

FY 2023 Evaluation Plan Department of Health & Human Services

Background and Introduction

The Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act) intends to improve decision-making for federal programs and policy development by requiring a transparent, question-driven approach to evidence development and analysis.

The Department of Health and Human Services (HHS) is a large, decentralized agency with 11 operating divisions, 11 staff divisions, and 10 regional offices whose programs and policies impact the lives of nearly every American. Understanding the evaluation, research, and analysis efforts and coordinating plans across the Department is a significant undertaking and is conducted by the Office of the Assistant Secretary for Planning and Evaluation (ASPE). In particular, through the Evaluation Officer, ASPE plays a significant leadership role, especially for evaluation and evidence-building activities.

Evaluation and analysis provide essential evidence for HHS to understand how its programs work, for whom, and under what circumstances. HHS builds evidence through evaluation and analysis in order to inform decisions in budget, legislative, regulatory, strategic planning, program, and policy arenas. Given the breadth of work supported by HHS, many evaluations and analyses are conducted each year. These efforts range in scope, scale, design, and methodology, but all aim to understand the effect of programs and policies and how they can be improved.

Across HHS, evaluation comes in many forms, including:

- Program evaluations using the most rigorous designs appropriate;
- Evaluations of pilots and demonstrations; and
- Statistical analyses of factors related to health and human services outcomes.

ASPE coordinates the HHS evaluation community by regularly convening the HHS Evidence and Evaluation Policy Council (the Council), which builds capacity by sharing best practices and promising new approaches across HHS. The Council predates the Evidence Act and is made up of senior evaluation staff and subject matter experts from each agency within HHS. The Council meets monthly to address issues related to evidence-building and evaluation policies or activities across HHS, with a recent focus on Evidence Act implementation activities, especially within Title I. ASPE tasked the Council with developing guidance for Operating and Staff Divisions regarding contributions to the HHS Evidence-Building and Evaluation Plans. Based on the contributions from Operating and Staff Divisions, ASPE developed this Evaluation Plan.

The Evaluation Plan is designed to include significant evaluations, and the statute gives discretion to agencies to determine how to define “significant”. For purposes of this plan, HHS has defined “significant” as evaluation activities that support answering questions from the HHS Evidence-Building Plan.

Commitment to Scientific Integrity

OMB's standards for program evaluations note that Federal evaluations must produce findings that Federal agencies and their stakeholders can confidently rely upon, while providing clear explanations of limitations: they are to be conducted in accordance with principles of scientific integrity. In addition to the program evaluation standards and practices issued by OMB and the subsequent HHS Evaluation Policy, the release of recent memoranda and guidance are providing HHS with additional support and direction for ensuring the scientific integrity of agency evaluations and evidence-building activities. The Presidential Memorandum, *Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking*, and OMB Memorandum, *Evidence-Based Policymaking: Learning Agendas and Annual Evaluation Plans*, require that scientific integrity principles be incorporated into agency evidence-building plans and annual evaluation plans. This OMB memorandum, together with OMB guidance and HHS policies, affirm that evaluations are scientific activities and as such, require the use of appropriate methods, which can include a broad range of approaches; independence from undue influence; and processes that ensure integrity and quality. These recent requirements will contribute to improved evaluation and evidence-building activities in HHS and will guide the development and conduct of evaluations in accordance with the principles and foundations for scientific integrity.

Further demonstrating the Department's commitment to scientific integrity, the Chief Data Officer, Evaluation Officer, and Statistical Official of HHS are developing a joint statement of commitment to scientific integrity in support of HHS's work and in fulfillment of the HHS mission to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

What is this document?

As part of the Evidence Act, HHS is required to submit "an evaluation plan describing activities the agency plans to conduct pursuant to [its evidence-building plan]." This Annual Evaluation Plan is one of several required Title I products, including the 4-year Evidence-Building Plan (also referred to as the Learning Agenda), a Capacity Assessment, and an agency Evaluation Policy. The Evaluation Plan is designed to include significant evaluations, and the statute gives discretion to agencies to determine how to define "significant". For purposes of this plan, HHS has defined "significant" as evaluation activities that support answering questions from the HHS Evidence-Building Plan. The evaluations contained in this plan serve as interim activities contributing to the goals outlined in the 4-year HHS Evidence-Building Plan.

The FY 2023 Evaluation Plan priority areas are aligned with the goals and objectives of the HHS Strategic Plan and the Evidence-Building Plan, as shown in the table below. These division-level evaluations support cross-cutting issues, major department-level goals, and time sensitive priority issues. In addition to division-level activities, departmental evaluations laid out in this evaluation plan can be bolstered by the alignment with the 4-year HHS Strategic Plan and this Evidence-Building Plan. Specifically, the 4-year plans support and coordinate efforts of divisions in achieving key priorities of HHS, especially related to research and evidence programs, policies, capacity-building, resource needs, and agency processes.

All activities described in this document are subject to the availability of appropriations. This definition for significance is consistent across all evaluations included in the plan; however, each division may have considered additional criteria in selecting evaluations for inclusion in this plan.

Evaluation Plan Priority Area	FY2022-2026 HHS Strategic Goal
Healthcare	Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare
Public Health	Safeguard and Improve National and Global Health Conditions and Outcomes
Human Services	Strengthen Social Well-being, Equity, and Economic Resilience
Research and Evidence	Restore Trust and Accelerate Advancements in Science and Research for All
Management	Advance Strategic Management to Build Trust, Transparency, and Accountability

Plan Development

A subcommittee of the Council provided input on the Evaluation Plan development process, including instructions, which were used to collect information on significant evaluations across the department planned for or ongoing during FY 2023. For the purposes of this plan, HHS Divisions were asked to list up to five significant evaluations that were ongoing in or planned for FY 2023. As a result, this plan includes examples of significant evaluation activities, which can be found in the Evaluations section at the end of this document.

HHS Priority Areas and Significant Evaluations

The evaluations included in this document are planned efforts that are subject to receiving appropriate approvals and resources and are subject to change. As shown in the Evaluations section at the end of this report, some evaluations fall into multiple priority areas and address multiple evaluation questions. That section also provides information about the data to be used, methodological approaches, anticipated challenges and mitigation strategies, and dissemination plans.

Evaluation Priority Area 1: Healthcare

HHS works to protect and strengthen equitable access to high quality and affordable healthcare. Increasing choice, affordability, and enrollment in high-quality healthcare coverage is a focus of the Department's efforts in addition to reducing costs, improving quality of healthcare services, and ensuring access to safe medical devices and drugs. HHS also works to expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health. The Department is driving the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use

disorder treatment and recovery services for individuals and families. HHS also bolsters the health workforce to ensure the delivery of quality services and care. This evaluation priority area aligns with the HHS Strategic Plan goal: *Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare*

Healthcare Evaluation Activities

Six Divisions across HHS are conducting evaluations in this area.

Contributing Division	Activity Title
ACL	Process and Outcome Evaluation of the National Paralysis Resource Center (NPRC)
ASPE	Evaluation of the Certified Community Behavioral Health Clinic Demonstration
CDC	Rigorous Evaluations of Telehealth Strategies to Address Hypertension Management and Control
CDC	Ending Epidemics: Drug Overdoses—Overdose Data to Action Cross-Site Evaluation
CMS	Maternal Opioid Misuse (MOM) Model Evaluation
CMS	Integrated Care for Kids (InCK) Model Evaluation
CMS	Evaluation of the Value-Based Insurance Design (VBID) Model
HRSA	Behavioral Health Workforce Supply
SAMHSA	Internal Formative Evaluation of the Projects for Assistance in Transition from Homelessness (PATH)

Populations impacted by the evaluations contained in this plan for this priority area include mothers, individuals with disabilities, children, the behavioral health workforce, individuals experiencing homelessness, and those recovering from substance use disorders. In some cases, multiple divisions are

evaluating programs targeting the same populations. For example, the SAHMSA summative program evaluation of Strategic Prevention for Prescription Drugs and the CDC Overdose Data to Action both target individuals with substance use disorders.

Evaluation activities under this priority area aim to improve services, assess intervention effectiveness, advance telehealth capabilities, support behavioral health clinics, support the behavioral health workforce, and improve healthcare quality and access.

Evaluation methods include process evaluations, outcome evaluations, impact studies, implementation studies, retrospective analyses, and mixed methods and quasi-experimental designs. The activities utilize existing HHS data, including claims data, programmatic data, program performance data, and area-level measures such as the Area Health Resource File. Existing data from other sources may include state Medicaid claims, secondary data bases such as epidemiologic surveillance databases, survey data, and electronic health records. Additional data will be collected through interviews, surveys, progress reporting, administrative data collection, and focus groups, among other approaches.

Evaluation Priority Area 2: Public Health

HHS is dedicated to safeguarding and improving health conditions and health outcomes for everyone. The Department improves capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats, domestically and abroad. The Department protects individuals, families, and communities from infectious disease and prevents non-communicable disease through the development and equitable delivery of effective, innovative, readily available treatments, therapeutics, medical devices, and vaccines. HHS promotes healthy behaviors to reduce the occurrence of and disparities in preventable injury, illness, and death. The Department also mitigates the impacts of environmental factors, including climate change, on health outcomes. This evaluation priority area aligns with the Strategic Plan goal: *Safeguard and Improve National and Global Health Conditions and Outcomes*

Public Health Evaluation Activities

HHS plays a significant role in both the American and global public health infrastructure and advances. The COVID-19 Pandemic has highlighted the importance of public health and the widespread impact of public health policies, programs, and decisions on individuals and entities, including governments, schools, and private businesses. That said, HHS invests substantially in developing strong, timely, and rigorous evidence supporting ongoing and changing public health conditions.

Three divisions across HHS are conducting evaluations focused on topics such as the National Hospital Preparedness Program, food safety, hypertension management and control, the opioid epidemic, the Strategic Prevention for Prescription Drugs Program, and the Garrett Lee Smith Youth Suicide Prevention and Early Intervention Program. Specifically, evaluations contained in this document aim to evaluate the National Healthcare Preparedness Program, improve telehealth resources, and monitor programs focused on empowering at-risk populations, among others.

