



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EVALUATION FINDINGS

Performance Improvement 2013-2014 Report

INTRODUCTION

Section 241(a) of the Public Health Service Act authorizes evaluation of the implementation and effectiveness of programs funded by the Act. Section 241(b) requires the Secretary of Health and Human Services (HHS) to summarize the findings from these studies in annual reports to the Senate Health, Education, Labor and Pensions Committee and to the House Energy and Commerce Committee.

This report, *Performance Improvement 2013-2014*, the 18th in this series, summarizes the key findings from studies completed during the two fiscal-year period ending September 30, 2013.

Members of Congress and staff, researchers, analysts, students are encouraged to access the entire set of HHS evaluations covered by this reporting series, including those summarized in this current report. The **HHS Evaluation Database** located at <http://aspe.hhs.gov/Evaluation/Performance> contains summaries for all these studies. Many entries provide direct links to the reports for the studies described.

The online publicly available and searchable database also contains entries for the studies completed after those included in this report as well as over 150 studies that are in process at the present time. All agencies of the Department of Health and Human Services enter this information directly as studies are initiated as well as completed so that the database is kept current, reflecting both ongoing studies and studies for which reports or other final products have been issued.

As new studies are initiated or completed, the information in the Database is being supplemented or updated. The online database provides the most current roster of evaluations and their status. Database SEARCH and REPORT generation features include full text searching and categorical search capabilities and make the contents of the HHS Evaluation Database accessible and retrievable.

This report consists of the following:

- **Chapter I** provides brief background information regarding HHS evaluation work.
- **Chapter II** presents summaries for each completed study describing:
 - Key Study Question (title to the entry);
 - Study Context (first paragraph);
 - Summary of Key Findings (second paragraph); and
 - Contact and Citation information (staff contact; report title; and where available, a Web link to a report).

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CHAPTER I – BACKGROUND

The Department of Health and Human Services (HHS) administers the largest number of assistance programs of any Federal department. These are identified and described in the Catalog of Federal Domestic Assistance, www.cfda.gov. Funds are provided under Section 241 of the Public Health Service (PHS) Act Set-Aside Authority, described below, and through other authorities provided by the Congress. As required by the PHS Act, this report summarizes findings from studies funded under the Set-Aside Authority.

Public Health Service Act Set-Aside Authority

The Public Health Service Act, Section 241 set-aside authority was originally established in 1970, when the Congress amended the Act to permit the HHS Secretary to use up to 1 percent of appropriated funds to evaluate authorized programs. Section 241 limits the base from which funds can be reserved for evaluations to programs authorized by the PHS Act. Excluded are funds appropriated for the Food and Drug Administration, the Indian Health Service, and certain other programs that are managed by PHS agencies but not authorized by the Act (e.g., HRSA's Maternal and Child Health Block Grant and CDC's National Institute for Occupational Safety and Health).¹

The Appropriations Acts for 2012 and 2013 authorized the Secretary to use up to 2.5 percent of the amounts appropriated for programs authorized by the Public Health Service Act for the evaluation of these programs and purposes outlined in the appropriations bills. A total of \$1,042 million were available in PHS Evaluation Funds for agencies and offices in each year. By agency, these funds were appropriated as follows:

Administration for Children and Families (ACF) – \$6 million in FY 2012 and FY 2013
Agency for Healthcare Research and Quality (AHRQ) – \$369 million in FY 2012 and \$365 million in FY 2013²

Centers for Disease Control and Prevention (CDC) – \$371 million in FY 2012 and \$375 million FY 2013

Health Resources and Services Administration (HRSA) – \$25 million in FY 2012 and FY 2013

National Institutes of Health (NIH) – \$8 million in FY 2012 and FY 2013

Substance Abuse and Mental Health Services Administration (SAMHSA) – \$130 million in FY 2012 and FY 2013

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

² The AHRQ and CDC funding levels for FY 2013 include a transfer of approximately \$3.7 million.

Staff components in the Office of the Secretary including the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Office of the Assistant Secretary for Health (ASH), the Office of the Assistant Secretary for Financial Resources (ASFR), the Office of the National Coordinator for Health Information Technology (ONC), and the Office of the Assistant Secretary for Preparedness and Response (ASPR) received \$117 million in FY 2012 and FY 2013.

Funds obligated for studies in one fiscal year are typically expended during one or more future years. Therefore, a particular year's funding doesn't correlate with specific studies completed during the same year.

CHAPTER II – HIGHLIGHTS OF FINDINGS FOR COMPLETED EVALUATIONS

This chapter provides summaries of the key findings for the studies for which reports were issued during the two fiscal years ending September 30, 2013. The studies are grouped under the relevant HHS Strategic Plan goal and objective which they support. The entries are also to be found in the HHS Evaluation Database at <http://aspe.hhs.gov/Evaluation/Performance>.

The studies have been conducted by or funded through the Department of Health and Human Services by the specific agency or office sponsors. Reports may be obtained at the Web hotlinks provided, from the Federal Contact provided in the citation at the end of each entry, or from the Librarian of the Office of the Assistant Secretary for Planning and Evaluation, at evaluation@hhs.gov.

Goal: Strengthen Health Care

Objective: Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured

How Can the Use of Data Sources that Were Developed and Tested As Part of the Centers for Medicare & Medicaid Services Post-Acute Care Payment Reform Demonstration Be Used to Develop Crosscutting Functional Status Quality Metrics?

This project was conducted to provide recommendations for crosscutting functional status quality metrics. The project utilized a variety of data sources including the continuity assessment record and evaluation (CARE) tool which was developed and tested as a uniform assessment as part of a Post-Acute Payment Reform Demonstration. Findings from the project are expected to inform a larger policy discussion of crosscutting functional status quality metric development.

Following the study, researchers made the following recommendations: develop further two motor functional status quality metrics: self-care and mobility, use multiple items in the construction of crosscutting functional status metrics, and conduct additional analyses comparing metrics based on a discharge score and metrics based on a change score.

Report Title: Analysis of Crosscutting Functional Status Quality Metrics Using the Uniform Assessment Data Developed and Tested as Part of the CMS Post-Acute Care Payment Reform Demonstration

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Susan Bogasky, 202-401-0882

Performer: Research Triangle Institute
Record ID: 9628 (December 30, 2012)

What Factors Help or Impede the Translation and Dissemination of Comparative Effectiveness Research into Medical Practice?

This project developed a framework for considering enablers and barriers to the translation of comparative effectiveness research (CER) findings into practice and then, through a review of the literature and key informant interviews, examined five cases of CER dissemination.

Observations from these five studies led to five key findings: 1) Financial incentives are primary drivers of the adoption of new clinical practices, whether or not these practices are supported by the CER evidence. CER results that threaten the financial interests of a stakeholder will be challenged at all phases of the translation process; 2) Even the best CER studies may fail to produce an unambiguous winner so it may be difficult to achieve a consensus interpretation of the results; 3) Cognitive biases play an important role in stakeholder interpretation of CER evidence and may be a formidable barrier in all phases of CER translation; 4) The questions posed by a CER study and its design may not adequately address the needs of end users or focus adequately on the decision making opportunities with the greatest potential to influence clinical practice and 5) Clinical decision support and patient decision aids can help to align clinical practice with CER evidence, but they are not widely used.

Report Title: Dissemination and Adoption of Comparative Effectiveness Research when Findings Challenge Current Practice
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Caroline Taplin, 202-690-7906
Performer: Rand Corporation
Record ID: 9636 (December 30, 2012)

What Facilitates or Obstructs Implementation of Primary Stroke Center Policy, Especially in Rural Health Systems?

This implementation study examined and profiled policies in four states aimed at developing primary stroke centers.

States' primary stroke center policies vary. Inter-institutional coordination between emergency response and acute care facilities is challenging. It is also essential as are policy champions who straddle clinical and policy areas. Stroke care is a developing health science. Updating accreditation standards to reflect current science needs to be fluid, and financial resources to oversee designated primary stroke centers is inadequate. Telemedicine is the most promising strategy for optimal stroke care in rural areas

Report Title: Primary Stroke Center Legislation and Implementation Study

<http://www.cdc.gov/dhdsp/pubs/docs/>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116/ SUSAN LADD

Performer: University of Georgia School of International and Public Affairs

Record ID: 9560 (December 31, 2011)

Can a Provider Reminder/Recall System Change Vaccine Coverage Rates Among 18-month-olds?

This project sought to determine the change in a private office setting in vaccine coverage rates among 18-month-olds before and after installation of a provider reminder/recall system and barriers to instituting such a system. The project aimed to determine the barriers that prevent 18-month-old children in the practice from becoming up-to-date, and develop and test methods to overcome such barriers.

Practice-based interventions aimed at encouraging an 18-month well child visit that emphasizes delivery of needed vaccines have the potential to substantially increase individual practice timely vaccination rates. However, providers must first understand how the process within their practice actually occurs. Direct observation of immunization processes and medical record review enhances survey responses in identifying areas for quality improvement. There are several opportunities that practices can use to improve immunization delivery, particularly maintaining accurate and easy-to-locate immunization records and prompting for needed immunizations.

Report Title: Using Provider Reminder Recall to Enhance Up to Date Coverage of 18 Months Olds

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: Cooperative Agreement

Record ID: 9653 (December 31, 2011)

Goal: Strengthen Health Care

Objective: Improve health care quality and patient safety

What are the Promising Quality Measures of Schizophrenia Treatment for Medicaid Beneficiaries?

Health care reform promises to make insurance benefits newly available to many, eliminate inequitable treatment limits and financial requirements, and promote integrated primary and behavioral health care. Quality measures can help achieve the full promise of these reforms by providing feedback to payers and providers, and enabling greater transparency and accountability. This project identified and tested measures that addressed pharmacological treatment, psychosocial treatment, and physical health needs for individuals with schizophrenia that can be calculated solely from Medicaid claims data. The psychosocial treatment measure was eventually

dropped because procedure codes used in claims data are ambiguous, lacking sufficient detail to reflect the actual service provided and these codes are not used consistently in different states and programs. Ten measures in the other domains were pilot tested using Medicaid Analytic eXtract (MAX) data. They addressed the following concepts: use of antipsychotic medications, antipsychotic medication possession ratio, diabetes screening, diabetes monitoring, cardiovascular health screening, cardiovascular health monitoring, cervical cancer screening, emergency department utilization for mental health conditions, and follow-up after mental health hospitalization within seven days and within thirty days.

Five of the ten proposed measures demonstrated significant variability in state-level performance, indicating general utility of the measures. Seven of the ten proposed measures demonstrated evidence of either construct or convergent validity.

Report Title: Developing Quality Measures for Medicaid Beneficiaries with Schizophrenia: Final Report <http://aspe.hhs.gov/daltcp/reports/2012/schqm.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Kirsten Beronio, 202-690-6443
Contract Performer: Mathematica Policy Research, Inc.
Record ID: 10218 (June 26, 2013)

What Is Known About the Children's Health Insurance Program as of Federal Fiscal Year 2010?

A project was initiated to evaluate national Children's Health Insurance (CHIP) data and conduct case-studies in 10 states. The study also examined the Medicaid program in three of the selected states, how state CHIP programs have developed over time, the influence of key design features on the enrollment and health care experiences of eligible children, and current program and policy issues.

CHIP and Medicaid have contributed to reducing the number and percentage of children without insurance; the rate of growth is influenced by economic conditions, increasing more during economic downturns. CHIP programs are diverse, and program design choices continue to evolve. The quality of care received by children in Medicaid and CHIP is improving and compares favorably to care received in private plans, but further improvements can be made.

Report Title: Interim Report to Congress: Children's Health Insurance Program: An Evaluation (1997 – 2010)
<http://aspe.hhs.gov/health/reports/2012/CHIPRA-IRTC/index.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Rose Chu, 202-401-6119
Performer: Mathematica Policy Research
Record ID: 9639 (September 1, 2013)

What Infrastructure, Tools and Data Are Needed to Measure Ambulatory Care Patient Safety Events?

Since the Institute of Medicine published its landmark study “To Err is Human” in 2000 estimating that up to 98,000 deaths in hospitals result from medical errors, much attention has been paid to medical errors in the hospital setting. Despite a shift towards increasing delivery of care in the outpatient setting, comparatively little is known about the occurrence of medical errors in ambulatory care settings.

This study assessed current literature on ambulatory patient safety events, and found that, while there were many activities occurring in the outpatient setting to address safety, systematic reporting and evaluation of ambulatory events occurring across the entire spectrum of ambulatory care at a national level was needed. The project explored policy levers to enhance the healthcare system’s ability to accurately and reliably measure and track these events. Levers identified included: prioritizing specific areas within ambulatory care to focus on initially, standardizing definitions and taxonomies, exploring electronic health records as an important data source, and extending the culture of safety from inpatient to ambulatory settings.

Report Title: Infrastructure, Tools and Data Needed to Measure Ambulatory Care Patient Safety Events

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Pierre Yong, 202-690-8384

Performer: The Lewin Group

Record ID: 9741 (October 1, 2012)

Will a Healthcare Provider Resource Based Upon the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans Promote Positive Behavior Change?

This project developed, implemented and evaluated a healthcare provider resource in an effort to promote use of the 2008 Physical Activity Guidelines for Americans (PAG), the Dietary Guidelines for Americans 7th edition (DGA) and health literacy principles.

A healthcare providers’ guide/curriculum was developed according to the PAG and DGA, pilot tested locally, and implemented in selected sites nationwide. The guide/curriculum was evaluated for usability, and for effectiveness in promoting positive behavior change.

Report Title: A Healthcare Provider Resource Based Upon the Dietary Guidelines for Americans and Physical Activity Guidelines for Americans

Agency Sponsor: OASH, Office of the Assistant Secretary for Health

Federal Contact: Rick Olson, 240-453-8256

Performer: American Institutes for Research (AIR)

Record ID: 9855 (December 31, 2012)

What Is the Current Status of Clinical Quality Among Community Health Centers and What Health Center Characteristics Are Associated With Performance Excellence?

In 2009, community health centers funded by the Health Resources and Services Administration provided primary and preventive care to about 19 million patients across the United States. This study examined clinical quality among the nation's community health centers and health center characteristics associated with performance excellence. Six measures were examined: first-trimester prenatal care, childhood immunization completion, Pap tests, low birth weight, controlled hypertension, and controlled diabetes. The top 25 percent performing centers were compared with lower performing (bottom 75 percent) centers on these measures.

Clinical care and outcomes among health centers were generally comparable to national averages. For instance, 67 percent of pregnant patients received timely prenatal care (national = 68 percent), 69 percent of children achieved immunization completion (national = 67 percent), and 63 percent of hypertensive patients had blood pressure under control (national = 48 percent). Depending on the measure, centers with more uninsured patients were less likely to do well, while centers with more physicians and enabling service providers were more likely to do well.

Report Title: Clinical Quality Performance in U.S. Health Centers
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Lydie Lebrun-Harris, 301-443-2178
Performer: Johns Hopkins University Bloomberg School of Public Health
Record ID: 10100 (December 31, 2012)

What is the Extent of Racial/Ethnic Disparities in Clinical Quality Outcomes among Health Center Patients and How Do These Potential Disparities Differ across Various Health Center Characteristics?

More than 1100 federally funded health centers provide primary and preventive care to about 20 million underserved patients in the United States. This study assessed racial/ethnic disparities in clinical quality among United States health centers, and examined whether performance on quality measures varied across three health center characteristics: health center patient volume, duration of health center funding, and extent of managed care penetration. Three indicators of clinical quality were examined: poorly controlled hypertension among adult patients, poorly controlled diabetes among adult patients, and low birth weight among newborns.

Poor diabetes control was more prevalent among Hispanic/Latino patients than non-Hispanic white patients. Non-Hispanic black/African American patients had statistically worse outcomes than non-Hispanic white patients. Health centers with larger patient volume fared better than their counterparts with smaller volume for all racial/ethnic groups. For Hispanic/Latino patients, more established health centers compared favorably to new health centers for all three outcomes. Health centers with some

managed care penetration did better for diabetes and hypertension control relative to health centers without managed care penetration.

Report Title: Racial/Ethnic Differences in Clinical Quality Performance among Health Centers

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Lydie Lebrun-Harris, 301-443-2178

Performer: Johns Hopkins University Bloomberg School of Public Health

Record ID: 10101 (March 1, 2013)

What Has Been the Impact of the Screening, Brief Intervention, and Referral to Treatment Program on Treatment Systems?

This study conducted an evaluation of the Screening, Brief Intervention and Referral to Treatment (SBIRT) program. The program initiative is intended to assist States and Tribal Organizations in redesigning care that identifies, treats, and provides continued management support for persons with substance use problems in both community and specialist settings. There is an emerging body of research and clinical experience that supports use of the SBIRT approach as providing effective early intervention for those persons who are nondependent users of illicit drugs.

Findings included consistent and statistically significant reductions in patients' alcohol and illicit drug use following the receipt of SBIRT services. Additional findings suggested that SBIRT is an economically viable preventative service. SBIRT has a high likelihood of being sustained and of increasing the integration between the medical and specialty care systems.

Report Title: SBIRT Cohort 1 Cross-Site Evaluation Final Report

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration

Federal Contact: Willie Tompkins, 240-276-2899

Performer: SAMHSA

Record ID: 8878 (September 30, 2013)

Have the Garrett Lee Smith Suicide Prevention Grants Increased Awareness, Knowledge, Early Identification, and Referrals Linked to Treatment?

All Garrett Lee Smith Program grant recipients participate in a national cross-site evaluation. This participation allows for large sample comparisons of early intervention activities and the collection of information on the use of best and promising practices. Grantees have used program resources to develop a wide array of suicide prevention strategies and products tailored to best meet the needs of their communities. Activities are intended to increase awareness, knowledge, early identification, and linkage to treatment. The cross-site evaluation helps grantees track budgets, develop and implement these prevention strategies. Outreach and awareness (OA) activities were the most common program activity, with more than 98 percent of State/Tribal and

Campus grantees implementing them in their communities across all years. Grantees spend the largest proportion of funds on OA activities and gatekeeper trainings. More than 95 percent of State/Tribal and Campus grantees provided training activities with their GLS Suicide Prevention Program funding. Slightly less than one-third of grantees implemented assessment and referral trainings in their communities.

From 2006 to 2012, more than 12,000 youths were identified at elevated risk of suicide. The rates of identification from screening decreased from 78 percent in FY 2009 to 55 percent in FY 2012, with a slight increase in the number of youth identified as at-risk for suicide by gatekeepers. Eighty percent of the youth at-risk for suicide identified by State grantees and 49 percent almost half of the youth identified by Tribal grantees were referred for mental health services.

Report Title: State/Tribal Youth Suicide Prevention and Early Program Cross-site Evaluation, Garrett Lee Smith Memorial Act Fiscal Year 2012 Annual Report
Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration
Federal Contact: Richard McKeon, 240-276-1873
Performer: Macro International, Inc.
Record ID: 8727 (July 31, 2012)

How Can HHS Evaluate and Synthesize Multiple Interventions in a Coordinated Evaluation Plan Framework to Inform Policy Change?

This project provided a thought piece about what type of coordinated framework might be developed for evaluating the evidence the Department of Health and Human Services will receive from multiple delivery system reform initiatives planned and underway.

Researchers made recommendations addressing organizational and market variables likely to be associated with quality and cost performance for health care organizations participating in delivery reform initiatives, a review of national and regional data sets and data collection, and a conceptual framework for evaluating multiple delivery system reform initiatives. The project also explored the operational challenges of aggregating disparate information from administrative databases and for collecting additional data from providers.

Report Title: Analysis of HHS Delivery System Reform Efforts and ACA Mandates
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Susan Bogasky, 202-401-0882
Performer: CDM Group/Brandeis
Record ID: 9743 (August 1, 2012)

How are States Preparing to Implement the Reforms Specified in the Affordable Care Act, Especially Those Reluctant to Move Forward?

This project tracked and analyzed state implementation of the Affordable Care Act through qualitative analysis based on site visits that included discussions with state officials, insurers, and providers. The project sought to determine what states were doing to establish State-Based Exchanges or State Partnership Exchanges, or to prepare for cooperation with Federally-Facilitated Exchanges. The study focused on what states were doing to prepare for the expansion of Medicaid eligibility and enrollment in 2014. It also sought to determine how states are integrating Medicaid, CHIP, and Exchange eligibility and enrollment processes, and whether they planned to establish Basic Health Plans).

Results of site visits indicated that for Arkansas, Florida, Ohio and Texas implementation of market reforms would be difficult with some opposition by political leaders, especially for Medicaid expansion. States indicated they have little legislative authority to enforce market rules. Feedback from issuers showed reluctance to participate in the Small-Business with Health Options Program (SHOP) with little known about the requirements. Feedback from providers demonstrated some activity with respect to medical homes but also major issues concerning physician shortages and scope of practice laws for physician extenders.

Report Title: Urban Institute Qualitative and Quantitative Deep Dive on Four States.
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Thomas Musco, 202-690-7272
Performer: Urban Institute
Record ID: 9747 (September 1, 2012)

What are Projected Enrollment, Demographic and Income Breakdowns, and Premium Levels for Individual and Small Group Coverage in State Health Exchanges?

The study sought national and state level simulation modeling of the number of consumers in different market segments and persisting rates of uninsured, levels of participation on and off Exchanges in the individual and small group markets, and relative changes in pricing under various Affordable Care Act implementation scenarios.

The researchers concluded that the Affordable Care Act will lead to an increase in insurance coverage and significantly higher enrollment in the non-group market. The researchers also found large variation in the effects for non-group premiums across states. However, data limitations and uncertainties about insurer behavior made estimates uncertain, particularly when considering outcomes for the non-group market. Overall, the analysis suggests that comparisons of average premiums with and without the Affordable Care Act may overstate the potential for premium increases. The Affordable Care Act was found to have little effect on small group enrollment or premiums. Finally, in a sensitivity analysis for three states, it was found that not expanding Medicaid leads to lower overall insurance coverage compared to the Medicaid expansion scenario and, for some states, higher premiums in the Exchanges.

Report Title: RAND modeling of consumers, premiums and products,
http://www.rand.org/content/dam/rand/pubs/research_reports/RR100/RR189/RAND_RR189.pdf (published report)
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Ken Finegold, 202-401-6644
Performer: RAND
Record ID: 9755 (September 28, 2012)

Has the Expansion of Eligibility Increased Dependent Coverage Under Parent Health Insurance Plans?

Researchers analyzed nondiscretionary visits to hospital emergency departments to assess the impact of the expansion of dependent coverage under the Affordable Care Act. A differences-in-differences methodology measured the impact of the expansion on private insurance coverage and uninsurance among individuals aged 19 to 25, as compared those 26 to 31 who were not directly affected by the dependent coverage provisions. The IMS Health proprietary hospital claims data base, reweighted to be nationally representative, was used for the analysis.

After the Affordable Care Act provision took effect, private coverage of nondiscretionary visits to emergency departments by young adults increased by 3.1 percentage points as compared with similar visits in the control group. The percentage of visits by uninsured young adults also fell significantly. The rates of nondiscretionary visits that were covered by Medicaid or other non-private insurers remained relatively steady throughout the study period. The coverage expansion led to an estimated 22 thousand visits to emergency departments by newly insured young adults and \$147 million in associated costs that were covered by private insurance plans during a 1-year period (<http://www.flickr.com/photos/hhsgov/8904203550/in/set-72157633968047018>).

Report Title: The Early Impact of ACA Reforms: Dependent Coverage Analysis.
(Published: "Insurance Coverage of Emergency Care for Young Adults under Health Reform," *New England Journal of Medicine*, May 30, 2013,
<http://www.nejm.org/doi/full/10.1056/NEJMsa1212779>).
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Ken Finegold, 202-401-6644
Performer: Rand Corporation
Record ID: 9756 (June 30, 2012)

What are Promising Practices to Improve the Treatment of Sickle Cell Disease?

The study documented program success in efforts to improve access to services for individuals living with sickle cell disease and carriers of the sickle cell gene mutation by improving and expanding patient and provider education and improving/expanding the continuity and coordination of service delivery.

The program developed and implemented promising models. The program integrated primary and specialty care with community-based support services in a medical home designed to meet the unique needs of individuals living with sickle cell disease or carriers and their families. The program achieved positive trends and outcome in Hydroxyurea therapy, written care plans, and assistance with referrals and communication with providers.

Report Title: Demonstration Program for the Development and Establishment of Systematic Mechanisms for the Prevention and Treatment of Sickle Cell Disease: Identifying Promising Practices Fiscal Year(s) 2006-2010

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Edward Ivy, 301-443-9775

Performer: RTI International

Record ID: 9854 (December 20, 2011)

Goal: Strengthen Health Care

Objective: Emphasize primary and preventive care linked with community prevention services

Have Suicide Prevention Grants Increased Early Identification and Referrals Linked to Treatment, Awareness, and Knowledge Related to Suicide Prevention?

The Garrett Lee Smith Memorial Act is the largest Federal effort directed specifically at the tragedy of youth suicide. Increasing emphasis is placed on diversifying community-based youth suicide prevention efforts so that they reach certain high-risk youth groups. Garrett Lee Smith Suicide Prevention grantees implement a variety of suicide prevention strategies focusing on community- and individual-level factors such as increasing suicide awareness and educating gatekeepers about identifying and referring youth, improving mental health or support services for at-risk youth, and building an infrastructure that imbeds suicide prevention into the community.

As of July 2013, 592,580 individuals had participated in 21,433 training events or educational seminars provided by grantees. A slightly larger percentage of youth identified through gatekeepers (88 percent) were referred for mental health services than youths identified through screening (75 percent). The primary reason for a youth not receiving a referral, regardless of the source of identification, was that the youth was already receiving mental health services (41 percent of youths identified through screening and 44 percent of youths identified through gatekeepers). Preliminary findings from the cross-site evaluation suggest that counties that implemented the Garrett Lee Smith trainings had significantly lower youth suicide rates in the year following the training implementation.

Report Title: Garrett Lee Smith Youth Suicide Prevention and Early Intervention Cross-Site Evaluation: Fiscal Year 2013 Annual Report

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration

Federal Contact: Richard McKeon, 240-276-1873
Performer: ICF Macro
Record ID: 10034 (September 30, 2013)

Goal: Strengthen Health Care

Objective: Reduce the growth of health care costs while promoting high-value, effective care

How Much Does the Medicaid Program Spend for Substance Abuse Disorder Treatment?

State and national estimates of Medicaid substance abuse treatment spending and projections are essential both for aligning funding with policy objectives and developing realistic budgets to support treatment and prevention. This study produced a set of state-specific and national estimates.

Spending on substance abuse services in 18 states with representative fee-for-service data averaged \$6.16 per Medicaid enrolled month. There was extreme variation across states in the average amount spent on SA treatment services, from less than \$3 per enrolled month to over \$26. This variation appears to be linked to differences between states in the supply of specialty substance abuse treatment providers as well as to Medicaid program decisions regarding coverage of optional populations and optional benefits. National spending on substance abuse treatment in 2008 was \$3.4 billion, which is roughly \$3,000 per service user. This spending amounted to slightly less than 1.0 percent of the total \$334 billion spent on Medicaid, and provided care to about 1.9 percent of the 61 million persons covered by the program.

Report Title: Medicaid Substance Abuse Treatment Spending: Findings Report

<http://aspe.hhs.gov/daltcp/reports/2012/MSAspend.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: John Drabek, 202-690-6443

Contract Performer: Mathematica Policy Research, Inc.

Record ID: 10221 (June 19, 2013)

How Feasible is it to Expand Self-Directed Services to People with Serious Mental Illness?

Self-directed care is an innovative program model for people with disabilities, in which participants control an individual budget and are empowered to customize their own service plans. In self-directed care programs for individuals with chronic mental health conditions, consumers may use their individual budgets to purchase traditional mental health services and/or non-traditional goods/services such as transportation, professional training, and gym memberships. Participants are permitted to purchase the services of any willing provider regardless of whether they qualify for Medicaid reimbursement.

Self-directed care programs have the potential to offset prevalent sources of consumer dissatisfaction with mental health care and improve consumer engagement by increasing flexibility in choosing services and providers. Some important challenges to expanding self-directed services remain, however. These include: determining how to ensure the quality of the care consumers receive through these flexible programs, figuring out how to make these programs responsive to the episodic nature of serious mental illness, and determining how to sustain the programs' fiscal solvency.

Report Title: Feasibility of Expanding Self-Directed Services to People with Serious Mental Illness <http://aspe.hhs.gov/daltcp/reports/2012/ExpSDSFeas.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Kirsten Beronio, 202-690-6443
Contract Performer: University of Maryland
Record ID: 10217 (March 22, 2013)

How are States Implementing the Medicaid Health Home Option for Beneficiaries with Chronic Conditions?

The Affordable Care Act authorized a new model of care, the Medicaid Health Home, for high-need, high-cost beneficiaries with chronic physical conditions or serious mental illness. HHS is conducting a five-year evaluation to assess the care models and processes states are using, the extent to which health homes result in increased monitoring and care coordination, and whether these models result in better care quality, reduced hospital, skilled nursing facility, and emergency department use, and lower costs.

Early evaluation activities have focused on developing background materials on program design, implementation context, and conducting site visits in the four states with approved State Plan Amendments (SPAs)--Missouri, Rhode Island, New York, and Oregon. Health homes in these states focus on beneficiaries with serious mental illness, substance abuse, and chronic physical conditions. New York and Oregon have chosen to combine all three populations in single broadly focused SPAs. Missouri and Rhode Island each have one SPA focused on people with mental/behavioral health issues and community mental health centers as health home service providers, and a second SPA targeting a different population. With one exception, all four states are relying on per member per month payment for health home services.

Report Title: Evaluation of the Medicaid Health Home Option for Beneficiaries with Chronic Conditions: Final Annual Report - Base Year
<http://aspe.hhs.gov/daltcp/reports/2012/HHOption.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: David DeVoursney, 202-690-6443
Contract Performer: The Urban Institute
Record ID: 10222 (May 17, 2013)

Does Accomplishing the Recipient Activities Lead to Being Ready for Basic Implementation and Sustainable Infrastructure for Oral Health?

This CDC's Oral Health Program Cooperative Agreement project explored whether and how infrastructure development made a difference in state oral health programs. The study sought to discover the impact and outcomes of the cooperative agreement. The study helped to identify evidence to promote infrastructure development, to improve program decision making, to document and share achievements and lessons learned, to promote expansion of the program, and to inform the direction of future cooperative agreements.

Study data led to the extraction and development of the "Ecological Model of Oral Health Infrastructure" and identified five "essential elements" of oral health infrastructure including the state plan, partnerships, leadership, resources, and engaged data. The case study offered general recommendations about infrastructure support, as well as, strategy-specific recommendations tied to the Ecological Model.

Report Title: State Oral Health Program Case Study Project
http://journals.lww.com/jphmp/Abstract/publishahead/Consideration_of_an_Applied_Model_of_Public_Health.99944.aspx

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: ResearchTalk, Community Evaluation Solutions, Independent Evaluation Consultant (Judith Ottoson, Ed.D., M.P.H.)

Record ID: 9643 (December 31, 2012)

Goal: Strengthen Health Care

Objective: Ensure access to quality, culturally competent care for vulnerable populations

What Sources of Data are Currently Available; what is Needed to Monitor Access to Care for Medicaid Patients?

Through an environmental scan and expert panel meeting, this project assessed how access to care experienced by Medicaid beneficiaries can be assessed through existing Department information collections and the strengths and limitations of these existing data sources.

Researchers arrayed access indicators across the dimensions of consumer perceptions, provider reports, and realized access. The study identified four existing data sets: the Behavioral Risk Factor Surveillance Survey and National Health Interview Survey for assessing consumer perceptions, the National Ambulatory Medical Care Survey for provider reports and the Medicaid Statistical Information System to measure utilization.

Report Title: Recommendations for Monitoring Access to Care among Medicaid Beneficiaries at the State-level
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Caroline Taplin, 202-690-7906
Performer: NORC
Record ID: 9641 (February 28, 2013)

What Evaluation Method can be Designed to Examine the Effectiveness of the Stanford University Chronic Disease Self-Management Program for Improving Participant Health Status?

The Stanford University Chronic Disease Self-Management Program (CDSMP), an evidence-based disease prevention model, helps people with chronic diseases better self-manage their conditions, improve their health status, and reduce their need for more costly medical care. The evaluation sought to develop a research design that estimates the effect of such programs on outcomes of participants among individuals aged 60 or older.

After reviewing a large number of successfully implemented randomized controlled trials, an experimental option using randomized control trials was recommended for the evaluation since this method produces a comparison group similar to the treatment group

Report Title: Design an Evaluation of Three Administration on Aging (AoA) Programs: Chronic Disease Self-Management Program Evaluation Design
Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality
Federal Contact: William Spector, 301-427-1446
Performer: IMPAQ International, LLC
Record ID: 9976 (September 30, 2013)

How Do Health Status and Health Care Experiences of Homeless Patients in Health Centers Compare to Their Non-Homeless Counterparts?

