

EVALUATION

Performance Improvement 2010

***U.S. Department of Health and Human Services
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Washington, D.C. 20201***

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 to report annually to the Senate Health, Education, Labor and Pensions Committee and to the House Energy and Commerce Committee summarizing the findings from these studies.

This report, *Performance Improvement 2010*, the 16th annual report in this series, describes the findings from 113 studies completed during the fiscal year ending September 30, 2009. The study summaries and the publicly available database from which they are drawn are to be found at <http://aspe.hhs.gov/pic/performance>.

Staff of the Office of the Assistant Secretary for Planning and Evaluation prepared this report based on study summaries provided by study project officers of the Department of Health and Human Services.

The report consists of the following:

- **Chapter I** provides background information on this summary report.
- **Chapter II** summarizes key findings from the studies. The four-digit Policy Information Center identification (PIC ID) database numbers provided for each study correspond to the entries in the Appendix and in the public database.
- The **Appendix** provides citations for each of the entries in Chapter II.

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Address Needs, Strengths, and Abilities of Vulnerable Populations
Carry Out Effective Data Collection
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Meet Challenges of Disabling Conditions
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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. For Fiscal Year 2009, the period covered by this report, Congress directed that \$945 million be allocated for the Section 245(a) evaluation set-aside provision of the Public Health Service Act.

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 limited the base from which funds could be reserved for evaluations to programs authorized by the PHS Act. Excluded were funds appropriated for the Food and Drug Administration, the Indian Health Service, and certain other programs that were managed by PHS agencies but not authorized by the Act (e.g., HRSA's Maternal and Child Health Block Grant and CDC's National Institute for Occupational Safety and Health).¹

The Consolidated Appropriations Act, 2009, authorized the Secretary to use up to 2.4 percent of the amounts appropriated for programs authorized by the Public Health Service Act for the evaluation of these programs. For Fiscal Year 2009, the year reflected in the studies reported here, agencies and offices were budgeted a total of \$945 million from the set-aside authority:

Administration for Children and Families (ACF) – \$10 million
Agency for Healthcare Research and Quality (AHRQ) – \$372 million
Centers for Disease Control and Prevention (CDC) – \$331 million
Health Resources and Services Administration (HRSA) – \$25 million
National Institutes of Health (NIH) – \$8 million
Substance Abuse and Mental Health Services Administration (SAMHSA) – \$132 million

Staff components in the Office of the Secretary received a total of \$67 million, shared between 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).

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.

Evaluation Management

During each year's budget development cycle, offices and agencies make recommendations regarding the evaluations necessary to comply with statutory requirements and Executive and Department guidance. On a multi-year basis, the Government Performance and Results Act of 1993 requires the Department to establish a new five-year strategic plan every three years; a new strategic plan is due for release. The statute forms an essential basis for evaluation planning. Typically, HHS evaluation priorities include: congressionally mandated program evaluations, evaluations of Secretarial program or policy initiatives, assessments of new programs and ones that are candidates for reauthorization, and evaluations that support program performance management and accountability.

HHS evaluation activities support the Department's strategic planning and performance management activities in several ways. Completed evaluations are used in shaping specific HHS strategic goals and objectives. Evaluation findings provide important sources of information and evidence about the success of various HHS programs or policies. The HHS Strategic Plan highlights evaluations that document efficacy or effectiveness of strategic programs or policies and lists future evaluations that will benefit strategic planning. HHS agencies use findings from their evaluations to support annual performance reporting to Congress and program budget justifications. As specified in annual appropriations authorizations, the Secretary reports to the Congress plans for using PHS evaluation set-aside funds before implementing these plans.

Dissemination of Evaluation Reports

Maintaining online electronic report libraries and distributing information on evaluation results is an important component of HHS evaluation management. The Department's information and reports on major evaluations are available through the HHS Policy Information Center web site, located at: <http://aspe.hhs.gov/pic/performance>. ASPE's web site offers users an opportunity to search – by key word, selected program, or policy topics – the departmental evaluation report database and electronic report library.