Contributing Division	Activity Title
CDC	Rigorous Evaluations of Telehealth Strategies to Address Hypertension Management and Control
CDC	Evaluation of the Preventive Health and Health Services (PHHS) Block Grant
CDC	Ending Epidemics: Drug Overdoses—Overdose Data to Action Cross-Site Evaluation
FDA	Food Safety Modernization Act (FSMA) Program Evaluation
HRSA	Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS): Improving Care and Treatment Coordination: Focusing on Black Women with HIV

Many public health evaluations target the entire American population. However, some activities have a narrower focus, such as on youth or individuals with hypertension. Additionally, some activities incorporate equity by assessing health disparities across sub-populations and focusing on building evidence to reduce observed differences, such as evaluating how telehealth shapes access to health services for underserved populations.

Evaluation methods include retrospective studies, mixed methods and quasi-experimental designs, and comparative case evaluations, among others. Additional activities may include literature reviews, policy analysis, and secondary data analysis. The evaluations will utilize existing HHS data, including administrative data, programmatic data, annual progress reports, dashboards including the FDA Food Safety Dashboard, and surveillance data such as the CDC National Outbreak Reporting System (NORS). Data from other sources may include epidemiologic surveillance data, provider data such as from health centers, electronic health records, and more. Finally, these evaluations collect new data through interviews, focus groups, surveys, administrative data collection, and other methods as needed.

Evaluation Priority Area 3: Human Services

HHS works to strengthen the economic and social well-being of Americans across the lifespan. HHS provides effective and innovative pathways leading to equitable economic success for all individuals and families. The Department strengthens early childhood development and expand opportunities to help children and youth thrive equitably within their families and communities. HHS expands access to high-quality services and resources for older adults and people with disabilities and their caregivers to

support increased independence and quality of life. HHS also increases safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence. This evaluation priority area aligns with the HHS Strategic Plan goal: *Strengthen Social Well-being, Equity, and Economic Resilience*.

Human Services Evaluation Activities

Four divisions are conducting evaluations to assess programs like child welfare, Temporary Assistance for Needy Families, Medicaid innovation models, Healthy Start, and grant programs like the National Paralysis Resource Center.

Contributing Division	Activity Title
ACF	Supporting Evidence Building in Child Welfare
ACF	Building Evidence on Employment Strategies for Low-Income Families
ACL	Process and Outcome Evaluation of the National Paralysis Resource Center (NPRC)
CMS	Maternal Opioid Misuse (MOM) Model Evaluation
CMS	Integrated Care for Kids (InCK) Model Evaluation
HRSA	Healthy Start (HS) Evaluation & Capacity Building Support

Human services evaluations focus on a variety of populations, including mothers, children, individuals with disabilities, and low-income families. Evaluations support HHS programs and policies related to underserved communities, child welfare, services for individuals with disabilities, maternal health, and health equity, among others. Notably, ACF, CMS, and HRSA will all be conducting evaluations of maternal and child health programs. The significant focus on health equity is salient throughout the evaluations contained in this plan and is especially salient among human services-focused activities, such as the CMS Evaluation of the Maternal Opioid Misuse Model, which seeks to improve outcomes and reduce costs for pregnant and postpartum women enrolled in Medicaid with opioid use disorder

and their infants. The evaluation seeks to build the evidence base for what works best for treating pregnant women with opioid use disorder.

Approaches include mixed-methods evaluations, process evaluations, outcome evaluations, descriptive/formative evaluations, case studies, and quasi-experimental designs. Supporting activities may include literature reviews, cost analyses, descriptive analyses, and policy analyses, among others. Most evaluations contained in this plan utilize a mixed-methods evaluation approach. For example, using a statistical analysis of claims data and participant focus groups to evaluate the Integrated Care for Kids Model or web-based grantee and stakeholder surveys and participant enrollment information to evaluate the Healthy Start program.

These evaluations will utilize existing HHS data, data from external sources, and develop new data. Existing HHS data will include National Directory of New Hires data, grant application and reports data, and Medicaid and Medicare data, among others. Key data held by other sources include state and local administrative data, such as for the Temporary Assistance for Needy Families Program data, vital health records data, and child welfare administrative data. As needed, new data will be collected through surveys, interviews, focus groups, structured observation, site assessments, and site visits.

Evaluation Priority Area 4: Research and Evidence

HHS is dedicated to restoring trust and accelerating advancements in science and research. The Department is prioritizing science, evidence, and inclusion to improve the design, delivery, and outcomes of HHS programs. It is investing in the research enterprise and the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs. Strengthening surveillance, epidemiology, and laboratory capacity is another major focus to better understand and equitably address diseases and conditions. HHS is also increasing evidence-based knowledge through improved data collection, use, and evaluation efforts to achieve better health outcomes, reduced health disparities, and improve social well-being, equity, and economic resilience. This evaluation priority area aligns with the HHS Strategic Plan goal: *Restore Trust and Accelerate Advancements in Science and Research for All*.

Research and Evidence Evaluation Activities

HHS is dedicated to the mission of enhancing the health and well-being of all Americans, by providing for effective health and human services and by fostering sound and sustained advances in the sciences underlying medicine, public health, and social services. Five divisions across HHS are conducting evaluations in this area.

These evaluations address programs across HHS, including child welfare, patient centered outcomes research, Quality Improvement and Innovation Contracts, the Ryan White HIV/AIDS program, and the TAKEheart Initiative.

Contributing Division	Activity Title
ACF	Supporting Evidence Building in Child Welfare
AHRQ	TAKEheart Initiative
CDC	DSEPD Fellowship Diversity Recruitment Evaluation
CMS	Network of Quality Improvement and Innovation Contractors (NQIIC) Independent Evaluation
HRSA	Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS): Improving Care and Treatment Coordination: Focusing on Black Women with HIV
NIH	Evaluative Planning and Monitoring Approach for the Environmental influences on Child Health Outcomes (ECHO)-wide Cohort

The evaluation activities in this area address topics such as the use and application of evidence, grant-making processes, certification programs, outcomes of scientific initiatives, quality improvement and innovation, fellowship recruitment and workforce development. For the most part, these evaluations focus on grantees, providers, and communities, rather than individual beneficiaries.

Approaches include mixed-methods evaluations, multi-site evaluations, and case studies using both qualitative and quantitative methods. Supporting activities may include literature reviews, cost analyses, descriptive analyses, and policy analyses. The activities utilize existing HHS data, including program administrative data, claims data, provider performance measures, grant applications, and survey data. They also incorporate external data such as electronic health records, child welfare data, Handshake and Zoom platform data, HIV surveillance data, and more. Finally, these evaluations collect new data through surveys, interviews, and focus groups.

Evaluation Priority Area 5: Management

HHS is dedicated to advancing strategic management across the Department to build trust, transparency, and accountability. A major focus of the Department is promoting effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices. HHS sustains strong financial stewardship of resources to foster prudent use of resources, accountability, and public trust. HHS works to uphold effective and innovative human capital resource

management, resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission. The Department also ensures the security of HHS facilities, technology, data, and information, while advancing environment-friendly practices. This evaluation priority area aligns with the HHS Strategic Plan goal: *Advance Strategic Management to Build Trust, Transparency, and Accountability.*

Management Evaluation Activities

HHS prioritizes effective management of HHS resources, programs, and policies through coordinated efforts across the Department as well as through division-level initiatives. Two divisions across HHS are conducting evaluations in this area.

Contributing Division	Activity Title
ACL	Evaluating the Degree to Which ACL services Adhere to the Culturally and Linguistically Appropriate Services (CLAS) Standards
CMS	Network of Quality Improvement and Innovation Contractors (NQIIC) Independent Evaluation

As with other priority areas, addressing major management priorities and challenges requires division-level and cross-department activities. These evaluations seek to understand the extent to which data are used for policy and program development, identify problematic practices and structures, develop research agendas, build and strengthen programmatic and operational evaluation capacity, assess effectiveness of funding models, measure program progress, inform future policy making, and more. They especially target programs, policies, and practices influencing the Department’s ability to achieve its mission.

These evaluations utilize a mixed-methods evaluation approach, combining qualitative and quantitative methods and analyses. Supporting activities include literature reviews, policy analyses, descriptive analyses, and portfolio analyses, among others. The evaluations utilize existing HHS data such as grant application and reporting data, participant survey data, and administrative data. External data such as survey data, electronic health records, and data submitted by contract awardees is also used. Finally, these activities include collection of new data as needed through methods such as surveys, interviews, and focus groups.

Evaluations

The examples of significant evaluations provided to the HHS Evidence and Evaluation Policy Council by operating divisions and staff divisions can be found below. For each evaluation, information has been provided on:

- Agency conducting the activity
- Title of the activity
- Priority area from the FY2023-2026 Evidence-Building Plan that the evaluation supports
- Priority questions within that priority area that are addressed
- Research question(s)
- Description of the evaluation
- Time period of the activity
- Existing data sources
- New data collection
- Study design or approach
- Anticipated challenges and mitigation strategies
- Dissemination plan for results

The evaluations appear below in alphabetical order by agency.

Agency: ACF

Activity: Supporting Evidence Building in Child Welfare

Priority Area: Human Services; Research and Evidence

Priority Question: What are the effects of HHS programs and policies on strengthening early childhood development and expanding opportunities to help children and youth thrive equitably within their families and communities? How does HHS improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion?

Research Question: What is the effectiveness of select promising interventions for the child welfare population?

Description: This project aims to increase the number of evidence-supported interventions for the child welfare population, by conducting rigorous evaluations and supporting the field in moving toward rigorous evaluations.

Time Period for the Activity (estimated start and end dates): 2016 - 2025

Existing Data Sources Held by the Division: N/A

Existing Data from Other Sources: Child welfare administrative data

New Data Collection: New information collections related to the evaluation of the Family Unification Program have been reviewed and approved by the Office of Management and Budget (OMB) Office of Information and Regulatory Affairs under OMB #0970-0514. Related materials are available at the Evaluation of the Family Unification Program (FUP) page on RegInfo.gov. Additional new information collections are expected for additional study sites.