The 2009 Health Center Patient Survey was a nationally representative survey of patients served by health centers who are funded through Section 330 of the Public Health Service Act. Items focused on sociodemographic characteristics, health conditions, health behaviors, access to care, and utilization of services. The survey also included questions on living arrangements, enabling the identification of patients currently experiencing homelessness.

The study showed that homeless patients had worse health status—lifetime burden of chronic conditions, mental health problems, and substance use problems—compared with housed patients. In adjusted analyses, homeless patients had twice the odds as housed patients of having unmet medical care needs in the past year and twice the

odds of having an emergency department visit in the past year. There is an ongoing need to focus on the health issues that disproportionately affect homeless populations.

Report Title: Health Status and Health Care Experiences among Homeless Patients in Federally Supported Health Centers: Findings from the 2009 Patient Survey
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Lydie Lebrun-Harris, 301-443-2178
Performer: HRSA
Record ID: 10195 (November 7, 2012)

Are There Racial Ethnic Disparities In Clinical Outcomes Among Health Center Patients?

Researchers assessed racial/ethnic disparities in clinical quality among US health centers, and whether quality measures vary across certain types of health centers. Outcomes of interest included: poor hypertension control among adult patients, poor diabetes control among adult patients, and low birth weight among newborns.

Compared with national rates, health centers report minimal racial/ethnic disparities in clinical outcomes. More favorable outcomes are associated with larger patient volume, longer duration of funding, and at least some patients enrolled in managed care.

Report Title: Racial/Ethnic Differences in Clinical Quality Performance among Health Centers
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Alek Sripipatana, 301-443-1808
Performer: Leiyu Shi, DrPH, MBA
Record ID: 10196 (November 7, 2012)

How Culturally Competent are State Asthma Programs and How Can This Competence be Enhanced?

State asthma program pilot sites conducted assessments using the Cultural Competence Assessment Tool developed by CDC to ensure that asthma programs and partners are culturally competent.

This pilot project was useful for state grantees in assessing the cultural competence of their programs. Grantees used their findings to develop action plans to enhance their programs. Broad dissemination of program findings will provide grantees and their partners with important guidance for asthma programs, and will highlight the need for cultural competence in provision of care and services to diverse populations.

Report Title: Cultural Competence Assessment Tool for State Asthma Programs and Partners
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural
Record ID: 10201 (July 30, 2013)

Do Health Center Patients Experience Racial/Ethnic or Insurance Status Disparities Related to Oral Health Care Access?

Researchers examined factors associated with access to dental care at health centers, unmet need, and patient experience.

The study found no racial or ethnic disparities in access to timely oral health care among health center patients; however, uninsured patients and those whose insurance does not provide dental coverage experienced restricted access and greater unmet need. Slightly more than half of health center patients had a dental visit in the past year, but 1 in 7 reported that their most recent visit was at least 5 years ago. Among health center patients who accessed dental care at their health center, satisfaction was high.

Report Title: Access To Oral Health Care: the Role of Federally Qualified Health Centers in Addressing Disparities and Expanding Access
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Hyewon Lee, 301-443-6770
Performer: Leiyu Shi, DrPH, MBA
Record ID: 10202 (January 22, 2013)

Do Health Center Patients Experience Disparities in Access to Care as Compared to Patients Served in Other Primary Care Settings?

This study examined disparities in access to and satisfaction with primary care among patients of different racial/ethnic groups and insurance coverage, in health centers and the nation overall. Study outcomes included usual source of care, type of usual source of care, satisfaction with provider office hours, and satisfaction with overall care.

No significant health care disparities in access to care existed among patients from different racial/ethnic and insurance groups among health centers, unlike low-income patients nationwide or the U.S. population in general. Additional focus on the uninsured, in health centers and other health care settings nationwide, is needed to enhance satisfaction with care among these patients.

Report Title: Reducing Disparities in Access To Primary Care and Patient Satisfaction With Care
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Alek Sripipatana, 301-443-1808
Performer: Leiyu Shi, DrPH, MBA
Record ID: 10204 (February 6, 2013)

Are Measures of Depression Care Used in the Health Disparities Collaboratives Effective in Guiding and Quantifying Improved Outcomes?

The HRSA Depression Health Disparities Collaboratives reported 10 measures, outcomes, and insights attempting to accelerate evidence-based guidelines for depression care into practice.

Well-designed approaches utilizing proven improvement methodologies resulted in substantial enhancements in depression care. This approach and these measures may improve depression care in other under-served settings.

Report Title: Improving Care for Depression: Performance Measures, Outcomes and Insights from the Health Disparities Collaboratives

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Harriet McCombs, 301-594-4457

Performer: Steven Cole, M.D.

Record ID: 10207 (February 6, 2013)

What are the Differences Between States With and those Without AIDS Drug Assistance Program Waiting Lists?

Researchers identified and examined factors that contributed to the rising enrollments in the AIDS Drug Assistance Program (ADAP) from 2008 through 2011 and assessed states' abilities to meet the demands for ADAP services.

Case studies of eight programs provided insight into the challenges faced by ADAPs and how they differ by state. There is little evidence that waitlist states faced greater enrollment pressures than non-waitlist states whether measured by changes in unemployment, HIV/AIDS prevalence, Medicaid enrollment, private insurance coverage or SSI receipt. Waitlist states were not disadvantaged in ADAP funding through ADAP awards, Part B contributions or other State contributions when measured per enrollee. Non-waitlist states greatly increased rebate funding per enrollee starting in 2009, perhaps because their reliance on rebates through pharmacy networks better positioned them to receive supplemental rebates and rebates for partial payments for insured clients. Some strategies yielded cost savings through administrative efficiencies in non-waitlist states. States without waitlists were more likely to maximize the use of shared information systems for enrollment, prescription processing, and general administration than those with waitlists.

Report Title: Assessing Factors That Impact AIDS Drug Assistance Program (ADAP) Enrollment and Management in the Face of ADAP Waitlists

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Faye Malitz, 301-443-3259

Performer: Walter R. McDonald & Associates, Inc.

Record ID: 10211 (January 31, 2013)

How are States Implementing Express Lane Eligibility for Children under Medicaid and/or Children's Health Insurance Program?

This evaluation documented Express Lane Eligibility (ELE) implementation across states and assessed changes to coverage or administrative costs. The evaluation also studied other State methods of simplified or streamlined enrollment and assesses the benefits and potential costs of these methods compared with those of Express Lane Eligibility. .

States have implemented diverse ELE programs with different partner agencies such as Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, National School Lunch Program, and state tax agencies. ELE has benefited applicants, reducing documentation requirements and expediting the eligibility determination process for families. The costs of implementation and the administrative savings associated with ELE varied widely.

Report Title: Interim Report to Congress on CHIPRA Express Lane Eligibility Evaluation
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Rose Chu, 202-401-6119
Performer: Mathematica Policy Research
Record ID: 9624 (December 31, 2012)

How do Healthy Start Program Components and Features Correlate to Intermediate and Long-Term Outcomes?

A national evaluation examined the Federal Healthy Start Project.

The evaluation found that projects implementing all nine program components were significantly more likely to report better performance related to access, screening for perinatal depression, coordination of care, mental health services, patient participation in decision making, birth spacing, and child health. Programs reporting implementation of all nine core program components were also more likely to report better performance related to health education, screening, and case management. The analysis of the performance measures, however, showed no significant associations between singleton low birth-weight and/or infant mortality rates among participants and the implementation of all the nine components of the Healthy Start program. The mean rates across programs for low birth weight and neonatal and perinatal mortality decreased between 2006 and 2009 but increased for infant mortality and post-neonatal mortality during the same period. The mean rates across programs for participants having a medical home and ongoing source of primary care decreased between 2006 and 2009 but increased for early prenatal care during the same period. Programs did not show a change in systems outcomes (e.g. family participation, cultural competence, use of morbidity/mortality reviews, screening for risk factors and comprehensive system for women's health) between 2006 and 2009.

Report Title: National Evaluation of the Healthy Start Program
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Keisher Highsmith, 301 443-1963

Performer: Abt Associates, Inc.
Record ID: 10177 (September 28, 2012)

Goal: Strengthen Health Care

Objective: Promote the adoption and meaningful use of health information technology

What are the Issues Associated with Extending Payment Incentives for Implementing and Using Certified Electronic Health Record Technology to Health Care Providers Currently Ineligible to Receive Such Payments?

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) required the Secretary of HHS to determine the extent to which, and manner in which, payment incentives and other funding for implementing and using certified electronic health record technology (CEHRT) could be made available to health care providers who are receiving minimal or no payment incentives for the use of such technology. The study focused on “ineligible providers” in four service areas: long-term and post-acute care; behavioral health; the safety net; and other areas. These providers deliver health care to some of the most vulnerable and costly individuals in our society, and the care they deliver would benefit from the use of CEHRT, including electronic health information exchange.

The study found that current funding is not expected to support widespread adoption and use of CEHRT technologies. A more strategic and coordinated approach is therefore needed to support the implementation of CEHRT technologies by these providers and the nationwide health IT infrastructure.

Report Title: EHR Payment Incentives for Providers Ineligible for Payment Incentives and Other Funding Study <http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Jennie Harvell, 202-690-6443

Contract Performer: AHIMA Foundation, Quality Advisors LLC
Record ID: 10223 (August 9, 2013)

What Strategies Can Ensure that Health Information Tools are Accessible, Relevant, and Utilized by Low Literacy Populations to Understand Basic Health Information and Services?

AHRQ’s Health IT program developed a Health IT Literacy Guide to ensure that consumer health IT applications are accessible for individuals with low literacy. An evaluation, consisting of an environmental scan, expert interviews, and focus groups with developers and purchasers of health IT, was conducted to determine to what extent the Guide aided 1) developers in designing health IT applications that are accessible to adults with different levels of health literacy, and 2) purchasers in selecting health IT applications that are accessible to adults with different levels of health literacy.

Based on the research findings, several recommendations were provided: 1) retain the Guide; 2) disseminate the Guide much more broadly; 3) enhance the checklist found at the end of the Guide to assist users in designing and selecting health IT, and tailor the checklist for users who are in the process of making design or purchase decisions; and 4) update the content of the Guide to address current technologies, advances in the use of the Internet and mobile devices, and new findings concerning the prevalence of limited health literacy.

Report Title: Evaluation of Health IT Tools and Resources Available at the AHRQ NRC for Health IT Web Site

Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality

Federal Contact: Vera Rosenthal, 301-427-1167

Performer: Westat, Inc.

Record ID: 9977 (September 7, 2012)

What Methods can Effectively Enable Data Re-use and Interoperable Health Information Exchange?

Researchers sought to identify ways to support cost-effective data re-use and interoperable health information exchange (HIE) by long term/post-acute care (LTPAC) providers, particularly nursing homes and home health agencies.

The study developed a strategy and tools to support health information technology adoption and use among LTPAC providers. The central strategy is to leverage existing Federal requirements for electronic reporting of patient assessments. Such patient assessment instruments would become the initial foundation for expanding providers' health information technology capabilities and participation in health information exchanges. Two companion strategies identified were developing the awareness of impending demands for electronic clinical information exchange and building a sustainable technical infrastructure for LTPAC participation in information exchanges.

Report Title: Opportunities for Engaging Long-Term and Post-Acute Care Providers in Health Information Exchange Activities: Exchanging Interoperable Patient Assessment Information, <http://aspe.hhs.gov/daltcp/reports/2011/StratEng.htm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Jennie Harvell, 202-690-6443

Performer: American Health Information Management Association Foundation, ASPE

Record ID: 10056 (December 1, 2011)

Goal: Advance Scientific Knowledge and Innovation

Objective: Accelerate the process of scientific discovery to improve patient care

Can the Strategic Prevention Framework Be Used to Gain a Broader Understanding of Substance Abuse and HIV Prevention and Inform Future Work in the Field?

The Minority AIDS Initiative program employed the Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework to facilitate an evaluation to increase understanding and best practices in preventing substance abuse and HIV. The Framework called for grantees to assess community needs, build capacity, plan and implement evidence based programs and evaluate their effectiveness while incorporating cultural competence and sustainability. The Minority AIDS Initiative program evaluation provided information on the effects on client knowledge, attitudes and behaviors related to the risks of substance abuse and risky sexual behavior.

Almost 14,000 persons received direct services while the program reached more than 163,000 via environmental services. The program successfully reached minority populations at a higher rate than found in the general population (e.g., 66.4 percent vs. 12.6 percent African-American; 28.6 percent vs. 14.6 percent Hispanics). Over half of the 5,294 participants tested for HIV were tested for the first time. The percentage of participants reporting increased perceived risk of harm from alcohol, cigarettes and marijuana, improved for both youth and adults. More than 49 percent of those youth that used drugs before the program reduced drug use by exit.

Report Title: Minority AIDS Initiative Cross Site Evaluation
Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration
Federal Contact: Pamela C. Roddy, 240-276-2422
Performer: Westat
Record ID: 9025 (October 1, 2012)

How Might the National Institutes of Health Facilitate the Creation and Use of Critique Templates for Peer Review?

The National Institutes of Health (NIH) funded an evaluation to assess the creation and use of critique templates for the peer review of grant applications submitted to the NIH. Critique templates were introduced with the NIH Enhancing Peer Review initiative. They are used by all NIH institutes and centers (ICs) with funding authority to capture written comments from peer reviewers to be incorporated into summary statements. To support its planning and decision-making, the NIH Office of Extramural Programs (OEP) commissioned this evaluation to better understand the creation and use of critique templates across the NIH.

The evaluation found that: 1) ownership of the critique template process was fragmented, with many cross-functional players; 2) there were four areas identified for "quick-hit" improvements; and 3) training materials were not readily accessible for Scientific Review Officers and peer reviewers. OEP will use these findings to inform the planning process for a new design to improve the creation and use of critique templates.

Report Title: Critique Template Needs Assessment
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367

Performer: Master Key Resources
Record ID: 9991 (June 26, 2013)

Does a Transdisciplinary Approach to the Study of Tobacco Use and Addiction Surpass Investigator-Initiated Research?

This study examined whether the Transdisciplinary Tobacco Use Research Center's initiative produced greater scientific collaboration, productivity and impact than traditional investigator-initiated research. The initiative was designed to promote a transdisciplinary approach to the study of tobacco use and addiction.

The analyses revealed higher publication rates for science teams participating in a transdisciplinary center grant initiative relative to investigator-initiated research grants in the same field. Publication rates across the transdisciplinary research centers were relatively uniform compared to dramatically dispersed publication rates among the investigator-initiated research projects. On average, publications produced by the transdisciplinary center grants had greater numbers of co-authors, but had similar journal impact factors compared with publications produced by investigator-initiated research grants. These findings suggested that transdisciplinary center grants create benefits for both scientific productivity and collaboration.

Report Title: Assessing the Value of Team Science: A Study Comparing Center and Investigator-Initiated Grants

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: Discovery Logic Inc., a Thomson Reuters Company

Record ID: 9475 (October 31, 2011)

Is the Clinical and Translational Science Awards Program Enhancing Institutional Capacity for Conducting Clinical and Translational Research?

The Clinical and Translational Science Awards program is designed to accelerate the pace of discovery and promote the translation of research findings to improve health care. The program currently supports 60 medical research centers throughout the United States. An initial evaluation examined program implementation to assess whether, and in what ways, the program was enhancing institutional capacity for conducting clinical and translational research and advancing scientific knowledge.

The program has encouraged and enhanced a new kind of medical research infrastructure and re-engineered the scientific research process. The funded institutions have implemented a variety of changes to the clinical and translational research process to enhance research quality and increase efficiency. They have fostered collaborations and partnerships that provide new approaches to solving complex problems, and expanded the clinical and translational workforce through effective education and training programs. In addition, the evaluators made recommendations for improving the program, such as encouraging institutional pilot

programs, increasing researchers' awareness of the program and its resources, streamlining the functioning of the consortium, and increasing incentives for collaboration and partnerships.

Report Title: The CTSA National Evaluation Final Report,
https://www.ctsacentral.org/sites/default/files/files/CTSANationalEval_FinalReport_2012_0416.pdf

Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Westat, Inc.
Record ID: 9723 (April 3, 2012)

How Successfully Does the Breast Cancer and the Environment Research Program Meet the Research Translation and Dissemination Needs of Its Audiences?

Evaluators conducted a needs assessment to identify the research translation and dissemination needs of the Breast Cancer and Environmental Research Program's target audiences, including scientists and advocates. The program addresses how breast cancer risk is influenced by environmental exposures and personal susceptibility factors. Grantees work in partnership with advocacy groups to add insight and experience to the research effort, leverage their expertise in outreach activities, and translate research results into outreach materials to improve understanding of how environmental exposures influence breast cancer risk. Evaluators collected data using key informant surveys.

Translational materials developed under the program were limited, and mainly designed for participants in various research projects. Materials needed to be rewritten in plain science-based language for the general public. New materials were needed to effectively communicate key messages to various target audiences. Evaluators recommended that a comprehensive research translation and dissemination plan be developed to facilitate the translation of the research findings into practice, establish guidelines for key message development and testing, develop a social marketing plan for branding and marketing the program to general and targeted audiences, and promote greater collaboration among advocates and scientists.

Report Title: Breast Cancer and the Environment Research Program (BCERP) Needs Assessment Study
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Cygnus Corporation, Inc.
Record ID: 9733 (October 31, 2011)

Is a System-Wide Evaluation of the Transdisciplinary Geographic Management Program Feasible?

The Transdisciplinary Geographic Management Program (GMaP) fosters state-of-the-art regional networks/centers dedicated to cancer health disparities research and care. The GMaP network, which spans six regions, is an integrated, comprehensive approach to improve, advance and achieve measurable reductions in cancer health disparities research, and enable the research to inform and improve practice. The study design consisted of concept mapping, logic model development, and virtual meetings/group interviews with each of the six regions.

The study found gaps in the program's specifications of short-term and intermediate evaluative indicators, but there were clear linkages between program elements and the process logic model that suggested measures of research system success. Some potential short-term and intermediate outcomes proposed included: increased number of trained staff to sustain research, especially clinical research; increased resource acquisition; increased screening compliance among all populations; and increased efficiency of information exchange among GMaP partners. The regions were not prepared to engage in the development of an integrated evaluation approach; there was no common acceptance or expectation of value for a system-wide evaluation framework. Nevertheless, evaluators suggested potential applications for the process logic model at the systems level.

Report Title: Evaluation Feasibility and Framework Development: Summary of Processes, Results and Recommendations

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: NOVA Research Company

Record ID: 9735 (October 11, 2011)

Does the Research on Research Integrity Program Support a Diverse Research Community?

The Research on Research Integrity (RRI) program supports research on the responsible conduct of biomedical research. This study was commissioned to better understand the success of the program's efforts to promote research on responsible research, improve future research integrity-related funding opportunity announcements, and diversify the community doing research in this area.

The RRI program has been successful in supporting a diverse research community. The program received applications from 148 U.S. and foreign institutions. The applicant pool showed diversity in terms of gender and investigator degree category, but not race/ethnicity. Applicants also appeared to have a degree of expertise in research integrity topics. Thirty percent of the applicants had no prior support from the National Institutes of Health (NIH) and 47 percent of the awardees had no prior NIH support, which suggests that the program is funding new NIH investigators at a higher rate than those with prior training and research support from NIH.

Report Title: Research on Research Integrity Evaluation

Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Discovery Logic Inc., a Thomson Reuters Company
Record ID: 9762 (October 22, 2011)

Is a Comprehensive Process and Outcome Evaluation of the Academic Research Enhancement Awards Program Feasible?

This feasibility study was conducted to optimize the design of a full evaluation of the Academic Research Enhancement Awards (AREA) program, develop data collection strategies and assess the relative costs of various types of evaluative studies that might be part of a comprehensive program evaluation. AREA grants provide support to scientists at eligible domestic institutions for small-scale health-related research projects, pilot research projects and feasibility studies/development, testing and refinement of research techniques, and other discrete research projects that demonstrate research capability.

Evaluators identified key research questions; developed a logic model; and produced options for a research plan, methodology, and budget for a comprehensive and intensive evaluation study. Evaluators provided recommended data collection strategies and advantages and limitations of each. Moreover, they delineated a 'core' set of data that would need to be collected, and optional data collections that could be carried out for additional information.

Report Title: Assessing the Feasibility of a Quantitative and Qualitative Outcome Evaluation of the NIH Academic Research Enhancement Award
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Discovery Logic Inc., a Thomson Reuters Company
Record ID: 9800 (October 14, 2011)

Has the Community Cancer Centers Program Improved Cancer Care at Participating Hospitals?

The National Cancer Institute Community Cancer Centers Program was launched as a three-year pilot program designed to help build a community-based research platform supporting basic, clinical, and population-based research on cancer prevention, screening, diagnosis, treatment, survivorship, and palliative care at community hospitals. Sixteen community hospitals participated in the pilot. A study assessed how participation in the program had changed the quality of cancer care – using five measures associated with breast and colon cancer treatment – provided at hospitals over time and in comparison to a similar group of hospitals that did not participate in the program.

Only a small number of hospital and market characteristics (more registry staff, history of performing more quality studies, larger cancer patient population, and hospital

location in metro or small metro/suburban counties) were consistently associated with greater quality of care among program hospitals. Other hospital and market characteristics were likely associated with only one or a subset of quality measures, and might show opposite associations with different measures. Given that the five measures reflect different processes of care, different treatment modalities, and interactions with different types of clinicians, it was reasonable for only a few factors to be consistently associated with improvements for all five.

Report Title: Network for Translational Research Program Evaluation Feasibility Study - Final Report

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: Research Triangle Institute, Research Triangle Park, NC

Record ID: 9825 (March 31, 2012)

How Can Web Analytics Help Improve the Quality of Websites?

The National Institutes of Health (NIH) has over 1,700 public-facing websites to support the communications and information dissemination projects of its Institutes and Centers (ICs). Developing and managing these websites is a massive and costly effort. The NIH commissioned a study to identify the web and digital analytics information and develop recommendations to improve the quality, consistency, and comparability of website measurement among public-facing sites throughout the NIH.

There were different levels of analytics services at NIH, but no central group coordinates web or digital analytics strategies. The NIH community also had very different views about which measurements ICs should use to assess web content and communication, and how that information should be shared and compared. Similarly, most ICs lacked information about how to implement web analytics, collect data in standard ways, interpret results, or prepare reports and dashboards. Recommendations for improvement included: developing a coordinated strategy for NIH's web and digital efforts; establishing consistent funding for web analytics and other digital analytics software solutions and programs; using a team approach for planning, implementing, and using web analytics; developing data-collection frameworks and standards; and linking performance to web metrics to increase accountability.

Report Title: Needs Assessment for Developing Best Practices for Trans-NIH Web Analytics

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: Semphonic

Record ID: 9828 (December 22, 2011)

What Progress has the Epigenomics Program Made To-date and how can Managers Improve Program Administration and Ensure it Meets Planned Targets/Goals?

The Epigenomics Program was launched to transform the field of epigenetics by: (1) providing the research community with high quality genome-wide maps of selected epigenetic marks in a wide range of primary cell types and tissues for their use in a number of research applications; (2) supporting research projects that examined whether epigenetics plays a role in human health and disease; and (3) developing revolutionary tools and technologies to more easily conduct epigenetics research. A process evaluation was undertaken to inform and assist the program managers in their administration of the Epigenomics Program.

The program is meeting or exceeding the planned targets for the funded projects, demonstrating synergy and achieving the catalyzing effects of large-scale funding. The results and innovations to-date are increasing researchers' abilities to characterize epigenomic changes and to use these results to interpret genome-wide association studies that try to correlate common genetic variants with disease traits. These results suggest that the program will change the way epigenomics research is performed and utilized.

Report Title: NIH Roadmap Epigenomics Program – Phase II Process Evaluation
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Social and Scientific Systems, Inc.
Record ID: 9858 (November 30, 2011)

How Can A Technology Transfer Center Better Meet the Needs of Its Target Audience in the Private Sector?

The goals of the National Cancer Institute's Technology Transfer Center are to transfer knowledge, materials, and technologies to industry and university partners for translation into clinical products and to improve public health by facilitating the development of biomedical discoveries of NIH researchers. A needs assessment was undertaken using an online survey to gather data from managers and executives in companies with primary interest in biomedical areas and/or clinical research and development.

Nearly all respondents reported that their companies develop strategic technology partnerships. Those that did not form strategic technology partnerships were due to regulatory issues, geographic location, and lack of awareness of the possibility. Almost two thirds of respondents reported that their companies had or planned to have partnerships with off-shore organizations. Respondents also reported seeking off-shore partnerships at all commercialization stages, with the most common being basic research/discovery followed by preclinical and marketing and distribution. The most common reasons for seeking off-shore partnerships were to access expertise not available internally and to expand market reach. Evaluators determined a need to increase potential external customers' levels of familiarity with the institute's Technology Transfer Center.

Report Title: Evaluation of the National Cancer Institute Technology Transfer Center
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: The Madrillon Group Inc.; Nova Research Company
Record ID: 9874 (February 15, 2012)

How Might an Intranet Website be Improved?

The National Institute of Mental Health intranet, “IntraNIMH,” provides employees with a repository of the vast array of administrative policies, procedures, and resources needed to do their jobs (i.e., a “one-stop-shop” for administrative information). This evaluation assessed the IntraNIMH website to determine the extent to which it is easy to use, understand and operate, and meeting the needs of employees.

Usability testing revealed that: 1) participants frequently struggled to complete tasks and often could not find the information they were seeking; 2) most felt overwhelmed by the numerous lists of links provided on each page; 3) participants were frustrated that several resources required them to login; 4) most were not aware that many of the resources were available from the intranet; and 5) most did not see any real value that would motivate them to use the intranet. Evaluators recommended that decision-makers redesign the Information Architecture to make it faster and easier to access information, especially items that most employees need to access.

Report Title: Usability Testing of the Intra-NIMH Web Site
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: SPARK Experience Design
Record ID: 9875 (March 31, 2012)

How Can the Human Research Protections Program at the National Institutes of Health be Enhanced?

The Human Research Protections Program was established to ensure the protection of human subjects who participate in research conducted by the NIH’s institutes and centers (ICs). A study was undertaken to identify appropriate infrastructure changes needed to support goals leading to a more centralized and stronger program.

The study revealed some specific ways to enhance the program: establish a training verification system; develop a centralized training records database; and establish a more centralized structure for management and oversight.

Report Title: Process Evaluation to Determine If the Revised Standard Operating Procedures, the Re-Design of the NIH Human Research Protections Program (HRPP) Have Been Implemented to Meet the NIH Goal for AAHRPP Accreditation
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367

Performer: Human Research Protections Consulting Group, Inc.
Record ID: 9938 (August 31, 2012)

How May the Usability of the Grid-Enabled Measures Website be Improved?

The Grid-Enabled Measures (GEM) Website is a decision support tool which solicits community participation to vet and create consensus on the use of scientific health measures. Using collaborative web technology, the GEM provides an interactive online system that enables scientists to search for, share, download, and rate validated behavioral research measures that are tied to theoretically-based constructs.

An expert review and a comparative review of similar websites and tools suggested potential changes to make the GEM more usable and improve its functionality. These changes were tested and improved upon through iterative usability testing with current and potential users of the site. The modified GEM provides an improved experience for its users and furthers the site's goal of facilitating the sharing of harmonized data.

Report Title: Report On the Grid-Enabled Measures (GEM) Research Project: Usability Evaluation

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: User-Centered Designs, Inc.

Record ID: 9947 (July 9, 2012)

How Usable and Useful is the Experimental Therapeutics Program Website?

The National Cancer Institute (NCI) Experimental Therapeutics (NExT) Program accelerates the availability of cancer treatments from the laboratory to the clinic. The NExT website serves to educate scientists in government, academia, and industry about the program and how they may participate in it.

Evaluators found that the site's navigation could be improved, both visually and functionally; the website contained useful information, but was often too text heavy; there were labeling and terminology issues that might confuse users; and various visual design, page layout, and stylistic issues could be addressed to make aspects of the website clearer. Evaluators recommended additional changes, such as rewriting the content of the website based on principles for writing for the web and Plain Language, adding additional content, and revising the overall format of the application and its instructions.

Report Title: NExT Final Report

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367

Performer: User-Centered Designs, Inc.

Record ID: 9937 (September 25, 2012)

Is the National Institute on Aging Using Two Funding Mechanisms Effectively to Support its Mission and Goals?

The National Institute on Aging conducted two evaluations to get insight into two funding mechanisms and identify their strengths and weaknesses.

The first evaluation focused on a mechanism used to support multidisciplinary investigation of a complex problem. Evaluators concluded that longer-term grants were more productive than short-term grants in the number of publications and patents per grant, per grant year, and per unit of funding. A comparison between the mechanism and another mechanism commonly used to support investigator-initiated research did not show significant benefits other than in the number of patents.

The second evaluation focused on a mechanism used to support innovative, potentially high impact research. Evaluators examined the grants funded under this mechanism, and compared them to grants funded under two other mechanisms. Evaluators concluded that most of the decline in the number of grants awarded under the mechanism in question was due to lower success rates, although they were not able to determine whether the lower success rate was simply a temporary change, or due to a weaker application pool or tougher standards applied by peer reviewers.

Report Title: Evaluation of the P01 Portfolio at the National Institute on Aging;
Evaluation of the R21 Portfolio at the National Institute on Aging
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Abt Associates Inc.
Record ID: 9941 (September 5, 2012)

To What Extent has the Physical Sciences-Oncology Centers Program Built Trans-disciplinary Teams to Better Understand Cancer?

The Physical Sciences-Oncology Centers (PS-OC) Program established a network consisting of twelve centers that bring together expert teams from the fields of physics, mathematics, chemistry, and engineering in conjunction with researchers in cancer biology and clinical biology. The centers are designed to build trans-disciplinary teams and infrastructure to better understand and control cancer through the convergence of physical sciences and cancer biology. A process/outcome evaluation was conducted.

The evaluation indicated that the program has contributed to growing the field of physical sciences and oncology and collaborations among investigators and across disciplines have increased over time. The program is also promoting the growth of trainees in the area of physical sciences in oncology.

Report Title: Process and Early Outcomes Evaluation of the Physical Sciences–
Oncology Centers (PS-OC) Program
Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Rosanna Ng, 301-496-5367
Performer: Discovery Logic, Inc.
Record ID: 9945 (February 20, 2012)

How Usable and Effective is the Epidemiology and Genetics Research Program Website in Educating its Audience about the Program's Funding Opportunities and Research Resource?

The Epidemiology and Genomics Research Program (EGRP) funds research in human populations to understand the causes of cancer and related outcomes. The program's website is one of its primary communication channels. Extramural researchers, clinicians, policymakers, and members of the public with interests in cancer research comprise its audience. A study was conducted to examine the effectiveness and usability of the website.

Researchers and advocates who participated in the study identified areas of the website needing improvements to enhance usability. Researchers were interested in seeing more information about funding opportunities as well as ancillary information that would help them determine the degree of overlap between their research interests and those of EGRP. Advocates were primarily interested in research findings and looked for content written for lay people. The majority of the content on the website was not presented in a way that appealed to advocates.

Report Title: Iterative Usability Evaluation for the Epidemiology and Genomics Research Program Website Final Report
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Cirque Interactive, LLC
Record ID: 9946 (April 30, 2012)

What is the Impact of the National Cancer Institutes' Career Development Awards on Participant Career Outcomes?

The National Cancer Institute Career Development (NCI K) awards program includes a broad range of funding mechanisms that provide scientists and clinicians with support to develop their cancer research careers and transition to independence, expand their existing research programs, or mentor junior investigators. The evaluation sought to define the population of individuals who applied for K awards and to determine the impact that receipt of an award had on pursuit of a biomedical research career and on contributions to the research enterprise.

Men and women were equally successful in receiving awards, and an applicant's race/ethnicity did not influence award rate or likelihood of resubmission. Over 60 percent of the awards went to 14 percent of the applicant institutions. These institutions tended to be affiliated with NCI-designated Cancer Centers. Awardees had increased subsequent publication productivity and publication impact more than non-awardees.

Report Title: Outcome Evaluation of the NCI Career Development (K) Awards Program
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Discovery Logic Inc., a Thomson Reuters Company
Record ID: 9960 (February 29, 2012)

How well does a Behavioral Research Program Foster Careers in Cancer Control Research?

An outcome evaluation was conducted to determine how well a Behavioral Research Program-Small Grant Program succeeded in attracting behavioral scientists to the field of cancer control research and practice. The impact of receiving these grants was assessed by examining the characteristics of awardees, and comparing publication and professional activities among awardees and non-awardees.

Overall, the program played a major role in advancing the merging of behavioral and cancer control research by attracting the intended applicants, and having a measurable impact on the subsequent research careers of awardees. Awardees were more likely to publish scientific articles post award; however, the number of publications were similar between the awardees and non-awardees among those who published during the same time period. The faculty rankings among non-awardees were similar to that of the awardees. The evaluation findings are being used to refine program policies, objectives, and goals.

Report Title: Outcome Evaluation of the NCI/DCCPS Behavioral Research Program – Small Grant Program (BRP-SGP)
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Discovery Logic Inc., a Thomson Reuters Company
Record ID: 9926 (December 15, 2011)

Goal: Advance Scientific Knowledge and Innovation

Objective: Foster innovation to create shared solutions

How Well Does the National Cancer Institute's Surveillance Epidemiology and End Results Project Provide Useful Cancer Burden Data to Researchers and the Public?

