N-SSATS): 2004--Data on Substance Abuse Treatment Facilities | 1.4 | Reduce substance abuse | Trunzo, Deborah |

APPENDIX D – ACKNOWLEDGMENT OF HHS OFFICIALS

The following persons from HHS contributed to preparing information on evaluation projects for *Performance Improvement 2006: Evaluation Activities of the U.S. Department of Health and Human Services*:

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