Study Design or Approach: For each studied intervention, the project will conduct an impact study and an implementation study.

Anticipated Challenges and Mitigation Strategies: Challenges include mis-match of annual funding vis-à-vis long-term evaluation timelines; and finding sites willing and able to participate in evaluations. ACF has pursued and will pursue the following mitigation strategies for these challenges:

Strategy: ACF proposed in the President's FY 2022 budget to make multi-year funding available for research and evaluation to better align funding and evaluation timelines.

Strategy: In 2019, ACF put out a public call and invited child welfare agencies and other interested parties to nominate programs or services that they would like to be evaluated as part of this project. In 2020, ACF sponsored an Evidence-Building Academy to increase child welfare administrators' and their partners' capacity to do rigorous evaluations that provide critical information on program effectiveness and meet the design standards for clearinghouses reviewing programs and services relevant to child welfare populations.

Dissemination plan: ACF will produce comprehensive research reports as well as shorter documents aimed at policy and practitioner audiences. ACF will disseminate results through posting reports on the Internet and journal articles; using social media to alert potential audiences of the availability of results; presenting results at research, policy, and practitioner conferences; and briefing policy-makers and program officials. Possible uses for these findings include informing federal, state, and local policy-making. ACF will archive data for secondary use.

Agency: ACF

Activity: Building Evidence on Employment Strategies for Low-Income Families

Priority Area: Human Services

Priority Question: To what extent do HHS programs and policies provide effective and innovative pathways leading to equitable economic success for all individuals and families?

Research Question: What is the effectiveness of programs that serve adults whose employment prospects have been affected by opioid use disorder, other substance use disorders, or mental health conditions?

Description: This project will rigorously evaluate promising programs serving recipients of the Temporary Assistance for Needy Families (TANF) program or other low-income families in order to strengthen ACF's understanding of evidence-supported programs that are effective in improving employment and economic security. The project will prioritize evaluations of programs that are state-initiated and programs that serve adults whose employment prospects have been affected by opioid use disorder, other substance use disorders, or mental health conditions. In addition, the project has partnered with the Social Security Administration to evaluate employment-related interventions

targeting individuals with current or foreseeable disabilities who have limited work history and are at risk of applying for Supplemental Security Income (SSI).

Time Period for the Activity (estimated start and end dates): 2017 - 2024

Existing Data Sources Held by the Division: National Directory of New Hires data

Existing Data from Other Sources: State and local administrative data such as TANF data and local program management information system data

New Data Collection: New information collections related to this project have been reviewed and approved by the Office of Management and Budget (OMB) Office of Information and Regulatory Affairs under OMB #0970-0537. Related materials are available at the Building Evidence on Employment Strategies for Low-Income Families (BEES) Project page on RegInfo.gov.

Study Design or Approach: The project will conduct experimental impact studies, descriptive evaluations, cost analyses, and case studies.

Anticipated Challenges and Mitigation Strategies: Challenges include availability and quality of administrative data; adequacy of outcome measures; mis-match of annual funding vis-à-vis long-term evaluation timelines; and finding sites willing and able to participate in evaluations. ACF will pursue the following mitigation strategies for these challenges:

Strategy: ACF proposed in the President's FY 2022 budget to make multi-year funding available for research and evaluation to better align funding and evaluation timelines.

Strategy: ACF will involve stakeholders to help identify promising and willing sites to participate in evaluations, and work with potential sites to address their concerns and prepare them for rigorous evaluation.

Strategy: ACF is helping state and local human services agencies build their capacity to engage in research and evaluation activities.

Dissemination plan: ACF will produce comprehensive research reports as well as shorter documents aimed at policy and practitioner audiences. ACF will disseminate results through posting reports on the Internet; using social media to alert potential audiences of the availability of results; presenting results at research, policy, and practitioner conferences; briefing policy-makers and program officials; and submitting the findings for review by the ACF-sponsored Pathways to Work Evidence Clearinghouse. Possible uses for these findings include informing federal, state, and local policy-making as well as state and local selection and design of services to help low-income individuals find jobs and advance in the labor market. ACF will archive data for secondary use.

Agency: ACL

Activity: Process and Outcome Evaluation of the National Paralysis Resource Center (NPRC)

Priority Area: Healthcare; Human Services

Priority Questions: How do HHS programs and policies expand equitable access to comprehensive, community-based, innovative, and culturally-competent health care services while recognizing social determinants of health? What effective strategies or combinations of strategies expand access to high-quality services for older adults and people with disabilities, and their caregivers, to support increased independence and quality of life?

Research Question: How and to what extent does the National Paralysis Resource Center (NPRC): Improve the health and quality of life of individuals living with paralysis of all ages, their families, and their support system? Raise awareness of members of the target populations about paralysis? Increase access of members of the target populations to services relevant to individuals with paralysis? Increase the empowerment, confidence, and independence of individuals living with paralysis? Strengthen support networks for individuals living with paralysis? Improve or increase opportunities for individuals living with paralysis for community living?

Description: The purpose of this work is to systematically obtain information on the activities and the effectiveness of the NPRC in order to document and improve its activities. This outcome evaluation of the NPRC will determine the extent to which it is meeting the goals of improving the health and quality of life of individuals living with paralysis of all ages, their families, and their support system by raising awareness of and facilitating access to a broad range of services relevant to individuals with paralysis. Other outcomes of interest among people living with paralysis are increased confidence and independence, stronger support networks, and increased opportunities to be valued participants in all aspects of community living.

Time Period for the Activity (estimated start and end dates): FY 2022-2027

Existing Data Sources Held by the Division: Grant applications and reports (administrative data)

Existing Data from Other Sources: --

New Data Collection: Interviews and surveys of a sample of key stakeholders and service recipients.

Study Design or Approach: Data for the process evaluation will be collected primarily through reviews and administrative records and interviews with NPRC staff and partners (including grantees and subcontractors). This secondary data collection will provide information about the inputs, activities and outputs of the NPRC to provide information about the quality, structure, and efficiency of NPRC services. Data for the outcome evaluation will be collected through surveying and interviewing a sample of those served by the NPRC. This primary data collection will provide information about the effect of the NPRC services on individuals living with paralysis of all ages, their families, and their support system.

Anticipated Challenges and Mitigation Strategies: None

Dissemination plan: The evaluation will use a multi-method approach to gather data, that when combined, will produce an accurate assessment of the value of the NPRC highlighting approaches that are working well and identifying areas for improvement. The data will be disseminated through the ACL website, webinars, conference presentations, and peer reviewed journal articles.

Agency: ACL

Activity: Evaluating the Degree to Which ACL services Adhere to the Culturally and Linguistically Appropriate Services (CLAS) Standards

Priority Area: Management

Priority Question: What improvements to HHS programs and policies can promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices?

Research Questions:

1. How is ACL supporting grantees to implement CLAS Standards?
2. How can ACL enhance existing CLAS Standards implementation supports for grantees?
3. How does ACL assess grantee adherence to CLAS Standards?
4. How can ACL help grantees assess community needs to ensure CLAS Standards are being met?

Description: Process evaluation to determine how ACL grantees operationalize CLAS Standards to support the communities and individuals they serve.

Time Period for the Activity (estimated start and end dates): FY 2022-2024

Existing Data Sources Held by the Division: Grant applications and grantee reports (administrative data)

Existing Data from Other Sources: --

New Data Collection: Interviews and surveys of a sample of key stakeholders and grantees.

Study Design or Approach: Administrative data will be coded to allow for descriptive statistics, survey data will be analyzed using descriptive statics, and interview data will be analyzed using qualitative approaches.

Anticipated Challenges and Mitigation Strategies: CLAS standards are typically applied to health care services and data. This application to social support programming will require adaptation of the concepts. Working closely with the HHS Office of Minority Health, ACL will make the needed adaptations to translate the standards for a social support context.

Dissemination plan: The data will be used by ACL to improve technical assistance (TA) for federal and grantees staff. The information regarding the adaptation of the concepts for social support programs and the results regarding ways that programs can be structured to ensure that CLAS standards are being met will be disseminated through the ACL website, webinars, conference presentations, and peer reviewed journal articles.

Agency: AHRQ

Activity: TAKEheart Initiative

Priority Area: Research and Evidence

Priority Question: How does HHS improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion?

Research Question: How can AHRQ effectively support dissemination of evidence-based practices and foster their implementation within care delivery settings?

Description: An important goal of AHRQ is to facilitate implementation of findings from patient centered outcomes research (PCOR) into health care practice. Accordingly, to help improve cardiac rehabilitation rates, the American Association of Cardiovascular and Pulmonary Rehabilitation/Million Hearts® Cardiac Rehabilitation Collaborative has developed a Cardiac Rehabilitation Change Package (CRCP) and established a national goal of 70% participation in CR (up from 20-30%) by 2022 for eligible patients. AHRQ's TAKEheart initiative is designed to broadly disseminate and implement the strategies described in the CRCP to hospitals nationwide to help achieve this goal.

Time Period for the Activity (estimated start and end dates): March 2019 – March 2023

Existing Data Sources Held by the Division:

Existing Data from Other Sources: TAKEheart project leaders are collecting data from Partner Hospitals and Learning Community hospitals.

New Data Collection:--

Study Design or Approach: A public TAKEheart Website has been created to (a) increase awareness of the challenges of increasing patient participation in CR nationwide and (b) provide educational resources and training materials (e.g. web-based training modules and implementation guides) for hospitals wishing to adopt evidence-based strategies for meeting these challenges. In addition, a group of TAKEheart Partner Hospitals (PHs) recruited from across the US is currently participating in monthly web-based training sessions and receiving individual coaching in developing and implementing individualized hospital action plans for putting these evidence-based strategies into practice. These PHs exchange insights with their peers through monthly meetings of Peer Action Groups. Finally, a larger group of hospitals will be invited to join Learning Community Affinity Groups to share knowledge about ways to address challenges to and disparities in patient participation in CR. Since the Learning Community was launched in March 2020, the first set of Affinity Groups focused on strategies for adapting CR to the COVID-19 pandemic (e.g., providing in-person CR under restricted conditions and in using remote phone and other remote technologies to provide CR training at home).