The Surveillance Research Program provides cancer information via the Surveillance Epidemiology and End Results (SEER) project. This data, spanning U.S. incidence, prevalence, mortality, and survival, helps to measure progress in various efforts to reduce cancer burden. Usability evaluations of recently-developed SEER data visualizations were conducted to collect feedback to help improve the communication of cancer statistics for diverse audiences. Expert reviews of visualization tools and graphics, and two user-based usability evaluations were conducted. The first usability evaluation assessed the needs of researchers and other “statistically savvy” users,

specifically their use of Google Public Data Explorer (GPDE) to visualize SEER data. The second usability evaluation assessed the needs of users considered to have limited background in statistics, such as the general public and the media.

The first round of usability testing demonstrated that most users felt that a visualization tool would be “nice to have” for researchers. The GPDE visualization tool was not intuitive to use, suffered from a variety of limitations, and has bugs/interface issues that must be addressed. The second round of usability evaluation with the public and media highlighted several areas where the graphics were poorly understood, leading to misinterpretation of the data. Participants wanted more options than the GPDE tool offered. It was not sufficient to replace or augment current tools offered through SEER. More work would be necessary to develop a visualization tool that would significantly enhance SEER's ability to communicate cancer statistics to researchers. Revisions to the cancer data displays will also be necessary for them to better communicate cancer statistics to the public.

Report Title: Report On the Formative User-Centered Testing of Consolidated Cancer Statistics On the Surveillance, Epidemiology and End Results (SEER) Web Site
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: User-Centered Designs, Inc.
Record ID: 9936 (October 1, 2012)

Do State Tobacco Control Programs Facilitate Progress on Tobacco Related Health Outcomes after Enactment of a State-wide Comprehensive Smoke Free Law?

The study assessed how and to what extent State tobacco control programs facilitate progress on tobacco- related health outcomes following the passage of a state-wide comprehensive smoke free law. The evaluation highlighted the initiatives and strategies employed by four high-performing tobacco control programs after the passage of a comprehensive smoke-free air law.

State tobacco control programs were able to sustain tobacco control efforts and improve tobacco-related health outcomes following the passage of the smoke-free air law. Systemic infrastructure is essential to public health achievements. Individual public health program infrastructure feeds into this larger system. The Component Model of Infrastructure was developed using data from this project as well as data from a literature review, previous case study in oral health, and data from 14 other tobacco programs through other projects.

Report Title: OSH Case Study Evaluation
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: Deloitte, Atlanta, GA
Record ID: 9994 (December 31, 2011)

How Can We Improve Research on Individuals With Multiple Chronic Conditions to Inform Health Care?

Understanding how to better care for individuals with multiple chronic conditions (MCC) is a priority for HHS due to the growing cohort of people with MCC and the associated health care cost and quality of care implications. The project conducted key interviews with experts and researchers in this area and formed a Technical Advisory Group to identify methods and data systems to study the target population and to consider what steps might be taken in the future to improve the knowledgebase.

The study found that most MCC research has been conducted on single diseases or chronic conditions that are highly prevalent and well-known, and not on less prevalent conditions or highly complex patients. MCC prevalence is strongly correlated with older age, greater cost, poorer quality of life, greater health care utilization, and higher mortality. Improved research requires: inclusion of individuals with MCC into research studies; consistency and standardization across data systems; and, utilization of electronic health records and registries.

Report Title: Research Addressing the HHS Strategic Framework on Multiple Chronic Conditions

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: James Sorace, 202-205-8678

Performer: Abt Associates

Record ID: 10227 (September 30, 2013)

Can Electronic Health Records Improve Research on Health and Health Care for Small Populations?

Many small populations have distinctive health and health care needs but have been difficult to study in survey research and other traditional approaches. This project explored the feasibility of using electronic health record (EHR) and other electronic health data for research on small populations. The project identified four small populations to illustrate a range of health and health care needs and considerations for research: Asian subpopulations, lesbian, gay, bisexual, and transgender populations; rural populations, and adolescents for autism spectrum disorders.

Findings for the use of EHRs for health research on small populations included: the need for agreement on standards to protect privacy and confidentiality of EHR data when it is shared electronically for research purposes; development of the infrastructure to share EHR data for research purposes (as opposed to treatment purposes) across multiple institutions; and, the need for formal mechanisms to address technical and legal issues of data extraction from EHRs for research purposes.

Report Title: The Feasibility of Using Electronic Health Records (EHRs) and Other Electronic Health Data for Research on Small Populations

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Michael Millman, 202-260-6211
Performer: The Urban Institute
Record ID: 10229 (September 30, 2013)

Goal: Advance Scientific Knowledge and Innovation

Objective: Increase our understanding of what works in public health and human service practice

What Has Been the Impact of the New York City Opioid Analgesic Prescribing Guidelines on Prescribing and Use Behaviors and Does Academic Detailing Increase Impact of the Guidelines?

In collaboration with the Centers for Disease Control and Prevention, the New York City Department of Health and Mental Hygiene conducted an evaluation of the latter's opioid prescribing guidelines. The guidelines were designed to help clinicians determine when opioid analgesics are appropriate for acute pain or chronic non-cancer pain and provide clinicians with clear, instructive guidance for prescribing practices of opioid analgesics to increase the safety and appropriateness of prescriptions. The guidelines also intend to reduce incidence of abuse and overdose with opioid analgesics while improving patient care.

Public Health Detailing appears to be an acceptable and effective public health strategy to change knowledge and attitudes among healthcare providers related to opioid prescribing. When issuing opioid prescribing guidelines, an active approach (e.g., public health detailing campaign) versus a passive approach (e.g., mailing or posting guidelines) is ideal to disseminate and promote use of guidelines.

Report Title: Evaluation of New York City's Opioid Analgesic Prescribing Guidelines
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: NYC DOHMH in association with PHS and NNPHI
Record ID: 10012 (September 30, 2013)

What is the Cost-Effectiveness of Rectal Chlamydia/Gonorrhea Screening in Men Having Sex with Men with HIV Infection Prevention as the Primary Outcome?

This study determined the cost-effectiveness of rectal Chlamydia/Gonorrhea screening in men having sex with men on averting HIV infection. The study used a statistical model to estimate the cost and cases of HIV attributable to rectal chlamydia and gonorrhea that could be averted by screening men having sex with men.

Rectal screening was cost-saving. The impact of rectal chlamydia/gonorrhea infection on the risk of HIV acquisition was the most influential model parameter.

Report Title: Cost-Effectiveness of Rectal Chlamydia/Gonorrhea (CT/GC) Screening in Men Who Have Sex With Men (MSM)

http://journals.lww.com/stdjournal/Abstract/publishahead/The_Cost_Effectiveness_of_Screening_Men_Who_Have.98700.aspx

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: DSTDP/HSREB

Record ID: 9588 (March 21, 2013)

Does Jail-Based Sexually Transmitted Disease Screening Impact the Prevalence of Sexually Transmitted Diseases in the Community?

Researchers used a mathematical model to explore the decrease in community chlamydia prevalence attributable to jail screening in a large community and a small community. Previous observational studies have suggested that jail-based sexually transmitted disease (STD) screening may have been influential in the observed decrease in STD prevalence in the communities they serve.

Chlamydia prevalence decreased by 13 percent in the large community analysis. Chlamydia prevalence decreased by 54 percent in smaller communities with higher rates of chlamydia infection and incarceration. Jail-based chlamydia screen-and-treat programs have the potential to reduce chlamydia prevalence in communities with high incarceration rates. However, the magnitude of this potential decrease is subject to considerable uncertainty.

Report Title: Evaluating the Impact of Jail-Based Chlamydia Screening On Community Prevalence

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: DSTDP/HSREB

Record ID: 9589 (December 31, 2012)

Do Clinics for Family Planning and Sexually Transmitted Disease Impact Sexually Transmitted Disease Prevalence?

The study assessed sexually-transmitted disease (STD) and family planning (FP) clinics impact on STD surveillance and control.

Counties with STD or FP clinics were associated with at least 8 percent increase in the transformed chlamydia and gonorrhea rates, 20 percent increase in transformed syphilis rates in 2000, and at least 6 percent increase in transformed gonorrhea and chlamydia rates in 2007. From 2000 to 2007, the transformed incidence rates of chlamydia declined by 8 percent for gonorrhea, and 8 percent for primary and secondary syphilis for the counties that had at least 1 STD or FP clinic. The results from this ecological study are associations and do not establish a causal relationship between having an STD/FP clinic and improved STD detection and control. Finer level analyses (such as census block or cities) may be able to provide more detailed information.

Report Title: County-Level STD Surveillance and Control: Do STD and Family Planning Clinics Matter

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: DSTDP/HSREB

Record ID: 9596 (December 31, 2012)

How Effective Might Be Screening for Chlamydia and Gonorrhea in Women and Men Purchasing Emergency Contraception at Pharmacies?

This study assessed the viability of screening for chlamydia & gonorrhea in women and men purchasing emergency contraception at pharmacies. Because of their high risk profile, emergency contraception users represent a missed opportunity for sexually transmitted disease (STD) counseling and screening, particularly for Chlamydia/Gonorrhea. Previous research indicates that emergency contraception users are less likely to have visited a gynecologist in the past 12 months, and are five times more likely to report ever having an STD compared to non-users (29 vs. 6 percent). The study established baseline Chlamydia/Gonorrhea prevalence by offering in-house testing and free take-home kits to females presenting at pharmacies for emergency contraception. A kit was made available to the sex partner, if a male presented.

Four participants (5 percent) were positive for Chlamydia and two for Gonorrhea. Seventy five percent of the participants were under 25 years of age, 51 percent were White, 16 percent were Hispanic, 22 percent were Black and 76 percent had not yet completed college. Over half (57 percent) reported not using birth control at their last encounter but 64 percent indicated they usually use condoms. Only 15 percent report having had an STD test in the past year, although 63 percent had a new sex partner in the past three months and 62 percent have used emergency contraception before. Ninety three percent thought pharmacies should offer STD testing and 64 percent would buy an STD test kit at the pharmacy if it cost \$25 or less.

Report Title: Behind the Counter Emergency Contraception: Exploring an Opportunity for Chlamydia and Gonorrhea Testing in the Pharmacy Setting

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: National Network of Public Health Institutes, cooperative agreement; Public Health Solutions, contractor

Record ID: 9597 (December 31, 2012)

What are the Status of Implementation and Outcomes across Field Epidemiology Training Program Sites?

The Centers for Disease Control and Prevention (CDC) Division of Public Health Systems and Workforce Development is partnering with the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) to conduct a multi-site evaluation of CDC-affiliated field epidemiology training programs.

The evaluation documented a much wider diversity of program implementation for the field epidemiology training program sites than previously reported. All sites demonstrated participation in important public health outbreaks in their countries. The majority of graduates are working in applied epidemiology positions within their host countries public health systems.

Report Title: Multi-Site Evaluation of Field Epidemiology Training Programs
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: TEPHINET via Deloitte
Record ID: 9999 (September 30, 2013)

What Role Do Implementation Supports Play in How Funded Programs Evolve in the Assertive Adolescent and Family Treatment Program?

This study documented the implementation process of the evidence-based interventions and practices and explored the role that implementation supports play in how the funded programs evolve. The evaluation focused on 1) Intervention Activities - Activities undertaken by personnel in grantee agencies to directly assist clients; 2) Local Implementation Activities - Activities grantee agencies undertake to install the evidence-based practices in their agencies); and 3) External Implementation Supports - Activities undertaken by third parties to aid grantees as they implement evidence-based practices in their organizations. The Assertive Adolescent and Family Treatment program provided support for the training and implementation of evidence-based approaches to assessment and treatment for adolescents, transition-age youth, and their families/mentors. Grantees served adolescents (ages 12-17) or transition age youth (ages 18-24) who had substance use disorders and may also have had co-occurring mental disorders.

Implementation supports generally play a positive role in the program. Grantees reported using the range of supports to a great extent and found most of them to be helpful. They praised many of the supports and recommendations for future improvements. Sites with stronger implementation may have better client outcomes, controlling for background factors (including, but not limited to, the prevalence of evidence based practices at agency, or the proportion of clinical staff with Master's level education or above than sites with weaker implementations. This relationship is largely driven by lower overall implementation scores and worse client outcomes at two of the fourteen sites. Most sites were on target with many of the indicators of fidelity to implementation (staff training and certification and treatment process).

Report Title: Program Evaluation for Assertive Adolescent and Family Treatment (AAFT)
Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration
Federal Contact: Darren Fulmore, 240-276-2824

Performer: Advocates for Human Potential, Inc.
Record ID: 10014 (September 14, 2012)

What are the Evidence-Based Strategies for Reliably Defining Subgroups of Low-Income Men at the Outset of Fatherhood Evaluations?

This study reviewed the evidence base for selecting and measuring specific psychosocial indicators at baseline as a way to reliably define subgroups of low income men for fatherhood program evaluations and suggested directions for continued research on this topic.

The project identified a number of psychosocial characteristics that may predispose low-income men to benefit from fatherhood programs but found that current fatherhood programming research is not yet at a stage where these characteristics can be adequately tested for their predictive value. Project findings suggest that reliably identifying subgroups of low-income men through the use of psychosocial variables measured at baseline will require further research on the processes and mechanisms by which participants benefit from fatherhood programming.

Report Title: Inside the Black Box: Improving Tools to Better Understand Program Impacts

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Kimberly Clum, 202.260.0285

Performer: Mathematica Policy Research

Record ID: 9541 (September 30, 2012)

How Successful Were Local Social Marketing Efforts in Supporting the National Get Yourself Tested Campaign?

In an effort to reduce infertility and other preventable sexually-transmitted disease (STD)-associated conditions through testing and treatment, the Get Yourself Tested (GYT) campaign seeks to remove the taboos surrounding STD testing. The current study examined efforts to expand the reach of the campaign and enhance testing among youth, with a focus on chlamydia screening for 15-25 year-old women and their partners. Nine local programs received grants/in-kind support.

All sites disseminated STD testing materials, messaging and promotions during campaign implementation periods, increasing the visibility of testing in their communities. Each of the programs yielded positive results on measures of reach and exposure, though evaluating impact proved to be challenging. Seven sites reported data indicating increases in chlamydia testing rates during campaign implementation periods compared to baseline. Challenges reported among sites included policy and other barriers to implementation (e.g., distribution of sexual health content to minors or in faith-based communities), staffing shortages or clinic closings and reduced hours, and limited youth uptake of social media efforts.

Report Title: Evaluation of Local GYT Campaigns
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: AED (Washington DC).
Record ID: 9590 (January 31, 2012)

Can Interventions that are Focused on Different Levels of Influence on Adolescents (school, providers, and parents) have an Impact on Adolescent Risk for STD, HIV, and Pregnancy?

Project Connect consisted of three years of formative research and five years of implementation in 26 middle and high schools in Los Angeles. Intervention and control high schools were paired on comparable ethnic composition, STD and birth rates.

Interventions to improve the implementation of a high school condom availability program led to increased awareness of the program and an increase in receipt of condoms from the program among intervention students, relative to controls. Results were similar across gender and different levels of sexual experience. A health systems intervention to increase adolescents' access to and utilization of age-appropriate sexual and reproductive healthcare services in the community was effective in increasing sexually experienced female intervention school students' receipt of birth control in the past year, STD test/treatment in the past year, and having ever been tested for HIV, relative to controls.

Report Title: Project Connect: A Multi-Level Intervention to Reduce Adolescent STD, HIV, and Pregnancy
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: Health Research Association, Peter Kerndt (principal investigator), Los Angeles, CA carry-over funds in FY11)
Record ID: 9593 (December 30, 2011)

What Impact Does Closure of Publicly Funded Sexually Transmitted Disease Clinics Have on Disease Intervention Specialist Services?

State budget shortfalls in Massachusetts altered the way in which Sexually Transmitted Disease (STD) intervention specialist services and STD partner services were delivered. Most clinics were closed in early 2009.

Changes adversely affected ability of disease intervention specialists to perform their primary functions. They expended more time finding places to conduct interviews, identifying providers who both knew how to treat STD patients and who had access to appropriate medications such as bicillin, and finding strategies to treat contacts to syphilis cases who in the past received free treatment from the clinic. In interviews with specialists and providers, both groups reported that obtaining these services had

become more difficult for many patients. These challenges were amplified by management changes occurring within the Department of Public Health.

Report Title: Impact of Health Reform on STD Public Health Services in Massachusetts
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116/MARION CARTER
Performer: DSTDP/HSREB
Record ID: 9595 (October 1, 2011)

What Factors Have Facilitated or Impeded Implementation of Core State Injury Prevention and Control Programs?

The study examined elements relevant to satisfying the Funding Opportunity Announcement objectives, and policy and evaluation elements. Content analysis qualitatively assessed each state's progress reports; this was paired with quantitative assessment using the State of the States survey made available by the Safe States Alliance.

The study found several key factors associated with success including the following: high-quality state injury prevention plans that included clear priorities, specific partner organizations and detailed timelines for implementation; sufficient staff; adequate funding and non-personnel resources; well-functioning injury community planning groups; strong partnerships; strong internal communications; and strong communications efforts targeted to the general public. Successful states also used and shared evaluation data to drive programs, revise their efforts, and set priorities.

Report Title: Core State Portfolio Review, 2005-2010
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: AED, Washington, D.C.
Record ID: 9598 (September 30, 2012)

What are the Costs and Benefits of Programs that Give Away Residential Smoke Alarms and Provide Smoke Alarm Installation and Education?

Death from fires and burns are the third leading cause of fatal home injury in the United States. Smoke alarms can reduce the risk of death from residential fire by about 50 percent and reduce the risk of nonfatal injury by about 30 percent. While 96 percent of U.S. homes have at least one smoke alarm, only about three quarters of these have a functional smoke alarm. Early efforts to increase the proportion of homes with a functional smoke alarm often took the form of free smoke alarm giveaway. Since 1998, CDC has funded State health departments to directly install smoke alarms and offer fire safety education to high-risk communities. This new strategy is more effective but also more costly. The project reviewed the burden of injuries from residential fires, explained basic smoke alarm program implementation, and discussed the relative costs and benefits of each of the two strategies.

Both giveaway and installation programs have an average cost-effectiveness ratio similar to or lower than the median cost-effectiveness ratio reported for other interventions to reduce fatal injuries in homes. Although more effort is required, installation programs result in lower cost per outcome achieved compared with giveaways.

Report Title: Economic Evaluation of Residential Smoke Alarm Giveaway and Installation Programs,

<http://www.sciencedirect.com/science/article/pii/S0749379712004564>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: Division of Unintentional Injury Prevention

Record ID: 9599 (September 1, 2012)

What are Key Recommendations for Advancing Attention to and Action on Sexual Violence Prevention?

This portfolio review examined whether violence prevention program efforts are succeeding.

The panel reviewing the program concluded that sexual violence is a significant public health problem that should be made a priority by the agency. Several panel recommendations were to maintain or increase support for surveillance and research activities. They emphasized the importance of continued support for the National Intimate Partner and Sexual Violence Survey. They also recommended utilizing rigorous study designs to examine risk and protective factors for perpetration of SV, particularly factors at the outer levels of the social ecology, evaluate the effectiveness of prevention strategies, and track products of grantees' surveillance and research activities and use of data to inform prevention. Finally, panel recommended enhancing communication to improve the link between practice and research.

Report Title: Sexual Violence Portfolio Review

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: AED, Washington, D.C.

Record ID: 9600 (December 31, 2011)

Can One-day Leadership Development Interventions Improve Preparedness?

The Meta-Leadership Summits for Preparedness sought to facilitate the development of city/state, multi-sector organizational connections and individual partnerships before disasters occur. Evaluation of program effectiveness and impact was a priority for the funder and partners. An extensive evaluation methodology was designed. The study aimed to measure participants' reactions to the Summit immediately after its conclusion, as well as approximately six months after the Summit. Web-based surveys were administered to collect data.

Over 90 percent of respondents agreed that attendance at the Summit was a valuable use of their time, rated the overall quality of the Summit as good or outstanding, and would recommend the Summit to their colleagues. Eighty percent of respondents had used meta-leadership concepts or principles in the six months since attending a Summit. They reported that using meta-leadership concepts or principles had made a positive difference for them and/or their organization.

Report Title: Meta-Leadership Summit for Preparedness: Evaluation Summary
<http://www.cdc.gov/phpr/training/>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: OPHPR, Learning Office

Record ID: 9609 (March 1, 2012)

What are Some Effective Methods Currently Used by Registries to Generate and Update Parent Contact Information for Parents of Children in Registries?

The research expanded and advanced understanding of innovative strategies to update telephone and address information in registries and in development of innovative methods to inform parents of their child's immunization needs. In order for immunization registries to serve as an effective mechanism for reminder and recall interventions, improvements need to be made in updating telephone and address information in registries and in developing innovative ways to contact parents using registry databases. The study aimed to describe the methods currently used by the registry to generate and update parent contact information.

The primary outcome was delivery of reminder/recall notification based on the parent (or other responsible party) mailing address in MCIR. Undeliverable reminder/recall notifications are most likely among adolescents. Efforts to identify alternate sources of parent contact information may be an important strategy to improve the successful delivery of reminder/recall notifications, especially for adolescents.

Report Title: Strategies to Reach the Unreachable through Immunization Registries,
<http://dx.doi.org/10.1016/j.bbr.2011.03.031>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: Cooperative Agreement

Record ID: 9652 (December 31, 2011)

How Effective Have Racial and Ethnic Health Disparities Action Institute Teams Been?

This evaluation examined contributions made to Racial and Ethnic Health Disparities Action Institute communities and to the Racial and Ethnic Approaches to Community Health (REACH) Program model.

Accomplishments of Teams included capacity-building and implementation related actions. All Teams met the two capacity-building objectives: build or sustain a coalition and develop a Community Action Plan. Those Teams who had an existing coalition in place were able to move to implementation activities sooner than those who spent time inviting members and developing the coalition. Teams focused on developing a Community Action Plan and engaged in activities to develop the plan. Teams focused on identifying resources and developing an infrastructure for their initiative. All Teams implemented activities identified in their plans. Several factors were positively associated with successful partnerships including technical assistance and training provided, previous experience in working on health disparities, and the ability to enhance existing networks to bring them to the table.

Report Title: Evaluation of the Racial and Ethnic Health Disparities Action Institute (REHDAI) Program

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: Abt Associates, Inc.

Record ID: 9864 (March 15, 2012)

What Facilitates or Obstructs Implementing Primary Stroke Center Policy and How does Policy Affect Rural Health Systems?

This study looked at the implementation of State policies aimed at the development of primary stroke centers. In 2004, the American Stroke Association developed the Stroke System of Care, a series of recommendations to improve treatment of stroke. One recommendation encouraged states to support legislated or regulated primary stroke center designation and, in some cases, revised EMS transport protocols. Methodology for this study included an analytical scan of a legislative database and relevant websites for policy activity in primary stroke center designation, as well as case study approach profiling four states' primary stroke center policy development and implementation.

The study identified several key components to successful policy adoption and implementation. They include: clarify legislation into regulations and rules; clarify roles and responsibilities of partners, state government and implementers including identifying a lead agency; ensure the availability of resources for implementation and oversight; establish and use advisory groups to ensure current science is reflected; coordinate elements in the overall system of stroke care; clarify implications for insurers, Medicare, and Medicaid; support stroke care in isolated and rural areas such as telemedicine; create policy feedback opportunities; and establish and maintain data for quality improvement. Barriers to policy implementation were also identified which include the lack of a state stroke system of care including disjointed emergency response and hospital communication; controversy around the use of Tissue Plasminogen Activator; financial and regulatory disincentives; and intrastate and interstate barriers to telemedicine.

Report Title: Primary Stroke Center Legislation and Implementation Study
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116//SUSAN LADD?
Performer: University of Georgia School of International and Public Affairs
Record ID: 9871 (December 31, 2011)

What Role can Stakeholder Education Play in Initiatives to Prevent Teen Pregnancy and Reduce Rates of Teen Births in Communities with Highest Risk?

A process evaluation focused on the efforts of target grantees and their key partners to educate community stakeholders in teen pregnancy prevention communitywide initiatives. Three case studies documented the extent and quality of stakeholder education capacity building activities, strategic planning for stakeholder education and the implementation and lessons learned of several important stakeholder education strategies.

Several stakeholder education strategies can be employed to increase young people's access to evidence based teen pregnancy prevention programs:

- Community and school needs assessment data collected from focus groups with students, parents, school can point to a need for programs.
- Technical support to key school district personnel can help schools review, discuss, and select an evidence-based program that best fits their student body.
- Teacher training, tools, materials, curricula and ongoing assistance can help schools implement, evaluate and sustain evidence based teen pregnancy prevention programs.

Report Title: Evaluation Project of Policy Related Teen Pregnancy Prevention Activities By Grantees Funded Under Teenage Prevention: Integrating Services, Programs, and Strategies Through Community-Wide Initiatives,
<http://www.thenationalcampaign.org/sla/spotlight.aspx>

Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: National Campaign to Prevent Teen and Unplanned Pregnancy
Record ID: 9995 (September 30, 2012)

How do Public Health Agencies Use and Support Health Information Technology to Support Public Health Functions?

Public health agencies have adopted different information systems to help capture data from health-care providers and other sources, but these agencies continue to struggle to establish integrated approaches to sharing information across programs and jurisdictions. This project conducted in-depth case studies of state and local public health departments to identify the ways that these agencies capture and manage data and how agencies exchange information across programs and jurisdictions.

Findings from this project included highlighted the need for public health agencies to develop a strategic framework for IT investments and the need to develop models to access and use provider-generated data that will support monitoring care or assessing the status of vulnerable populations. In addition, the adoption of a common meta-data model or scheme for how data elements captured and used in public health relate to one another is critical for assuring interoperability across systems used by different public health agencies and health care providers.

Report Title: Assessing the Status and Prospects of State and Local Health Department Information Technology Infrastructure

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Michael Millman, 202-260-6211

Performer: NORC

Record ID: 10230 (September 30, 2013)

Goal: Advance the Health, Safety, and Well-Being of the American People

Objective: Promote the safety, well-being, resilience, and healthy development of children and youth

Has the Comprehensive Community Mental Health Services for Children and Their Families Program Succeeded in Promoting the Coordination of Multiple Systems That Serve Children and Youth?

A national evaluation was conducted to describe, monitor, and chronicle the Children's Mental Health Initiative progress in promoting the coordination of systems that serve children and youth diagnosed with serious emotional disturbances and their families. The evaluation gathered, analyzed, and compiled descriptive and outcome data. The evaluation included objectives that examined associations among the services provided, the Theory of Change, and outcomes of children and youth, analyzed factors associated with better child outcomes services, assessed the degree to which communities developed and implemented infrastructure and service delivery systems of care and assessed the factors affecting system of care sustainability after the end of CMHI funding and impacts on sustainability.

Steady improvements on key variables were found during the time period between enrollment in services and 24 months. More than one-third (39 percent) of children and youth showed a decrease in all types of behavioral and emotional symptoms between intake and 12 months and 49 percent showed improvement between intake and 24 months.

Report Title: Comprehensive Community Mental Health Services for Children and Their Families (CMHI)

<http://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-and-Their-Families-Program-Evaluation-Findings/PEP12-CMHI2010CD>

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services

Administration

Federal Contact: Ingrid Goldstrom, 240-276-1761

Performer: ICF Macro

Record ID: 10031 (December 1, 2012)

Does the Safe Schools/Healthy Students Initiative Reduce Substance Use and Violence, Increase Access to Mental Health Services, Improve School Climate, and Improve Coordination and Service Integration?

This evaluation examined whether the Program Theory Model is supported by data already collected by Safe Schools/Healthy Students (SS/HS) grantees. The study investigated how elements of the Safe Schools/Healthy Students Model were influenced by pre-grant conditions, grant operations, and change over time to produce near-term and long-term outcomes.

For elementary, middle, and high schools participating in the SS/HS grant program, there were significant increases in the proportion of students receiving school-based mental health services. Decreases in perceptions of gang activity as a problem were found for elementary and middle schools participating in the SS/HS grant program. For participating high schools, there were significant reductions in 30-day alcohol use.

Report Title: National Evaluation of the Safe Schools/Healthy Students Initiative Final Report August 2013

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration

Federal Contact: Melanie Brown, 240-276-1909

Performer: RTI International

Record ID: 10128 (September 30, 2013)

What Screening and Evaluation is Necessary to Divert Adults With Mental Illness From Jail to Community-Based Services and What are the Characteristics of Individuals Diverted?

The Substance and Mental Health Services Administration sponsored an evaluation of a Jail Diversion Program diverting adults with mental illness from jail to community.. The program was developed to improve policy and practice for addressing the needs of persons with mental illness or those with co-occurring mental health and substance abuse disorders who became involved in the criminal justice system. The evaluation studied the jail diversion process, starting at referral rather than enrollment and examined the effect of jail diversion on public health and public safety outcomes. The evaluation focused on the extent of screening and evaluation necessary to divert candidates, best practices to reduce recidivism, substance abuse and improved recovery for adults with mental illness diverted to the community. The evaluation offered models for the development of successful, efficient, and impactful jail diversion programs in the future.

Three thousand five hundred ninety individuals were diverted from jail. Study participants were 37 years old on average. Fifty three percent were male and 47 percent were female. Forty five percent of participants identified as white, 39 percent as black/African American, 6 percent as Hispanic/Latino, 3 percent as American Indian, 2 percent as Hawaiian Native/Pacific Islander, 1 percent as Alaskan Native, 1 percent as Asian, and 2 percent other race/ethnicities. Primary diagnoses included schizophrenia spectrum disorder (28 percent), bipolar disorder (27 percent), and 26 percent depressive disorder. The remaining participants had a primary diagnosis of posttraumatic stress disorder, substance use disorder, or an Axis II disorder. Experiences of physical and sexual abuse were nearly universal for all participants (92 percent), including 96 percent of the women and 89 percent of the men. Overall, the post-booking jail diversion sites achieved a 57 percent reduction in arrests and a 38 percent reduction in jail days in the 12 months after enrollment compared with the prior 12 months. Only half of the participants were arrested at all during the 12 months following enrollment.

Report Title: Evaluation of the CMHS Targeted Capacity Expansion Grants for Jail Diversion Programs

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration

Federal Contact: David Morrissette, 240-276-1912

Performer: Policy Research Associates, Inc

Record ID: 8890 (December 1, 2012)

What Do We Know About the Effectiveness of Parenting Interventions for Improving Specific Child Well-being and Behavioral Outcomes?

This study sought to better understand how to support parents throughout children's development in order to ultimately promote positive long-term outcomes; in particular, positive adolescent development and reductions in risky behavior. A major task of the project was a literature review that examined what is known about parenting across the developmental stages of childhood and adolescence, how different parenting dimensions or behaviors relate to outcomes for adolescence, and what is known about the strategies and effectiveness of interventions to improve parenting practices.

There are parent behaviors and interactions that are important for healthy development from early childhood and these seem to hold across socioeconomic and ethnic groups, although it is increasingly clear that they are individualized and responsive to children's temperament and environmental threats. The basis for effective parenting across developmental stages is a warm and supportive relationship that lays the foundation on which mutual trust and acceptance can be built. Effective communication between parents and their children is important, as is consistent, positive (missing word here) that is developmentally-appropriate. Additional elements include monitoring the child's behavior and activities and involvement in joint activities. The guidance offered by this research for interventions with parents is less clear. In the absence of clear evidence of

the superiority of one strategy over another, programs fall back on theoretical models and test a variety of strategies.

Report Title: State of the Science and Practice in Parenting Interventions Across Childhood

http://aspe.hhs.gov/hsp/13/StateOfScience/rpt_StateOfScience.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Lisa Trivits, 202-205-5750

Performer: Abt Associates

Record ID: 9530 (December 14, 2012)

What Lessons Have Been Learned About Conducting Systematic Reviews to Inform Policy Initiatives?

HHS conducted a systematic review of the research literature on programs to prevent teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors. Findings have been used to inform two new federal policy initiatives aimed at supporting evidence-based approaches to teen pregnancy prevention.

The research highlighted six key lessons from the review, including: (1) Don't reinvent the wheel; (2) Take care in defining the scope of the review; (3) Engage study authors and outside experts; (4) Report on more than just positive findings; (5) Expect that some review findings might not be implementation-ready; and (6) Use the review findings to encourage improved research quality and reporting. These lessons are intended to help the growing number of other organizations and federal agencies considering similar policy-driven reviews.

Report Title: Using Systematic Reviews to Inform Policy Initiatives: Lessons from the HHS Teen Pregnancy Prevention Review

<http://aspe.hhs.gov/hsp/13/tppevidencereview/rb.cfm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Lisa Trivits, 202-205-5750

Performer: Mathematica Policy Research, MPR

Record ID: 9531.1 (October 19, 2012)

How Can Successful Replication of Evidence-Based Program Models and the Development of Evidence-Informed Models Be Ensured?