The results of HHS evaluations are also disseminated on agency and office websites through targeted distribution of printed reports and research briefs, as well as presentations at professional meetings and conferences. HHS researchers also participate in the broader research community through articles in specialist publications and refereed journals.

CHAPTER II – HIGHLIGHTS OF FINDINGS FOR COMPLETED EVALUATIONS

This chapter provides summaries, organized topically, of key findings for the 113 studies for which reports were issued during the fiscal year ending September 30, 2009. The unique four-digit numbers for each study link to the Appendix and to the summaries available in the Policy Information Center database available at <http://aspe.hhs.gov/pic/performance>.

Transform Health Care

Address Nutrition, Obesity and Self-Care

The Centers for Disease Control and Prevention (CDC) studied programs promoting nutrition, physical activity and obesity. Researchers found that funded states increased staff, leveraged funds and built partnerships. States developed programs led by a strong core staff of highly qualified managers and physical activity and nutrition coordinators. These strong core teams were backed by other key staff, including epidemiologists, evaluators, and worksite coordinators. The programs developed plans which helped to put all partners on the same page and set priorities for activities of interest. States developed strategic plans and implemented more than 250 interventions. Communities and schools were the most popular settings; states also implemented interventions elsewhere including worksites, childcare facilities, hospitals and healthcare facilities, and faith-based organizations. States that received more funding implemented interventions in more settings. For every \$1 of CDC funding, states leveraged \$2 of support. A range of public and private partnerships contributed to state capacity-building, state plan development and implementation, and program dissemination, enabling states to extend their reach and activities in ways that would not have been feasible without partners. States with more active partnerships leveraged five times as much funding for obesity prevention. (9225)

Researchers for CDC developed a new method to identify promising practices for promoting healthy weight among employees at small and medium-sized worksites. This promising worksite practice, supported by field-based, aggregate data showed: (1) no weight gain and a positive change in at least one related behavior marker (for example, physical activity or dietary pattern) or biomedical marker (for example, lower blood pressure or serum cholesterol concentrations) in employees who had normal weight, or (2) sustained weight loss in employees who were overweight or obese. An evaluation method was developed that could rapidly assess worksite strategies that helped employees attain and maintain a healthy body weight. The evaluation helped the agency create a website that provides employers a centralized resource of free

evidence-based tools to plan, build, promote and assess employee obesity prevention and control programs. (9226)

The Institute of Medicine defined patient self-management support programs as those which provide "education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health, including regular assessment of progress and problems, goal setting, and problem-solving support." Researchers conducted a literature survey to better understand what must be considered when buying or building patient self-management support programs. The literature provided evidence that patient support programs should facilitate positive change in patient's behavior, fit well with where the support program is administered (either within or outside the primary care setting), and provide coaching in addition to patient education. (9033)

Promote Health Care, Primary Care and Service Availability

An Agency for Healthcare Research and Quality (AHRQ) independent panel of experts in primary care and prevention concluded that recommendations for improving clinical preventive services were effectively integrated into health plans through printed publications, electronic use of health information technology tools, and incorporation into plan patient health education materials. To improve dissemination, the panel recommended developing new prevention tools designed for nurses delivering counseling recommendations, disseminating more information about methodology to members of the health plan staff, and having agency staff attend provider professional meetings and make presentations on panel recommendations. (9035)

Prior to the passage of the Patient Protection and Affordable Care Act in 2009, states sought to cover the uninsured, constrain rising medical costs, and re-shape Medicaid as a more market-based program. A study by the Lewin Group funded by the Health Resources and Services Administration (HRSA) looked at 17 states to determine the effect of these efforts. Researchers found that health reforms in some states were broad in scope, others focused exclusively on the Medicaid program, and Medicaid generally played a central role in health reform proposals and activities. The state health reforms included coverage expansions, changes to service delivery and financing, and investments in improving the health care infrastructure. (8917)