Anticipated Challenges and Mitigation Strategies: The monthly trainings of the first of two cohorts of Partner Hospitals were halted in March 2020 due to the pandemic and were resumed in May 2021. Some of the hospitals enrolled in the first cohort had to drop out and were replaced with hospitals that had applied to be in a second cohort. Additional recruitment is now underway for this second cohort (that will begin training in Fall 2021), but it is unlikely that the target of an additional 50 hospitals for the second cohort will be met.

Dissemination plan: The main results of the AHRQ evaluation of the TAKEheart initiative will be made publicly available on the AHRQ website and considered for dissemination through conference presentations and peer-reviewed journal articles. Internally, the results will be used to develop future AHRQ dissemination and implementation initiatives.

Agency: ASPE

Activity: Evaluation of the Certified Community Behavioral Health Clinic Demonstration

Priority Area: Healthcare

Priority Question: How do HHS programs and policies expand equitable access to comprehensive, community-based, innovative, and culturally-competent health care services while recognizing social determinants of health?

Research Questions:

1. What activities do CCBHCs implement to improve access to care?
2. How do CCBHCs implement the full scope of services and maintain the certification requirements?
3. What is the quality of care provided to CCBHC clients?
4. Do the PPS models cover the full cost of care for the CCBHCs?
5. What is the impact of the demonstration on inpatient, emergency, and ambulatory service utilization rates and costs?

Description: This the program evaluation for the two-year demonstration of Certified Community Behavioral Health Clinics (CCBHCs) in 8 states. It involves both qualitative and quantitative analysis, and utilizes quality and cost reports required under the demonstration. In new work, the demonstration states will be followed as the demonstration has been extended several times.

Time Period for the Activity (estimated start and end dates): 9/30/2016 – 9/29/2023

Existing Data Sources Held by the Division: --

Existing Data from Other Sources: State Medicaid claims data.

New Data Collection: Cost reports, quality measure reporting, qualitative interviews, clinic progress reports

Study Design or Approach: The evaluation involves two interrelated components: (1) an impact study that examines changes in service utilization and costs among CCBHC clients relative to comparison groups and (2) an implementation study that examines how states supported the demonstration, CCBHCs' successes and challenges in maintaining the certification criteria, the costs of CCBHC services, and changes in the accessibility, scope of services, and quality of care resulting from the demonstration

Anticipated Challenges and Mitigation Strategies: The quality measures were created for the demonstration, and not widely utilized. Therefore, quality measure performance is difficult to interpret. In addition, it is difficult to interpret changes in utilization (e.g., hospitalization increases or decreases), as positive or negative changes could be beneficial to beneficiaries

Dissemination plan: Four reports to Congress have been submitted, and we intend to submit one for each year of the evaluation. In addition, reports are posted on the ASPE website.

Agency: CDC

Activity: Rigorous Evaluations of Telehealth Strategies to Address Hypertension Management and Control

Priority Area: Healthcare; Public Health

Priority Question: To what extent do HHS programs and policies reduce costs and improve quality of health care services? How do HHS policies and programs enhance promotion of healthy lifestyle behaviors to reduce occurrence and disparities in preventable injury, illness, and death?

Description: Telehealth is one avenue that may increase access to healthcare for underserved populations, and this project will focus on identifying implications and recommendations for the use of telehealth among populations who experience disproportionate risk of hypertension and barriers to healthcare access. The project will use a stepwise approach, using an understanding of the context and policies related to telehealth, to develop an evaluation plan which will evaluate the implementation of telehealth at three health systems. The evaluations will assess telehealth implementation, cardiovascular disease outcomes over time, compare differences in outcomes among patients receiving telehealth services versus those receiving in-person medical care, cost-effectiveness, and the sustainability of telehealth strategies including the policy context for long term implementation of telehealth.

Time Period for the Activity (estimated start and end dates): September 2021 – November 2023

Existing Data Sources Held by the Division: None

Existing Data from Other Sources: Secondary data analysis using data extracted from health system site data systems (i.e., EHRs); Secondary data analysis of Federal and state telehealth statutes, legislation, and regulations; Secondary data analysis of published and grey literature for the use of telehealth to address cardiovascular disease and address health disparities

New Data Collection: Qualitative Interviews

Study Design or Approach: Overall, evaluation methods will include a retrospective analysis of adult patients with hypertension, hypercholesterolemia, or other cardiovascular disease who received telehealth services at three separate health systems over the past year or more. The evaluation design will use quasi-experimental methods that includes a comparison group to assess the contribution of telehealth implementation to relevant outcomes including hypertension. A policy analysis will include a systematic assessment of Federal and state policies, statutes, and regulations that facilitate and limit telehealth.

Anticipated Challenges and Mitigation Strategies: This effort aims to build practice-based evidence within a national context of rapidly changing of healthcare delivery, largely driven by the ongoing COVID-19 pandemic. These challenges also present unique opportunities for evidence-building. The evaluation design seeks to demonstrate effectiveness of telehealth strategies to address cardiovascular disease and health disparities, while proactively considering how current policies and regulations affect telehealth implementation and reimbursement of services, and the role of the COVID-19 pandemic in catalyzing broad health system implementation of telehealth.

Dissemination plan: Results will be disseminated to public and scientific audiences through the CDC website, peer-reviewed journals, and public health or evaluation conferences. For example, the project will produce implementation guides to encourage strategy replication, manuscripts, presentations to the public or key collaborators, and other briefing products.

Agency: CDC

Activity: Evaluation of the Preventive Health and Health Services (PHHS) Block Grant

Priority Area: Public Health

Priority Question: How can HHS sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust?

Research Questions: How does the PHHS Block Grant support state, territorial, and tribal public health agencies in addressing prioritized public health needs within their jurisdiction? How does the PHHS Block Grant contribute toward the achievement of organizational, systems, and health-related outcomes?

Description: The evaluation consists of several activities based on the CDC Framework for Program Evaluation, including implementing a measurement framework to assess recipient achievements,

analyzing recipient allocation of funding to Healthy People 2030 objectives to assess priority public health needs, and exploring the relationship between PHHS Block Grant funding and agency performance and health outcomes.. The PHHS Block Grant Measures Assessment will be fielded in Fall 2022 and the findings will be shared in 2023.

Time Period for the Activity (estimated start and end dates): 2020-2023

Existing Data Sources Held by the Division: PHHS Block Grant Measures Assessment (survey), interviews, recipient work plans, and data in Block Grant management information system.

Existing Data from Other Sources: Evaluation of the Preventive Health and Health Services Block Grant.

New Data Collection: 2022 PHHS Block Grant Measures Assessment, 2022 interviews, 2021-2023 work plans, data entry in Block Grant management information system.

Study Design or Approach: Descriptive, quantitative, and qualitative methods are employed to analyze the primary evaluation questions across the various data collection methodologies.

Anticipated Challenges and Mitigation Strategies: The PHHS Block Grant provides flexible funds to recipients allowing them to set their own priorities for the Healthy People 2030 objectives they will meet. The measurement framework is designed to apply to recipient activities regardless of how funds are invested, or which Healthy People 2030 objectives are selected.

Dissemination plan: Results disseminated via evaluation report, link to webpage, internal key messages document, PowerPoint presentation, internal and external meetings, conferences, publications, and manuscripts. Tailored messages and products will serve to demonstrate the value of the PHHS Block Grant to Congress, US Government Agencies, the public, States, Tribes, Local and Territorial Health Departments.

Agency: CDC

Activity: DSEPD Fellowship Diversity Recruitment Evaluation

Priority Area: Research and Evidence

Priority Question: Where does HHS need to further invest in the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs? Which HHS investments are optimal to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies to accomplish the HHS mission?

Research Questions:

To what extent were diverse racial and ethnic applicants engaged in the DSEPD recruitment process?

Which recruitment methods within the strategy were the most effective at reaching diverse applicant?

What effect did recruitment efforts have on the race and ethnicity of DSEPD fellowship applications?

What effect did recruitment efforts have on the fit of racial and ethnic applicants for DSEPD fellowships?

What effect did recruitment efforts have on the selection of racial and ethnic candidates for DSEPD fellowships?

Description: Fellowships are a pathway to the public health workforce and public health leadership, and a significant DSEPD goal is to improve the diversity of its fellowship applicants and selected fellows as an approach to building a public health workforce as diverse as the communities it serves. DSEPD is implementing an enhanced recruitment strategy that includes specific approaches for improving racial and ethnic diversity, and conducting a robust, mixed-methods evaluation to assess the effect of the enhanced recruitment strategy and identify effective recruitment methods for building a diverse workforce prepared to apply health equity goals to public health programs. The evaluation will be used to inform recruitment activities, determine the effectiveness of the activities, and assess progress made towards improving the racial and ethnic diversity of fellowship applicants and selected candidates.

Time Period for the Activity (estimated start and end dates): June 2021 – June 2023

Existing Data Sources Held by the Division: Facilitated discussion notes; participant surveys; policy, communications, and program office records; division selection reports; candidate applications, and web metrics.

Existing Data from Other Sources: Handshake and Zoom platform data exports; CSELS Partnership Portal

New Data Collection: Updated data will be pulled from reoccurring facilitated discussion notes; participant surveys; policy, communications, and program office records; division reports; candidate applications, web metrics; Handshake and Zoom platform data exports; CSELS Partnership Portal. A new SharePoint site is in development to track all DSEPD recruitment activities and data in one central location with automated data visualization features for reporting.

Study Design or Approach: The design follows a mixed-methods, descriptive approach. Data collection includes reviewing a variety of records, conducting a participant survey, and holding a facilitated discussion. Analysis will be completed through document review, quantitative analysis, and thematic analysis.

Anticipated Challenges and Mitigation Strategies: No major challenges are foreseen. However, there are a variety of data sources and the compilation and analysis of the data from these sources will require a comprehensive approach. Internal and contract support with the required skills has been dedicated and assigned.

Dissemination plan: Results will be disseminated to DSEPD fellowship leads and senior leadership to provide strategic direction and guide recruitment strategies and justify recruitment investments.