Significant investments have been made in the replication of evidence-based program models (EBPs) and testing evidence-informed and innovative approaches in the areas of home visitation, teen pregnancy prevention, and the reduction of long-term foster care. This project examined the challenges confronting stakeholders involved in EBP replication and scale-up, the issues around implementing evidence-informed strategies, and lessons from research and practice to address these challenges.

The first study found that despite the increasing availability of information that identifies evidence-based programs, a large gap remains between what the research has shown with regard to program outcomes and the key mechanisms that can facilitate or inhibit program implementation. Themes emerged during a forum held in April 2011 during which experts discussed challenges encountered when selecting and replicating evidence-based programs (EBPs) and approaches were identified for developing evidence-informed programs when EBPs are not available or applicable for a given population.

The second study detailed the fundamentals of quality program implementation that have been identified through research and practice. It highlighted the importance of a high quality implementation and identified factors that affect implementation, which range from societal, community, program, practitioners, and organizational influences, as well as the implementation process itself. Researchers explained how implementation should focus on core components, allowing adaptation of other aspects to suit the population and setting.

The third study found that strategies for a well-operationalized evidence-based program include a clear description of: the context of the program; the core components; the active ingredients to operationally define the core components so they can be taught and learned and can be implemented in typical settings; and a practical strategy for assessing the behaviors and practices that reflect the program's values and principles, as well as the program's active ingredients and activities. When outcomes are not achieved, an understanding of core components and whether they were implemented correctly is essential to understanding whether a program is ineffective, or alternatively, whether it was not implemented well. Researchers suggested that program funders consider including requirements to specify the core components of interventions as deliverables at the end of a demonstration or pilot phase to facilitate replication and scalability.

The fourth study identified and described key strategies for using research evidence and data to inform the development and testing of new evidence-informed interventions. These included the use of meta-analysis and "kernels" to identify research-based components and practices to incorporate into new programs, and logic models to organize information on how activities are expected to lead to desired outcomes and to guide program development, testing, and revision. Meta-analysis is a technique to synthesize the results of many studies on a topic, while kernels are program elements or practices that have been shown in research to have behavioral impacts and that can be re-combined in the development of new interventions.

Report Title 1: The Importance of Implementation for Research, Practice, and Policy
http://aspe.hhs.gov/hsp/13/KeyIssuesforChildrenYouth/KeyImplementation/rb_KeyImplementation.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Diana Tyson, 202-401-6670

Performer: Child Trends
Record ID: 9532 (April 30, 2013)

Report Title 2: The Importance of Quality Implementation for Research, Practice and Policy

http://aspe.hhs.gov/hsp/13/KeyIssuesforChildrenYouth/ImportanceofQuality/rb_Quality/mp.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends
Record ID: 9532.1 (February 22, 2013)

Report Title 3: Core Intervention Components: Identifying and Operationalizing What Makes Programs Work

http://aspe.hhs.gov/hsp/13/KeyIssuesforChildrenYouth/CoreIntervention/rb_CoreIntervention.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends
Record ID: 9532.2 (February 22, 2013)

Report Title 4: Best Intentions Are Not Enough: Techniques for Using Research and Data To Develop New Evidence Informed Prevention Programs?

http://aspe.hhs.gov/hsp/13/KeyIssuesforChildrenYouth/BestIntentions/rb_bestintentions.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends
Record ID: 9532.3 (April 19, 2013)

What Insights Can be Drawn from States Experiences Implementing Optional Medicaid Coverage for Youth in Order to Help With Mandatory Coverage?

This study drew lessons from 30 states' implementation of existing optional Medicaid coverage for youth who age out of foster care and applied them to decisions and plans states will consider as they implement new Affordable Care Act coverage that goes into effect in 2014. Under the Affordable Care Act youth who age out of foster care remain categorically eligible for Medicaid until age 26.

The study found that wide variations in how states have implemented the so-called Chafee Option are focused on eligibility criteria, enrollment processes, and recertification processes. States' implementation choices had implications for the frequency with which youth enroll in Medicaid coverage after foster care and in their continuity of coverage over time. While youth remained eligible for Medicaid, states with more burdensome enrollment and recertification processes had lower rates of continuing coverage than states with more streamlined processes. States have

approached and devised solutions to a series of implementation challenges such as coordinating data systems and forms, training staff about the new coverage, and helping youth maintain coverage. One of the biggest challenges states will face in implementing the provision for youth formerly in foster care is keeping them aware of their continued categorical Medicaid eligibility. That includes keeping youth aware, but also keeping service providers from other systems (e.g., mental health and substance abuse providers, TANF providers, criminal justice providers) aware of the provision.

Report Title: Assessing Medicaid and Housing Supports for Youth Who Age out of Foster Care

<http://aspe.hhs.gov/hsp/13/ChafeeMedicaidReport/rpt2.cfm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Urban Institute

Record ID: 9533 (November 16, 2012)

What Unique Challenges to Health and Well-Being Are Faced by Children Who Live With Neither Parent?

Research literature on children who live apart from their parents, and gaps in knowledge regarding this vulnerable population was summarized. Typical families consist of one or two parents, and a child, and any siblings. Parents' interactions with the child are a primary driver of the child's development. Yet nearly 3 million (4 percent) of American children live in homes with no parent present.

Children in non-parental care seem to be at risk of lower levels of well-being than other children. Many live with non-parental caregivers because their parents are potential dangers to them, are unavailable, or lack the necessary resources to care for them. Many children in non-parental care experience instability in their living arrangements, and many live with non-parental caregivers who have low incomes. Children in such households are a potentially vulnerable population. Relative caregivers tend to be older than other caregivers, and they frequently experience socio-economic disadvantages. Despite their potential challenges in providing care for children, these caregivers are frequently not eligible for the supports received by non-relative foster caregivers.

Report Title: Children in Nonparental Care: A Review of the Literature and Analysis of Data Gaps

http://aspe.hhs.gov/hsp/13/NonparentalCare/rpt_nonparentalcare.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends

Record ID: 9538.1 (September 3, 2013)

Do Children Need to Attain Particular School Readiness Skills or Developmental Levels in Early Childhood In Order to Be Successful in School Later On?

This study examined the evidence for thresholds in association between children's school readiness and subsequent academic, social and emotional outcomes, both within and across domains.

The school readiness skills with which a child enters school matter in terms of level and rate of acquisition of academic and social skills during elementary school. Children do not need to reach the national average for achievement in order to be "in the running" for later school success, but the better a child's skills are when he or she enters school, the better his or her skills are likely to be in elementary school and beyond. Analyses found no evidence of thresholds in school readiness above which children showed more rapid acquisition of skills during the school years. While no children appeared to be primed for accelerated growth by being above a particular threshold of skill level at school entry, the findings were informative about relationships between school readiness skills and subsequent academic and behavior skills during the school years.

Report Title 1: In the Running for Successful Outcomes: Project Overview Exploring the Evidence for Thresholds of School Readiness

<http://aspe.hhs.gov/hsp/13/intherunningoverview/rb.cfm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends

Record ID: 9539.1 (December 14, 2012)

Report Title 2: In the Running for Successful Outcomes: Contemplating "Thresholds" for School Readiness

<http://aspe.hhs.gov/hsp/13/IntheRunningThresholds/rb.cfm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends

Record ID: 9539.2 (December 14, 2012)

Report Title 3: In the Running for Successful Outcomes: Exploring the Evidence of Thresholds of School Readiness

<http://aspe.hhs.gov/hsp/13/IntheRunningreadinessSkills/rb.cfm>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Child Trends

Record ID: 9539.3 (December 21, 2012)

Can We Replicate Findings from the Original Project Connect Health Systems Intervention in a New City with a New Population of Interest and a New Provider Community?

This project replicated the health systems intervention of the original Project Connect, a multi-level intervention designed to reduce adolescent STD/HIV risk and incidence, which was fielded in Los Angeles. This replication project assessed the feasibility and

success in implementing this intervention in a setting vastly different from Los Angeles, that of resource-poor Detroit, Michigan. Implementation of Connect was evaluated in three Detroit Public High Schools. Outcomes included process measures of provider referral guide uptake and success in connecting students to community providers, receipt of sexual and reproductive health services, and cost measures. Survey data were collected from adolescents at clinic sites as well as health record information specific to the use of sexual and reproductive healthcare services.

Clinic-level data collected at two of the clinics on the guide indicated that higher risk adolescents were being served at those locations, although few were from our project schools (less than five percent). School-level data, however, indicated that nearly a quarter of students surveyed had made use of the Connect referral guide to access care. Lessons learned in Detroit will inform implementation guidance for similar urban areas.

Report Title: Project Connect Health Systems Intervention Replication Project
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: Michigan Public Health Institute (Okemos, MI), via the National Network of Public Health Institutes
Record ID: 9592 (May 30, 2013)

How Best Realign Physician Payment Incentives in Medicare to Achieve Payment Equity among Specialties, Expand the Supply of Primary Care Physicians, and Improve the Value of Care for Beneficiaries?

This project identified and conducted research that could be applied to the Medicare Physician Fee Schedule to address issues related to promoting access to primary care providers, addressing rapidly rising health care costs and improving its value. The project included two phases: a developmental phase that included literature reviews, expert interviews, technical panel consultations and work plan development to identify up to four projects that could be conducted; and the research phase that involved completing three studies from the first phase. The results of one of these studies showed that alternative methods for allocating relative value units (RVUs) related to practice expenses would not result in a major shift of payments to primary care providers. A second study examined a potentially important issue related to the introduction of new codes and the effects of physician productivity changes on the distribution of work RVUs across services. The final study looked beyond the resource-based relative value scale and examined other approaches to payment reform in order to promote primary care services.

The three studies suggest that changing how practice expense payments are calculated within the fee schedule could redirect payments toward primary care services/providers; provided a policy alternative in which new services, and possibly other categories of services, are assumed to enjoy productivity gains, and therefore RVU reductions,

unless evidence is available that such gains cannot or have not occurred; and identified design issues associated with Medicare payment for advanced primary care.

Report Title: Realign Physician Payment Incentives in Medicare to Achieve Payment Equity Among Specialties, Expand the Supply of Primary Care Physicians, and Improve Value of Care for Beneficiaries

Agency Sponsor: OASP, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Don Cox, 202-690-6597

Performer: The Urban Institute

Record ID: 9627 (December 30, 2012)

What Decisions Must State Level Entities Make to Ensure Effective Implementation of the Adolescent Pregnancy Prevention Program?

The evaluation of Adolescent Pregnancy Prevention Approaches is a joint effort examining the effectiveness of eight pregnancy prevention approaches and sites that serve various populations of youth. It aimed to increase the evidence base of program models designed to prevent teen pregnancy, reduce sexually transmitted illnesses and reduce sexual risk taking behavior.

Most youth will participate in evidence-based programs. Over 93 percent of the 300,000 expected Personal Responsibility Education Program participants will be served by programs that are among those that HHS has identified as evidence-based, through a systematic review of teen pregnancy prevention effectiveness evaluations. States' program providers target high-risk youth populations. Three-fourths of program providers operate in high-need geographic areas, and states report that their program providers expect to serve primarily African American and Hispanic youth, youth in foster care, and adjudicated youth. States are taking various approaches to educate youth on both abstinence and contraception and incorporate adulthood preparation subjects. About half of the states actively assessed their selected program models for coverage of abstinence and contraception, and about half selected their adulthood preparation subjects and assessed program coverage of these subjects.

Report Title: The Personal Responsibility Education Program (PREP): Launching a Nationwide Adolescent Pregnancy Prevention Effort

http://www.acf.hhs.gov/sites/default/files/opre/prep_eval_design_survey_report_102213.pdf

Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families

Federal Contact: Butler Dirk, 202-205-5754

Performer: Mathematica Policy Research, Inc.

Record ID: 9656 (September 30, 2013)

Has the Comprehensive Community Mental Health Services for Children and Their Families Program Promoted Coordinated Multiple Service Systems?

The evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program gathered and analyzed descriptive and outcome data. The subject program funds public entities to promote coordination of multiple, often fragmented, systems serving children and youth from birth to age 21 who have been diagnosed with a serious emotional disturbance and their families. The national evaluation consisted of multiple studies (i.e., descriptive, longitudinal, system-level, cost, and special).

Children, youth, and their families were followed across a 24 month time period at 6 month intervals. Researchers found steady improvements across this time interval and at 24 months after enrollment in services. According to caregiver reports, 2 out of 5 of children and youth showed a decrease in all types of behavioral and emotional symptoms between intake and 12 months and half showed improvement between intake and 24 months.

Report Title: The Comprehensive Community Mental Health Services for Children and Their Families Program, Evaluation Findings (2010 Report), <http://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-and-Their-Families-Program-Evaluation-Findings/PEP12-CMHI2010CD>

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration

Federal Contact: Ingrid Goldstrom, 240-276-1761

Performer: ICF Macro

Record ID: 10036 (January 1, 2012)

What is the Current Science on Adolescent Risk-Taking?

Researchers reviewed the science of adolescence within a life course perspective and highlighted the implications of this research for preventing risk behavior. This effort examined scientific work on processes both within individuals and in the environment, including social factors that affect behavior during adolescence. The goals were to bridge multiple disciplines in the biological, health, social, and behavioral sciences; identify ways of integrating findings from each of these fields that can improve understanding of why adolescents engage in risky behavior; improve strategies for prevention and intervention; and flag areas in which further research is needed.

Adolescents are prone to novelty and take risks but lack mature capacity for self-regulation. They share to a greater or lesser degree, common mechanisms of influence that underlie risk-taking behaviors, including facets of brain development and biological processes, as well as social and developmental challenges. The interactions among these shared mechanisms and sources of individual variation in risk-taking are not yet fully understood. However, even among target populations of individuals with high levels

of risk factors, only a subset typically encounters severe problems. Individual characteristics (such as high intelligence, self-confidence, and social and other competencies) offer protection from problem behaviors as do social and environmental opportunities (prosocial activities and influences; bonding with positive peers, adults, and institutions; and clear standards for healthy behavior).

Report Title: The Science of Adolescent Risk-Taking: Workshop Report,
<http://www.iom.edu/Reports/2010/The-Science-of-Adolescent-Risk-Taking.aspx>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Lisa Trivits, 202-205-5750
Performer: National Academy of Sciences, Board on Children, Youth, and Families
Record ID: 9526 (November 1, 2011)

Which Evidence-Based Programs Reduce Teen Pregnancy, Sexually Transmitted Infections, and Other Sexual Risk Behaviors?

This project updated the review of the evidence for program models that demonstrate impacts on teen behaviors and consequences of sexual activity. This review served as the basis for identifying programs eligible for the HHS List of Evidence-Based Teen Pregnancy Prevention Program Models. A total of 88 studies met the review criteria for study quality and were included in the data extraction and analysis. The studies examined a range of program models delivered in diverse settings. Most studies had mixed-gender and predominately African American research samples (70 percent and 51 percent, respectively). Randomized controlled trials accounted for the large majority (87 percent) of included studies. Most studies (76 percent) included multiple follow-ups, with sample sizes ranging from 62 to 5,244.

Analysis of the study impact findings identified 31 program models with evidence of a statistically significant positive effect (and no adverse effects) on teen pregnancy, sexually transmitted infections, or sexual activity. Two main gaps in the literature include a lack of replication studies and the need for more research on Latino youth and other high-risk populations.

Report Title: Programs to Reduce Teen Pregnancy, Sexually Transmitted Infections, and Associated Sexual Risk Behaviors: A Systematic Review,
http://aspe.hhs.gov/hsp/13/reduce-teenpregnancy/rpt_tppevidence.cfm
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Sarah Oberlander, 202-690-6808
Performer: Mathematica Policy Research, MPR
Record ID: 9531 (April 1, 2012)

Is it Feasible to Establish and Maintain a National Registry of Child Maltreatment Perpetrators as Required by Law?

This study responds to a requirement in the Adam Walsh Child Protection and Safety Act of 2006 that the U.S. Department of Health and Human Services conduct a study on the feasibility of establishing and maintaining a national registry of child maltreatment perpetrators (often also referred to as a national child abuse registry).

The study found that current statutory limits to the information that could be contained in a national registry would prevent the accurate identification of child maltreatment perpetrators. While that problem could be addressed with a straightforward legislative change, a national registry of child maltreatment perpetrators would provide limited information for child maltreatment investigations beyond what is already available from existing single state registries. As authorized, the predominant use of a national registry would not be as a tool in child maltreatment investigations, but rather for employment background checks not explicitly mentioned in the statute rather than as a tool in child maltreatment investigations. However, if a national registry were used for employment background checks, due process requirements for a national registry will need to be stronger than those in place in a number of states. A lack of participation in a voluntary registry system could prevent a registry from fulfilling its intent.

Report Title: Report to the Congress on the Feasibility of a National Registry of Child Maltreatment Perpetrators,

<http://aspe.hhs.gov/hsp/12/childabuseregistryreport/congress.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Laura Radel, 202-690-5938

Performer: Walter R. McDonald & Associates, Inc.

Record ID: 9537 (April 1, 2012)

Are there Particular School Readiness Skills or a Level of Development that Children Need to Attain in Early Childhood in Order to Meet Later Measures of Success?

Through a review of the literature and secondary analysis of data, the In the Running for Successful Outcomes project aimed to examine whether there are particular skills, levels of school readiness, or trajectories of development that children need to attain in early childhood to be successful in later schooling. What do children need to know and be able to do at the start of school to be in the running for long term success?

There was no evidence of thresholds in school readiness skills above which children showed more rapid acquisition of skills during the school years. There was evidence, however, that entry skill levels predicted the level of skills during the school years. Overall, the school readiness skills with which a child enters school do seem to matter in terms of level and rate of acquisition of academic and social skills during elementary school. These findings suggest that improving children's school readiness skills will benefit them no matter where they may be on the continuum. Children do not need to reach the national average for achievement in order to be "in the running" for later school success, but the better a child's skills are when he or she enters school, the better his or her skills are likely to be in elementary school and beyond.

Report Title: In the Running for Successful Outcomes
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Laura Radel, 202-690-5938
Performer: Child Trends
Record ID: 9539 (April 1, 2012)

What Were the Benefits of a Rural Host Home Emergency Shelter Model on Rural Homeless Youth?

This demonstration project explored the benefits of utilizing a host home emergency shelter model to provide basic center services in rural areas. Eighteen Runaway and Homeless Youth grantees with a service area population of 20,000 people or less participated in the full 3-year study cycle.

It was difficult for agencies to complete the licensing process as there are no uniform standard for licensing requirements between states and in some cases even between local jurisdictions. Many host homes did not possess the capacity to provide the services required for basic center programs. Some of these deficiencies were administrative; in other cases the deficiencies were a result of a failure to provide critical services such as counseling, Community Service Learning opportunities and prevention education services. Aside from staff capacity, the lack of services in their respective rural community still created barriers to access. Many youth experiencing homelessness reported that receiving services in their tight knit community did not afford necessary privacy. Some youth were uncomfortable with the home like-setting and preferred a group home environment.

Report Title: Rural Host Home Demonstration Project
Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families
Federal Contact: Gloria Watkins, 202-205-9546
Performer: RHYTTAC, Runaway and Homeless Youth Training and Technical Assistance, University of Oklahoma
Record ID: 9722 (March 31, 2012)

To What Extent Have the Combating Autism Act Initiative Research, Training and State Implementation Grantees Achieved the Program's Objectives?

A 3-year study assessed the performance of training, research, and state systems grant programs in meeting the objectives of the Combating Autism Act Initiative. The study measured results of the grantees' efforts to increase awareness of Autism Spectrum Disorder (ASD) and other Developmental Disabilities (DD); reduce barriers to screening and diagnosis; support research on evidence-based interventions for ASD and other DD; promote the development of evidence-based guidelines and tools for interventions; train professionals to use valid and reliable screening and diagnostic tools and provide evidence-based interventions for ASD and other DD; and create systems-level improvements at the state level that would improve access to comprehensive coordinated health care and related services for children with ASD and other DD.

The study found increases in the number of children receiving diagnostic evaluations over the course of the grant period, thereby providing an early indication of progress toward reducing barriers to services. Grantee programs also expanded their training resources and assisted local agencies and practices in building their capacity to provide community-based services. To promote early screening, diagnostic evaluation, and intervention the grantees engaged in various strategies aimed at building awareness of autism spectrum disorder among providers, parents, and the public. The grantees also conducted studies on the efficacy of interventions, developed consensus-based guidelines to support medical professionals treating children with the disorder, and developed guidelines to support evidence-based clinical decision making and toolkits to support clinicians and parents in identifying and treating the medical and behavioral issues that commonly occur in children.

Report Title: Efforts to Improve Autism Spectrum Disorders Service Delivery under the Combating Autism Act Initiative: Research, Training, and State Implementation Grants for Fiscal Year(s) 2008-2011

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Deidre Washington-Jones, 301-443-6844

Performer: Insight Policy Research

Record ID: 9728 (September 30, 2013)

Goal: Advance the Health, Safety, and Well-Being of the American People

Objective: Promote economic and social well-being for individuals, families, and communities

What Do Existing Research and Measures Tell Us About How Best to Measure the Quality of Relationships Between Families and Their Providers of Early Care and Education?

This study produced a summary of existing instruments from various fields that examined family-provider relationships and an overview of methodological, conceptual, and logistical issues related to producing a measure of the quality of these relationships.

Of 62 measures reviewed, the study found many items that can be used as is or adapted slightly to capture key elements of high quality family-provider relationships. In addition, though, the study identified several gaps in both structural and content features of existing measures, such as few measures available in languages other than English and few items related to providers' openness to change, knowledge of family functioning, child development, parenting skills, or parents' work lives, or related to materials reflective of families.

Report Title: Quality of Family-Provider Relationships: Review of Existing Measures of Family-Provider Relationships

<http://www.acf.hhs.gov/programs/opre/resource/family-provider-relationship-quality-review-of-existing-measures-of>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Laura Hoard, 202-401-4561
Performer: Bank Street College of Education
Record ID: 9959 (November 26, 2012)

What are the Net Impacts of the Supporting Healthy Marriage Programs on Marital Stability and Relationship Quality, Attitudes and Expectations Regarding Their Marriage, Parenting Attitudes and Behaviors, and Measures of Adult Well-Being?

The Supporting Healthy Marriage (SHM) evaluation assessed the impacts and documented the implementation of a voluntary, yearlong program for low-income, married couples who, at study entry, had children or were expecting a child. The program model included three complementary components, a series of relationship and marriage education workshops that were the core service, educational and social events that were intended to build on and reinforce lessons from the workshop curriculum, and family support services which paired couples with a specialized staff member who maintained contact with them and facilitated their participation in the other two program components.

The SHM program produced a consistent pattern of small, but statistically significant, positive effects on multiple aspects of couples' relationships, including marital happiness, lower levels of marital distress, and greater warmth and support. However, the program did not significantly affect whether couples stayed married.

Report Title: The Supporting Healthy Marriage Evaluation – Early Impact Findings On Low-Income Families Technical Supplement

<http://www.acf.hhs.gov/programs/opre/resource/the-supporting-healthy-marriage-evaluation-early-impacts-on-low-income-0>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Nancye Campbell, 202-401-5760
Performer: MDRC
Record ID: 9962 (November 30, 2012)

Do Demonstration Grantee Programs Reach a Large/Diverse Segment of the Community and What are the Differences in the Measures of Family Life Outcomes Over Time?

The Community Healthy Marriage Initiative evaluation assessed the impacts and documented the implementation of voluntary, healthy marriage and relationship education services provided by grantees with and through partner organizations to diverse population groups within designated neighborhoods. The impact evaluation studied and compared communities that received one or more federal grants for healthy marriage and relationship education services with similar communities that received no federal grants or substantially smaller grants. .

The study found that changes in family life domains were similar in both types of communities, indicating that Community Healthy Marriage activities did not exert significant community-level impacts.

Report Title: Impacts of A Community Healthy Marriage Initiative

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

<http://www.acf.hhs.gov/programs/opre/resource/the-community-healthy-marriage-initiative-evaluation-impacts-of-a>

Federal Contact: Nancye Campbell, 202-401-5760

Performer: RTI

Record ID: 9964 (November 30, 2012)

Are Healthy Marriage Programs Which Provide Marriage and Relationship Education and Support Services Effective for Low-Income, Unmarried Couples Expecting a Child?

This project studied eight programs providing a similar model of marriage and relationship education and supportive services to low-income unmarried couples expecting a child together.

At 36 months after the couples enrolled, the evaluation found no pattern of positive impacts on outcomes in three key areas: the couples' relationship status and quality; parenting and father involvement; and outcomes for children.

Report Title: The Building Strong Families Project. The Long-Term Effects of Building Strong Families: A Relationship Skills Education Program for Unmarried Parents

<http://www.acf.hhs.gov/programs/opre/resource/the-building-strong-families-project-the-long-term-effects-of-building>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: Mathematica Policy Research

Record ID: 9965 (November 30, 2012)

What are the Key Components of a High Quality Relationship Between Families and Early Care and Education Providers and How are Those Relationships Related to Outcomes for Children and Families?

A review of evidence based literature identified key elements of family-provider relationships in early care and education settings that could be measured in order to assess the quality of those relationships. This literature review (1) presented, compared, and contrasted current conceptualizations of family-provider relationships across fields and existing perspectives related to early care and education; (2) provided support for a conceptual model that identifies key elements of the family-provider relationship with the purpose of shaping future measure development; (3) reviewed existing literature within the framework of the proposed conceptual model; and (4) provided a summary of the reviewed research and suggestions for future research on this topic.

The aspects of relationships highlighted in the conceptual model were related to positive child and family outcomes. Also, there were no existing measures of effective provider facilitation of family-provider relationships that incorporated all of the elements posited in the conceptual model and were applicable across early care and education settings. The project will develop a new measure to fill this gap.

Report Title: Family-Provider Relationship Quality: Review of Conceptual and Empirical Literature of Family-Provider Relationships

<http://www.acf.hhs.gov/programs/opre/resource/family-provider-relationship-quality-review-of-conceptual-and-empirical>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancy Margie, 202.401.5522

Performer: Child Trends, Inc.

Record ID: 9970 (November 26, 2012)

Do Lesbian, Gay, and Bisexual Youth Transitioning Out of the Foster Care System Experience Reduced Economic Well-Being Compared to Their Heterosexual Peers?

This study used data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth to describe the characteristics and economic well-being of young people aging out of foster care who identify themselves as lesbian, gay, or bisexual (LGB). It also compared their economic self-sufficiency to that of their heterosexual peers also aging out of care.

Compared to their heterosexual peers, LGB youth transitioning out of care may be at significant risk of not achieving self-sufficiency during their transition to adulthood. LGB youth experienced lower wages, higher receipt of some public benefits, increased material and financial hardship, and lower food security. Despite these challenges, however, the data showed that LGB youth were not, for the most part, substantially worse off economically than their heterosexual peers at the time that data collected. However, the analyses clearly show that both groups will face substantial challenges during their transition.

Report Title: The Economic Well-Being LGB Youth Transitioning Out of Foster Care

<http://www.acf.hhs.gov/programs/opre/resource/the-economic-well-being-of-lgb-youth-transitioning-out-of-foster-care>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Erica Zielewski, 202-401-5995

Performer: Mathematica Policy Research

Record ID: 9978 (January 14, 2013)

What are the Range of Health Profession Opportunity Grants Programs and Plans, Grantee Activities and Progress to Date?

The Health Profession Opportunity Grants (HPOG) Implementation, Systems and Outcomes Project is responsible for preparing annual reports that describe and document the range of grantee programs, plans, activities, and performance progress.

In its first year of funding, HPOG grantees enrolled and trained substantial numbers of participants—31 grantees enrolled 6,481 participants, exceeding the total projected number of participants for the first year. The programs most commonly offered in the first year of the grant were in the nursing and medical assistance fields—74 percent of grantees enrolled individuals in training programs for nursing assistants and home health aides. Employment of program participants in a health care job related to their training is the ultimate goal of the program. Of the 987 participants employed in any occupation by the end of the first year of the program, 551 had obtained employment in health care occupations.

Report Title: Introduction To the Health Profession Opportunity Grants (HPOG) Program and First Year Implementation and Outcomes

<http://www.acf.hhs.gov/programs/opre/resource/introduction-to-the-health-profession-opportunity-grants-hpog-program-and>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Molly Irwin, 202-401-5538

Performer: Abt Associates & Urban Institutes

Record ID: 9979 (February 21, 2013)

How Effective are Job Search Assistance Strategies for Low-Income and Disadvantaged Workers?

This project addressed the lack of research related to the effectiveness of job search methods and the components of job search assistance (JSA) programs. A review of the literature was undertaken which provided information on current federal JSA programs and existing literature related to JSA, with a focus on JSA for low-income and disadvantaged workers and heads of households.

Researchers reviewed the nature of the job market in which individual job search occurs, existing JSA programs, theoretical perspectives on job search and JSA programs, and evidence on the effectiveness of individual job search strategies and federal JSA programs.

Report Title: Job Search Assistance Programs: A Review of the Literature

<http://www.acf.hhs.gov/programs/opre/resource/job-search-assistance-programs-a-review-of-the-literature>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Erica Zielewski, 202-401-5995

Performer: Abt Associates

Record ID: 9980 (January 22, 2013)

How Did Study Sites Educate Participants and Staff About Domestic Violence, Establish and Execute Partnerships With Domestic Violence Expert Organizations, and Screen Participants For Domestic Violence?

This study examined the ways in which study sites educated participants and staff about domestic violence, established and executed partnerships with domestic violence expert organizations, and screened participants for domestic violence. Researchers developed and discussed the procedures and programs developed to protect and support participants who disclosed experiences of domestic violence.

Programs treated domestic violence with requisite seriousness and expressed concern about the prevalence and effects of domestic violence in their communities. Domestic violence programs differed in their approaches to addressing detection and disclosure of domestic violence, educating staff and participants about domestic violence, and determining whether participants experiencing various levels of domestic violence were appropriate candidates for healthy relationship education. All study programs screened, trained and educated participants and staff about domestic violence. Some programs felt that cultural values, such as familismo, prohibited explicit discussions of domestic violence, and chose instead to focus on aspects of healthy relationships.

Report Title: Addressing Domestic Violence in Hispanic Healthy Relationship Programs
<http://www.acf.hhs.gov/programs/opre/resource/hhmi-grantee-implementation-evaluation-addressing-domestic-violence-in-0>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: Lewin Group

Record ID: 9982 (March 15, 2013)

What Were the Characteristics and Outcomes for Children Completing One Year of Head Start and What Were the Characteristics of Their Classrooms and Teachers?

The study provided descriptive information on a sample of children who entered Head Start in fall 2009 and completed a first year in the program in spring 2010. The study reported on children's family characteristics and experiences in Head Start; child cognitive, social and physical development; and teacher characteristics and classroom quality.

Children assessed in English at the end of their first year in Head Start demonstrated progress toward national norms across developmental areas. Children assessed in Spanish made progress towards norms only in the area of letter-word knowledge. Children also demonstrated gains in executive functioning and social skills and more than one third of children are overweight or obese. Classroom observations conducted revealed that Head Start classroom group sizes and child-adult ratios fall well within professional guidelines and Head Start Program Performance Standards. On average, classrooms scored in the minimal to good range for classroom materials and

arrangement and for the quality of teacher-child interactions. Instructional support was rated in the low range, and emotional support and classroom organization was rated in the middle range, a pattern consistent with other studies with similar populations.

Report Title: Child Outcomes and Classroom Quality in FACES 2009

<http://www.acf.hhs.gov/programs/opre/resource/child-outcomes-and-classroom-quality-in-faces-2009>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Maria Woolverton, 202-205-4039

Performer: Mathematica Policy Research

Record ID: 9983 (December 21, 2012)

Does the "One Size Fits All" Approach to Program Development and Delivery Strategies Work for Programs Serving Hispanic Populations?

This study collected and examined data on the Hispanic population of the United States including demographic characteristics, such as age, gender distribution, economic indicators, and educational attainment. The study described the diversity within the Hispanic populations served by the nine study sites, and the implications of Hispanic diversity for program design, delivery, and evaluation.

Hispanic population in the United States is a varied and diverse group. This heterogeneity coupled with the needs of the Hispanic community creates enormous challenges for service delivery. It is important for organizations to understand the demographics of their target clientele and to adjust programming accordingly. A strategy, curriculum, or program that works with one group of Hispanics may or may not work with another community of Hispanics.

Report Title: Understanding Hispanic Diversity: A "One Size Approach" To Service Delivery May Not Fit All

<http://www.acf.hhs.gov/programs/opre/resource/hhmi-grantee-implementation-evaluation-understanding-hispanic>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: Lewin Group

Record ID: 9984 (March 15, 2013)

What are the Experiences of Children and Families Who Have Contact with Child Welfare Services in The 18 Months Following a Report of Child Maltreatment?

The survey identified the experiences of a subset of children and families who had contact with the Child Welfare Services (CWS).

Half of the children and families had received services since the baseline interview. Caseworkers reported that three quarters of caregivers had at least one service need. More than half of all caregivers were described as needing mental health services.

