# FY 2026 HHS Evaluation Plan

# Introduction and Background

The Foundations for Evidence-Based Policymaking Act of 2018 (Evidence Act) is designed to improve decision-making for federal programs and policy development through a transparent, demand-driven approach to evidence development and analysis.

The US Department of Health and Human Services (HHS) works to enhance the health and well-being of all Americans by providing effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. Evaluation provides essential evidence to inform HHS programs and policies to ensure their effectiveness and efficiency. The evidence generated through evaluation assists HHS in considering budgetary, legislative, regulatory, strategic planning, program, and policy decisions.

Given the breadth of work supported by HHS, the scope and type of evaluations and analyses conducted each year can vary widely, but they all aim to generate actionable results to improve how HHS drives change and works to achieve its mission. This plan includes significant evaluations that highlight the ways in which evaluations provide critical information on the effectiveness and efficiency of HHS in improving priority outcomes. Each project summary describes the purpose of the evaluation, whether the data required are held by HHS or require data collection activities, the study design, any anticipated challenges and how they will be mitigated, and how results are expected to be used and shared. For purposes of this plan, HHS defined significant evaluations as those that focus on Department priorities; are designed to produce timely and actionable results to inform decisions; and serve to illustrate the contribution of evaluation to the ability of HHS to achieve its mission.

The breadth and significance of the on-going evaluation, research, and analysis activities across HHS extends far beyond the studies described in this document. The Assistant Secretary for Planning and Evaluation (ASPE), through the HHS Evaluation Officer, plays a significant leadership role in strengthening and supporting evaluation and evidence-building activities across the Department, ensuring coordination with data and statistical activities to enable data-driven decision-making. The ASPE coordinates the HHS evaluation community through regular convenings of the HHS Evidence and Evaluation Council (E&E Council) to carry out activities that meet the requirements of the Evidence Act and build capacity by sharing best practices and promising new approaches across HHS. Predating the Evidence Act, the E&E Council includes senior evaluation staff and subject matter experts from across HHS. Members of the E&E Council bring deep expertise about the most pressing evidence needs and how to address them for their unique program or policy areas. Their contributions were instrumental in guiding the development of this Evaluation plan and coordinating submissions for inclusion.

# Select Significant Evaluations in FY 26

## Next Generation of Enhanced Employment Strategies (NextGen) Project | Administration for Children and Families (ACF)

**Priority Area:** Human Services

**Description:** This project is completing rigorous evaluations of innovative employment interventions to identify effective interventions for people with low incomes and complex challenges to employment such as physical and mental health conditions, criminal justice system involvement, or limited formal work skills and experience. In concert with ACF's Building Evidence on Employment Strategies Project, the project has also partnered with the Social Security Administration to evaluate employment-related interventions for individuals with current or foreseeable disabilities who have limited work history and have not yet applied for Supplemental Security Income (SSI). Over the course of the long-term project (2018-2028), descriptive, cost, and experimental impact studies are being conducted of six employment programs; findings from the studies will be disseminated via a range of products geared toward policy, practitioner, and research audiences to support the application of the results in policy and programmatic decision-making.

In FY 2026, the project will publish short-term impact findings. ACF's Office of Family Assistance (OFA), with support from ACF's Office of Planning, Research, and Evaluation (OPRE), will describe these findings, along with key findings from descriptive and cost studies on each program published in 2025, to encourage TANF Administrators to apply effective strategies for moving TANF recipients from dependency toward work. Additionally, the study team conducting the NextGen Project will facilitate meetings with each program participating in the evaluation, to discuss in detail the findings specific to their program and potential implications for program operations.

**Evaluation Questions to be Addressed:**
For each of the six employment interventions under evaluation, the study will answer the following questions:

1. How does the intervention impact participants' receipt of services and employment-related outcomes, chiefly employment, earnings, and public assistance receipt?
2. How is the intervention designed and operated, and whom does it serve?
3. What key components of the intervention appear necessary for or contribute to the success of the intervention?
4. What are the intervention's sources of funding, and costs and benefits? What are considerations regarding sustainability of the intervention?

**Time Period for the Activity**: Descriptive and cost study findings for each program will be published in CY 2025, and short-term impact findings are anticipated to publish in spring of CY 2026. OPRE will then support OFA in summarizing key findings for TANF Administrators.

**Data Sources:** Existing Data and New Data Collection

**Study Design or Approach:** The project is conducting experimental impact studies, descriptive evaluations, and cost analyses.