Results will be shared via Briefs, Snapshots, presentations, Learn at Lunches, and an Annual evaluation report.

Agency: CDC

Activity: Ending Epidemics: Drug Overdoses—Overdose Data to Action Cross-Site Evaluation

Priority Area: Healthcare; Public Health

Priority Question: To what extent do HHS programs and policies strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families? How do HHS policies and programs enhance promotion of healthy lifestyle behaviors to reduce occurrence and disparities in preventable injury, illness, and death?

Research Questions:

Among CDC's funded activities to reduce opioid overdose and misuse, what strategies, or combination of strategies, are associated with reducing US drug overdose mortality?

How and to what extent are Overdose Data to Action (OD2A) funded recipients using overdose data to inform prevention activities? Which strategies, or combinations of strategies, appear to have the desired programmatic effect?

Description: The Overdose Data to Action (OD2A) cooperative agreement funds 66 health departments – 47 state health departments, 16 city or county health departments, and 3 district and/or U.S. territories over a three-year period beginning in September 2019. OD2A focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. Funds awarded as part of this agreement will support state, territorial, county, and city health departments in obtaining high quality, more comprehensive, and timelier data on overdose morbidity and mortality and using those data to inform prevention and response efforts. A mixed method, quasi-experimental designed evaluation is being conducted to assess program implementation progress and measure OD2A's impact on several key short-, medium-, and long-term outcomes. The evaluation will use existing programmatic data, secondary data, and primary data collection in the form of interviews and focus groups to address gaps and add context. Qualitative data will be analyzed using thematic analysis to identify patterns and trends among recipients and their implemented activities. Quantitative data will be analyzed using descriptive statistics and trend analyses. A mixed-methods approach will also be taken to synthesize and triangulate data to gain a deeper understanding of OD2A activities.

Time Period for the Activity (estimated start and end dates): September 2019-September 2023

Existing Data Sources Held by the Division: Programmatic data (e.g., work plans, annual progress reports, evaluation plans, data dissemination plans, capacity self-assessment survey)

Existing Data from Other Sources: Secondary databases (e.g., IQVIA, surveillance data)

New Data Collection: Primary data collection via key informant interviews and focus groups

Study Design or Approach: A mixed method, quasi-experimental design is being used to assess program implementation progress and measure and explain OD2A's impact on several key short-, medium-, and long-term outcomes. Qualitative data will be analyzed using thematic analysis to identify patterns and trends among recipients and their implemented activities. Quantitative data will be analyzed using descriptive statistics and trend analyses. A mixed-methods approach will also be taken to synthesize and triangulate data to gain a deeper understanding of OD2A activities.

Anticipated Challenges and Mitigation Strategies: One challenge for the OD2A cross-site evaluation could be the variability in state and jurisdictions capacity to collect and report high quality standardized data. CDC will mitigate this challenge by providing guidance and technical assistance on reporting requirements including the type and quality of data to be reported by funded jurisdictions. CDC scientists will also review data submitted on a quarterly or annual basis and provide feedback and technical assistance to those jurisdictions who require more assistance to report.

Dissemination plan: The OD2A evaluation will result in a variety of dissemination products created over the three-year period and will include: two evaluation briefs, a white paper, three annual reports, and a manuscript. Products will be tailored to specific audiences like public health practitioners, providers, insurers, and/or CDC staff and leadership.

Agency: CMS

Activity: Maternal Opioid Misuse (MOM) Model Evaluation

Priority Area: Healthcare; Human Services

Priority Question: To what extent do HHS programs and policies strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families? What are the impacts of HHS programs and policies on strengthening early childhood development and expanding opportunities to help children and youth thrive equitably within their families and communities?

Research Questions: To what extent does implementing a coordinated care model for pregnant and postpartum women with OUD improve quality and reduce the costs associated with treating pregnant and postpartum women and infants affected by OUD? What are specific best practices for serving this population?

Description: MOM is a program for pregnant/postpartum Medicaid and CHIP participants with opioid use disorder (OUD). The MOM Model evaluation seeks to determine if evidenced-based, integrated care that includes access to medication assisted treatment (MAT) can improve outcomes and reduce costs for pregnant and postpartum women with opioid disorder and their infants. The evaluation seeks to

build the evidence base for what works best for treating pregnant women with OUD, especially in light of multiple co-morbidity often present (particularly other substance abuse and behavioral health disorders). The evaluation also seeks to assess the effects of integrated care (including data sharing) among provider and social service entities.

Time Period for the Activity (estimated start and end dates): January 2020 - January 2027

Existing Data Sources Held by the Division: Medicaid T-MSIS data for MOM Model awardees and potential comparison States (yet to be determined), including demographic and eligibility data, inpatient data, other services data, pharmacy data, and other T-MSIS data files

Existing Data from Other Sources: Vital records data provided by MOM Model awardees; Mother-infant dyad identifiers provided by MOM Model awardees; Ongoing literature reviews and environmental scans, including any new documents provided by MOM Model awardees; MOM Model awardee-reported, participant-level data on demographic characteristics, mental and physical health characteristics, substance abuse, social determinants of health data, service use type and frequency, and outcomes.

New Data Collection: Primary data collection in the form of key informant interviews, focus groups/in-depth interviews with MOM Model participants, Photovoice with MOM Model participants, and structured observations of care delivery sites.

Study Design or Approach: The evaluation will produce annual reports of model outcomes beginning with an evaluation of the model pre-implementation period (through June 20, 2021).

The evaluation uses a theoretically guided, integrated mixed methods design. As such, each aspect of the evaluation continuously informs the others. Participant level data includes program-based quality measures and information on participants provided by care delivery partners. The qualitative analysis includes in-person and virtual site visits that involve environmental scans, interviews, focus groups, and innovative participant-directed methods. The quantitative analysis of claims and vital records (birth and death) will include impacts analyses with comparison groups as possible. Where an impacts analysis is not possible, the evaluation will consider pre-post analysis and forms of descriptive statistical analysis.

Anticipated Challenges and Mitigation Strategies: An impact analysis may not be possible for all awardees (barriers include small sample sizes, difficulties in establishing appropriate comparison groups, and quality of claims data for this population).

Dissemination plan: The evaluation aims to demonstrate whether providing evidence-based, comprehensive services for this population helps achieve better care and health outcomes and lower spending such that other state Medicaid programs might implement similar models.

Agency: CMS

Activity: Integrated Care for Kids (InCK) Model Evaluation

Priority Area: Healthcare; Human Services

Priority Questions: To what extent do HHS programs and policies reduce costs and improve quality and safety of healthcare services? What are the impacts of HHS programs and policies on strengthening early childhood development and expanding opportunities to help children and youth thrive equitably within their families and communities?

Research Question: The primary questions for the pre-implementation period are:

What are the characteristics of the InCK population?

What are barriers and facilitators to initiating InCK programs, including APM design?

How do these barriers and facilitators differ by awardee and by local and state-specific contexts?

The primary evaluation questions for the implementation period are:

Does the InCK intervention (including the APM) result in reduced total health care expenditures and improved quality of care, and specifically:

a reduction in Medicaid and CHIP covered inpatient utilization and Emergency Department (ED) use

reductions in cost of care to Medicaid and CHIP

reductions in out of home placement (e.g. foster care, prolonged hospitalization)

Description: The evaluation seeks to determine whether implementation of InCK improves health outcomes and reduces Medicaid costs among beneficiaries in the targeted population. The evaluation employs a mixed methods approach that includes measures for key service areas (clinical and behavioral health, food and housing security), rigorous qualitative case studies, and an impacts analysis of Medicaid claims data using within-state comparison groups.

Time Period for the Activity (estimated start and end dates): August 2020 - August 2029

Existing Data Sources Held by the Division: Unredacted, Final and Preliminary T-MSIS Analytic Research Identifiable Files (TAF RIF) for the years covering 2017-2027; CMS TAF Vital Status Files for the years covering 2017-2027; Model documentation submitted by awardee recipients (ARs) including progress reports, operational plans, standard operating procedures, and applications/NCCs; Clinical and non-clinical performance measure data (to be captured by the Implementation and Monitoring contractor)

Existing Data from Other Sources: Area Health Resource File (<https://data.hrsa.gov/topics/health-workforce/ahrf>); HPSAs (<https://bhw.hrsa.gov/shortage-designation/hpsas>); US Census/American Community Survey (<https://www.census.gov/programs-surveys/acs/data.html>); Rural-Urban Commuting Areas (<https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>); Area

Deprivation Index (<https://www.neighborhoodatlas.medicine.wisc.edu/>); COVID-19 data from USAFacts.org (<https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/>); County Health Rankings (<https://www.countyhealthrankings.org/>); Social Determinants of Health (<https://www.ahrq.gov/sdoh/index.html>); Child welfare and foster care data: Data from states' Statewide Automated Child Welfare Information System (SACWIS) or Child Welfare Information Systems (CCWIS) or alternative administrative data system (specifically, data elements that support states' submissions to the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS)); Juvenile justice data: Data from states' juvenile justice agencies, courts, or other sources containing data related to "systems that respond to youth that come into contact with law enforcement and are accused of breaking the law"; Education data: Data from states' education agencies and/or local school districts; Food security data: Data from 1) states' health departments, 2) human services / social services agencies, or 3) education agencies related to eligibility/utilization of food assistance or food-related needs; Cash assistance data: Data from states' health departments or human services / social services agencies related to eligibility/utilization of cash assistance programs; Housing data: Data from federal, state, or local agencies on eligibility/utilization of housing assistance

New Data Collection: Retrospective Attribution Files (collected by ARs); Retrospective Comparison Files (collected by ARs); Service Integration Level (SIL) Checklists (collected by ARs); Aggregate Performance Measures and underlying individual-level admin or EHR data (collected by ARs); Interviews with ARs ; Interviews with State Medicaid Agencies; Interviews with members of the Partnership Council; Interviews/focus groups with providers serving the attributed population and providers serving the comparison group population.; Interviews/focus groups/other TBD data collection with patients and families/caregivers potentially involved with and/or impacted by the InCK model

Study Design or Approach: The evaluation will produce annual reports of model outcomes beginning with an evaluation of model pre-implementation. Milestones are still being negotiated with awardees. The design plan for the implementation design is due in the fall of 2021.