Caseworkers reported that more than 80 percent of children had at least one service need. The most frequently needed services were routine health exams and immunizations (69 percent), dental exams (58 percent), and services for emotional/behavioral health (43 percent). In cases where standardized assessments indicated children had needs, caseworkers affirmed behavioral/emotional needs in 65 percent of cases, developmental needs in 54 percent of cases, and substance use needs in 30 percent of cases.

Report Title: National Survey of Child and Adolescent Well-Being (NSCAW) –Wave 2
Report: Children and Families Receiving Child Welfare Services Post-Baseline

<http://www.acf.hhs.gov/programs/opre/resource/nscaw-ii-wave-2-report-children-and-families-who-receive-child-welfare>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Mary Webb, 202-205-8628

Performer: RTI

Record ID: 9985 (March 20, 2013)

To What Extent Do Abuse or Neglect Recur in the 18 Months After an Investigation of Child Maltreatment?

Researchers summarized recurring reports of abuse or neglect that occurred after the initial maltreatment investigation that brought the child into care, as well as child and caregiver reports of aggression and violence in the home within the 12 months prior to the later interviews.

Twenty percent of the children had at least one recurring report of abuse or neglect. Among those children, at least one recurring report was substantiated for 27 percent. For children who remained in their own homes following the maltreatment allegation, three-quarters of their caregivers reported using psychological aggression on self-report questionnaires. Almost half reported using minor physical assault or corporal punishment, and about one-fifth reported neglect. Children ages 11-17 reported on their own experiences of aggression or violence at home within the previous 12 months. Almost a third experienced minor physical assault or corporal punishment, about one in ten reported severe physical assault from a caregiver, and 8.2 percent reported very severe physical assault.

Report Title: National Survey of Child and Adolescent Well-Being (NSCAW) –Wave 2
Report: Child Safety <http://www.acf.hhs.gov/programs/opre/resource/nscaw-ii-wave-2-report-child-safety>

<http://www.acf.hhs.gov/programs/opre/resource/nscaw-ii-wave-2-report-child-safety>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Mary Bruce Webb, 202-205-8628

Performer: RTI

Record ID: 9986 (March 30, 2013)

What Occupational Opportunities are Available to Prepare At-Risk Youth for Jobs with Sufficient Compensation to Ultimately Become Independent Adults?

Researchers examined features of promising occupations for at-risk youth with sufficient compensation to set them on a path to becoming become independent adults.

Opportunities in two fields were highlighted – health care and construction. A number of work-based learning and career pathway programs were also discussed, including a Health Professions Opportunity Grants initiative.

Report Title: Connecting At-Risk Youth To Promising Occupations

<http://www.acf.hhs.gov/programs/opre/resource/connecting-at-risk-youth-to-promising-occupations>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Erica Zielewski, 202-401-5995

Performer: Mathematica Policy Research

Record ID: 9987 (March 14, 2013)

How Will the Effectiveness of the Maternal, Infant, and Early Childhood Home Visiting Program be Assessed?

The Patient Protection and Affordable Care Act of 2010 created the Maternal, Infant, and Early Childhood Home Visiting program and required a national evaluation of the program. This document describes the design of that evaluation — the Mother and Infant Home Visiting Program Evaluation (MIHOPE).

MIHOPE will include an analysis of state needs assessments, an implementation study, an impact analysis, and an economic analysis. Families who enroll in the study will be randomly assigned to a home visiting group or to a comparison group that can use other services available in their community. The study will include approximately 5,100 families with a pregnant woman or a child under 6 months old, spread across about 85 local programs in about 12 states. Sites must be operating one of four national models of home visiting: Early Head Start-Home Visiting Option, Healthy Families America, Nurse-Family Partnership, or Parents as Teachers. The study will produce a report to Congress in 2015 that includes information on families and sites included in the evaluation as well as information on how states made decisions about how to spend home visiting funds. Later reports will provide more information on program implementation, the effects of home visiting programs for families, and the features of programs that are associated with larger effects.

Report Title: Revised Design for the Mother and Infant Home Visiting Program Evaluation

<http://www.acf.hhs.gov/programs/opre/resource/revised-design-for-the-mother-and-infant-home-visiting-program-evaluation>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Lauren Supplee, 202-401-5434

Performer: MDRC

Record ID: 10067 (May 14, 2013)

What Questions and Issues Should Guide the Process of Human Services Research Dissemination?

Researchers developed an evidence-informed research dissemination strategy to improve the communication of research and evaluation findings to targeted audiences. This strategy diagrams and describes a framework through which to approach the dissemination of human services research.

There are four main phases of the process of dissemination of human services research. In each phase, the framework identifies core challenges and key questions that define the disseminator's role. An overarching theme is that dissemination is not simply what happens after a study is complete; it is ideally relevant to all steps in the research process.

Report Title: The Value-Added Dissemination Framework

<http://www.acf.hhs.gov/programs/opre/resource/the-value-added-dissemination-framework>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Matthew Borus, 202-401-5739

Performer: Public Strategies

Record ID: 10068 (April 24, 2013)

What Program Adaptions and Refinements Did Study Sites Undertake To Make Their Services More Culturally Responsive to Hispanic Participants?

This study identified the adaptations and refinements undertaken by Hispanic healthy Marriage Initiative grantees to make their services more culturally responsive. The adaptations include addressing issues of language, diversity, racism, and immigration, and incorporating cultural constructs like *familismo*, *confianza*, *personalismo*, and *respeto*.

Making appropriate program adaptations to address the backgrounds and life circumstances of people of different cultural, racial, ethnic, or socio-economic backgrounds may improve the recruitment, retention, overall participation, and effectiveness of the programs.

Report Title: Hispanics and Family-Strengthening Programs: Cultural Strategies To Enhance Program Participation

<http://www.acf.hhs.gov/programs/opre/resource/hispanics-and-family-strengthening-programs-cultural-strategies-to>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: Lewin Group

Record ID: 10069 (July 3, 2013)

What is the Overlap Between the Temporary Assistance for Needy Families and Supplemental Security Income programs; To What Extent Do the Two Programs Interact and Coordinate; and How Does TANF Serve Clients With Disabilities?

The Temporary Assistance for Needy Families – Supplemental Security Income (TANF-SSI) Disability Transition Project is an effort to explore the relationship between the two programs. Both these safety net programs serve low-income populations, including many people with disabilities. Yet they are administered by different agencies, involve different definitions of disability, and have different attitudes toward work. This project examined the overlap between the two programs.

The project found that the overlap between the TANF and SSI populations is not large. In the research sample, less than 10 percent of TANF recipients had an open SSI application, and just 6 percent of adults applying for SSI received TANF benefits within a year of the application. Additionally, most TANF recipients who apply for SSI do so long before nearing their federal benefit time limit. Finally, the report found that after accounting for differences in basic eligibility characteristics between the two groups (differences driven by TANF eligibility rules), TANF recipients who applied for SSI were slightly less likely to be found disabled, especially at the initial level, than other SSI applicants.

Report Title: The Intersection of Welfare and Disability: Early Findings From the TANF/SSI Disability Transition Project

<http://www.acf.hhs.gov/programs/opre/resource/the-intersection-of-welfare-and-disability-early-findings-from-the-tanf-ssi>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Matthew Borus, 202-401-5739

Performer: MDRC

Record ID: 10070 (June 18, 2013)

What are the Design Options and Recommendations to Evaluate Temporary Assistance for Needy Families Job Search Assistance Services?

This study addressed gaps in the research by exploring the potential for rigorous impact evaluations of alternative job search assistance strategies. The project developed recommendations for an overall approach, potential research design options, and the analytic methods that could be used in an evaluation of job search strategies. The project conducted a scan of the current state of knowledge of job search strategies, including identifying what is known about existing or previous approaches to address the problem, where there have been successes or deficiencies, and the lessons to be learned from these approaches. Building on this work, the research team identified key research questions and developed ideas to test job search strategies and approaches.

The proposed design considers the various evaluation methods that could be used to evaluate job search assistance strategies for clients of the Temporary Assistance for

Needy Families program, including random assignment designs, multi-arm tests, and factorial design. Researchers suggested a test of low-touch, modest versus high-touch intensive job search assistance services. The study outlined the appropriate considerations, the research questions that the approach can answer, and other necessary information about sample sizes, measurement tools, and other evaluation components.

Report Title: Design Options of the Search for Employment (DOSE)

<http://www.acf.hhs.gov/programs/opre/research/project/design-options-of-the-search-for-employment-dose-2011-2013>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Erica Zielewski, 202-401-5995

Performer: Abt Associates

Record ID: 10129 (March 31, 2013)

How Are Youth Who Have Aged Out Of The Foster Care System Rating Their Job Preparedness and Does This Rating Relate to Later Employment and Education?

This study documented how youth in foster care rated their preparedness for work at age 17 and whether their assessments accurately predicted education and employment two years later. Data was collected from 467 youth studied in the evaluation of Los Angeles County's Life Skills Training (LST) program. Four hundred and eleven youth were interviewed at follow-up, when approximately 82 percent of these youth had left foster care.

Approximately one in six youth were employed at age 17 compared to almost half at age 19. Also at 19, 25 percent were enrolled in higher education and 75 percent had worked in the previous year. Although youth in foster care with a high sense of job preparedness and high reading ability fared best, only 18 percent of the study youth fell into this group and one in four of these youth were neither in school nor working at age 19.

Report Title: Becoming Adults: Do Youth in Foster Care Accurately Gauge Their Preparedness for Work?

<http://www.acf.hhs.gov/programs/opre/resource/becoming-adults-do-youth-in-foster-care-accurately-gauge-their>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Maria Woolverton, 202-205-4039

Performer: Urban Institute

Record ID: 10071 (May 14, 2013)

How Best Evaluate Temporary Assistance for Needy Families Job Search Assistance Services?

The study explored the lack of research related to the effectiveness of various job search methods and the components of job search assistance (JSA) programs. The

study developed options for a rigorous evaluation of JSA services. Researchers summarized the study's evaluation design component, and specified research questions for an evaluation.

Report Title: Design Options for An Evaluation of TANF Job Search Assistance
<http://www.acf.hhs.gov/programs/opre/resource/design-options-for-an-evaluation-of-tanf-job-search-assistance>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Erica Zielewski, 202-401-5995
Performer: Abt Associates
Record ID: 10072 (March 22, 2013)

What Supportive Services is the Tribal Health Profession Opportunity Grants Program Providing and How do These Services Support Students' Participation, Retention and Advancement in Training?

The evaluation is documenting lessons about diverse programmatic approaches to health professions training serving the tribal population.

Tribal Health Profession Opportunity Grant programs assess participant needs during intake/orientation and throughout training in order to provide tailored supportive services to facilitate participants' success in their trainings. Services are provided to assist students with common educational needs (e.g., paying for tuition, textbooks, and other training costs, offering mentorship, tutoring, and study groups, and arranging enrollment in prerequisite courses). Social support services are also offered to provide assistance for rent and food, securing reliable transportation, and arranging childcare. Supportive relationships with program staff and leveraging existing infrastructure were reported to have been particularly helpful in the grantees' early implementation of supportive services.

Report Title: Overview of Tribal Health Profession Opportunity Grants (HPOG) Supportive Services
<http://www.acf.hhs.gov/programs/opre/resource/overview-of-tribal-health-profession-opportunity-grants-hpog-supportive>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Hilary Forster, 202-619-1790
Performer: NORC at the University of Chicago
Record ID: 10073 (July 8, 2013)

What are the Family Backgrounds and Developmental Outcomes of Children Completing Head Start?

This third study described children and families as they completed Head Start after one or two years of program participation. The study examined the family backgrounds and developmental outcomes of children and also the progress in children's outcomes between Head Start entry and exit.

With the exception of letter–word knowledge, children assessed in English scored below norms across language, literacy, and math measures at both Head Start entry and exit. However, children made progress toward norms across areas, and they scored at the norm on letter–word knowledge at program exit. Teachers reported that children showed growth in their social skills from program entry to exit, and they also rated children as having fewer problem behaviors by program exit, as well as more positive approaches to learning and stronger executive functioning skills. There were no changes in children’s body mass index between the beginning and end of the program, nor were there differences in parent reports of children’s general health status between program entry and exit. The majority of children were reported by their parents as being in excellent or very good health at Head Start entry and exit. About one-third of children were overweight or obese at Head Start entry and exit.

Report Title: Getting Ready for Kindergarten: Children's Progress During Head Start
<http://www.acf.hhs.gov/programs/opre/resource/getting-ready-for-kindergarten-childrens-progress-during-head-start-faces>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Maria Woolverton, 202-205-4039

Performer: Mathematica

Record ID: 10074 (July 8, 2013)

What is the State of the Research on Career Pathways Programs and How Does It Inform an Evaluation Design to Assess Implementation, System Change, and Outcomes of the Health Profession Opportunity Grants Program?

The Health Profession Opportunity Grant (HPOG) Implementation, Systems and Outcome Project provided recommendations for the design of an evaluation to assess implementation, system change, and outcomes across the twenty seven HPOG sites focused on Temporary Assistance to Needy Families recipients and other low-income individuals. The project developed a detailed knowledge base, including a review of research studies on career pathways programs, in support of the evaluation design.

The research literature on career pathways programs includes a number of outcome studies, as well as impact studies of similar skills training programs. The outcome studies demonstrate that career pathways programs can be successfully implemented for low-income populations and can produce positive outcomes for meaningful proportions of students. The relevant impact studies demonstrate that similar programs can lead to significant positive impacts on employment and earnings. The career pathways research literature provides guidance to current efforts to evaluate the implementation, systems change and outcomes associated with HPOG programs.

Report Title: Literature Review: Career Pathways Programs

<http://www.acf.hhs.gov/programs/opre/resource/literature-review-career-pathways-programs>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Hilary Forster, 202-619-1790

Performer: Abt Associates & The Urban Institute
Record ID: 10075 (July 19, 2013)

What Are the Characteristics of Children Who Are Dual Language Learners and Their Families Receiving Head Start/Early Head Start Services?

This study gathered data about the characteristics, services, and well-being of Head Start children and families who speak a language other than English at home, which included approximately a quarter of all children served by Head Start.

Dual language learners were represented across all regions and program types, although they were most common among programs in the West and South. Most of these children lived in two parent families and had at least one parent working full-time, yet they were still likely to be poor. The services DLL children received were comparable to other children in Head Start – for instance, their programs typically exceeded child-staff ratio and group size requirements and offered a mix of full- and part-day services. The children's home language was used in most Head Start classrooms. In terms of development, on average, DLLs entered Head Start below their same-age peers and, while they made significant progress during their time in Head Start, they had not caught up by the time they left the program. Of particular concern, DLLs entered Head Start at greater risk of being overweight or obese, and these weight problems became greater during the time the children were in the program.

Report Title: Report To Congress On Dual Language Learners in Head Start and Early Head Start Programs

<http://www.acf.hhs.gov/programs/opre/resource/report-to-congress-on-dual-language-learners-in-head-start-and-early-head>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Lauren Supplee, 202-401-5434

Performer: Mathematica Policy Research, Inc

Record ID: 10076 (April 18, 2013)

What are Permanency Outcomes Among Children Who Have Been Reported for Maltreatment to the Child Welfare System?

This study summarized permanency outcomes for children at Wave 2 of the National Survey of Child and Adolescent Wellbeing, a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system.

Permanency-related outcomes are presented, broken down by child age, baseline setting, developmental needs, and risk factors associated with the family of origin. By eighteen months after the close of a Child Protective Services investigation, 22 percent of all children investigated had been placed out of home, 73 percent had one placement, 19 percent had two placements, and 9 percent had three or more placements. Of children placed out of home, 48 percent reached permanency. Of those

children, 73 percent were reunified with parents, 21 percent were adopted, 4 percent had a legal guardian, and 2 percent were discharged to relatives.

Report Title: NSCAW II Wave 2 REPORT: Child Permanency

<http://www.acf.hhs.gov/programs/opre/resource/national-survey-of-child-and-adolescent-well-being-nscaw-ii-wave-2-child>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Mary Webb, 202-205-8628

Performer: RTI

Record ID: 10081 (August 27, 2013)

What Are the Service Needs of Current and Former Recipients of Federal Housing Assistance in Memphis, Tennessee?

This study analyzed administrative data on public housing residents relocated as a result of local housing redevelopment initiatives in order to assess the service needs, geographic distribution, and service landscape for high-needs populations in Memphis.

In Memphis, limited transportation and the dispersion of households away from project-based public housing have made it more difficult for service providers to reach and maintain ties with high-needs residents. An assessment of needs in Memphis indicated that while there are efforts to provide services to this population, they are organizationally disconnected (e.g., city government, county government, nonprofit providers, and public-private partnerships), creating a number of challenges to targeting high-need families and individuals and matching them with available services. This assessment culminated in a memorandum on promising practices for serving high-needs populations based on evidence-based practices. Specifically, the assessment indicated a significant need for current services, for connection to community providers, and for extensive follow up services for housing-assisted populations in Memphis.

Report Title: Housing Assistance and Supportive Services in Memphis Final Brief

http://aspe.hhs.gov/hsp/13/HousingMemphis/hm_indx.cfm

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Carli Wulff, 202.690.6809

Performer: The Urban Institute and the University of Memphis

Record ID: 10103 (April 25, 2013)

What Are the Details Of the Coaching Approaches Utilized by Programs Who Received Funds From the Early Learning Mentor Coach Initiative?

The Early Learning Mentor Coach (ELMC) Study examined professional development grants for mentor coaches to provide on-the-job guidance, technical assistance and training to classroom teaching staff, home visitors and family child care providers who work in Head Start and Early Head Start programs. Coaches were to improve staff qualifications and training; assist grantees to promote positive, sustained outcomes for children; and promote career development in Head Start grantees. This descriptive

study detailed the implementation of the Head Start coaching initiative and identified variations in approaches.

Approximately 20 percent of the coaches held another job position with the grantee in addition to the coach role, and 44 percent of the coaches reported spending at least some time each week doing work for the grantee that is not part of their coaching role. The coaches commonly worked in multiple centers; however, about one-fourth worked in only one center, while almost 40 percent worked in two to four centers and about one-third worked in five or more centers. About half of the coaches worked with 10 or fewer staff, whereas about one-fourth of the coaches worked with more than 20 staff. Both grantees and coaches reported that scheduling and staff availability were the biggest challenges to the success of the initiative.

Report Title: Early Learning Mentor Coach (ELMC) Study

<http://www.acf.hhs.gov/programs/opre/research/project/early-learning-mentor-coach-study-elm>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Wendy DeCoursey, 202-260-2039

Performer: American Institutes for Research (AIR)

Record ID: 10130 (March 31, 2013)

What Is the Current State of the Literature on Dissemination of Research in Human Services and How Can the Existing Knowledge Best Be Applied?

This project reviewed and synthesized relevant research on best practices in human services research dissemination, drawing on multiple fields, including but not limited to public health, communications, sociology, business management, and library and information science. The review informed the development of a framework integrating the most effective (or promising) methods for disseminating information on research, evaluation, and evidence-based practices to multiple stakeholders including program offices, policymakers, practitioners, researchers, and training/technical assistance providers.

Common strategies for successful dissemination included: understanding audiences and their needs and desires; using multiple media to establish links with audiences, particularly through trusted sources and networks; establishing the relevance and applicability of research to audience needs; crafting messages in styles and formats that will appeal to audiences; applying strategies to bridge disciplinary boundaries; addressing issues of situational fit throughout the process of producing research; and emphasizing follow-through and ongoing communication. Based on conversations with key audience members, the project team adapted these lessons into dissemination plans.

Report Title: OPRE Research Dissemination Project

<http://www.acf.hhs.gov/programs/opre/research/project/opre-research-dissemination-project-2010-2012>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Matthew Borus, 202-401-5739
Performer: Public Strategies
Record ID: 10131 (March 31, 2013)

Does the Presence of Marriage and Relationship Education Services in the Community Effect Family-Life Outcomes at the Community Level?

The Office of Planning, Research and Evaluation, part of the Administration for Children and Families conducted an evaluation impact study to assess the effects of marriage and relationship education services on key aspects of family life among adult community members.

The Community Healthy Marriage Initiatives evaluation found no consistent pattern of impacts on the family life outcomes examined among a representative sample of community adults. While no overall community level effects were found, a survey of participants found that a large majority (over 80 percent) reported that participation in a marriage/relationship education program improved their relationship with their spouse or partner, often a great deal (42 percent) and that the improvement to their relationship was ongoing (77 percent). In addition, 80 percent of participants reported that their relationships with their children improved.

Report Title: Evaluation of Community Healthy Marriage Initiatives (CHMI)
<http://www.acf.hhs.gov/programs/opre/research/project/evaluation-of-community-healthy-marriage-initiatives-chmi-1>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Nancye Campbell, 202-401-5760
Performer: RTI
Record ID: 10132 (September 30, 2013)

What Activities Can Help Translate Research Evidence for Policy and Practice Decision-Making?

The Child Care and Early Education Policy and Research Analysis and Technical Expertise Project supported assessment and analysis in child care and early education policy and research for the Office of Planning, Research and Evaluation (OPRE), in the Administration for Children and Families (ACF).

Activities include: conducting assessment, analyses and summaries of policies, practices and research of relevance to the agency's mission; conducting new studies to inform policy and practice; identifying and refining measures and instruments to improve the collection of data; and, conducting statistical analyses on national and other original data-sets to answer questions of relevance to the Agency and the administration of the Child Care and Development Fund (CCDF) and other early childhood programs in States, Territories, and Tribes. Products include literature reviews, measures

compendia, meeting summaries, briefing papers, webinars, research briefs, and research-to-policy/research-to-practice briefs.

Report Title: Child Care and Early Education Policy and Research Analysis and Technical Expertise Project

<http://www.acf.hhs.gov/programs/opre/research/project/child-care-and-early-education-policy-and-research-analysis-and-technical>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 10133 (September 30, 2013)

How Are Healthy Marriage Programs Being Implemented in Order to Provide Services for Hispanic Families?

This study examined the ways in which healthy marriage grantees are developing, adapting and implementing culturally relevant and appropriate healthy marriage programs for Hispanic populations.

The study found that: 1) Grantees implemented cultural adaptations rooted in their understanding of their target population. These adaptations mirrored those recommended in the scholarly Hispanic cultural competency literature; 2) Grantees tailored and refined adaptations based on their target population country of ancestry, level of acculturation, literacy level and familiarity with United States social services; 3) Grantees employed a variety of program dosage structures to meet participants' schedule needs, ranging from multi-week to single day programming, and weekday versus weekend programming. Programs also suspended services during certain seasons or holidays when participants were otherwise engaged; and 4) Grantees provided education around and screening of domestic violence, drawing from the knowledge of their domestic violence partner organizations. Additionally, programs provided opportunities for participants, especially first generation immigrants, to discuss gender roles and norms, and addressing gender role conflict.

Report Title: Hispanic Healthy Marriage Initiative: Grantee Implementation Evaluation

<http://www.acf.hhs.gov/programs/opre/research/project/hispanic-healthy-marriage-initiative-grantee-implementation-evaluation>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: The Lewin Group

Record ID: 10134 (February 28, 2013)

What Types of Effectiveness Studies Have Been Conducted of Programs Serving Low-Income Couples?

A systematic review was conducted to identify the evidence on studies of programs serving low-income fathers, and programs providing family strengthening services to low-income couples.

The researchers rated the quality of studies that measured outcomes. The review of studies of programs serving low-income fathers identified 75 research studies of 62 programs. Twelve were impact studies (randomized control trials or quasi-experimental). Seven of these studies received a “high” rating on all or some components of analyses. A total of 54 studies of 39 programs for low-income couples were identified. Of the 54 studies, 7 impact studies received a high or moderate rating.

Report Title: Proven and Promising Responsible Fatherhood and Family Strengthening Initiatives - Evidence Review

<http://www.acf.hhs.gov/programs/opre/research/project/proven-and-promising-responsible-fatherhood-and-family-strengthening>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: Mathematica Policy Research (MPR)

Record ID: 10135 (July 31, 2013)

Does Time Spent in Foster Care Affect a Child's Chances of Continuing to Live in Foster Care and Is Child's Age at Time of a Maltreatment Investigation Associated With Such Duration?

Researchers examined the risk of remaining in long-term foster care. They focused on the following questions: 1) How does time spent in foster care affect a child's chances of continuing to live in foster care; and 2) Is child age at the time of a maltreatment investigation associated with the likelihood of remaining in foster care.

After children spend 12 to 18 continuous months in foster care, their chances of leaving foster care decrease rapidly, and after children spend 36 to 42 continuous months in foster care, their chances of leaving foster care are extremely low. Furthermore, children age 12 or older who still lived in foster care after 3 years were almost certain to age out of foster care, rather than find a permanent placement alternative.

Report Title: Risk of Long-Term Foster Care Placement Among Children Involved With the Child Welfare System (Research Brief #19)

<http://www.acf.hhs.gov/programs/opre/resource/nscaw-no-19-risk-of-long-term-foster-care-report>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Mary Bruce Webb, 202-205-8628

Performer: RTI

Record ID: 10136 (September 17, 2013)

What are Permanency Outcomes Among Children Who Have Been Reported for Maltreatment to the Child Welfare System?

This study summarized permanency outcomes for children in a long term study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system.

By eighteen months after the close of a Child Protective Services investigation, 22 percent of all children investigated had been placed out of home: 73 percent had one placement, 19 percent had two placements, and 9 percent had three or more placements. Of children placed out of home, 48 percent reached permanency. Of those children, 73 percent were reunified with parents, 21 percent were adopted, 4 percent had a legal guardian, and 2 percent were discharged to relatives.

Report Title: NSCAW II Wave 2 REPORT: Child Permanency
<http://www.acf.hhs.gov/programs/opre/resource/national-survey-of-child-and-adolescent-well-being-nscaw-ii-wave-2-child>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Mary Bruce Webb, 202-205-8628

Performer: RTI

Record ID: 10137 (August 27, 2013)

How Reliable are Parents' Reporting of Child Care Subsidy Receipt?

Using data from the Fragile Families and Child Well-Being study researchers sought answers to questions about the reliability of parents' reporting of child care subsidy receipt.

There is a high degree of overlap between parent and provider report of subsidy receipt. The investigators recommended that future researchers use administrative data to validate parental report of subsidy receipt whenever possible, but also suggested that the quality of parent-reported survey-based measures of subsidy receipt may be reliable.

Report Title: Can We Trust Parental Reports of Child Care Subsidy Receipt?

<http://www.acf.hhs.gov/programs/opre/resource/can-we-trust-parental-reports-of-child-care-subsidy-receipt>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 10138 (January 24, 2013)

Which National Surveys Include Data Relevant to Child Care Subsidy Related Research?

The study explored the availability of datasets relevant to subsidy related research and analyzed their usefulness for answering policy-relevant questions.

Future researchers are offered guidance in selecting datasets suitable for various research questions related to child care subsidies and for building accurate measures of child care subsidy receipt using available data.

Report Title: Studying Child Care Subsidies With Secondary Data Sources
<http://www.acf.hhs.gov/programs/opre/resource/studying-child-care-subsidies-with-secondary-data-sources>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Ivelisse Martinez-Beck, 202-690-7885
Performer: Child Trends
Record ID: 10139 (January 24, 2013)

Why Do Findings from Research On Continuity of Child Care Subsidy Receipt Differ?

Researchers identified the importance of child care subsidies for low-income families and children, and the need for comparable research that increases our understanding of families' experiences with child care subsidies and the influence of policy differences across states on the continuity of subsidy participation.

Researchers developed a detailed description of a commonly endorsed methodology to answer questions of continuity of subsidy receipt using longitudinal, administrative data on child care subsidies.

Report Title: Common Challenges in the Study of Continuity of Child Care Subsidy Participation
<http://www.acf.hhs.gov/programs/opre/resource/common-challenges-in-the-study-of-continuity-of-child-care-subsidy>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Ivelisse Martinez-Beck, 202-690-7885
Performer: University of Minnesota and Oregon State University
Record ID: 10140 (January 24, 2013)

What Does a Framework to Advance the Self-Sufficiency and Well-Being of At-Risk Youth Look Like?

ACF's Youth Demonstration Development (YDD) project was a 40-month effort to develop an evidence-informed conceptual framework to support efforts to move at-risk youth towards self-sufficient adulthoods. This brief summarizes the results of this study, and presents a framework for efforts to increase the likelihood that youth at greater risk of negative outcomes will enter a career workforce trajectory and prepare to become well-functioning, self-sufficient adults. The study's framework is particularly relevant for youth who are or could be served by ACF programs—especially homeless youth, youth in the foster care system, and teen parents—but it may also apply to programs sponsored by other agencies serving similar populations.

The framework suggests the possibility of using evidence-informed interventions to address two primary areas: youth's resilience and human capital development. It suggests finding tailored solutions grounded in a trusting relationship between youth and program staff to help move youth toward both healthy functioning and economic self-sufficiency as they transition to adulthood.

Report Title: A Framework for Advancing the Well-Being and Self-Sufficiency of At-Risk Youth (Brief)

<http://www.acf.hhs.gov/programs/opre/resource/framework-for-advancing-the-well-being-and-self-sufficiency-of-at-risk-youth>

Report Title: Advancing the Self-Sufficiency and Well-Being of At-Risk Youth: A Conceptual Framework (Full Report)

<http://www.acf.hhs.gov/programs/opre/resource/advancing-the-self-sufficiency-and-well-being-of-at-risk-youth-a-conceptual>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Erica Zielewski, 202-401-5995

Performer: Mathematica Policy Research

Record ID: 10141 and 10142 (April 8, 2013)

Is Guidance or a Practical Tool Available that States and Evaluators can use to Develop Quality Rating and Improvement Systems Validation Efforts?

Investments in state Quality Rating and Improvement Systems (QRIS) for early care and education and school-age care are growing. Stakeholders are requesting evidence to demonstrate that QRIS are making progress toward desired goals. A critical piece of evidence about effectiveness includes information about the ability of a QRIS to measure and rate quality accurately. This technical issue is challenging to define and translate into a study design. Over a third of questioned state administrators described funding as a key challenge. Certain evaluation approaches will not be possible without significant fundraising. The costs of approaches that rely on new data collection (from practitioners, parents or children) for example, may be prohibitive, while approaches that can be conducted with existing data (such as a virtual pilot) will likely be less expensive. Weighing different approaches and their respective costs will be a central activity in the development of a validation plan. State respondents also reported that identification of priorities for a validation study is challenging.

Researchers developed guidance and a planning template to provide a practical tool that states and evaluators can use to develop QRIS validation efforts. This guidance is compatible with the perspective on validation provided in the application for the Race to the Top – Early Learning Challenge grant. It also builds on other previous work.

Report Title: Key Elements of A QRIS Validation Plan: Guidance and Planning Template <http://www.acf.hhs.gov/programs/opre/resource/key-elements-of-a-qris-validation-plan-guidance-and-planning-template>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885
Performer: Child Trends
Record ID: 10143 (June 5, 2013)

What is the Importance of Measuring Implementation at Multiple System Levels and What are Proposed Tools for Doing So?

Early childhood interventions are increasingly imbedded in larger, multi-level service delivery systems, such as Quality Rating and Improvement Systems (QRIS) and home visiting initiatives. Within these systems, implementation of program-level interventions occurs and is supported at multiple levels—national, regional, state, community, implementation agency, classroom and home—and involves multiple partners and stakeholders. Researchers examined the importance of assessing implementation at multiple levels and suggests tools for facilitating multi-level assessment of implementation.

To ensure implementation of early childhood interventions with fidelity, implementation strategies must be aligned and coordinated across system levels. Two illustrative examples were developed of early childhood interventions with cascading logic models that identify implementation strategies and desired outcomes at each system level to facilitate alignment and sequencing of implementation activities. Researchers suggested that implementation constructs be measured at each system level and identified examples of measures. Implementation teams were identified as a key strategy for improving and aligning implementation quality across levels, along with examples of how these teams use implementation information collected across levels.

Report Title: Measuring Implementation of Early Childhood Interventions at Multiple System Levels <http://www.acf.hhs.gov/programs/opre/resource/measuring-implementation-of-early-childhood-interventions-at-multiple>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 10144 (June 6, 2013)

What Are Some Examples of How Quality and Quantity Constructs Are Assessed and Examined in Relation to Early Childhood Care and Education Program Outcomes?

This study examined the quantity and quality of implementation in early childhood interventions and how variation in implementation is linked with early childhood care and education program outcomes. The study provided examples of how these constructs are examined in published work, and conveyed the benefits of measuring both the quantity and quality of implementation to researchers, practitioners, and policymakers.

Quantity of implementation measures focus on capturing straightforward, objective counts of interventionist or participant behavior. Examples of quantity measures include dosage (amount of an intervention), intensity (how much of an intervention is delivered during a session), frequency (how often intervention is delivered), and adherence (proportion of intervention components delivered). Alternatively, implementation quality measures examine the level of skill shown by an interventionist (e.g., coach/mentor, supervisor, teacher) in delivering an intervention. Examples of quality measures include how well an interventionist delivers the intervention (e.g., ability to engage participants, pacing, developmental appropriateness, ability to individualize, generalization to other types of tasks), as well as indirect measures of quality through participants' engagement in the intervention. The study showed that greater efforts are needed to incorporate quality measures into the implementation evaluation process. Much can be learned by adopting an implementation evaluation strategy that explicitly balances measures that tap into both quality and quantity.