**Anticipated Challenges and Mitigation Strategies:** Due to pauses in operations and changes to the type and mode of services at several sites beginning in March 2020, the study experienced challenges to early study enrollment and intervention fidelity. To address this, ACF extended enrollment periods at each site and provided technical assistance such that all participating sites are on track to enroll the minimum number of participants needed to detect program impacts. Additional challenges are not anticipated.

**Expected Use of Results and Dissemination Activities:** TANF jurisdictions use federal TANF funds to provide income support to families with children with low incomes and to provide a wide range of services designed to accomplish the program's four broad purposes, including ending the dependence of needy parents on government benefits by promoting job preparation and work. TANF is a block grant; as such, jurisdictions have considerable flexibility with TANF funds to implement programs that best serve their distinct communities. To inform decision-making around program services, TANF Administrators need reliable and accessible information on effective interventions and strategies for helping their clients succeed in the labor market. The NextGen Project will produce information to meet this need. Specifically in FY 2026, the project will release short-term impact findings for the six programs participating in the NextGen Project. (Findings from longer-term impact studies are expected in 2028.)

To facilitate the use of this information for decision making, OFA will disseminate key findings on program implementation, costs and short-term impacts, to encourage TANF Administrators to apply effective strategies for moving TANF recipients from dependency toward work. OFA will also remind Administrators that the 'Find Interventions that Work' tool on the Pathways to Work Evidence Clearinghouse can help them identify, explore, and compare the effectiveness of additional employment interventions, beyond those being tested in the NextGen Project.

Additionally, the study team conducting the NextGen Project will facilitate meetings with each program participating in the evaluation, to walk through the findings specific to their program in detail and discuss potential implications for program operations. To promote transparency, ACF will also disseminate findings to broader policy, practitioner, and research audiences through comprehensive research reports and shorter documents and will submit the findings for review by the ACF-sponsored Pathways to Work Evidence Clearinghouse.

## Evaluation of the Medicare Diabetes Prevention Program (MDPP) | Centers for Medicare & Medicaid Services (CMS)

**Priority Area:** Chronic Health Conditions

**Description:** According to the 2021 National Diabetes Statistics Report, approximately 29 million U.S. adults aged 65 years or older have diabetes, and an estimated 27 million have prediabetes. Medical care for diabetes for persons aged 65 and older cost the nation several hundred billion dollars, with most of this expenditure paid for by Medicare. However, type 2 diabetes, which accounts for 90-95% of all diabetes cases, can be prevented or delayed with health behavior changes. Numerous studies have shown that lifestyle modification programs, which combine improved nutrition and increased physical activity, can reduce the progression from prediabetes to diabetes. The Medicare Diabetes Prevention Program (MDPP) is an evidence-based, yearlong lifestyle change program that aims to reduce the incidence of type 2 diabetes by empowering prediabetic Medicare beneficiaries to manage their health and prevent type 2 diabetes. While the MDPP was established as an additional preventive service in 2017, beneficiary enrollment in the program has been very limited with less than 1% of eligible beneficiaries participating in the program. Of the estimated 9.3 million Medicare fee-for-service beneficiaries who are potentially eligible for the program, fewer than 5,000 participated in MDPP during the first 6 years of the program.

To address this, CMS is making several changes to the program to make diabetes prevention classes available to more people on Medicare. Specifically, Medicare will allow MDPP providers to leverage digital tools to offer the program virtually, thus allowing MDPP to reach participants who may not have access to this program otherwise. For example, participation in classes is challenging for individuals in rural areas where qualified providers may not be available. Expanding the number of providers, and the modality by which providers offer the program, is expected to significantly broaden the reach of this important prevention-focused program. The current evaluation will help CMS understand the impact of these changes, and the virtual program, on the prevention of diabetes compared to in-person participation. The evaluation will assess the program's effectiveness and will report on findings such as program enrollment, weight loss and diabetes incidence, with findings compared across various subgroups (e.g., in person program participation versus virtual session attendance).

**Time Period for the Activity**: Mar 2025– Mar 2029 with quarterly internal reporting – which will include enrollment and preliminary weight loss data in FY26 – that will be monitored for decision making purposes.

**Data Sources:** Existing Data and New Data Collection

**Evaluation Questions to be Addressed:**

1. To what extent does participation in MDPP lead to reductions in weight, and how do these findings compare across beneficiary subgroups and program characteristics (e.g., in-person versus virtual delivery)?
2. To what extent is MDPP participation associated with improved health outcomes (e.g., lower incidence of diabetes) and how, if at all, do outcomes vary across beneficiary subgroups and program characteristics?