The evaluation uses an integrated mixed methods approach. As such, each aspect of the evaluation continuously informs the others. Quality measures and demographic information on participants are provided by awardees. The qualitative analysis includes in-person and virtual site visits that involve environmental scans, interviews, focus groups, and innovative participant-directed methods. The quantitative analysis of Medicaid (and CHIP where applicable) claims will include impacts analyses with comparison groups from non-overlapping areas in the same states where beneficiaries are served.

Anticipated Challenges and Mitigation Strategies: Implementation has not yet begun for this model, and quality of the anticipated data is unclear.

Dissemination plan: The evaluation hopes to understand whether integrated care models and APMs to support them improve health and reduce costs to Medicaid and could be expanded across states in accordance with the requirements of section 1115A of the Social Security Act.

Agency: CMS

Activity: Network of Quality Improvement and Innovation Contractors (NQIIC) Independent Evaluation

Priority Area: Research and Evidence; Management

Priority Question: How does HHS improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion? What improvements to HHS programs and policies can promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices?

Research Questions: Which contractors are meeting which program targets?

What strategies are they using to meet them?

What barriers are keeping contractors from meeting targets and how can these be overcome?

Annual provider satisfaction surveys:

What proportion of targeted providers use QIO contractor resources to improve health care quality?

How satisfied are the providers with these resources?

What can the QIOs do to improve satisfaction?

Outcome evaluation:

To what extent did the QIO program meet the targets for each quality improvement category?

To what extent can we attribute the changes in outcomes associated with the categories to the quality improvement networks and/or other activities supported through the QIO?

What are the likely projected and actual ROI for QIO program outcomes? (both quantitatively and qualitatively)

How does ROI vary by contractor?

For COVID-19 response, what synergies were achieved between the QIOs and other major HHS programs, especially AHRQ's Project Echo?

Description: The QIOs and other quality improvement contractors are required to provide evidence-based, data-driven technical assistance to health care facilities to improve quality and meet pre-defined outcomes related to:

Opioid use and misuse; Patient safety; Chronic disease management

Care coordination; Responding to public health emergencies and COVID-19 and infection control; Immunization; Training

CMS's evaluation strategy aims to understand:

which aspects of QIO interventions are effective; variance in performance across QIOs and interventions; providers' satisfaction with the quality improvement interventions.

This information will inform current work and future Quality Improvement Program planning to shape program based on potential for maximum effectiveness and impact, in addition to eliminating low-value, low-impact activities.

Time Period for the Activity (estimated start and end dates): September 25, 2020-September 24, 2025

Existing Data Sources Held by the Division: Major quantitative data sources include: Medicare fee-for-service claims; Provider/Physician Performance (Hospital Compare, Nursing Home Compare, Physician Compare); Medicare Current Beneficiary Survey (MCBS); Deliverable Administration Review Repository Tool (DARRT) data

Existing Data from Other Sources: Quality and Safety Review System (QSRS) inpatient safety data: a multi-stage sample of medical charts from Medicare beneficiaries from a small sample of hospitals. (See: AHRQ National Scorecard on Hospital-Acquired Conditions); National Healthcare Safety Network (NHSN); Tiberius data (HHS); Nursing Home Minimum Data set;

New Data Collection: QIN-QIO real-time collected data (Qualtrics); OMB cleared survey of providers' satisfaction with NQIC services (not yet executed)

Study Design or Approach: This is a 5-year mixed methods evaluation using both qualitative and quantitative methods. An Independent Evaluation Contractor, Booz Allen Hamilton, with highly credentialed statisticians and health services researchers conducts the work under the direction of CMS. Although the evaluation is independent, the specific research questions are defined and the work is monitored by Ph.D.-trained researchers and clinicians at CMS who use their program knowledge to assure the contractors investigate the right populations, interventions, and outcomes.

Anticipated Challenges and Mitigation Strategies: No challenges identified at this time.

Dissemination plan: Not yet determined.

Agency: CMS

Activity: Evaluation of the Value-Based Insurance Design (VBID) Model

Priority Area: Healthcare

Priority Question: To what extent do HHS programs and policies reduce costs and improve quality of healthcare services?

Research Question: Impact of the VBID Model (including Hospice component):

1) Eligibility and Enrollment:

Do participating plans enroll more or fewer enrollees over the course of the model test, and why?

2) Utilization and health outcomes:

Does the model result in targeted enrollees consuming fewer high-intensity services, such as emergency department visits and inpatient admissions?

Does the model improve targeted enrollees' overall health status and specific conditions? What, if any, impact does the model have on enrollees' risk scores?

How does the hospice benefit component of the model impact the decision to elect hospice, and the timing of hospice election, by enrollees?

How does the model affect enrollee hospice experience, as measured by visits in the last week of life, likelihood of live discharge/transfer/revocation, among others? Where relevant, how do these utilization patterns differ between hospice patients in MA vs FFS?

3) Cost:

What is the model's impact on plans' cost (both medical and drug benefit)?

What is the model's effect on plans' bids, for Parts C and D?

What is the model's impact (if any) on targeted enrollees' and non-targeted enrollees' overall cost-sharing, premiums and the availability of supplemental benefits for non-targeted enrollees in participating plans?

What factors or variables are driving any increases or decreases in plan's costs and bids?

Description: The VBID Model allows Medicare Advantage organizations (MAOs) to further target benefit design to enrollees based on chronic condition and/or socioeconomic characteristics and/or incentivize the use of Part D prescription drug benefits through rewards and incentives. MAOs may also offer the Medicare hospice benefit to its enrollees as part of the VBID Model. Additionally, the VBID model requires that all participating plans engage their enrollees through structured and timely wellness and health care planning, including advanced care planning. The primary aim of the evaluation is to rigorously assess the impact of the VBID model on enrollee health outcomes, behavior, service use, and quality of care, and on costs to health plans, enrollees and to Medicare.

Time Period for the Activity (estimated start and end dates): 2020 - 2028

Existing Data Sources Held by the Division: Medicare Advantage plan enrollment/disenrollment files, Fee-for-Service claims, Medicare Advantage Organizations encounter, Bid Pricing Tool, Provider of Service, Hospice Item Set, Prescription Drug Event, Star ratings, risk scores, Reusable Framework monitoring data (submitted by VBID plans)

Existing Data from Other Sources: CAHPS, Health Outcomes Survey, Healthcare Effectiveness Data and Information Set

New Data Collection: Semi-structured interviews with participating and non-participating plans, in-network and out-of-network hospices, other VBID providers, and beneficiaries

Study Design or Approach: Our evaluation of the VBID model test takes a mixed-methods approach by integrating primary qualitative data with secondary quantitative data to assess the model test's effects on key outcomes. This approach allows us to observe, from multiple angles, the experiences of MAOs, beneficiaries, and providers with the model test and develop a more complete picture of the potential benefits and drawbacks of VBID in the Medicare population.

MAOs that offer VBID through the model test are required to submit information on beneficiary participation to CMMI's Reusable Framework reporting system. We will use these data to calculate the number of VBID-eligible beneficiaries in participating MAOs, the share of VBID-eligible beneficiaries who participated in the model test (versus opting out or not completing participation requirements), and changes over time in participation rates.

We will use difference-in-differences regression models to estimate whether MAOs that participated in VBID and their eligible beneficiaries experienced changes in outcomes relative to a matched comparison group. Our analyses will estimate how MAOs' participation in the VBID model test affected outcomes. For most analyses, we will pool all VBID-participating MAOs and beneficiaries (and their matched comparators) into a single regression. As a result, the "treatment" effect is generally exposure to any VBID intervention implemented by a participating MAO, rather than exposure to a specific VBID design. The hospice component will be evaluated separately.

Finally, we will characterize the experience of beneficiaries, providers, and MAOs with VBID through a series of semi-structured telephone interviews.

Anticipated Challenges and Mitigation Strategies: The evaluation relies on encounter data submitted by MAOs. While quality of these data has improved in recent years, the ongoing time lag (approximately 24-month runout period) delays answering key questions related to utilization.

While the hospice component will be separately evaluated, the other flexibilities embodied in VBID are evaluated collectively even though there is variation in how they are used by participating MAOs. Thus, our evaluation of the VBID "proper" (non-hospice) speaks to access to the overall suite of flexibilities rather than the impact of any single one or subset of mechanisms.

Dissemination plan: 2022: First report due, focusing on 2020 and 2021 implementation and enrollment

2023: Second report due, focusing on beneficiary experiences and utilization, health outcomes, and quality

2025: Third report due, focusing on Wellness and Healthcare Planning

2026: Fourth report due, focusing on hospice component

2027: Fifth report due, focusing on individual component impacts

2028: Sixth report due, focusing on generalizability

Potential expansion of socioeconomic/Low Income Subsidy (LIS) targeting flexibility and inclusion of hospice in Medicare Advantage benefits package

Agency: FDA

Activity: Food Safety Modernization Act (FSMA) Program Evaluation

Priority Area: Public Health

Priority Question: How effective are HHS programs and policies at protecting individuals, families, and communities from infectious disease and preventing non-communicable disease through development and equitable delivery of effective, innovative, readily available, treatments, therapeutics, medical devices, and vaccines?

Research Question: How can HHS programs and policies best protect the food and medical supply chains?

Description: Each Food Safety Modernization Act (FSMA) program is expected to undergo program evaluation, including implementation of continuous process improvement, following completion of initial implementation. We are conducting a pilot evaluation of the Preventive Controls for Human Foods (PCHF) program in FY22 that will provide the framework for evaluating other programs within FSMA. After the pilot, other FSMA program evaluations will be prioritized and executed.