Report Title: Measuring the Quality and Quantity of Implementation in Early Childhood Interventions

<http://www.acf.hhs.gov/programs/opre/resource/measuring-the-quality-and-quantity-of-implementation-in-early-childhood>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 10146 (June 6, 2013)

What is a Potentially Effective Approach to Improve the Education and Earnings of Low-Skilled Adults?

Researchers investigated the Pathways to Healthcare Health Profession Opportunity Grant (HPOG) Program, which is designed and operated by Pima Community College in Tucson, Arizona. The Pathways to Healthcare program aims to assist low-income individuals attain high-paying healthcare jobs by providing articulated training in 16 targeted healthcare fields.

Researchers observed that there was a substantial skills gap between the education and training of the labor force and the needs of employers in many high growth industries, including healthcare and manufacturing. At the same time, many low-skilled adults persisted in low-wage work with little opportunity for advancement.

Report Title: ISIS Career Pathways Program Profile: Pima Community College Pathways To Healthcare HPOG Program

<https://www.acf.hhs.gov/programs/opre/resource/isis-career-pathways-program-profile-pima-community-college-pathways-to>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Brendan Kelly, 202-401-5695

Performer: Abt Associates

Record ID: 10186 (September 30, 2013)

What is the Study Design for the “Linking Action for Unmet Needs in Children’s Health” Project?

A cross-site evaluation was conducted for the Linking Action for Unmet Needs in Children’s Health (LAUNCH) Project, a new grant program designed to promote the wellness of young children ages birth to 8 years of age by addressing the physical, emotional, social, cognitive, and behavioral aspects of their development.

The majority of the staff in LAUNCH reported change in their knowledge of children’s socio-emotional development and appropriate referrals and in the use of mental health consultation and systematic screening and assessment. Over 24,000 providers were trained across child service disciplines to effectively promote healthy social and emotional development. Across three cohorts and a multi-year implementation period, over 14,000 families received parenting training and support through evidence-based prevention programs. Over 6,000 community organizations collaborated to successfully enact policies, financial mechanisms, and reforms that improve the integration and efficiency of the child-serving system. Community successes included increased use of data in decision-making, a greater focus on trauma-informed care, expanded referral systems, and, in a few communities, policy changes related to reimbursement and access to care.

Report Title: Cross-site Evaluation of Project LAUNCH Study
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Laura Hoard, 202-401-4561
Performer: Abt Associates
Record ID: 9710 (September 29, 2013)

How are Tribal Temporary Assistance To Needy Families Programs Being Implemented?

This study provided a descriptive study on the implementation of Tribal TANF programs and documented lessons learned. The study documented, identified and recommended potential approaches for further study. Data collection consisted of both administrative data and implementation data garnered from site visits involving interviews with program officials and focus groups of program participants.

Report Title: Descriptive Study of Tribal Temporary Assistance To Needy Families (TANF) Programs
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Girley Wright, 202-401-5070
Performer: The Urban Institute
Record ID: 9895 (September 25, 2013)

What are the Eligibility Criteria for Immigrant Families under Major Federal/State Health and Human Service Programs, and what are the Major Barriers and Promising Practices that can affect Access?

Researchers investigated and provided information four areas of interest:

- an overview of the variability across States regarding immigrant eligibility for the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medicaid, and the Children's Health Insurance Plan;
- highlights of the the demographic, socioeconomic, and geographic characteristics and uninsured rates for key immigrant subgroups and how the Affordable Care Act could affect coverage and access to care for these subgroups and their families;
- factors that contribute to lower application and take-up rates among eligible immigrants; and
- practices that can help overcome access barriers.

A consistent theme is the crucial role played by community-based organizations in effectively addressing barriers related to complicated application processes, and issues of language, literacy, fear, and mistrust. All four states visited had established partnerships with local organizations to help reach immigrant populations in need of health and human services.

Report Titles:

- Overview of Immigrants' Eligibility for SNAP, TANF, Medicaid, and CHIP, <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Eligibility/ib.shtml>
Record ID: 10093 (March 5, 2012)
- The Affordable Care Act: Coverage Implications and Issues for Immigrant Families, <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Coverage/ib.shtml>
Record ID: 10094 (April 9, 2012)
- Barriers To Immigrants' Access To Health and Human Services Programs, <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml>
Record ID: 10095 (May 7, 2012)
- Promising Practices for, Increasing Immigrants' Access To Health and Human Services, <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Practices/rb.shtml>
Record ID: 10096 (May 7, 2012)

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: David Nielsen, 206-615-2612

Performer: The Urban Institute

How are Web-Based Benefits Access Tools Being Implemented Across the Country to Increase Low-Income Individuals?

This project identified private and public sector benefits access initiatives across the country, and provided in-depth overviews of selected access tools in seven locations. The study involved a scan of existing benefits access initiatives, site visits to explore promising approaches in depth, an issue brief, a multi-agency meeting to present and discuss findings, and a final report.

Web-based tools can increase clients' access to benefits as well as improve program efficiency through reduced caseworker workload and business process reengineering.

Development, implementation, and operational costs vary greatly, depending on a tool's design, the entity developing it, and the staff involved. Study sites used a combination of funding sources, including public funding from federal, state, or local general funds or grants; private funding from foundation or nonprofit grants; and licensing or user fees. Study sites identified several issues they considered key to successfully sustaining, expanding, and replicating web-based benefits access tools. Challenges included differing program eligibility rules and application requirements, funding limitations, data security issues, and reaching underserved populations.

Report Title: Promoting Public Benefits Access Through Web-Based Tools and Outreach, <http://aspe.hhs.gov/hsp/11/BenefitsAccessFinal/index.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Alana Landey, 202-401-6636
Performer: Mathematica Policy Research
Record ID: 9660 (January 4, 2012)

In What Ways are Communities Linking Housing and Social Services Resources to Serve Homeless Families and Families At Risk of Becoming Homeless?

This project determined whether existing mainstream programs and new funding streams and initiatives were making a difference for homeless families and families at risk of homelessness. Through in-depth site visits to including public housing authority and non-public health models, the project gathered descriptive information about comprehensive community-level housing assistance and homeless service delivery models that utilize Federal funds, identified the unique challenges and advantages of implementing each of these approaches, assessed and summarized the empirical and/or anecdotal evidence for the models' effectiveness, and presented design options for evaluating federally funded service delivery models.

Researchers identified ten features associated with promising models of service delivery. Among these were creating a logical program structure with services tied directly to goals, using nontraditional community services, forging relationships between program staff and local landlords to increase housing options, using case managers to link human services and housing supports, and integrating intensive case management and services with mainstream housing supports.

Report Title: Human Services and Housing Supports to Address Family Homelessness: Promising Practices in the Field, <http://aspe.hhs.gov/hsp/11/FamilyHomelessness/rb.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Alana Landey, 202-401-6636
Performer: Abt Associates
Record ID: 9661 (March 30, 2012)

What Characterize Proposals that Would Make Drug Testing a Condition of Welfare Eligibility?

Researchers examined State and Federal legislative proposals to require drug tests as a condition of eligibility for the Temporary Assistance for Needy Families program. They discussed the prevalence of substance abuse among program recipients, how states typically address substance abuse in their welfare programs, the variety of drug testing proposals now under discussion in states, and legal and practical issues raised by drug testing proposals.

The majority of states had active legislative proposals regarding drug testing of applicants or recipients, though only a few had approved legislation and only Florida was conducting suspicionless testing of applicants and participants. Bills being considered in State legislatures varied significantly on many features, including who was tested and under what circumstances, whether substance abuse assessments and/or treatment were made available to those who tested positive, and whether the proposals included features intended to prohibit the misuse of information obtained and/or to protect the well-being of the children in households denied benefits.

Report Title: Drug Testing Welfare Recipients: Recent Proposals and Continuing Controversies, <http://aspe.hhs.gov/hsp/11/DrugTesting/ib.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Laura Radel, 202-690-5938
Performer:
Record ID: 9662 (October 1, 2011)

Does Length and Type of Past Work Experience Correlate to Future Employment and Earnings Outcomes for Single Low Income Mothers?

This study tracked the progress of single mothers in the labor market over time. The study integrated household characteristics data from the Current Population Survey with administrative longitudinal employment and earnings records from the US Census Bureau's Longitudinal Employer-Household Dynamics (LEHD) program, to study the individual earnings trajectories of single mothers.

Relative to all women in the US, single mothers had fewer years of past work experience and, when employed in earlier years, were more likely to experience job volatility and stagnant earnings. The position of single mothers in the labor market improved dramatically over an outcome period of five years, with low-income single mothers, in particular, experiencing relatively rapid earnings growth and increased employment stability. Past employment experience of just one or two years was significantly related to more positive employment and earnings outcomes for single mothers, including those with low incomes. Having held a greater number of jobs in the past generally increased both the likelihood of future employment and earnings growth for all single mothers, including those with low incomes. Still, relatively large fractions of low-income single mothers continued to experience labor market difficulties.

Report Title: Past Work Experience and Earnings Trajectories of Single Mothers
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Susan Hauan, 202-690-8698
Performer: Census Bureau and in-house
Record ID: 9666 (January 30, 2012)

What Employment Strategies Work for Groups Facing Serious Obstacles to Finding and Keeping A Steady Job?

The Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project tested innovative employment strategies for groups facing serious obstacles to finding and keeping a steady job. This study tested two different employment strategies (transitional jobs and extensive pre-employment services) for groups facing serious obstacles to finding and keeping a steady job.

Group members in the Transitional Work Corporation had significantly higher employment rates than the control group members, but the difference faded, and the groups had similar outcomes beyond the first year. Recipients assigned to the Success Through Employment Preparation Program did not work or earn more, or receive less welfare, than the control group. These results suggest that in order for programs to sustain impact, they must help more people obtain and retain jobs, but that it can be difficult to engage welfare recipients in extensive pre-employment services long enough to significantly improve their employability.

Report Title: Alternate Employment Strategies for Hard-To-Employ TANF Recipients: Final Results From A Test of Transitional Jobs and Preemployment Services in Philadelphia,
http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/final_alternative.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Girley Wright, 202-401-5070
Performer: MDRC
Record ID: 9668 (January 12, 2012)

How Were Subsidized Employment Programs Designed, Implemented, and Operated Under the Temporary Assistance for Needy Families Emergency Fund?

The Subsidized and Transitional Employment Demonstration project is designed to conduct rigorous evaluations of several subsidized employment programs for disadvantaged workers over the next few years. This study reviewed the implementation of subsidized employment programs that operated with support from the Temporary Assistance for Needy Families Emergency Fund.

The study found that while states and localities often had less than one year to create or expand their subsidized employment programs, many were able to mount relatively large-scale efforts; implemented a wide range of programs, many participants worked for private employers, who were reimbursed for all or part of the participants' wages;

and after funding ended, many programs also ended or sharply reduced the number of people served.

Report Title: Subsidizing Employment Opportunities for Low-Income Families: A Review of State Employment Programs Created Through the TANF Emergency Fund, http://www.acf.hhs.gov/programs/opre/welfare_employ/stedep/reports/tanf_emer_fund.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Girley Wright, 202-401-5070
Performer: MDRC
Record ID: 9676 (December 15, 2011)

What is Known About Families Disconnected from the Temporary Assistance for Needy Families Program?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study synthesized current research and knowledge about how families are disconnected from the Temporary Assistance for Needy Families, defined the various terminology used to discuss it, and identified possible areas for future research.

Estimates of the share of low-income single mothers disconnected from work and Temporary Assistance for Needy Families ranged from 20 to 25 percent. Eighty-two percent of disconnected low-income single mother families live in poverty compared to 54 percent of all low-income single mother families. Eleven percent of spells of disconnection started due to loss of Temporary Assistance for Needy Families and 5 percent due to loss of SSI.

Report Title: Disconnected Families and TANF, http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/disconnected.pdf
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Emily Schmitt, 202-401-5786
Performer: The Urban Institute
Record ID: 9685 (December 15, 2011)

How Can Temporary Assistance for Needy Families Programs Better Serve Recipients with Barriers to Employment?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study identified the populations with barriers to employment, explained the relationship between barriers

and employment, examined some State approaches to these barriers, and identified some strategies that help program recipients with employment barriers succeed in work.

Most Temporary Assistance for Needy Families recipients had at least one barrier to work and many have multiple barriers. The likelihood of work declined as the number of barriers increased. States employed specialized strategies, which included various approaches to assessment, work opportunities, and enhanced supports, to help Temporary Assistance for Needy Families recipients with barriers to employment. Both employment-focused and treatment-focused strategies can have positive short-term effects, but even the most effective strategies left a large proportion of participants without work.

Report Title: TANF Recipients With Barriers to Employment,
http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/barries_employ.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Emily Schmitt, 202-401-5786
Performer: The Urban Institute
Record ID: 9686 (October 15, 2011)

What Services are Available to Children within the Child Welfare System?

The second National Survey of Child and Adolescent Well-Being project is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who came in contact with the child welfare system. This study summarized children's receipt of health care, developmental and special education services, and behavioral health services in the National Survey of Child and Adolescent Well-Being at baseline.

Most children had a usual place of health care, typically a doctor's office or clinic. Almost all children were reported as up-to-date in immunizations and most children had received a well-child checkup in the last 12 months.

Report Title: NSCAW II Baseline Report: Children's Services,
http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/nscaw2_baseline.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Mary Webb, 202-205-8628
Performer: RTI International
Record ID: 9785 (November 15, 2011)

What is Known About Common Practices in Positive Family-Provider Relationships and the Associations between These Practices and Family, Child, and Provider Outcomes?

In June 2010, the Office of Planning, Research and Evaluation (OPRE), in collaboration with the Office of Head Start and the Office of Child Care, sponsored the Family-Sensitive Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Core Elements. In preparation for this meeting, the Child Care and Early Education Policy and Research Analysis and Technical Expertise Project conducted a multi-disciplinary literature review to explore the current research and knowledge around family-sensitive care and family engagement applicable to early care and education settings.

The review identified common relational practices of providers, and disaggregated them into three components: attitudes, knowledge, and behavior. Attitudes were defined as providers' feelings towards/perceptions of the children/families they serve. Knowledge referred to a provider's knowledge about him/herself in addition to knowledge about the family's culture, values, language, and circumstances; the community in which the family lives; and conceptual or theoretical knowledge about family development, family systems, or family support principles. Behavior included those that reflect both relational and goal-oriented practices. In addition, the review found that these practices were associated with positive child, family, and provider outcomes.

Report Title: Family-Provider Relationships: A Multidisciplinary Review of High Quality Practices and Associations with Family, Child, and Provider Outcomes, http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/family_provider_multi.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancy Margie, 202-401-5522

Performer: Child Trends

Record ID: 9791 (October 15, 2011)

What Does the Family-Sensitive Caregiving Model Add to the Discussion About Relevant and Meaningful Indicators for Quality Rating and Improvement Systems?

This study examined Quality Rating and Improvement System family partnership indicators in the context of the three dimensions of family-sensitive care (attitudes, knowledge and practice) and informed future work on measures of family engagement/family-sensitive care to include in Quality Rating and Improvement Systems.

The study described promising examples of Quality, Rating, and Improvement Systems indicators that emphasize the importance of positive family-provider relationships and strategies for further developing and refining existing Quality Rating and Improvement System indicators in this area. Specifically, four Quality Rating and Improvement System indicators were identified as most promising for alignment with the three dimensions of family-sensitive care. These indicators include written communication, parent surveys, activities with families, and community resources.

Report Title: Quality Rating and Improvement Systems (QRIS) and Family-Sensitive Caregiving in Early Care and Education Arrangements: Promising Directions and Challenges,

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/grisfsc.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancy Margie, 202.401.5522

Performer: Bank Street College of Education

Record ID: 9792 (October 15, 2011)

Can a Telephonic Care Management Program Improve Depression Symptoms and Work-Related Outcomes for Medicaid Recipients?

The Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project studied programs implementing strategies to improve employment for low-income parents who face serious barriers to employment. This study included a random assignment evaluation of a one-year program providing telephonic care management encouraging depressed Medicaid parents to seek mental health treatment.

The study found that while care managers used the telephone effectively to initiate engagement with people with depression to consider treatment, the program did not have an effect on depression or employment outcomes at 36 months after the end of the intervention.

Report Title: Working Toward Wellness Telephone Care Management for Medicaid Recipients With Depression, Thirty-Six Months After Random Assignment,

http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/medicaid_depression.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: MDRC

Record ID: 9804 (December 15, 2011)

What Can the Child Care Development Fund Learn From Research On Other Systems?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study examined research from other benefit programs on the effectiveness of policies designed to make their services more client-friendly and to help their clients get and keep benefits, and explored the implications both for Child Care Development Fund policy and for future research.

The study found that some program policies can create unintended barriers to subsidy access and retention. Evidence from Medicaid/State Child Health Insurance Programs

and Supplemental Nutrition Assistance Program suggested access can be improved by simplifying application processes and lengthening redetermination periods, and that policy and administrative strategies may affect subgroups differently.

Report Title: Client-Friendly Strategies &Ndash; What Can CCDF Learn From Research On Other Systems?

http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/ccdf_learn.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: The Urban Institute

Record ID: 9805 (January 15, 2012)

What Lessons Can We Learn from the Tribal Health Profession Opportunity Grants and Evaluation?

This evaluation provided documentation and lessons about diverse programmatic approaches to health professions training serving the tribal population. Interview and program operations data were collected to provide an in-depth, systematic analysis of program implementation, operations, and outputs and outcomes in all tribal sites. This study was one component of an evaluation portfolio of the Health Profession Opportunity Grants program, which funds demonstration projects that have designed and are implementing innovative health workforce development training programs that target Temporary Assistance for Needy Families recipients and other low-income individuals. Five of the programs in the evaluation were Tribal Organizations and Colleges.

The goals for this descriptive study were to disseminate important lessons learned and findings from the evaluation. Results describe the unique aspects of the Tribal Health Profession Opportunity Grantee organizations and the target populations they served, introduce the program frameworks of the grantees (e.g., infrastructure, strategic partnerships, training and education programs, and employment and employability related services), and provide an overview of the evaluation.

Report Title: An Introduction to the Tribal Health Profession Opportunity Grants (HPOG) and Evaluation,

http://www.acf.hhs.gov/programs/opre/welfare_employ/ethpog/reports/tribal_health.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Hilary Forster, 202-619-1790

Performer: NORC

Record ID: 9806 (December 15, 2011)

How Can Partnering Nonprofit Organizations Build and Sustain Capacity to Fight Gang Involvement, Youth Violence, and Child Abuse and Neglect in Their Communities?

The purpose of the Communities Empowering Youth program was to address the capacity-building needs of partnerships of nonprofit organizations that were tackling issues of gang violence, youth violence, or child abuse and neglect. The evaluation was a descriptive, longitudinal outcome study of changes in organizational and partnership capacity.

Most lead organizations and their partners reported relatively high levels of partnership capacity at baseline, with little change over time. Researchers found that the participating organizations improved on multiple measures within four capacity domains: 1) Leadership Development; 2) Organizational Development; 3) Program Development and 4) Community Engagement. However, because a large number of outcomes were measured, it is possible that some of the changes found to be statistically significant may have occurred by chance.

Report Title: Findings From the Communities Empowering Youth (CEY) Evaluation: Final Report,

http://www.acf.hhs.gov/programs/opre/other_resrch/ccf/reports/cey_final_report.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: Abt Associates

Record ID: 9807 (November 15, 2011)

What Was the Research Design and Methodology Used In the Communities Empowering Youth Evaluation?

The Communities Empowering Youth's addressed the capacity building needs of partnerships of nonprofit organizations tackling issues of gang violence, youth violence, or child abuse and neglect. The projects consisted of a partnership between a lead organization/institution and at least two other partnering non-profit organizations that provided services to youth within a specific geographical area.

Researchers developed an evaluation methodology including sampling design, weights, and analytic approach. The survey measured changes in two types of capacity: organizational capacity of each lead organization and their partner organizations and partnership capacity.

Report Title: Findings From the Communities Empowering Youth (CEY) Evaluation,

http://www.acf.hhs.gov/programs/opre/other_resrch/ccf/reports/cey_tech_report.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: Abt Associates

Record ID: 9808 (November 15, 2011)

How Reliable and Valid are Commonly Used Assessment and Developmental Screening Tools?

This study summarized information on the reliability and validity of assessment and developmental screening instruments most commonly used by Head Start programs for 3-, 4-, and 5 year olds. The 2007 reauthorization of Head Start requires Head Start programs to use child assessments and developmental screeners that are developmentally, linguistically, and culturally appropriate, as well as valid and reliable in the language in which they are used. Yet, few independent reviews have been conducted of the quality of evidence related to reliability, validity, and appropriateness of the most commonly used assessment and screening instruments in early childhood. Moreover, the reviews that do exist rarely address the question of appropriateness and evidence of reliability and validity for particular populations, such as Dual Language Learners or American Indian/Alaskan Native children.

There were many different types of reliability and validity that should be considered when reviewing an assessment and screening instrument. Most of the instruments reviewed had at least some evidence of reliability and validity. However, very few instruments had all of the key types of reliability and validity examined. In particular, few screening instruments have evidence of construct validity, and few assessment instruments had evidence of predictive validity. Likewise, there were major gaps in evidence of the reliability and validity of measures in languages other than English, or when used with Dual Language Learners or American Indian and Alaskan Native children, or children with special needs.

Report Title: Understanding and Choosing Assessments and Developmental Screeners for Young Children Ages 3-5: Profiles of Selected Measures, Final Report, http://www.acf.hhs.gov/programs/opre/hs/dev_screener/reports/screener_final.pdf
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Jennifer Brooks, 202-205-8212
Performer: Child Trends
Record ID: 9809 (November 15, 2011)

What are the Common Elements of Family Engagement and Family-Sensitive Caregiving in Early Care and Education Settings?

High quality family-provider relationships are hypothesized to affect both child and family outcomes. However, there are multiple perspectives on family-provider relationships, each one unique in its emphasis, conceptual model, and targeted outcomes.

This study examined three elements of family engagement/family sensitive caregiving: bi-directional communication, responsiveness and gathering and using knowledge about families in offering services. Two overarching elements were also identified – offering a welcoming/inviting environment and cultural competence in interactions with families. Though these five elements were preliminary and require further testing before measure development is warranted, they serve as an empirically-driven starting point for identifying core components of high quality family-provider relationships that cut-across diverse conceptual models.

Report Title: Family Engagement and Family-Sensitive Caregiving: Identifying Common Core Elements and Issues Related to Measurement,

http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/family_sensitive.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 9810 (October 15, 2011)

What Were the Final Results from the Evaluation of the Center for Employment Opportunities Transitional Jobs Program?

The Center for Employment Opportunities was one of four sites in the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project. The Center is a comprehensive employment program for former prisoners – a population confronting many obstacles to finding and maintaining work. The Center provides temporary, paid jobs and other services in an effort to improve participants' labor market prospects and reduce the odds that they will return to prison.

This study found that the Center for Employment Opportunities program substantially increased employment early in the follow-up period but the effects faded over time. The program significantly reduced recidivism, with the most promising impacts occurring among a subgroup of former prisoners who enrolled shortly after release from prison. This was the group that the program was designed to serve. The study showed that the program's financial benefits outweighed its cost under a wide range of assumptions.

Report Title: More Than A Job: Final Results From the Evaluation of the Center for Employment Opportunities (CEO) Transitional Jobs Program,

http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/more_than_job.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: MDRC

Record ID: 9847 (February 13, 2012)

How Do Child-Only Cases Arise in the Temporary Assistance for Needy Families Program?

This study reviewed the limited evidence available on how child-only cases arise, their number and characteristics, children's well-being, available services, and implications for policy and research. Almost half of Temporary Assistance for Needy Families (TANF) cases consists of child-only cases, which arise when no adult is included in the benefit calculation.

Fifty-nine percent of child-only TANF units included ineligible parents; children living with non-parental caregivers make up 41 percent. The intersection between TANF and

child welfare policies is critical since evidence suggests that from one-third to one-half of children in non-parental child-only units have had some contact with child protective services. The subgroups of parental child-only TANF cases were distinct and point to the need for tailored solutions. The evidence, while limited, suggests that these children are at risk yet their families receive few services.

Report Title: TANF Child-Only Cases,
http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/child_only.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: The Urban Institute

Record ID: 9848 (February 13, 2012)

How Does the Temporary Assistance for Needy Families Program Connect to the Larger Safety Net?

Temporary Assistance for Needy Families recipients typically represent a small share of the enrollment for other safety net programs, but other programs may provide sufficient support to help a family leave Temporary Assistance for Needy Families or to avoid the assistance program altogether. This study summarized what is known about the connections between Temporary Assistance for Needy Families and other large safety net programs.

Temporary Assistance for Needy Families is a relatively small component of the safety net for families with children, but it can serve as an important portal to other safety net programs. Safety net programs vary tremendously in their funding, targeting, benefit design and levels, delivery systems, and how well they reach their target populations. States are experimenting with a variety of approaches to improve service delivery and access to other supports for TANF families.

Report Title: TANF and the Broader Safety Net,
http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/broader_safety.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: The Urban Institute

Record ID: 9849 (February 13, 2012)

What Were the Characteristics of Children Who Entered Head Start for the First Time in the Autumn of 2009?

The Head Start Family and Child Experiences Survey was launched in 1997 as a periodic, longitudinal study of program performance. Successive nationally representative samples of Head Start children, their families, classrooms, and programs provide a rich source of ongoing information on the children and families served by Head Start and on the programs and staff providing these services. This study provided

a portrait of children entering head Start for the first time in fall 2009, as well as of their family backgrounds and the classrooms and programs that serve them.

Sixty-one percent of first-time Head Start children are 3 years old when they enter the program, 36 percent are Hispanic/Latino, and 33 percent are African American. Twenty-six percent of newly entering Head Start children in 2009 live in households in which a language other than English is primarily spoken to them, with Spanish being the most prevalent non-English primary language. Forty-seven percent of children live with at least one parent who is working full time. Many Head Start children live in households that receive federal assistance; the most common type received in 2009 is through Supplemental Nutrition Assistance Program, which increased from 44 percent of children's households in 2000 to 64 percent in 2009. Newly-entering Head Start children score below norms across developmental areas, including language, literacy, and mathematics development at program entry.

Report Title: Head Start Children, Families, and Programs: Present and Past Data From FACES, http://www.acf.hhs.gov/programs/opre/hs/faces/reports/present_past.pdf
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Maria Woolverton, 202-205-4039
Performer: Mathematica Policy Research
Record ID: 9850 (February 13, 2012)

What are the Origins of Transitional Jobs Models?

Transitional jobs programs provide temporary, wage-paying jobs, support services, and job placement help to individuals who have difficulty getting and holding jobs in the regular labor market. Although some evaluation results raised doubts about whether these programs, as currently designed, are an effective way to improve participants' long-term employment prospects, the studies have also confirmed that the programs can be operated at scale, can create useful work opportunities for very disadvantaged people, and can lead to critical indirect impacts such as reducing recidivism among former prisoners.

This study reviewed the evidence on the effectiveness of the transitional jobs model and other subsidized employment models, and offered some suggestions regarding the next steps for program design and research. Suggestions included making small adjustments to already existing programs to improve long-term employment results; implementing financial incentives for hard-to-employ individuals to find and keep regular jobs after transitioned out of subsidized jobs; providing more opportunities for occupational skills training; testing the potential of models that place participants directly into jobs in the regular labor market; and thinking about how transitional jobs fit into a larger sequence of employment services

Report Title: Transitional Jobs: Background, Program Models, and Evaluation Evidence, http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/background_models/tj_09_paper_embed.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Girley Wright, 202-401-5070
Performer: MDRC
Record ID: 9851 (February 13, 2012)

What Strategies are Used to Improve Employment and Earnings for Temporary Assistance for Needy Families Recipients?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study drew on a large body of evidence from rigorous studies of welfare-related initiatives to identify strategies found effective in increasing employment and earnings among welfare recipients.

The research showed a clear role for skills enhancement in welfare programs that encourage or mandate certain activities. It also suggested balancing a focus on job seeking and work with goal-directed education and training. The studies have suggested promising programmatic tools, regardless of a program's emphasis: financial incentives to increase job retention and earnings as well as participation in and completion of education and training, experienced job placement intermediaries that can help welfare recipients find and move into better jobs, and high-quality sectoral training with strong employer ties for those who can qualify.

Report Title: Improving Employment and Earnings for TANF Recipients,
http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/improving_employment.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Emily Schmitt, 202-401-5786
Performer: Urban Institute
Record ID: 9877 (March 10, 2012)

What are the Federal Work Requirements and States' Strategies for Meeting Them?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study examined the Federal work requirements and State strategies for meeting them.

Most States have been able to meet the revised participation rate requirements enacted by the Congress under the Deficit Reduction act of 2005. States adopted multiple strategies to meet the participation rate requirements, such as creating more unpaid work opportunities, keeping working families on the caseload longer, and moving some

families into solely state-funded programs outside of the Temporary Assistance for Needy Families program. Additionally, the American Recovery and Reinvestment Act of 2009 (ARRA) helped States meet work requirements by giving them the flexibility to finance new worker supplements, subsidized jobs, and work supports.

Report Title: TANF Work Requirements and State Strategies to Fulfill Them, http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/work_requirement_s.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: Urban Institute

Record ID: 9878 (March 13, 2012)

What Efforts Encouraged Completion of Postsecondary Education Among Temporary Assistance for Needy Families Cash Assistance and Other Low-Income Populations?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study sought information concerning efforts to encourage participation in and completion of postsecondary education among recipients of Temporary Assistance for Needy Families cash assistance and other low-income populations.

It is challenging to increase the proportion of low-income individuals who enroll in higher education, particularly among single parents. Some community-college-based programs have increase full-time enrollment and credits earned for students already enrolled in higher education-some of whom were welfare recipients-but only one program has been found to increase at least medium-term school persistence.

Report Title: Facilitating Postsecondary Education and Training for TANF Recipients, http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/postsecondary.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: Urban Institute

Record ID: 9879 (March 13, 2012)

How Has the Temporary Assistance for Needy Families Caseload Changed?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study sought to determine how the welfare caseload had changed since the program was enacted and explored factors that contributed to the change.

While the demographic characteristics of adults receiving benefits have been similar over time, the caseload has shifted. The percentage of “child-only” cases rose to about 50 percent; the percentage of single-parent and two-parent cases fell; ; the national caseload declined by 55 percent; and the take-up rate (the percentage of eligible families receiving assistance) declined continuously, dropping to a low of 36 percent in 2007. “Nonassistance” expenditures such as emergency payments, child care, transportation and other support services accounted for 70 percent of welfare funding fund in 2009, but recipients of these supports were not counted in the caseload.

Report Title: How Has the TANF Caseload Changed Over Time?

http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/change_time.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: Urban Institute

Record ID: 9880 (March 13, 2012)

How are Relationship and Marriage Education Programs Serving Hispanic Individuals and Couples Marketing Services and Developing Culturally Appropriate Materials and Programming?

The Hispanic Healthy Marriage Initiative is a focused strategy to address the unique cultural, linguistic, demographic, and socioeconomic needs of a growing population of Hispanic children and families in the United States. This study examined how grantees craft recruitment messages and strategies and develop and disseminate marketing materials to encourage participation in family strengthening and relationship education services by a broad and diverse Hispanic constituency.

Program sites developed strategies based on an understanding of cultural values, beliefs, and practices of the target population, while others developed strategies based on the grantees’ knowledge of serving low socioeconomic groups. Program sites consistently reported that personal interactions were one of the best ways to market the program, recruit potential participants, and retain current participants.

Report Title: HHMI Grantee Implementation Evaluation: Marketing, Recruitment and Retention Strategies,

http://www.acf.hhs.gov/programs/opre/strengthen/hispanic_healthy/reports/marketing_recruit.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: The Lewin Group

Record ID: 9881 (March 19, 2012)

How Does the Child Care and Development Fund Policies Affect Providers?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and

support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study summarized past research that can inform implementation of Child Care and Development Fund policies that are fair to providers.

Fund reimbursement rates and payment policies can influence families' access to a range of child care options. Few states have Fund reimbursement rates that cover at least 75 percent of the fees currently charged by providers in the market. Evidence from child care providers suggests they compare the cost of doing business with the Child Care and Development Fund system and subsidized families to the cost of doing business with private-paying families.

Report Title: A Summary of Research On How CCDF Policies Affect Providers, http://www.acf.hhs.gov/programs/opre/other_resrch/tanf_ccdf/reports/policies_providers.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: The Urban Institute

Record ID: 9882 (March 13, 2012)

What Can the Child Care and Development Fund Administrators and Programs Learn From the Research On Children's Health and Safety in Child Care that is Useful for Operating/Reforming/Administering the Child Care and Development Fund?