A HRSA five-year randomized trial study of interventions in clinical settings intended to reduce the risk that HIV-positive patients transmitting HIV to others found that provider-delivered interventions reduced HIV risk. Compared to patients receiving no intervention, patients receiving a provider-delivered intervention demonstrated reduced risk that was sustained over time. Risk was measured by reduced unprotected vaginal and/or anal intercourse with persons of HIV-negative or unknown status. Compared to the standard of care, patients assigned to receive interventions from medical care providers reported a significant decrease in risk after 12 months of participation. Patients receiving prevention services from health educators, social workers or paraprofessional HIV-infected peers reported significant reduction in risk at 6 months,

though not at 12 months. It appears that, among options for implementation of programs designed to reduce risk of HIV transmission, medical provider-delivered methods are comparatively robust. (8387)

Expand Public-Private Cooperation

This study by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) sought to determine how the US government can partner more effectively with private philanthropic organizations, especially in connection with international and domestic health-related initiatives. The study found that the US government and private foundations share many priorities, often work in the same program areas, and interact or collaborate in various ways. Each type of interaction presents opportunities and challenges. Hence, there is no “best” partnership model for all situations, and in some program areas or initiatives, partnerships may not be appropriate or possible. The study distinguished among five types of government-foundation interactions: incidental overlap, supplementary action, communication, coordination, and collaboration. (9214)

Measure Drug Use and Treatment

The annual Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health for 2008 provided estimates of the national rates of use, numbers of users and persons meeting criteria for substance use and disorders. The study presented results for measures of mental health problems, including serious mental illness and major depressive episode, as well as data on the co-occurrence of substance use disorders and mental health problems. In 2008, an estimated 20.1 million Americans aged 12 and older were illicit drug users, the same rate as in 2007 and similar to that in 2002-2006. Among youths aged 12 to 17, 9.3 percent were current illicit drug users, down from the rate in 2002 but statistically unchanged from 2007. Marijuana use among youths aged 12-17 declined from 8.2 percent in 2002 to 6.7 percent in 2008. In 2008, 129 million persons aged 12 or older (51.6 percent) were current alcohol users, and 58.1 million (23.3 percent) engaged in binge drinking (five or more drinks on the same occasion) at least once in the past month. Underage (ages 12-20) drinking declined from 28.8 percent in 2002 to 26.4 percent in 2008. (9253)

SAMHSA conducted similar surveys in 2006 and 2007. During that period, use of illicit drugs among persons aged 12 or older ranged from 5.2 percent in Iowa to 12.5 percent in Rhode Island. The percentage of persons aged 12 or older using an illicit drug had increased from the period between 2005-2006 in Arizona, Kentucky, New Mexico, Rhode Island, Virginia, and Wisconsin. Decreases were observed in Connecticut, Iowa, New Jersey, and Pennsylvania. Iowa had the lowest rate of marijuana use among persons age 12 or older (3.8 percent); Rhode Island had the highest (10.3 percent). Utah had the lowest rate of binge drinking of alcohol (13.3 percent) among those 12 to 20 and North Dakota had the highest (29.5 percent). The percentage of persons with a substance use disorder (i.e., dependent on, or abuse of, illicit drugs or alcohol) ranged from 7.5 percent in New Jersey to 12.6 percent in the District of Columbia. Hawaii had

the lowest rate of adults aged 18 or older who experienced a major depressive episode in the past year (5.0 percent) while Tennessee had the highest rate (9.8 percent). (9259)

Between 1997 and 2007 a SAMHSA study found that treatment program admissions were dominated by five substances: alcohol, opiates (primarily heroin), marijuana, cocaine, and stimulants (primarily methamphetamine). These substances together consistently accounted for between 95 and 96 percent of all admissions. The age distribution of admissions changed between 1996 and 2006. The proportion of admissions aged 25 to 34 years declined from 32 percent in 1997 to 26 percent in 2007. This decline was offset by increases in the proportions of older and younger admissions. The proportion of those aged 45 and older increased from 14 percent in 1997 to 23 percent in 2007. The proportion of admissions among those less than 25 years of age increased from 22 percent in 1997 to 26 percent in 2007. (9267)