Time Period for the Activity (estimated start and end dates): 10/1/2022 - ongoing

Existing Data Sources Held by the Division: Food Safety Dashboard, PC and CGMP Measures (FDA-TRACK website), Field Accomplishments and Compliance Tracking System (FACTS), Observation and Corrective Action Reporting (OCAR) system, Coordinated Outbreak Response and Evaluation (CORE)

Existing Data from Other Sources: CDC National Outbreak Reporting System (NORS)

New Data Collection: Industry surveys, additional outcome measures

Study Design or Approach: The FSMA program evaluation will focus on determining if each program is operating as intended and is producing the desired public health outcome. We will leverage data analysis (trends, counts, descriptive statistics) from existing data sources.

Anticipated Challenges and Mitigation Strategies: There are challenges in making the connection between program activities and reduction in number of illnesses due to contamination of food from facilities subject to the PC rule. There is a workgroup in place investigating viable outcome measures that could be useful for these evaluations. We will leverage their work to support the outcome aspect of these evaluations.

Dissemination plan: These results will initially be vetted by the FDA Foods Program Governance Board. The results will support possible process improvements for these programs as well as possibly quantifying public health outcomes. Once complete, we will explore possible opportunities for public consumption.

Agency: HRSA

Activity: Healthy Start (HS) Evaluation & Capacity Building Support

Priority Area: Human Services

Priority Question: What are the impacts of HHS programs and policies on strengthening early childhood development and expanding opportunities to help children and youth thrive equitably within their families and communities?

Research Question: To what extent are HHS programs associated with improved health status among participants served, and how effective are HHS programs in addressing maternal and infant health disparities?

Description: This effort is a four-year national evaluation of the HS program applying implementation, utilization, outcome, and transformative evaluation approaches to determine the effectiveness of the program. The social ecological model is used as the framework to assess characteristics, behaviors, and activities at the individual level (e.g., use of program services), the organizational level (e.g., HS initiatives), the community level (e.g., HS Community Action Networks), and the larger social-structural level (e.g., policies, systems, structural environment). Results of the evaluation will be used to inform decision-making and develop recommendations to improve implementation of the HS program.

Time Period for the Activity (estimated start and end dates): Sept 2021 - Sept 2025

Existing Data Sources Held by the Division:

Healthy Start Monitoring & Evaluation Data System (HSMED)

- Reporting system for participant-level data received on a monthly basis
- Based on information provided in the Healthy Start Data Collection Forms (Background Form, Prenatal Form, Parent/Child Form)
- Contains demographic, participant behavior, healthcare utilization, access, and perinatal outcomes data

Discretionary Grant Information System (DGIS)

- Collects grantee-level data on annual basis
- Addresses MCHB-wide and HS program-specific performance measures

Existing Data from Other Sources: Vital records data from at least one state will be used for the same year in which data from the Healthy Start participants is collected

New Data Collection: Quantitative and qualitative data collected from Healthy Start grantees and their stakeholders via web-based surveys, semi-structured interviews, and site visit assessments

Study Design or Approach: The evaluation will use a mixed methods approach: for much of the implementation and utilization evaluation, HSMED data, DGIS data, and the Program Staff Survey will be analyzed to provide descriptive statistics and determine associations. Grantee reports, stakeholder interviews, and network analysis will inform the implementation and transformative evaluation components. The outcome evaluation will measure the effect of HS on participant health outcomes using dosage analysis.

Anticipated Challenges and Mitigation Strategies: The HS grantees have varying levels of organizational data and evaluation capacity based on level of experience with the program and other factors. An organizational assessment was conducted that identified challenges in collecting and submitted required data, time and effort required, staff experience, and variations in data systems. The evaluation design includes a risk mitigation plan to address these challenges that includes technical assistance provided by the evaluation contractor and the HS TA & Support Center.

Dissemination plan: The evaluation design includes an outreach and dissemination component involving a variety of approaches based on the target audience for specific products. The results will be disseminated via the creation of written materials, reports, and possible publications, and presenting evaluation findings in webinars and in-person, to both internal and external stakeholders. The findings may be used to inform quality improvement efforts within the program, program policy, and future national (or local) evaluations of the program.

Agency: HRSA

Activity: Evaluation of the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program

Priority Area: Healthcare

Priority Question: To what extent do HHS programs and policies reduce costs and improve quality of healthcare services?

Research Question: Research questions for this evaluation fall under the categories of network approach to coordinating care, delivery and access to services, maternal and neonatal outcomes, and financial sustainability and viability.

Network Approach to Coordinating Care

1. How do network partners coordinate services to improve access to the continuum of care?
2. What is the governance structure of the network?
3. Are awardees able to implement their work plans and achieve outcomes as planned?
4. What are the barriers and facilitators to creating regional networks that span the continuum of care and improving maternal and neonatal outcomes?

Delivery and Access to Services

5. What impact do these rural networks have on the types of medical services utilized, settings of care, and patterns of utilization at each site and across the program?
6. What impact do rural networks have on utilization of non-medical resources, referrals, and services, such as transportation, dietary services, and social services?
7. What role can telehealth, such as fetal monitoring, play in supporting rural clinicians and the obstetric patients they serve?

Maternal and Neonatal Outcomes

8. Does the program improve clinical outcomes during the prenatal period, labor/delivery period, and postpartum period?

Financial Sustainability and Viability

10. Is there a reduction in high-cost, high-intensity services?
11. What impact did the program have on Medicaid costs and health care utilization?
12. What strategies are most effective to reduce or avoid high-cost services?
13. Can a regional network with several rural hospitals aggregate obstetric services to ensure enough patient volume to be financially viable and provide high-quality obstetric services?
14. What is the role of Medicaid/other payers in facilitating the network and financial sustainability?
15. How can avoided costs be captured and accounted for?

Description: This project will document the implementation of two RMOMS program cohorts (FY 2019 and FY 2021) and assess how many women and infants the RMOMS program served, examine the extent to which services were delivered, and examine factors that help explain the volume and types of services used. It will also assess the RMOMS program's effect on the program goals and objectives over time and examine factors associated with improved various patient outcomes.

Time Period for the Activity (estimated start and end dates): September 2021 - August 2025

Existing Data Sources Held by the Division:--

Existing Data from Other Sources: To be determined by contractor

New Data Collection: Patient level data from grantee

Study Design or Approach: To be determined by contractor

Anticipated Challenges and Mitigation Strategies: Patient level, primary data collection can be a challenge for resource-limited rural providers. Contractor will provide TA on data collection and share best practices.

Dissemination plan: Results will be disseminated through publicly available reports, webinars/presentations, and other data visualization/information sharing tools as proposed by the contractor and approved by HRSA OC. Information will be used to inform future RMOMS programming specifically as well as to inform improvements to maternal health outcomes in rural communities more broadly.

Agency: HRSA

Activity: Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS): Improving Care and Treatment Coordination: Focusing on Black Women with HIV

Priority Area: Public Health; Research and Evidence

Priority Question: How effective are HHS programs and policies at protecting individuals, families, and communities from infectious disease and preventing non-communicable disease through development and equitable delivery of effective, innovative, readily available, treatments, therapeutics, medical devices, and vaccines? How does HHS improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion?

Project Question: This project will evaluate how effective bundled interventions are for helping Black women with HIV access care and treatment. An evaluation using an implementation science lens will help answer if the bundled interventions perform better in addressing quality of life retention in care and reaching viral suppression.

Description: The awarded Evaluation and Technical Assistance Provider (ETAP) will lead a multi-site evaluation and provide technical assistance (TA) to a cohort of 12 demonstration sites (also supported by the project) to evaluate the design and implementation of demonstration sites' bundled interventions (a group of evidence-informed practices) and their outcomes and effectiveness on the HIV care continuum for Black women with HIV for future replication and scale-up.

Time Period for the Activity (estimated start and end dates): Sept 1, 2020 - August 31, 2024

Existing Data Sources Held by the Division: Ryan White HIV/AIDS Program Services Report (RSR)

Existing Data from Other Sources: HIV Surveillance Data

New Data Collection: Data will come from Funded demonstration sites; Organizational outcomes data; key informant and stakeholder information; cost study data.

Study Design or Approach: The ETAP will design and implement a rigorous multisite evaluation plan to assess the effectiveness of the demonstration sites' bundled interventions. The evaluation plan

proposed by the ETAP includes process and outcome measures, and assesses the cost of adapting and implementing the bundled interventions.

Anticipated Challenges and Mitigation Strategies: To date the project has encountered some of the following challenges: 1) hiring staff at some of the sites; 2) the realities of the current conditions – recruitment in the middle of a pandemic; and 3) ambitious recruitment and samples sizes of the sites. However, the ETAP and HRSA POs are working with the sites to ensure they come up with innovative approaches to connect with clients, and to ensure an overall successful project.

Dissemination plan: The results will be disseminated via toolkits, lessons learned, materials, and products, such as blogs, a website, implementation manuals and intervention protocols. Additionally, the ETAP will convene a publication and disseminations committee, consisting of HRSA staff, the ETAP, and demonstration site representatives, to generate topics for presentations and publications; concept sheets and analyses; and an overall dissemination plan for the initiative's products.

Agency: HRSA

Activity: Behavioral Health Workforce Supply

Priority Area: Healthcare

Priority Question: How do HHS programs and policies bolster the primary and preventive healthcare workforce to ensure delivery of quality services and care?

Research Question: How many new behavioral health providers and paraprofessionals graduated from the program and are currently practicing? To what extent are the new graduates practicing in primary care and underserved settings?

Description: Evaluation of BHW's behavioral health workforce expansion programs in terms of cumulative outputs and outcomes. Reduction in forecast national-level shortages of specific behavioral health occupations will be demonstrated.

Time Period for the Activity (estimated start and end dates): Ongoing annually

Existing Data Sources Held by the Division: program performance metrics, NCHWA projection reports, Area Health Resources Files

Existing Data from Other Sources: None

New Data Collection: Annual collection of performance metrics.

Study Design or Approach: Primary analysis of performance data includes a cumulative count of total new graduates in each of the behavioral health occupations trained across the Bureau's behavioral health expansion programs. Additionally, for key occupations that also have NCHWA projections

available, a percent reduction in the forecast FTE shortage will be calculated, assuming that each new graduate will be employed full-time in their trained occupation.

Anticipated Challenges and Mitigation Strategies: The only challenge is receiving complete and accurate performance data each year for these programs in a timely fashion. While most grantees report on-time, employment data is not always complete. Project officers remind grantees to report all data and of the importance this data has to continued funding of the program.