**Study Design or Approach:** This evaluation will use descriptive analysis techniques to assess the program's effectiveness and will report on findings such as the level of beneficiary participation, weight loss, and diabetes incidence among participants. The evaluation will also compare outcomes across different beneficiary subgroups (e.g., fee-for-service compared to Medicare Advantage) and different program modalities (e.g., in person program participation versus virtual session attendance).

**Anticipated Challenges and Mitigation Strategies:** One potential challenge may be continued low enrollment of the program. CMS is making many outreach efforts to increase awareness of the program and the changes. In addition, the evaluation will address this by combining findings from the current evaluation with earlier MDPP findings. Adding multiple years of MDPP data will allow us to do more subgroup analyses. With a larger number of participants, we will be able to make more precise comparisons (e.g., in beneficiary engagement, weight loss, etc.) between the different modalities.

**Expected Use of Results and Dissemination Activities:** Enrollment data and preliminary evaluation findings on program enrollment and weight loss achievement will be used to inform Medicare decisions on program and policy development. CMS will look to the evaluation findings to determine whether or how to further expand or modify the program. Results will be disseminated via internal communications (e.g., emails, newsletters, etc.), and shared widely via social media posts, annual reports, or briefs on the agency website.

## Alzheimer's Program Evaluation | Indian Health Service (IHS)

**Priority Area:** Dementia Care

**Description:** In FY 2021, IHS received first-time appropriations of $5 million to address Alzheimer's. Formal Tribal Consultation and Urban Confer, initiated by IHS in FY 2021, elicited Tribal and Urban Indian Organization leader feedback and guidance.

The Alzheimer's Grant Program allocates funds to IHS, Tribes, and Urban Indian Organizations (I/T/Us) to establish and uphold comprehensive dementia care models. The aim is to enhance I/T/U staff skills for culturally apt dementia care and increase dementia awareness and recognition, as well as promote accurate and timely diagnosis for individuals living with dementia. This includes enhancing infrastructure for systematic data collection and analysis, enabling the evaluation of dementia's prevalence, impact, and efficacy of implemented care strategies.

The evaluation will focus on creating evidence to inform regular assessment and iterative improvement of dementia care initiatives; establishing a system for effective reporting that captures quantitative data and will utilize some qualitative methods; creating a budget framework that ensures the allocation and management of resources; fostering sustainable program models that can adapt to evolving dementia care landscapes.

An integral part of this program involves bridging community-based efforts with clinical services to ensure a comprehensive approach to dementia care. It is crucial that our grantees can demonstrate the impact of their work in connecting these two spheres, while enhancing the quality of life for patients diagnosed with dementia.

**Time Period for the Activity**: Dec 2026 – Nov 2027 with data and interim results provided on a quarterly basis to inform decision-making.

**Data Sources:** Existing Data and New Data Collection

**Evaluation Questions to be Addressed:**

1. To what extent are grantees identifying and addressing the unique needs of the communities they serve?
2. What measurable outcomes are grantees using to assess their outcomes on dementia care?
3. How are the program activities implemented to improve awareness, recognition, and management of dementia within tribal communities?
4. What strategies are the grantees employing to ensure the sustainability of the improvements in dementia care?
5. How are grantees documenting and sharing lessons learned from their initiatives?
6. What are the grantees' approaches to workforce development to enhance care for individuals with dementia?
7. Can the grantees provide evidence demonstrating their programs' effectiveness?
8. What collaborative efforts exist between grantees and other healthcare providers or organizations to enhance dementia care?
9. How are data and technical assistance utilized to inform decision-making and improve system-wide care for dementia patients?

**Study Design or Approach:** Mixed-method evaluation collecting both quantitative and qualitative grantee data. Will specifically include implementation (of 5 primary program drivers), budget, access to care, awareness, and use of technical assistance (TA). Thematic analysis to extract themes and insights related to the program's effectiveness, barriers to access, and community needs and preferences, and eventual outcomes.

**Anticipated Challenges and Mitigation Strategies:** Relatively low levels of dementia care and services in tribal and urban Indian communicates. Cultural attitudes towards dementia and impact on community engagement and support for the project.