The purpose of the Temporary Assistance for Needy Families and Child Care and Development Fund Research Synthesis Project was to inform research planning and support evidence-based decision making related to the Temporary Assistance for Needy Families and Child Care and Development Fund programs. This study examined recent research that can inform lead agencies as they consider ways to support state licensing and other systems that influence children's health and safety.

The research underscored the role of health and safety in child care in supporting children's physical, cognitive, and social-emotional development, all of which contribute to their school readiness. Regulations vary widely across states, and more needs to be learned about how regulations, enforcement of regulations, and supports could best improve child outcomes.

Report Title: What Can CCDF Learn From the Research On Children's Health and Safety in Child Care?

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Emily Schmitt, 202-401-5786

Performer: The Urban Institute

Record ID: 9883 (March 13, 2012)

How Do You Determine Quality In Home-Based Child Care?

The Child Care and Early Education Policy and Research Analysis and Technical Expertise Project provided expert consultation, assessment, and analysis in child care and early education policy and research. Researchers assembled information useful for targeting and guiding development of content for professional development efforts designed for home-based child care providers.

The study identified three groups of providers, labeled as offering low, moderate, and above moderate quality. The study found that the majority of providers were either in the low or moderate quality group and that only 12 percent of the sample was rated as providing above moderate quality.

Report Title: Identifying Profiles of Quality in Home-Based Child Care,
http://www.acf.hhs.gov/programs/opre/cc/childcare_technical/reports/identifying_profiles.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends

Record ID: 9884 (March 19, 2012)

What Strategies Work for the Hard-To-Employ?

In the context of a public safety net focused on limiting dependency and encouraging participation in the labor market, policy makers and researchers are interested in individuals who face obstacles to finding and keeping jobs. The Enhanced Services for the Hard-to-Employ Demonstration and Evaluation project evaluated innovative strategies aimed at improving employment and other outcomes for groups who face serious barriers to employment.

Three of the eight models led to increases in employment. Two programs (providing temporary, subsidized “transitional” jobs to facilitate entry into the workforce for long-term welfare recipients and one for ex-prisoners) produced short-term gains in employment, driven mainly by the transitional jobs themselves. The third—a welfare-to-work program that provided unpaid work experience, job placement, and education services to recipients with health conditions—had longer-term gains, increasing employment and reducing the amount of cash assistance received over four years.

Report Title: What Strategies Work for the Hard-To-Employ? Final Results of the Hard-To-Employ Demonstration and Evaluation Project and Selected Sites From the Employment Retention and Advancement Project,
http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/strategies_work.pdf

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Girley Wright, 202-401-5070

Performer: MDRC

Record ID: 9890 (April 30, 2012)

How Can Youth Who Have Aged Out of the Foster Care System Be Located and Engaged for Follow-up Interviews?

The Multi-Site Evaluation of Foster Youth Programs is an evaluation of four foster youth programs funded under the John H. Chafee Foster Care Independence Act of 1999. Researchers were successful in locating and engaging youth after they left foster care.

The study identified successful methods for locating and engaging youth after leaving foster care, including planning the process up front, before youth leave care; establishing rapport with the youth; obtaining consent from youth to contact others; keeping in contact with youth; providing multiple means for youth to keep in touch; making use of a variety of locating methods; developing relationships with social service agencies that come into contact with youth; reaching out to parents and relatives; and providing incentives for youth who want to be found.

Report Title: Locating and Engaging Youth After They Leave Foster Care: Experiences Fielding the Multi-Site Evaluation of Foster Youth Programs
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Maria Woolverton, 202-205-4039
Performer: Urban Institute
Record ID: 9908 (June 19, 2012)

What Do We Know About Migrant Farmworker Families Eligible for Migrant and Seasonal Head Start?

The Migrant and Seasonal Head Start Supplement to the National Agricultural Workers' Survey was developed to ask questions regarding farm workers' child care preference and knowledge of Migrant and Seasonal Head Start. Researchers explored National Agricultural Worker Survey data on families eligible for Migrant and Seasonal Head Start to provide descriptive information.

The average migrant and seasonal head start-eligible household included 6-7 people, including four or more immediate family members. Three percent of the-eligible families reported speaking an indigenous language predominantly (neither Spanish nor English). Families reported that their primary reason for choosing their current child care was 'trust' and the secondary reason was 'convenience.'

Report Title: Migrant and Seasonal Head Start Supplement to the National Agricultural Worker's Survey
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Wendy DeCoursey, 202-260-2039
Performer: JSB Aguirre
Record ID: 9909 (May 24, 2012)

How can Quality Rating and Improvement Systems stakeholders better understand validation?

The purpose of this study was to help Quality Rating and Improvement System stakeholders better understand validation and outline a set of complementary validation activities. Quality Rating and Improvement Systems for early care and education and school age care programs are designed to collect information about quality and use that information to produce program-level ratings. The ratings are intended to make program quality transparent for parents and other stakeholders and to encourage the selection of higher-quality programs. Validation is a complex endeavor, involving a range of activities.

Authors present four approaches to validation. The first is to examine the validity of key underlying concepts. The second is to examine the measurement strategies and the psychometric properties of the measures used to assess quality. The third is to assess the outputs of the rating process, and the fourth is to relate ratings to children's development. Validation should be an ongoing process based on a carefully designed plan, which should include all four validation approaches when possible.

Report Title: – Validation of Quality Rating and Improvement Systems for Early Care and Education and School-Age Care

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Ivelisse Martinez-Beck, 202-690-7885

Performer: Child Trends, Inc.

Record ID: 9910 (June 12, 2012)

What Lessons were Learned from the Employment Retention and Advancement Project and what were Successful Strategies to Improve Retention and Earnings Among Low-Income Single Parents?

Many recipients of Temporary Assistance for Needy Families and other low-income individuals find or keep jobs for a while, but far fewer remain steadily employed and advance in the labor market. The Employment Retention and Advancement project was designed to identify and determine the effectiveness of different program strategies to promote employment stability and earnings growth among current or former welfare recipients and other low-income individuals. Researchers discussed results from twelve programs that targeted more employable groups, as opposed to “harder-to employ” groups, such as individuals with known disabilities.

Three of these programs produced consistent increases in individuals' employment retention and advancement, and the others did not. The project points to some strategies that succeeded in improving retention and earnings among low-income single parents and provides some lessons. Supporting employment stability is likely to be a more effective strategy than encouraging job stability — that is, staying employed in the same job. Earnings supplements, tied to job retention and that help to make low-wage work pay, ideally coupled with job coaching, can promote sustained employment and advancement. By themselves, counseling and referrals to services to help people stay employed do not appear to increase employment retention and advancement.

Report Title: Increasing Employment Stability and Earnings for Low-Income Workers: Lessons from the Employment Retention and Advancement (ERA) Project, <http://www.acf.hhs.gov/programs/opre/resource/increasing-employment-stability-and-earnings-for-low-wage-workers-lessons>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Michael Dubinsky, 202-401-3442

Performer: MDRC

Record ID: 9911 (April 30, 2012)

How Were Demonstration Programs Implemented?

The implementation study component of the Community Healthy Marriage Initiative (CHMI) evaluation documented operational lessons of community-based approaches to improve child support outcomes. Researchers examined the implementation of demonstrations in four locations that were designed to improve child support outcomes through community engagement and the provision of healthy relationship and marriage education. Each demonstration approach was unique to the context, culture and varied organizational relationships within each of the four locations but a common strategy was partnering with nonprofit and/or faith-based organizations already established in the target communities.

The number of participants served varied by site from just over 200 to 400 and there was considerable variation in the extent to which the state or local child support offices were directly involved. Across the four demonstrations, the percentage of participants with child support involvement, either as custodial or noncustodial parents, varied from 21 percent to 80 percent.

Report Title: Piloting A Community Healthy Marriage Initiative: Marion County, Indiana; Clark County, Ohio; Lakewood, Washington; Yakima, Washington, <http://www.acf.hhs.gov/programs/opre/resource/piloting-a-community-healthy-marriage-initiative-in-four-sites>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: RTI International

Record ID: 9912 (June 26, 2012)

What Studies Examined the Effectiveness of Programs Serving Low-Income Couples?

Research showing the advantages to children of being raised by both parents in healthy, stable relationships has led to an increase in couple-based programs designed to enhance relationship or co-parenting skills. The Strengthening Families Evidence Review was undertaken to identify and systematically review studies of family-strengthening programs.

This research identified 54 studies of 39 programs serving low-income couples. Investigators gave seven studies high or moderate ratings, 18 low ratings, and the remaining 29 were unrated studies, either because they did not include participant outcomes or they were additional sources and overlapped with a rated study.

Report Title: Catalog of Research: Programs for Low-Income Couples,
<http://www.acf.hhs.gov/programs/opre/resource/catalog-of-research-programs-for-low-income-couples>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: Mathematica Policy Research

Record ID: 9913 (June 18, 2012)

Can a Framework to Study Career Pathways Be Articulated to Guide Program Design and Evaluation?

The Innovative Strategies for Increasing Self-Sufficiency project tested strategies to promote employment and self-sufficiency among economically disadvantaged families, including those receiving, or at risk of receiving, Temporary Assistance for Needy Families. The career pathways model, a promising approach to post-secondary education and training for low-income and low-skill adults, was the primary strategy tested.

The central elements of the career pathways model included instruction organized as a series of manageable and well-articulated steps, strong academic and non-academic supports, and connections to employment. Researchers identified some of the principal intervention strategies included in the career pathways model, introduced a broad theory of change for career pathways, and discussed major considerations in designing random assignment evaluations of career pathways programs. This design work will inform future tests of career pathways programs.

Report Title: Career Pathways AS A Framework for Program Design and Evaluation - A Working Paper From the Innovative Strategies for, Increasing Self-Sufficiency (ISIS)

Project, <http://www.acf.hhs.gov/programs/opre/resource/career-pathways-as-a-framework-for-program-design-and-evaluation-a-working>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Brendan Kelly, 202-401-5695

Performer: Abt Associates

Record ID: 9914 (May 25, 2012)

How Well did the National Library of Medicine's Online Education and Traveling Exhibition Resources Program Reach and Serve its Target Audience?

A two-part evaluation assessed how well the Online Education and Traveling Exhibition Resources Program reached and served its target audiences (i.e., general public and

members of scholarly communities), and gathered feedback on website design and content from its users.

Four focus groups provided positive feedback about the online exhibition educational resources and traveling exhibition web pages. Many considered the content informative and well organized, navigation easy, and design appealing. Some participants reported that the colors or layouts were not as visually attractive. Focus group participants identified the “look-and-feel” and functionality of the websites as needing improvements. The evaluation findings will be used to inform redesign efforts of the Exhibition Program website.

Report Title: Quantitative Online Survey for NLM Exhibition Program
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Solomon Solutions, and ForeSee Results
Record ID: 9925 (November 30, 2011)

What are the Outcomes of Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)?

The design for a cross-site evaluation of Project LAUNCH – a program promoting the wellness of young children ages birth to eight years of age that provides funding to States and Tribes -- employed mixed methods. The goal of the design was to obtain descriptive data and impact estimates, including semiannual grantee surveys, qualitative data obtained through interviews with key informants on site visits to grantees and through telephone interviews, review of grantee documents, and collected statistical findings from grantee special studies of the impact of the Project on community-wide population indicators of child wellness.

Researchers presented an overview of the Cross-site Evaluation and described the research questions, data collection activities, analysis framework and dissemination plan.

Report Title: Cross-Site Evaluation of Project LAUNCH: Evaluation Design,
<http://www.acf.hhs.gov/programs/opre/resource/cross-site-evaluation-of-project-launch-evaluation-design>
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Laura Hoard, 202-401-4561
Performer: Abt Associates
Record ID: 9939 (August 15, 2012)

What are the Characteristics of Children's Development and Functioning 18 Months after Investigation by Child Protective Services?

Researchers conducted a nationally representative, longitudinal survey focusing on children who come to the attention of the child welfare system through investigation by child protective services.

Children reported for maltreatment in 2008 were below the same-aged general child population average on social-emotional, cognitive, language, daily living skills, behavioral, and social skill-based domains. For example, 42.3 percent of children 1 to 5 years old had a score indicating developmental problems, and may be eligible for early intervention services under Part C of the Individuals with Disabilities Education Act. Among school-aged children and adolescents, 9.6 percent showed some risk of low academic achievement, 35.6 percent had emotional or behavioral problems, and 10.7 percent had both.

Report Title: National Survey of Child and Adolescent Well-Being (NSCAW II) Wave 2 Report: Child Well-Being, <http://www.acf.hhs.gov/programs/opre/resource/nscaw-ii-wave-2-report-child-well-being>
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Mary Webb, 202-205-8628
Performer: RTI
Record ID: 9957 (July 15, 2012)

How Stable are Child Placements in the Child Welfare System?

The National Survey of Child and Adolescent Well-Being is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. This study examined the placement histories and changes in living situations of infants who come to the attention of Child Protective Services. Instability was defined as a change in the child's caregiver and household at any point after the baseline interview.

Overall, 86 percent of children who were infants at the time of the index maltreatment experienced at least one change of caregiver and household during their first two years of life. Ninety-five percent had at least one change between infancy and 5 to 7 years old. Almost 40 percent of children had experienced 4 or more changes between infancy and entering the school system. Importantly, all infants who were investigated for a report of maltreatment were highly likely to be unstable, regardless of the child's race/ethnicity, gender, or whether the child remained in-home or was placed out-of-home.

Report Title: National Survey of Child and Adolescent Well-Being (NSCAW) –Research Brief #18: Instability and Early Life Changes Among Children in the Child Welfare System, <http://www.acf.hhs.gov/programs/opre/resource/national-survey-of-child-and-adolescent-well-being-no-18-instability-and>
Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation
Federal Contact: Mary Webb, 202-205-8628

Performer: RTI
Record ID: 9967 (September 15, 2012)

Could Programs Successfully Implement the Supporting Healthy Marriage Model?

The Supporting Healthy Marriage (SHM) evaluation tested the effectiveness of a skills-based relationship education program designed to help low-income married couples strengthen their relationships and, in turn, support more stable and more nurturing home environments and more positive outcomes for children. This study assessed the impact and documented the implementation of a voluntary, yearlong program for low-income, married couples who, at study entry, had children or were expecting a child. The program model tested included three complementary components: 1) series of relationship and marriage education workshops that were the core service; 2) supplemental activities — educational and social events that were intended to build on and reinforce lessons from the workshop curriculum; and 3) family support services which paired couples with a specialized staff member who maintained contact with them and facilitated their participation in the other two program components.

The core marriage education workshops were implemented consistently across program locations, while there was more variation in implementation of the other two program components. Most couples participated in all three components of the program. Multiple technical assistance and monitoring strategies supported the implementation process: written relationship and marriage education curricula, protocols, and performance benchmarks established expectations for the content, frequency, and quality of the services. Technical assistance teams held programs accountable for working toward their goals, and they offered assistance to improve programs' performance over time

Report Title: The Supporting Healthy Marriage Evaluation: Final Implementation Results, <http://www.acf.hhs.gov/programs/opre/resource/the-supporting-healthy-marriage-evaluation-final-implementation>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Nancye Campbell, 202-401-5760

Performer: MDRC with Abt Associates, Inc.

Record ID: 9968 (August 15, 2012)

How Do Policies For Child Care Subsidy Programs Vary Across States And Over Time?

The Child Care and Development Fund Policies Database was created to provide a single source of detailed information on Fund policies across time and across the 50 States, the District of Columbia, American Samoa, the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands.

The database captured the detailed policies found in the documents that caseworkers use as they work with families and providers. Each Fund Policies Database Book of

Tables highlights policy variations, as of a specific point in time, across four general areas of policy: eligibility requirements for families and children; family application, terms of authorization, and redetermination; family payments; and policies for providers, including maximum reimbursement rates.

Report Title: The CCDF Policies Database Book of Tables: Key Cross-State Variations in CCDF Policies As of October 1, 2011,

<http://www.acf.hhs.gov/programs/opre/resource/the-ccdf-policies-database-book-of-tables-key-cross-state-variations-in-ccdf-0>

Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation

Federal Contact: Kathleen Dwyer, 202-401-5600

Performer: Urban Institute

Record ID: 9961 (November 21, 2012)

Goal: Advance the Health, Safety, and Well-Being of the American People

Objective: Improve the accessibility and quality of supportive services for people with disabilities and older adults

What Assistive Technology is Available to Reduce Physical Strain Among Caregivers Helping Older Americans?

Most of the assistance that older Americans receive for help with chronic disabilities is provided by unpaid caregivers. A recent study found that physical strain from activities such as lifting and transferring is a big problem. This study examined and assessed the often overlooked potential of assistive technology to benefit unpaid family caregivers who assist older adults living at home.

Although research has identified benefits, only a handful of publicly-funded family caregiver support programs give much attention to enabling caregivers' access to assistive technology. The final report documents strategies for disseminating and encouraging adoption of these programs' promising practices.

Report Title: Accelerating Adoption of Assistive Technology to Reduce Physical Strain Among Family Caregivers of the Chronically Disabled Elderly Living at Home: Final Report <http://aspe.hhs.gov/daltcp/reports/2012/AccAdoAT.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Pam Doty, 202-690-6443

Contract Performer: The Lewin Group

Record ID: 10220 (May 15, 2013)

What are the Program Outcomes, Program Effectiveness, and Community Change Among the Strategic Prevention Framework State Incentive Grants?

This study evaluated the Strategic Prevention Framework (SPF) State Incentive Grant (SIG) Program. These grants funded States, Territories and Tribes to implement the

Framework for preventing the onset and reducing the progression of substance abuse, including childhood and underage drinking; reducing problems related to substance abuse-in communities; and building prevention capacity and infrastructure at the State/Tribal/Territory, and community levels. Since 2004, 77 grantees have been funded. Thirty six states have completed their grants. A cross-site evaluation of the first two cohorts was performed with the close collaboration of Federal and contract evaluators.

Positive findings for reducing child and underage drinking were reported for youth alcohol use, binge drinking, and driving after drinking; young adult binge drinking; and alcohol-related motor vehicle fatalities,

Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration
Federal Contact: John Park, 240-276-2403
Performer: SAMHSA
Record ID: 9029 (October 1, 2012)

What is the Best Method to Evaluate - the Long Term Care Ombudsman Program to Measure Program Efficiency, Effectiveness And Outcomes?

Researchers developed a comprehensive evaluation design of the Administration for Community Living's Long Term Care Ombudsman Program.

The evaluation should address the following evaluation goals: documentation of ombudsman practices, provision of feedback to Federal State and municipal staff about what works and areas for improvement, documentation of the outcomes and impacts of the program, and measurement of program efficiency. The design should have clear methodologies to assess the effects of the program on clients and their families as well as on the policies, procedures and practices at long-term care facilities. The methodology should also allow for the assessment of the effect of ombudsman advocacy and public awareness efforts on system-level policies and municipal and national laws as well as on public awareness and citizen activism. The research process should be interactive and involve both Administration for Community Living (ACL) staff and a technical advisory group made up of researchers and practitioners in fields of aging services, elder abuse/neglect, ombudsman programs, and long-term care systems.

Report Title: Evaluation Study Design for the Long-Term Care Ombudsman Programs Under the Older Americans Act: Research Design Options
http://www.aoa.gov/AoARoot/Program_Results/docs/LTCOP_percent20Evaluation_percent20Study_percent20Design_01312013.pdf
Agency Sponsor: ACL, Administration for Community Living
Federal Contact: Susan Jenkins, 202-357-3591
Performer: National Opinion Research Center (NORC)
Record ID: 9544 (January 31, 2013)

Do Grantees Implement the Chronic Disease Self-Management Program With Fidelity and Provide a High Quality, Sustainable Program For Older Americans?

The Chronic Disease Self Management Program (CDSMP) teaches consumers skills to manage their conditions and build self-confidence so they can be successful in adopting healthy behaviors, improving communications with their physician, and enhancing their quality of life. The evaluation provided information about characteristics of State grantees, Chronic Disease Self-Management Program participants, program implementation, participant completion rates, site-level data collection, program sustainability, and recommendations for program improvements.

State grantees reported success working with a wide range of public and private partner organizations and groups, including local coalitions and collaboratives, state and local agencies and organizations, and employers. Partnerships have enabled access to special populations (e.g., cultural/ethnic minorities, inmates, individuals with specific diseases or conditions), expanded program referrals, and enhanced the resource base available to grantees and their host and implementation sites. Partners may refer consumers to community-based workshops or hold their own licenses and convene their own workshops. Partners play an important role in diversifying resources for and sustaining CDSMP programs outside direct federal funding streams.

Report Title: Chronic Disease Self-Management Program (CDSMP) Process Evaluation
http://www.aoa.gov/AoARoot/Program_Results/docs/CDSMPProcessEvaluationReportFINAL062713.pdf - REPORT
http://www.aoa.gov/AoARoot/Program_Results/docs/CDSMPProcessEvaluationAppendix.pdf - APPENDICES

Agency Sponsor: ACL, Administration for Community Living

Federal Contact: Susan Jenkins, 202-357-3591

Performer: IMPAQ International, LLC

Record ID: 9545 (June 29, 2013)

How Can the Impact of the Older Americans Act Home or Community Based Service Programs On Clients' Independence, Economic Status, Healthcare Utilization And Well-being be Rigorously Evaluated?

Researchers studied the impact of the Older Americans Act (OAA) programs and services on key outcomes including Home and Community Based Services use, health care use, community tenure, and long-term services and supports expenditures, nutrition services, health promotion services, disease prevention programs and family caregiver services

Proposed research questions to be pursued will include:

- What is the impact of OAA funded HCBS programs and
- What is the impact of OAA services alone or in combination with services paid for by other sources?

- What is the impact of service mix and intensity on outcomes of interest? What subgroups had the most favorable outcomes?

Report Title: Exploratory Study of the Global Outcomes of the Older Americans Act Programs and Services: Final Report
http://www.aoa.gov/AoARoot/Program_Results/docs/GlobalOutcomesFinalReport_Marc_h2013.pdf

Agency Sponsor: ACL, Administration for Community Living
Federal Contact: Jennifer Klocinski, 202-357-0146
Performer: The Lewin Group
Record ID: 9940 (February 28, 2013)

What Was the Design and Methodology of the 2010 National Survey of Residential Care Facilities?

Researchers described the rationale and design of the 2010 National Survey of Residential Care Facilities, and the planning activities and methods used to collect and compile information on residential care facilities and their residents.

The 2010 National Survey of Residential Care Facilities was a first-ever national probability sample survey that collects data on U.S. residential care providers, their staffs and services, and their residents. Included in the survey were residential care facilities consisting of assisted living residences; board and care homes; congregate care; enriched housing programs; homes for the aged; personal care homes; and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state. National data were collected on 2,302 facilities, and 8,094 current residents. The first-stage facility weighted response rate (for differential probabilities of selection) was 81 percent.

Report Title: Design and Operation of the 2010 National Survey of Residential Care Facilities, <http://aspe.hhs.gov/daltcp/reports/2011/NSRCFdo.shtml>
Agency Sponsor: National Center for Health Statistics and OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Emily Rosenoff, 202-690-6443
Performer: National Center for Health Statistics, ASPE, RTI International
Record ID: 10047 (November 1, 2011)

What are Effective Strategies for Establishing SSI Eligibility for Individuals Experiencing Chronic Homelessness?

This brief study examined innovative approaches to establishing supplemental security income (SSI) benefit eligibility for individuals experiencing chronic homelessness. The SSI program provides income support which is critical for obtaining housing stability, and in most states also is a key criteria in Medicaid eligibility which provides health care and mental health services.

Researchers concluded that the National Health Care for the Homeless Council (NHCHC) and the SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center have done excellent jobs of identifying the challenges of helping chronically homeless people qualify for SSI and of offering approaches and techniques to help medical and other practitioners overcome these challenges. NHCHC materials are directed toward practitioners in Health Care for the Homeless programs. SOAR is directed to anyone serving persons who are homeless or at risk of homelessness who may also have mental illnesses or other disorders that may co-occur with mental illness. Partnerships and joint trainings among the agencies that provide housing and support services to formerly chronically homeless people are one way to improve this population's access to health care of all types.

Report Title: Establishing Eligibility for SSI for Chronically Homeless People, <http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls3.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Emily Rosenoff, 202-690-6443

Performer: Abt Associates

Record ID: 10050 (February 24, 2012)

Do Patients with Schizophrenia and Bipolar Disorder Receive Treatments Considered Evidence-Based Practices?

As the single largest payer of mental health services, Medicaid can promote the delivery of evidence-based practices (EBPs) for individuals with serious and persistent mental illness (SPMI). This study demonstrated the feasibility of using Medicaid claims and encounter data to assess whether patients were receiving EBP's in 2007, and to identify populations to target for quality improvement. This study used Medicaid data from 22 states to examine the extent to which Medicaid beneficiaries with schizophrenia and bipolar disorder received evidence-based medications, psychosocial services, and physical health care.

Although the vast majority of beneficiaries filled at least one prescription for an evidence-based medication, states varied widely in the proportion that maintained a continuous supply of medications and received recommended monitoring of medication levels. Beneficiaries living in states that required copayments or prior authorization for medications were less likely to fill prescriptions regularly. Across all study states, three-quarters of beneficiaries received at least one psychosocial service during the year, but it was difficult to discern from claims whether these services were evidence-based. Only 45 percent of beneficiaries with schizophrenia and 35 percent with bipolar disorder maintained a continuous supply of evidence-based medications and received at least one psychosocial service during the year. The findings suggest that there is much room for improvement in the delivery of evidence-based care for this costly and vulnerable population.

Report Title: Evidence-Based Treatment for Schizophrenia and Bipolar Disorder in State Medicaid Programs: Issue Brief, <http://aspe.hhs.gov/daltcp/reports/2012/sbpdlB.shtml>

Report Title: Evidence-Based Practices for Medicaid Beneficiaries with Schizophrenia and Bipolar Disorder, <http://aspe.hhs.gov/daltcp/reports/2012/ebpsbd.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: John Drabek, 202-690-6443
Performer: Mathematica Policy Research
Record ID: 10053 &10052 (February 1 and April 9, 2012)

What Differing Characteristics and Service Needs Do Individuals Experiencing Chronic Homelessness Have?

This study examined three subgroups of people experiencing chronic homelessness and the services and housing configurations currently supporting them. Depending on their disability status and diagnosis, individuals experiencing chronic homelessness may have differing access to Medicaid and mental health services.

The health conditions of individuals experiencing chronic homelessness significantly relate to the likelihood that they receive needed services. Certain conditions require different types of care than others, and those same conditions make it more or less likely that Medicaid will be available to help cover the service costs. The population of individuals experiencing chronic homelessness can be divided into three groups, differentiated by two factors--having a serious mental illness that would meet the medical necessity criteria for receiving specialized mental health services, and being enrolled in Medicaid. Both factors have implications for access to care, and especially for what types of agencies are most likely to serve group members.

Report Title: Health, Housing, and Service Supports for Three Groups of People Experiencing Chronic Homelessness, <http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls1.shtml>
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Emily Rosenoff, 202-690-6443
Performer: Abt Associates
Record ID: 10054 (February 24, 2012)

What Innovative Strategies Exist to Serve Medicaid Beneficiaries Experiencing Chronic Homelessness?

This study examined the uses made of Medicaid and how it might be used under provisions of the Affordable Care Act of 2010 to serve individuals experiencing chronic homelessness.

Many people are trying to use Medicaid more consistently to reimburse the costs of services to address the health and behavioral health problems of formerly homeless individuals in ways that help them stay healthy and housed. Successful practices include partnerships that integrate care for medical and behavioral health problems and reduce fragmentation, adapting medical necessity criteria to recognize complex co-occurring conditions and homelessness, and establishing payment mechanisms that

enable interdisciplinary teams to deliver services. In addition, the Affordable Care Act created or expanded additional options: health homes, behavioral and primary care integration demonstrations, and Social Security Act, Section 1915(i), home and community based services.

Report Title: Medicaid Financing for Services in Supportive Housing for Chronically Homeless People: Current Practices and Opportunities,
<http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls2.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Emily Rosenoff, 202-690-6443

Performer: Abt Associates

Record ID: 10055 (February 24, 2012)

How Can Public Housing Authorities Support Permanent Supportive Housing for Formerly Homeless Individuals?

This study looked at innovative ways that public housing agencies can support housing for formerly homeless individuals, particularly through the model of Permanent Supportive Housing.

Public Housing Authorities have implemented promising approaches to creating Permanent Supportive Housing for individuals experiencing homelessness. These approaches include managing waiting lists and preferences to establish priorities for individuals experiencing homelessness, having “project-based” vouchers to support site-based permanent supportive housing, and Moving To Work Public Housing Authorities have also experimented with “sponsor-based” models under which a provider of permanent supportive housing signs a master lease for a group of housing units and converts some housing subsidy funds to funding for supportive services.

Report Title: Public Housing Agencies and Permanent Supportive Housing for Chronically Homeless People, <http://aspe.hhs.gov/daltcp/reports/2012/ChrHomls4.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Emily Rosenoff, 202-690-6443

Performer: Abt Associates

Record ID: 10057 (February 24, 2012)

How Many Residential Care Facilities Exist and What Capacity Do They Have?

This study provides national estimates of residential care facilities (RCFs) from the first nationally representative survey of residential care facilities with four or more beds. RCFs include assisted living facilities and personal care homes which provide housing and supportive services to persons who cannot live independently but generally do not require the skilled level of care provided by nursing homes. These facilities are not federally regulated, and state approaches to such regulation vary widely. The ability to provide a comprehensive picture of the long-term care industry has been hampered by the lack of data.

In 2010, residential care facilities (RCFs) totaled 31,100, with 971,900 beds nationwide. About one-half of RCFs were small facilities with just 4-10 beds. The remainder comprised medium facilities with 11-25 beds (16 percent), large facilities with 26-100 beds (28 percent), and extra-large facilities with more than 100 beds (7 percent). The majority of residents resided in large (52 percent) or extra-large (29 percent) facilities. About 4 in 10 RCFs had one or more residents who had some or all of their long-term care services paid by Medicaid.

Report Title: Residential Care Facilities: A Key Sector in the Spectrum of Long-Term Care Providers in the United States,

<http://aspe.hhs.gov/daltcp/reports/2011/RCFkey.shtml>

Agency Sponsor: National Center for Health Statistics and OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: Emily Rosenoff, 202-690-6443

Performer: National Center for Health Statistics

Record ID: 10058 (December 1, 2011)

How Can Services for Mental Health and Substance Use Disorders Be Made Comparable to Other Health Services?

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that if mental health and substance use disorder (MH/SUD) insurance benefits are provided, any limitations on those benefits must generally be comparable to limits on benefits for medical and surgical care. Coverage of MH/SUD services has often been more limited than most other health services. This project performed research and collected information used in developing the regulations that implemented the 2008 Act. An expert panel studied how the broad array of health care management policies and practices designed to contain costs of health care known as “non-quantitative treatment limitations” could be made comparable. These include, for example, medical necessity definitions and utilization management practices.

The study estimated the extent to which relatively generous employer covered MH/SUD services in 2008 included intermediate level services, including partial hospitalization, residential treatment, and intensive outpatient services. Behavioral health services accounted for \$12, or 4.6 percent of total per member per month (PMPM) costs. The vast majority of the cost for behavioral health was for behavioral health prescriptions (\$7.46). Services for non-hospital residential treatment, partial hospitalization, and intensive outpatient treatment represented a very small fraction of the average total plan cost in 2008 (\$2.40 per member per month costs or 0.9 percent).

Report Title: Short-Term Analysis to Support Mental Health and Substance Use Disorder Parity Implementation, <http://aspe.hhs.gov/daltcp/reports/2012/mhsud.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation

Federal Contact: John Drabek, 202-690-6443

Performer: Rand Corporation

Record ID: 10059 (February 8, 2012)

What Current Models of Providing Housing With Supportive Services for Low-Income Older Adults Exist?

This study reviewed the literature describing the effectiveness of existing models of affordable housing with health or supportive services.

Reviewers found a range of program models, including a variety of types of services and delivery methods (congregate or scattered-site). There were benefits to residents including meeting unmet service needs, improvements in physical and mental health and functioning and increased resident satisfaction. However, the evidence is mixed on whether these types of programs delay institutionalization.

Report Title: The "Value Added" of Linking Publicly Assisted Housing for Low-Income Older Adults with Enhanced Services: A Literature Syntheses and Environmental Scan, <http://aspe.hhs.gov/daltcp/reports/2012/ValueAdd.shtml>

Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Emily Rosenoff, 202-690-6443

Performer: Lewin Group

Record ID: 10060 (January 31, 2012)

Goal: Advance the Health, Safety, and Well-Being of the American People

Objective: Promote prevention and wellness

What Outcomes are Associated with Implementation of the Minority AIDS Initiative-Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services?

An evaluation was conducted of the Minority AIDS Initiative-Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services grants. Questionnaires were examined to identify responses from youth and adults at program entry and exit for outcomes such as hepatitis knowledge, perception of risk of substance use and unprotected sex, disapproval of substance use, and substance use and sexual behaviors.