Dissemination plan: Results will be disseminated via a brief evaluation summary document posted on HRSA's website as well as highlights included in HRSA's Congressional Justification.

Agency: NIH

Activity: An Outcomes Assessment of the NIH Ruth L. Kirschstein National Research Service Award Predoctoral Training Program

Priority Area: Research and Evidence; Management

Priority Question: Where does HHS need to further invest in the scientific workforce to maintain leadership in the development of innovations that broaden our understanding of disease, healthcare, public health, and human services resulting in more effective interventions, treatments, and programs? How can HHS sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust?

Research Question: How can HHS policies and programs accelerate scientific advancements, attract and retain graduate students in the biomedical enterprise?

Description: The National Research Service Award (NRSA) predoctoral training program supports the doctoral preparation of talented individuals who wish to pursue careers in biomedical, behavioral, and clinical research. This study will assess both research and career outcomes of NRSA-funded graduate students.

Time Period for the Activity (estimated start and end dates): FY 2021 - FY 2023

Existing Data Sources Held by the Division:

Information for Management Planning Analysis and Coordination (IMPAC II): NIH's administrative and scientific database, which includes information to manage awards for research grants, contracts, and research training and fellowships. The IMPAC II database is one of two subsystems managed by the NIH Electronic Research Administration.

Doctorate Records File (DRF): The consolidated results of the Survey of Earned Doctorates, an annual census of all individuals receiving US research doctorates since 1957

--The survey is coordinated by the National Science Foundation (NSF) and co-sponsored by the NIH and

other federal agencies

--NIH receives a copy of the DRF under a licensing agreement with the NSF

Existing Data from Other Sources: DRF identifiers will be used to request data from other NSF surveys including the Survey of Doctorate Recipients

New Data Collection: --

Study Design or Approach: Distinct survival analysis methods such as Kaplan-Meier (KM) or survival curves and Random Survival Forests will be used to identify the strongest predictor of research outcomes. Additional statistical analyses will be conducted to assess group differences in career outcomes.

Anticipated Challenges and Mitigation Strategies: Missing demographic data in DRF will be supplemented from IMPAC II. Individuals whose race, ethnicity and gender data are missing or are withheld in both data sources will be excluded from the study. Missing age data will be imputed with median age.

Dissemination plan: Results from this study are expected to provide insight into the extent by which NRSA funding is effective in preparing graduate students to transition to the next step in their pathway to a research career.

Agency: NIH

Activity: Evaluative Planning and Monitoring Approach for the Environmental influences on Child Health Outcomes (ECHO)-wide Cohort

Priority Area: Research and Evidence

Priority Question: What improvements are needed to HHS programs and policies for data collection, use, and evaluation to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience?

Description: The Environmental influences on Child Health Outcomes (ECHO) program has implemented an evaluative planning approach to ensure success in developing a consortium-wide high-quality data platform and biorepository with data and specimens from over 50,000 children and their families, which it will make available to the research community as a national resource for studying child health. ECHO's Steering Committee established goals and objectives based on markers of successful observational studies: successful enrollment and retention of study populations; fidelity to the research protocol; and sound data analysis, publication, and dissemination. For each objective, ECHO sets annual targets for key indicators, i.e., program metadata, like number of active study participants, completeness and quality of ECHO study data collected from study participants, number of biospecimens in the ECHO biorepository collected from study participants, and number of consortium-wide publications driven by analyses on the ECHO data platform.

Time Period for the Activity (estimated start and end dates): September 2020 – September 2023

Existing Data Sources Held by the Division: NIH Research Performance Progress Reports from 2016 to current

Existing Data from Other Sources: ECHO's Data Analysis Center and Coordinating Center hold existing indicator data, i.e., program metadata collected from 2016 to date, related to the number of participants enrolled, completeness and quality of ECHO study data collected from study participants, number of biospecimens in the ECHO biorepository, and number of consortium-wide publications driven by analyses on the ECHO data platform

New Data Collection: ECHO's Data Analysis Center and Coordinating Center collect new indicator data, i.e., program metadata related to the number of active participants, data completeness and quality, number of biospecimens in the ECHO biorepository, and number of consortium-wide publications driven by analyses on the ECHO data platform

Study Design or Approach: ECHO's Coordinating Center uses metadata on the number of active participants, data completeness and quality, number of biospecimens in the biorepository, and number consortium-wide of publications driven by analyses on the data platform to populate a monitoring dashboard, viewable by NIH program staff and ECHO grantees. ECHO's Program Evaluation & Mentoring Working Group—a subgroup of ECHO's Steering Committee—engage with fellow grantees to understand the successes, challenges, barriers, and facilitators to implementing the operational aspects of the ECHO program, particularly successful enrollment and retention of study populations; fidelity to the research protocol; and sound data analysis, publication, and dissemination. NIH program staff monitor this dashboard—and Research Performance Progress Reports—to understand overall program successes and challenges, as well as those of individual grantees.

Anticipated Challenges and Mitigation Strategies: The Program Evaluation & Mentoring Working Group reports overall program progress to the ECHO Steering Committee and provides mentoring opportunities among investigators to share successful program implementation strategies. Depending on program needs, NIH program staff may develop messaging strategies to celebrate program-wide successes or help initiate program-level course correction. If grantees experience continued challenges, NIH program officers may work with each grantee to develop an action plan for recovery, which includes learning strategies for success from high-achieving peer grantees.

Dissemination plan: NIH program staff have not planned specific strategies for broad dissemination of the overall results of our evaluative planning and monitoring approach. The ECHO Program Office plans to share the results with its External Scientific Board, a board made up of external advisors who report to the Council of Councils, who will monitor the performance of the ECHO program and consider how to overcome challenges to the program. ECHO additionally plans to use the results internally to continuously improve the program and advance its mission.

Agency: ONC

Activity: Evaluation of the Trusted Exchange Framework and Common Agreement (TEFCA)

Priority Area: Research and Evidence

Priority Question: What improvements are needed to HHS programs and policies for data collection, use, and evaluation to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience?

Research Question: To what extent is TEFCA simplifying exchange for participants and improving health data availability in general?

Description: The goal of TEFCA is to establish a floor of universal interoperability across the country. TEFCA will do this by creating health information networks that operate under agreed upon policies, technical requirements, and network connectivity requirements. The evaluation will assess whether TEFCA is successful in increasing interoperable exchange, increasing the availability of health data, and simplifying exchange by healthcare providers, such as reducing the number of different networks that providers have to join.

Time Period for the Activity (estimated start and end dates): FY 2022- FY 2026

Existing Data Sources Held by the Division: None

Existing Data from Other Sources: Health IT Surveys (e.g. AHA, HIE Survey)

New Data Collection: Direct data from Recognized Coordinated Entity (RCE) that manages the TEFCA

Study Design or Approach: The study will use a mixed methods approach. It will consist primarily of quantitative results assessing milestone achievements, TEFCA participation, and quantifiable results of TEFCA participation on health IT interoperability. This analysis will be supplemented with interviews with TEFCA participants, health IT end users, and the RCE.

Anticipated Challenges and Mitigation Strategies: Data collection will likely be the biggest challenge. ONC can leverage TEFCA program milestones and data from RCE process and outcome metrics, once available. In addition, assessing the effect will require use of data from outside of TEFCA, such as national surveys which may not completely captures TEFCA's role in interoperability.

Dissemination plan: The results of the evaluation will be published on an ongoing basis through peer-reviewed publications and data briefs. ONC will use these publications to assess the progress and success of TEFCA and inform recommendations for the program going forward.

Agency: SAMHSA

Activity: Internal Formative Evaluation of the Projects for Assistance in Transition from Homelessness (PATH)I

Priority Area: Healthcare

Priority Question: How do HHS programs and policies expand equitable access to comprehensive, community-based, innovative, and culturally-competent health care services while recognizing social determinants of health?

Research Question: How can HHS health and social services programs increase access to those experiencing homelessness?

Description: The PATH evaluation report includes information on funding, staffing, numbers served/contacted and enrolled, client demographics, service provision and service referrals made and attainment. Data are submitted by the PATH providers via the SAMHSA PATH Data Exchange (PDX), though parts are to be provided through local Homeless Management Information Systems (HMIS). The PATH grantees' State PATH Contacts (SPCs) approve the data submitted by their providers. The evaluation will include performance measurement, a feasibility study, and outcome evaluation.

Time Period for the Activity (estimated start and end dates): Ongoing annually

Existing Data Sources Held by the Division: PDX

Existing Data from Other Sources: Web-based survey

New Data Collection: --

Study Design or Approach: Mixed method approach

Anticipated Challenges and Mitigation Strategies: Delay in data collection

Dissemination plan: The PATH evaluation report is both an annual report (shared online) and a triannual report required by Congress

Agency: SAMHSA

Activity: Summative Program Evaluations (e.g., Strategic Prevention for Prescription Drugs or SPF-Rx). This program is designed to prevent prescription drug misuse among youth aged 12 to 17 and adults aged 18 and older. The program is developed to respond to a critical priority area in SAMHSA's FY2019-FY2023 Strategic Planning Priority 1: Combating the Opioid Crisis through Expansion of Prevention, Treatment and Recovery Support Services.

Priority Area: Healthcare; Public Health

Priority Question: To what extent do HHS programs and policies strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families? How do HHS policies and programs enhance promotion of healthy lifestyle behaviors to reduce occurrence and disparities in preventable injury, illness, and death?

Description: Summative evaluation using comparative group to evaluate how HHS programs can increase access to medication-assisted treatment (MAT)? How can HHS programs reduce prescription drug misuse?

Time Period for the Activity (estimated start and end dates): Ongoing annually

Existing Data Sources Held by the Division: SPARS

Existing Data from Other Sources: CDC WONDER, The Web Block Grant Application System (WebBGAS)

New Data Collection: --

Study Design or Approach: Mixed method approach

Anticipated Challenges and Mitigation Strategies: Delay in data collection

Dissemination plan: SAMHSA's centers, grantees, and subrecipients