Protect People from Global Health Risks

A CDC-funded survey conducted in South Africa sought to understand health care providers' knowledge, attitudes, and practices regarding sexually transmitted infections and associated HIV risk, and their capacity to integrate HIV prevention in care settings. The survey revealed a lack of knowledge of sexually transmitted infection etiology and management and the belief that these infections can transform into HIV and other misperceptions. The results suggested the need to enhance and develop new training curricula. (9297)

An AHRQ-funded study by the Rand Corporation examined Medical Reserve Corps unit coordinators' experience and knowledge of how to apply program evaluation methods and determine their training needs. Researchers found that participants had limited knowledge of both evaluation techniques and use of logic models. Although most participants were comfortable identifying task-oriented activities for programs, they had difficulty applying logic models. Future training should include an introductory presentation on strategic planning and a basic logic model and practice developing a logic model. Participants benefited from the conceptual training but most had made little progress applying the tools. (9034)

Advance Health Information Technology

Although electronic health records for newborns need to interoperate with newborn screening information systems, a HRSA-funded review at Johns Hopkins University indicated that the critical clinical care centers collecting newborn health screening information had minimal integration and interoperability with the health information systems of public health agencies responsible for administering the screening programs. Newborn Screening programs include newborn bloodspot and hearing screening. The screening, conducted at the birthing facility within three days of birth, represent the first information exchange between clinical care and public health authorities in the life of a child. (9218)

A qualitative study in South Carolina examined the benefits from using personal health records that elderly Medicare fee-for-service beneficiaries recognize. There were varying definitions of personal health records, attributes and models being offered in the current market. Additionally, there are limited standard measures for usability and utility and no guidelines for development. Broad outreach and marketing strategies are needed to increase consumers' awareness about personal health record value and to improve their use before measuring and determining health effects on users. Barriers impeding provider personal health record use include the potentially negative affect on office workflow, data inconsistencies, and the lack of reimbursement for provider participation. A few technical standards are available or in development such as those by Health Level Seven and Integrating the Healthcare Enterprise (IHE). The study also identified consumer functional preferences, including: pre-populated, downloadable data; simplified log-ins; strong technical support; streamlined and combined administrative and clinical data; direct on-line communication between patient and provider such as prescription refills or email contact; and alerts and tracking mechanisms for monitoring preventative or chronic conditions. (9203)

The Office of the National Coordinator for Health Information Technology (ONC) funded a synthesis of field research that identified ways that state-level health information exchange organizations can advance interoperability. Nearly all states have state-level health information exchange initiatives. These public-private collaborations support interoperable health information exchange that serve to reach state-wide goals for quality and cost-effective healthcare. Established state-level health information exchange organizations demonstrate that they can effectively engage state governments and provide a mechanism to forge new collaborations for data sharing across regions and among organizations that have traditionally used data for competitive purposes. As a nationwide health information network is established, state-level initiatives are uniquely positioned to play ongoing roles in fostering state-wide collaboration, multi-stakeholder governance and multi-state coordination. (8593.1)

HHS developed methods to assess adoption of electronic health records by small-to-medium size physician practices which provide primary care to fee-for-service Medicare beneficiaries with selected chronic diseases. These survey methods, once approved by OMB, can be used to assess practices' progress in implementing and use of electronic

health records and related functionalities and to determine incentive payments for treatment group practices. (9204)

Research funded by ASPE reviewed literature on surveys intended to provide information to better understand barriers to adoption and use of electronic health records and other health information technology in nursing homes and home health agencies. The lack of consistent definitions, terminology, item construction, sampling frames, and measurement criteria render it difficult to accurately gauge current health information technology adoption. These same problems were observed for surveys of physician and hospital health information technology adoption. The researchers found that almost all nursing homes and home health agencies use health information technology to support patient assessments and claims, and at least 20% of nursing homes and more than 30% of home health agencies use electronic health records, similar to the rates reported by hospitals and physicians. Adding a parsimonious set of questions concerning the adoption, use, and barriers to the adoption and use of health information technology in nursing homes to the National Nursing Home Survey would produce nationally representative findings on this subject. (9316)

Control Health Care Costs

A study sought to understand relationships between Medicare costs, beneficiary disability and beneficiary health. Researchers sought to understand how costs and health might have been different if disability had not changed. The study produced projections about how disability and spending are likely to change in the future. Over the study period, the nondisabled made up an increasing proportion of the older population and became more expensive on a per capita basis.