**Expected Use of Results and Dissemination Activities:** This study is designed to ensure that the evidence generated translates into immediate program improvements and sustained impact across Tribal and Urban Indian communities. Evaluation findings will be actively used to inform decision-making and drive improvements throughout the program through quarterly and annual reports that deliver actionable recommendations to IHS leadership and grantees, supporting real-time adjustments in program strategies, technical assistance, and resource allocation. Insights from grantee data and analysis will directly shape technical assistance priorities and training topics to address identified gaps in dementia care. An annual public report will summarize program progress and highlight effective approaches for broader adoption. For more information about IHS Alzheimer's Program activities visit: www.ihs.gov/alzheimers.

## Outcome Evaluation of the Environmental influences on Child Health Outcomes (ECHO) Program | National Institutes of Health (NIH)

**Priority Area:** Child Health

**Description:** The National Institutes of Health (NIH) Environmental influences on Child Health Outcomes (ECHO) Program Office administers a research program comprising two major components, the ECHO Cohort Consortium—for observational research, and the ECHO Institutional Development Award (IDeA) States Pediatric Clinical Trials Network (ISPCTN)—for intervention research. The purpose of this evaluation is to help the ECHO Program Office understand whether – and to what extent —the program as a whole is achieving its goal to influence knowledge to ultimately enhance the health of children for generations to come. External evaluators are conducting the evaluation to enhance methodological expertise and to help minimize bias. The evaluators will collaborate with the Program Office and ECHO's investigator-led governance bodies to a) assess the program's inputs, processes, outputs, and outcomes intended to bring about impact (i.e., measurable enhancements in children's health), and b) continuously improve the Program's scientific and operational quality and efficiency. The evaluators plan to complete the evaluation by late 2026, the ECHO Program's 10-year anniversary. Results from this work will improve ECHO's efforts to promote the translation of research findings into actions that enhance child health outcomes.

**Time Period for the Activity**: Jun 2024 – Dec 2026, with data collection completed by March 2026, data analysis by Aug 2026, and final reporting on findings by Dec 2026.

**Data Sources:** Existing Data and New Data Collection

**Evaluation Questions to be Addressed:**

1. How and to what extent has ECHO’s efficiency-focused structures (inputs) influenced program-wide processes like participant recruitment, protocol implementation, analysis proposal, and manuscript development?
2. How and to what extent have the data collection and analysis processes worked to enhance efficiency of manuscript development and publications?
3. How and to what extent has ECHO achieved the cross-cutting outputs (e.g., enhancements in team science and interested party engagement)?
4. How and to what extent has ECHO achieved program outcomes like influencing knowledge about children's health (e.g., literature with high potential impact)?
5. How and to what extent has ECHO achieved its program outcomes like generating research that informs programs, policies, practices (e.g., citations in clinical practice guidelines)?
6. How and to what extent have ECHO’s cross-cutting outputs (e.g., enhancements in team science and interested party engagement) enhanced program outcomes?

**Study Design or Approach:** The external evaluation of ECHO is a mixed-methods design that employs both a quantitative and qualitative synthesis to address the primary evaluation questions. Quantitative approaches include survey of program core, center, and clinical site teams, network analysis, bibliometric analysis, and data modeling of aggregate data derived from spatial analysis, inferential analysis, and meta-regression analysis. Qualitative approaches involve survey-follow-up interviews designed for subsets of core, center, and clinical site teams, and publication-content and policy-citation analysis.

**Anticipated Challenges and Mitigation Strategies:** The most pressing challenge the external evaluators anticipate is the burden surveys and interviews will have on program core, center, and clinical site teams that the external evaluator will conduct. To address this challenge, the evaluators are first looking for sources of data already available (e.g., surveys or data collections already completed by the program during normal operation). Next, evaluators will estimate the time required for new data collection using surveys and interviews to collect these data in a distributed manner within each team. This distribution should minimize the total burden any team in the program experiences at any point in time.

**Expected Use of Results and Dissemination Activities:** Study findings will be used to improve the quality and efficiency of program infrastructure, processes, outputs, and outcomes. Results will offer critical insights for increasing the transparency, accessibility, and use of funded research for those who determine programs, policies, and practices to enhance children’s health. For example, the ECHO External Scientific Board will draw on the findings to make key decisions about how ECHO develops, enhances, and implements its collaborative scientific inquiries, methods, clinical study protocols, data analyses, and scientific publications. The findings, anticipated in December 2026, will also inform strategies for engaging with end users, such as scientists, professional societies, think tanks, Congress, local legislators, participants, etc., to drive the application of scientific results to inform programs, policies, and practices that influence children’s health. Evaluation results will also be shared broadly on ECHO’s NIH website.