The proportion of program participants across the different target populations that increased HIV knowledge from baseline to exit increased by 10.9 percentage points. Increases in HIV knowledge was most common among adolescent participants ages 12–17 years with 13.2 percent increasing HIV knowledge from baseline to exit. Black, Latina and Hispanic women showed the next highest increases with 11.4 and 12.2 percent of participants increasing HIV knowledge from baseline to exit, respectively. There was a decrease in the number of average days in the reporting of past 30-day substance use between baseline and exit for alcohol, marijuana, and illicit drugs excluding marijuana. The proportion of program participants 18 years and older that perceived moderate or great risk of harm from unprotected anal sex increased by 4.1 percentage points.

Report Title: HIV Cross Site Evaluation Report
Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration
Federal Contact: Robert Atanda, 240-276-2422
Performer: SAMHSA
Record ID: 8877 (September 1, 2013)

What is Known about the Key Components of Worksite Wellness Programs, Their Impact, and Facilitators of Successful Programs?

This study addressed four questions:

- What are the characteristics and prevalence of current worksite wellness programs?
- What is the evidence for program impact?
- What is the role of incentives under wellness programs?
- What are key facilitators of successful wellness programs?

About half of all employers offer wellness promotion initiatives, with large employers being more likely to do so; uptake of worksite wellness programs has been limited; of those employers with over 50 employees that offer worksite wellness programs, and over two-thirds are using financial incentives to encourage uptake. Key characteristics of successful programs include: effective communication strategies, the opportunity for employees to participate, engaged leadership at all levels, use of existing resources, and relationships and continuous evaluation.

Report Title: Workplace Wellness Programs Study
http://aspe.hhs.gov/hsp/13/WorkplaceWellness/rpt_wellness.cfm
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Joelle Robinson, 202-205-8841
Performer: RAND
Record ID: 9640

How Well are Community Based Teams Able to Collaborate, Integrate and Optimize Program Interventions and Strategies to Meet Goals of the Healthy Weight Collaborative?

The Healthy Weight Collaborative (HWC) is an innovative, national data-driven quality improvement effort to share and spread promising and evidence-based team-oriented clinical and community-based interventions to prevent and treat obesity for children and families. The HWC was implemented in two Phases involving 39 community based teams and included three primary objectives: 1) build multisector teams; 2) deliver services to support health behavior changes in children and families; and 3) implement sustainable social and environmental policy change at the organizational and community levels.

- Evaluation results indicated that of the 39 teams: Two-thirds of the participating 39 teams reported implementing moderately or highly integrated cross-sector strategies. About half (49 percent) of the Phase 2 teams were balanced, including all three (health care, public health, and community) sectors. One-third of the teams had also developed sustainability plans by the end of Phase 2.
- The HWC project succeeded in helping many teams support the adoption and implementation of system-wide and community-wide healthy weight screenings and follow-up services. 59 percent (23 of 39) of teams had implemented community-wide healthy weight assessments; 23 teams implemented healthy weight plans; and 19 teams implemented both healthy weight assessments and plans
- 15.4 percent (6) of the teams were able to implement policy change at the organizational and/or community level by accomplishing all six strategies (creating a work plan, a message, a healthy weight assessment, a healthy weight plan, cross-sector work, and policy change) by the end of the project period.

The teams' progress and plans to continue working provide evidence of the potential power and efficacy of the HWC model.

Report Title: The Healthy Weight Collaborative: Final Evaluation Report
 Agency Sponsor: HRSA, Health Resources and Services Administration
 Federal Contact: Sylvia Fisher, 301-443-8505
 Performer: Mathematica Policy Research
 Record ID: 9732 (September 26, 2013)

How Can Healthy People 2020 Advance the Prevention and Public Health Agenda for the Next Decade?

The Healthy People 2020 development process is intended to enable stakeholders to move the nation towards 10-year targets for the health of the nation. This project helped to further Healthy People 2020 program implementation, which includes strategies, interventions and activities and resources.

This project helped identify specific interactive tools and resources needed to assist stakeholders from various levels of government and nongovernmental sectors in implementing and achieving Healthy People 2020 goals and objectives. For example, access to data to track and monitor progress is now available on the DATA2020 tool on www.healthypeople.gov . Similarly, people working in the field whether at the community, state or national level benefit from having model programs they can use and tailor to meeting their specific needs. The Evidence-based Resources tool and Sharing Library with its Interactive Map, also on www.healthypeople.gov , provides information on interventions and resources that can help communities address important health needs and improve health.

Report Title: Implementation of Health Objectives for the Nation
www.healthypeople.gov
 Agency Sponsor: OASH, Office of the Assistant Secretary for Health

Federal Contact: Carter Blakey, 240-453-8254
Performer: National Opinion Research Center (NORC)
Record ID: 9739 (December 31, 2012)

How Might the National Institutes of Health Raise Awareness of its Online Health and Aging Information?

A series of focus groups were held with informal caregivers of seniors to provide insights into how the National Institute of Aging (NIA) can effectively disseminate information to the senior population.

Participants reported that they mainly searched the internet for specific health and disease topics, rather than general health and aging information. The majority of the participants had favorable views of the NIA website, but some reported feeling overwhelmed by the volume of information that was posted. A few participants also felt the website was too high level for them, and thought it was more geared towards professionals than caregivers. With the findings gleaned from the focus groups, the NIA will determine the most effective approaches to raising awareness of NIA's free health and aging online information resources and enhancing user-friendliness.

Report Title: Support for Evaluation Activities Led by the National Institute on Aging's Office of Communications and Public Liaison
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: Abt Associates
Record ID: 9992 (May 22, 2013)

What Activities are Exemplary Health Centers Conducting to Integrate Public Health Into Primary Care and What Successes, Barriers and Lessons Learned Can Be Used to Inform Further Integration Activities?

Health centers have a recognized history of community involvement and empowerment that facilitate integration of their primary medical care services with public health activities to affect the social determinants of health and well-being. This study examined primary care and public health activities among federally funded health centers to better understand their successes, the barriers encountered, and the lessons learned. Qualitative and quantitative data were obtained from 9 health centers, stratified by administrative division, urban–rural location, and patient race/ethnicity. Descriptive data on patient and institutional characteristics came from the Uniform Data System, which collects data from all health centers annually. Key informants completed questionnaires and participated in phone interviews.

Health centers reported conducting many essential public health activities. The study identified specific needs for integrating primary care and public health including the need for more funding for collaborations and for addressing the social determinants of health; strong leadership to champion collaborations; trust-building among partners with

shared missions and clear expectations of responsibilities; and alignment and standardization of data collection, analysis, and exchange.

Report Title: Primary Care and Public Health Activities in Select US Health Centers: Documenting Successes, Barriers, and Lessons Learned

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Lydie Lebrun-Harris, 301-443-2178

Performer: Johns Hopkins University Bloomberg School of Public Health

Record ID: 10099 (June 29, 2012)

How Will a Spanish Language “Quick Guide to Healthy Living” Website Increase Healthfinder.gov’s Reach to the Spanish Speaking Population?

A study sought to determine the effectiveness of a Spanish language website. Spoken at home by more than 30 million U.S. residents, Spanish is the second most common language used in the United States. The Spanish version of healthfinder.gov has been maintained since 1999.

The new Quick Guide to Healthy Living provides actionable prevention information that is easy to understand and navigate. A Spanish Quick Guide to Healthy Living was incorporated into the web site. To create appropriate content and Web designs for Spanish-dominant Hispanics/Latinos, a multi-phased exploratory and iterative formative research process was developed to ensure the look and feel, navigation, nomenclature, and topics are culturally appropriate, understandable, and actionable for this population. The “healthfinder” en español was launched during Hispanic Heritage Month in October 2011 to increase the reach of the wellness guidance, actionable information, and personalized, interactive decision support on the site to the Spanish-speaking community.

Report Title: Spanish Quick Guide to Healthy Living Content Development,

<http://www.healthfinder.gov/espanol/>

Agency Sponsor: OASH, Office of the Assistant Secretary for Health

Federal Contact: Linda Harris, 240-453-8262

Performer: IQ Solutions, Inc.

Record ID: 9255 (October 2, 2011)

How Effective are Non-residential Domestic Violence Services at Meeting the Needs of Victims?

The study examined the experiences of recipients of domestic violence program support services. Little research has been done with survivors of domestic violence who use non-residential services and supports. This study provided information about the types of services desired by survivors; the extent to which they obtain those services; and their overall satisfaction with services. The study measured outcomes associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies.

Domestic violence programs facilitated positive outcomes for survivors of domestic violence. After seeking and receiving help, 95 percent of survivors were more knowledgeable about planning for their safety and more hopeful about the future. These short term indicators have been linked to long term safety and well-being outcomes in longitudinal research. Survivors found services and supports helpful. More than three out of four of the nearly 1,500 domestic violence survivors who used support groups, counseling, supportive services and legal advocacy found these services to be “very helpful.” The majority of other survivors using these services found them to be “helpful.” The state of the economy continues to have a negative effect on survivors. Forty-five percent of the survivors reported experiencing financial difficulties, many unable to pay their bills. Survivors who are mothers identified a number of child-related needs. Help with counseling for their children was the number-one child-related need for mothers.

Report Title: Meeting Survivors' Needs Through Non-Residential Services and Supports: Results of A Multi-State Study

<https://www.ncjrs.gov/pdffiles1/nij/grants/237328.pdf>

Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families

Federal Contact: Rebecca Odor, (202) 205-7746

Performer: University of Connecticut School of Social Work; West Hartford, CT; National Resource Center on Domestic Violence; Harrisburg, PA

Record ID: 9298 (October 10, 2011)

Will the Strategy for Promoting the Adoption of Dietary Guidelines for Americans Communications on Facebook Increase Consumer Reach and Engagement?

This project aimed to promote healthfinder.gov content and engage health consumers in action-oriented content to improve their health. The strategy was to post messages centered on weekly themes related to timely health topics or national health observances, and to help Facebook members take weekly small steps toward prevention, e.g. getting a flu shot, making a list of questions to ask the doctor, or posting a healthy recipe.

Evaluation of the Facebook management strategy measured reach (number of Fans, number of page hits) and engagement or interactivity (number of likes, comments, and message shares). The reach and engagement were then compared against the actual funds spent on Facebook maintenance, analytics, and message development. The target of 11 people reached and engaged per dollar spent was exceeded, with 16 people reached and engaged by July 2012. By the time this report was posted, the Facebook page had over 7,000 fans.

Report Title: Consumer Engagement Strategy for Promoting the Adoption of Dietary Guidelines for Americans Communications On Facebook, <http://www.health.gov/nhic/>

Agency Sponsor: OASH, Office of the Assistant Secretary for Health

Federal Contact: Holly McPeak, 240-453-8267

Performer: IQ Solutions, Inc.

Record ID: 9856 (December 31, 2011)

Will the Physical Activity and Nutrition Community Moderators' Guide/Curriculum Promote Positive Behavior Change?

This project developed, implemented and evaluated a community-based curriculum for adults with limited health literacy, in an effort to promote use of the 2008 Physical Activity Guidelines for Americans and the 2010 Dietary Guidelines for Americans. The community moderators' guide/curriculum was pilot-tested locally, implemented in a select number of sites nationwide, and evaluated for usability and effectiveness in promoting positive behavior change.

Participants found the workshops useful, informative, and effective. Following each workshop, over 90 percent of participants cited that they intended to make a behavior change. Sixty-four percent of participants reported that they made changes to their dietary intake or physical activity routines and 94 percent who made changes attributed the changes to the Community Workshop series.

Report Title: Eat Healthy • Be Active Community Workshop Series
Agency Sponsor: OASH, Office of the Assistant Secretary for Health
Federal Contact: Holly McPeak, 240-453-8267
Performer: American Institutes for Research (AIR)
Record ID: 9857 (April 10, 2012)

What are State Level Practitioners' Awareness and Uses of Primary Sources for Evidence-based Interventions?

The Center of Excellence for Training and Research Translation at the University of North Carolina provided public health practitioners with evidence to develop and implement interventions to prevent obesity, heart disease and stroke. The Center produces various products, including: intervention strategies, interventions, intervention templates, trainings, and webinars that are disseminated primarily via the Center website. This study assessed the extent to which State and local health departments and health agencies are aware of and utilize Center products, and implement packaged interventions which are part of the Center products.

Practitioners characterized their work in obesity prevention as uncertain, interdependent, and multi-level. They described being overwhelmed with information while at the same time having limited evidence to guide their work. Several approaches were identified to aid practitioners who synthesize and translate evidence for obesity prevention and other complex problems. One approach is to generate broad recommendations rather than more standardized intervention programs. Practitioners could benefit not only from evidence-based recommendations on what to do but also on how to do it; evidence on the “best processes” for intervention planning. The program utilized funds from this contract to identify and translate additional evidence-based interventions which included more general guidance and tools to assist in implementing and evaluating interventions.

Report Title: Assessment of Center of Excellence for Training and Research Translation (Center TRT) Awareness and Services
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Andrea Baeder, 404-498-4002
Performer: Deloitte, Atlanta, GA
Record ID: 9996 (May 1, 2012)

To What Extent has HRSA's Poison Help Campaign Increased Awareness and Knowledge of the Poison Help Number, Poison Centers, and Poison Center Services?

The *Poison Help* General Population Survey was designed to assess the campaign's effects among 2,000 households in the United States. The 10-minute telephone survey was conducted with an adult household member and addressed topics related to the types of individuals or organizations they would contact (e.g., poison center, 911, family member) to seek treatment advice for a possible or definite poisoning or to obtain poison prevention information. The *Poison Help* General Population Survey utilized a full dual frame sample design, which combined cell phone and random digit dial sample design methodologies. The survey used computer-assisted telephone interviewing technology.

Among the findings, unaided awareness of the Campaign was moderate at 46 percent. Non-Hispanic Whites were more likely than those of other races and ethnicities to be aware of the Campaign (50 percent unaided awareness). Persons aged 25 to 44 (54 percent), those with household incomes ranging from \$25,001 to \$50,000 (57 percent), and those with children under 18 in the household (54 percent) were also more likely to be aware of poison centers compared to other subgroups. Seventy percent of respondents were aware that calls to a PCC are free, and that services are available for callers who did not speak English. Nearly three in four (74 percent) knew that PCCs operate 24 hours every day. The *Poison Help* General Population Survey provided HRSA with necessary feedback to evaluate the campaign's efforts to promote widespread adoption of the toll-free number, and awareness and knowledge of poison centers and the services they provide. Survey results helped to determine whether campaign messages are salient among target audiences and provided insight into how media and community education outreach efforts should be tailored for future campaign activities. Data were shared with the Nation's poison control centers to ensure consistent messaging.

Report Title: Poison Help Campaign General Population Study
Agency Sponsor: HRSA, Health Resources and Services Administration
Federal Contact: Elisa Gladstone, 301-594-4394
Performer: StrategyOne, Inc
Record ID: 10192 (March 20, 2012)

Goal: Advance the Health, Safety, and Well-Being of the American People

Objective: Reduce the occurrence of infectious diseases

What are the Results of the Stop Transmission of Polio Program Evaluation?

The Bill and Melinda Gates Foundation, in cooperation with World Health Organization and the Centers for Disease Control and Prevention, evaluated the Stop Transmission of Polio (STOP) program to assess the program's impact on polio eradication efforts, on other programs beyond Global Polio Eradication Initiative, and to identify near term opportunities. The program aims primarily to strengthen frontline polio eradication initiatives and immunization efforts by adding short-term capacity, building long-term capacity of country staff, and offering a training platform for volunteers to build public health experience to be brought back to their organizations or countries.

As a result of the evaluation, STOP has a better sense of strengths and weaknesses of current program processes and has identified several areas for operational improvement and a set of measures to understand the impact of the program on polio eradication efforts.

Report Title: Global Evaluation of STOP

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: McKinsey & Company

Record ID: 10198 (May 31, 2013)

What Training Sessions and Tools Did “Stoppers” Use During Their Stop Transmission of Polio Assignments; How Did They Share Information Learned?

Six months on the job after taking a four day course for the Stop Transmission of Polio (STOP) program volunteers in how to enhance the management and accountability of polio eradication efforts, an adoption evaluation was conducted to determine if goals written during class were completed, to assess trainee progress, and to identify which methods and tools were integrated into work behavior. The evaluation also sought to improve STOP management training by identifying additional courses and/or tools needed by STOPers.

Process Improvement Sessions were reported to be the most useful training sessions for helping STOPers perform their duties. This correlated with the findings of the intention evaluation. STOPers used the training sessions and tools they learned to make several improvements to polio eradication activities, achieve or make significant progress towards their goal(s), and share with local/state staff and others during their assignment. STOPers reported that post-training performance support was beneficial for completing their responsibilities and encouraging them in a quite challenging environment.

Report Title: Stop Transmission of Polio 41 Management Training: An Adoption Evaluation

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural
Record ID: 10199 (September 5, 2013)

Does Intensive Community Outreach and Education Stimulate Presentation for Health Care Services and Subsequent Reporting for Monkeypox?

In response to a refugee crisis in northern Republic of the Congo, in April-May, 2010, United Nations Children's Fund (UNICEF), in collaboration with International Conservation and Education Fund (INCEF) and the Centers for Disease Control and Prevention sponsored a program of intensive community education on Monkeypox recognition and prevention. Patients who are rapidly placed in isolation and provided with supportive care (including treatment for other etiologies on the differential such as yaws) are more likely to have positive outcomes and less likely to generate additional cases regardless of the ultimate laboratory diagnosis rendered. Intensive community education can lead to increased capacity for detection of rare but impactful diseases such as Monkeypox in high transmission risk settings. Education of physicians in the recognition and treatment of Monkeypox is a critically important adjunct to this activity.

Approximately 65,000 people attended the outreach sessions in 25 key locations where refugees had congregated. Among those who attended the film-based outreach sessions, there was a demonstrated improvement in individuals' knowledge of the features of Monkeypox illness and transmission. And, when asked after seeing the films, attendees expressed a heightened likelihood to notify local officials and seek health care in the event that Monkeypox is suspected in a family member. In the nine months including and immediately following the outreach, ten suspected cases of Monkeypox were reported to health authorities. In the six months immediately following the outreach, ten suspected cases of Monkeypox were reported to health authorities. Laboratory testing confirmed Monkeypox virus infection in 2 individuals, one of whom was part of a cluster of 4 suspected cases identified retrospectively.

Report Title: Detection of Human Monkeypox in the Republic of the Congo Following Intensive Community Education
Agency Sponsor: CDC, Centers for Disease Control and Prevention
Federal Contact: Thomas Chapel, 404-639-2116
Performer: INCEF
Record ID: 10203 (February 1, 2013)

Goal: Increase Efficiency, Transparency, and Accountability of HHS Programs

Objective: Ensure program integrity and responsible stewardship of resources

What is the Colorado Department of Public Health and Environment's Bundled Payment System; How is it Implemented; and What are the Clinical, Data Quality, and Financial Impacts of the Bundled Payment System on Breast and Cervical Cancer?

Colorado's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) implemented a bundled payment system (BPS) to improve data quality and quality of care for women served through its program

The project found that: 1) Implementation of BPS significantly improved completeness and timeliness of breast cancer diagnostics in Colorado. 2) Timeliness of cervical diagnostic and treatment services had been steadily improving over the analytical period. Implementing bundled payments was not clearly associated with timely cervical cancer diagnostics or treatment, which is likely due to smaller abnormal and incidence rates for cervical cancer than for breast cancer. 3) The rate of benign breast biopsies remains the same over the analytic period after controlling for site and client characteristics. Implementation of BPS did not alter the rate of benign biopsy. It appears that the bundled payment model does not promote providers to perform unnecessary procedures. 4) BPS covered more of the cost of services for all levels up to B3 and C3 than WWC's previous prospective payment did, indicating that bundled reimbursement more accurately reflects the true cost of services, and 5) BPS reimburses provider agencies for services at levels similar to the prospective capitated model.

Report Title: Evaluation of Colorado's Women's Wellness Connection's Bundled Payment System for the NBCCEDP

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: ICF International

Record ID: 10200 (March 30, 2013)

What Are Early Lessons from the Comparative Effectiveness Research Portfolio Funded by the American Recovery and Reinvestment Act?

This study consisted of the design and conduct of a multifaceted midstream evaluation of the overall portfolio of comparative effectiveness research (CER) funded by Congress in the American Recovery and Reinvestment Act (ARRA). The evaluation aimed to characterize the projects, and identify early lessons learned from the projects and their implications for future HHS CER investments. It did not assess the findings and outcomes of individual projects as most of the projects were still ongoing at the time of the evaluation.

Almost half of all projects funded by ARRA CER had a primary emphasis on research, with the majority focused on generating new evidence that could improve the delivery of healthcare. Twenty-seven percent of the funds were invested in data infrastructure projects and capacity building necessary for conducting rigorous CER. Investment in projects related to human and scientific capital which focused on career development and methods work accounted for 15 percent of the funds. Thirteen percent of the funds were invested in dissemination and translation work focused on the ways in which CER findings can be implemented into practice to impact patient care. The study identified early lessons, including those focused on multi-institutional research collaborations and CER data infrastructure projects.

Report Title: Health Care Quality and Outcomes (CER Research)
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Pierre Yong, 202-690-8384
Performer: Mathematica Policy Research
Record ID: 9759 (December 31, 2012)

How Can the National Institutes of Health Improve its Policy Development and Issuance?

This evaluation sought to identify opportunities to streamline National Institutes of Health (NIH) policymaking processes, assess alternative models for storing and disseminating NIH-wide policy, and develop consensus-based recommendations to NIH leadership for sustainable policymaking improvements.

During the first phase of the evaluation, policymaking process and technology data from similar organizations were collected to help identify leading practices and areas of opportunity for NIH. The second phase involved developing an inventory of NIH-wide policies issued outside of the traditional mechanism (using non-traditional methods such as email), which provided insights into the challenges and opportunities associated with the current NIH policy framework, and demonstrated the need for changes with support from stakeholders. The third phase focused on gathering input from a broad range of stakeholders to highlight perceived organizational issues and inform the redesign of the NIH policy management framework. The overall results will be used to identify policymaking process improvements and technology alternatives, and to support an executive advisory committee in generating consensus-based recommendations.

Report Title: The State of Policymaking at NIH: A Process Evaluation
Agency Sponsor: NIH, National Institutes of Health
Federal Contact: Rosanna Ng, 301-496-5367
Performer: PriceWaterhouseCoopers
Record ID: 9929 (September 13, 2013)

What Were the Trends in Health Insurance Premiums Leading up to the Enactment of Health Reform?

The Affordable Care Act included annual premium rate review and rebates for policies not meeting medical loss ratio standards for the percentage of total premium spent on clinical services and activities that improve health care quality. This study analyzed rate increases and medical loss ratios for individual market and small group policies by State for plan years 2009 and 2010 and provided baseline data before the effects of health reform and for plan year 2011 to determine the initial effects of health reform.

The magnitude of premium increases declined between 2010 and 2011, following several years of increasing rate requests. The year 2011 was the first in which carriers were subject to the Affordable Care Act rebate and Medical Loss Ratio requirements. The percentage of requests modified (reduced) by state regulatory agencies increased

between 2008 and 2011 in both the individual and small group insurance markets. The transparency of the individual and small group markets improved over the study period with states initiating public websites with information on carrier rate filings.

Report Title: Trends in Health Insurance Premiums
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Thomas Musco, 202-690-7272
Performer: NORC
Record ID: 9749 (February 1, 2012)

How Did Implementing Insurance Market Reforms, Required Under the Affordable Care Act of 2010, Affect Private Health Insurance Premiums and Insurance Coverage?

This study builds upon the analyses conducted under the premium trends project that studied individual and small group insurance product rate increases from 2008 to 2011. This project extends the analysis through 2012. The project added several states which established web sites with publically available data on rate increase requests.

Premium increases continued to slow in 2012 because of two factors: first, insurers requested smaller premium rate increases in both individual and small group markets and second, regulators reduced insurers' requested rates of premium increase more extensively after the Affordable Care Act (ACA) rate review provisions went into effect. This study also suggests that many carriers submitted more filings in the months and weeks prior to the start of rate review required under the ACA on September 1, 2011 than in the succeeding months.

Report Title: The Effects of Implementing Insurance Market Reforms
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Thomas Musco, 202-690-7272
Performer: NORC
Record ID: 9750 (June 1, 2012)

How Well Does the Medicaid Disproportionate Share Hospital Program Function?

This study assessed the state of the Medicaid Disproportionate Share Hospital (DSH) funding program, the relationship between Medicaid payments and uncompensated care costs, and the implications of alternative methods for determining the reduction of Federal Medicaid allotments to states as required by the Affordable Care Act. The project analyzed (a) the financial performance of hospitals categorized by receipt of Medicaid DSH payments, level of uncompensated care, and share of hospitals' inpatient days that are Medicaid-covered patients, known as the Medicaid Inpatient Utilization Rate and (b) the potential effects of alternative methods for reducing DSH allotments to states as directed by the Affordable Care Act.

Among hospitals that received Medicaid DSH payments, those that were more dependent on these payments or that provided higher levels of uncompensated care tended to perform worse financially than other DSH hospitals. In contrast, DSH hospitals that had a high share of inpatients that were covered by Medicaid were no worse off financially than other DSH hospitals. Differences in methodologies can lead to substantial differences in the level of DSH reductions in states depending on the weight assigned to the different factors and whether states choose to implement Medicaid expansion.

Report Title: Medicaid Disproportionate Share Hospital Payments Analysis
Agency Sponsor: OASPE, Office of the Assistant Secretary for Planning and Evaluation
Federal Contact: Thomas Musco 202-690-7272
Performer: George Washington University
Record ID: 9753 (September 1, 2012)

Goal: Increase Efficiency, Transparency, and Accountability of HHS Programs

Objective: Use HHS data to improve the health and well-being of the American people

What is the Direct Effect of Influenza Vaccination in the US in Terms of Averted Number of Cases, Medically-Attended Cases, and Hospitalizations Over Six Recent Influenza Seasons?

Using existing surveillance data, a method was developed for assessing the impact of influenza vaccination where impact is defined as either the number of averted outcomes or as the prevented disease fraction (the number of cases estimated to have been averted relative to the number of cases that would have occurred in the absence of vaccination).

During the 6-year study period, the number of influenza illnesses averted by vaccination ranged from a low of approximately 1.1 million (95 percent confidence interval (CI) 0.6–1.7 million) during the 2006–2007 season to a high of 5 million (CI 2.9–8.6 million) during the 2010–2011 season while the number of averted hospitalizations ranged from a low of 7,700 (CI 3,700–14,100) in 2009–2010 to a high of 40,400 (CI 20,800–73,000) in 2010–2011. Prevented fractions varied across age groups and over time. The highest prevented fraction in the study period was observed in 2010–2011, reflecting the post-pandemic expansion of vaccination coverage. Influenza vaccination programs in the US produce a substantial health benefit in terms of averted cases, clinic visits and hospitalizations. The results underscore the potential for additional disease prevention through increased vaccination coverage, particularly among nonelderly adults, and increased vaccine effectiveness, particularly among the elderly.

Report Title: Influenza Illness and Hospitalizations Averted By Influenza Vaccination in the United States, 2005–2011. (2013 PLOSOne) <http://www.plosone.org/article/info>

[percent3Adoi percent2F10.1371 percent2Fjournal.pone.0066312](https://doi.org/10.1371/journal.pone.0066312)

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural

Record ID: 10206 (June 19, 2013)

How Effective is the Customer Service of the Behavioral Risk Factor Surveillance System Program; How Can the System be Made More Efficient and Effective; and What Needs to Change to Make it More Viable?

Contracting staff developed a series of survey questionnaires that were asked of the Division of Behavioral Surveillance staff, the grantees that are funded to implement the Behavioral Risk Factor Surveillance System (BRFSS), and stakeholder customers who provide funding for specific questions on the survey. Surveys were implemented using a controlled website and tallied once all survey questionnaires were received.

Several themes were found to be consistent across the surveyed groups. The main themes included lack of communication and collaboration, lack of understanding of the new BRFSS methodology and future methodological changes, concern about the effect of data processing issues on quality and timeliness, and organizational and funding challenges.

Report Title: BRFSS Evaluation and Needs Assessment: Phase I Final Report

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: Karna, LLC

Record ID: 10208 (May 31, 2013)

Goal: Strengthen the Nation's Health and Human Service Infrastructure and Workforce

Objective: Enhance the ability of the public health workforce to improve public health at home and abroad

Was the Management Training Useful and Does it Meet the Needs of the Learner and the Stakeholder?

An evaluation of the management component of the Stop Transmission of Polio (STOP) program training used predictive evaluation which aims to better predict if and how training is used on the job. Rather than asking a general question "was the class useful?" participants were asked to articulate how they intend to use what they learned by writing specific, observable and significant goal statements. Based on analysis of the statements, sessions related to process improvement were found to be most useful.

The results of the intention evaluation were used for improvements to the course content and design, as well as for follow up with the course participants. The Predictive Evaluation method was deemed useful and has been employed with three STOP

cohorts, as well as other courses the Sustainable Management Development Program has supported.

Report Title: Internal Management Training for STOP Course Evaluation Executive Summary (June 2012, January 2013, June 2013)

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural

Record ID: 10197 (July 1, 2013)

What Was the Worker Training on Key Metrics of Monkeypox Surveillance in an Area Endemic for the Disease?

The Centers for Disease Control and Prevention evaluated health worker training on key metrics of Monkeypox surveillance in an area where Monkeypox is endemic. Health care worker knowledge of key concepts in the Monkeypox training curriculum was assessed, and participant feedback was collected on their ability to perform surveillance tasks.

The Monkeypox curriculum developed for this initiative was effective in transferring knowledge and was associated with improved detection of human Monkeypox cases.

Report Title: Enhancing Health Care Worker Ability To Detect and Care for Patients With Monkeypox, Democratic Republic of the Congo

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural

Record ID: 10205 (June 30, 2013)

Goal: Strengthen the Nation's Health and Human Service Infrastructure and Workforce

Objective: Improve national, State, local, and tribal surveillance and epidemiology capacity

What Information Can Public Health Laboratories Use to Assess Benefits of Reconfiguring Their Organization and Structure?

The study identified experiential information that State public health laboratory directors would find helpful in assessing the potential benefits of reconfiguring the organization and structure of the testing services their laboratories perform. The study compiled and analyzed detailed information about the experiences of four State public health laboratories.

This evaluation tool has been used by several state and county public health laboratories. Most notably, the California Department of Public Health and the California Public Health Laboratory System Working Group adapted the Practical Guide for use by

the state's 35 county/city public health laboratories. California's local public health laboratories are actively exploring consolidation and will use California's new Guide for Assessing and Implementing Public Health Laboratory Service Changes to support that initiative. The 51-page California guide was published May 1, 2013

Report Title: Evaluation of Models of Higher-Efficiency Public Health Laboratories A Practical Guide to Assessing and Planning Implementation of Public Health Laboratory Service Changes; <http://www.aphl.org/lei> and http://www.aphl.org/aphlprograms/lss/Laboratory-Efficiencies-Initiative/Documents/Public_Health_Laboratory_Service_Changes_Practical_Guide.pdf

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116//TONY MOULTON

Performer: Deloitte, Atlanta, GA

Record ID: 9997 (May 30, 2012)

What is a Consistent Taxonomy and Process for Identifying Best Practices?

A cross-agency workgroup reviewed the literature to identify definitions, models and frameworks for classifying evidence, including best practices. The workgroup's products have been influential in several settings and widely disseminated. A three-stage pilot test was conducted to identify and inform improvements to the draft processes and tools developed to evaluate recommended public health practices. The evaluation of the pilot test included quantitative and qualitative methods (surveys, focus groups and interviews).

Healthy People 2020 is using the evidentiary component of the framework. The Heart Disease and Stroke Prevention program is using the framework's criteria for public health impact to determine which practices are ready for evaluation. The framework has also been adapted for use in evaluating policies for use in reducing hypertension and stroke.

Report Title: Pilot Test of the Best Practices Conceptual Framework

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural

Record ID: 10209 (September 30, 2012)

Is "Did You Know" Perceived as Useful by State, Territorial, Local, and Tribal Partners, and How Can it be Made More Useful?

"Did You Know?" (a periodic e-publication to 10,000 subscribers) is intended to inform state, tribal, local and territorial health partners about recent public health news and reports and help them use this data to put evidence-based recommendations into public health action.

Preliminary feedback was positive although there was a desire for a more rigorous assessment. A sample of subscribers was selected and asked to complete a brief, voluntary, one-time, web-based data collection instrument. There was a positive correlation between link order, the order in which links appear in the publication, and clicks from users meaning that the first link was more likely to be clicked than the second link and that the second link was more likely to be clicked than the third. This correlation was found in both the responses to the evaluation and in the web metrics. Participants were asked to select the top five types of content they would like to see in future additions of "Did You Know?" About three-quarters of the respondents, predominantly health department leaders said they would like to see newly released data and statistics, evidence-based strategies, and new guidelines and recommendations.

Report Title: Did You Know? Evaluation

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Thomas Chapel, 404-639-2116

Performer: CDC Intramural

Record ID: 10210 (February 17, 2012)