Spending for persons with chronic disability fell progressively, so that the gap in spending between the disabled and nondisabled progressively narrowed. Within the disabled population: the two least expensive groups--persons managing their disability with only equipment, a group increasing in prevalence, and persons with help only with activities of daily living became more expensive. The two most costly groups--persons who received help with activities of daily living, or were institutionalized became less expensive. (9321)

Prevent Institutional Care; Provide Home Care

ASPE research comparing two programs intended to prevent or postpone nursing home placement found that expanded availability of federal Medicaid matching funds did not change caregiver or patient behavior. However, participants in the programs with relatives providing care averaged less than program participants with non-relative providers and the programs were found highly effective at preventing or postponing nursing home placement. (9304)

An ASPE project examined reporting on Medicare home health agency quality, focusing on how well quality measures reflect the services provided to different types of clients.

Reporting may be unfair to agencies which admit a larger proportion of patients with more serious conditions. Agencies with a large share of clinically complex community admissions could be disadvantaged compared to agencies serving a large share of post-acute restorative care patients. The authors found considerable variation in the types of patients served by agencies that differ in size, ownership (hospital-based vs. freestanding), control (for profit, not for profit, government), and geographic location. (9306)

Another ASPE study of assistive home features for near-elderly and older adults found that two-thirds of the population ages 52 and older had one or more assistive home features. One-third added at least one of these features, and 40 percent had used at least one feature in the previous 30 days. The most common assistive home features included railings at the home entrance, grab bars in shower/tub, and a seat for the shower/tub. Among those who added features, roughly one-third spent less than \$100, another third less than \$500. Ten percent spent over \$1000. For fewer than 10 percent of those adding features, insurance or government programs paid for some of the cost. Individuals more likely to have assistive features in their home included those who were older, had another adult in the household, owned their home, or were covered by either Medicare disability insurance or long-term care insurance. Few health-related factors predicted the existence or addition of assistive home features. However, if they had assistive features, respondents with high blood pressure, diabetes, cancer, and lower body limitations were more likely to use them. One in four near-elderly and older adults has a mobility limitation and an unmodified barrier at the entry to their home, inside their home, or in the bathroom. (9315)

Provide for Special Needs

After the passage of the Medicare Improvements for Patients and Providers Act of 2008, eighteen state Medicaid programs contracted with dual eligible special needs programs. These arrangements raised important questions about the contracting mandate established under the statute. A dual special needs program (SNPs) is often operated as a distinct product within a larger corporate entity. The corporate parent may or may not also operate a Medicaid managed care contract that includes dually eligible beneficiaries. Determining what types of contracts between states and special needs programs or their corporate parents meet the statutory requirement is ambiguous in many situations. These relationships were reviewed, with particular attention to provisions of interest to state Medicaid programs that have, or are considering entering into contracts with SNPs to integrate or coordinate Medicaid long-term care services with Medicare primary, acute and prescription drug services for dually eligible beneficiaries. SNPs have been promoted as a “mainstream” vehicle for integrating Medicare and Medicaid services, but to date, most SNPs have had no formal relationships with state Medicaid programs. In the future, SNPs proposing to serve dually eligible beneficiaries will be required to have contracts with state Medicaid programs. (9309)

Staff and Supervise Long Term Care Assistance

High nursing assistant turnover is costly and disruptive to quality of care. The first national probability survey of nursing assistants in nursing homes documented the magnitude of potential turnover. Forty-five percent of nursing assistants reported they were likely to leave their job in the next year and twenty-four percent were actively looking for another job. This exploratory study underscored the importance of good supervision, adequate pay and benefits, and a positive work environment. A majority of nursing assistants stay on the job because they feel good about the work they do or they enjoy caring for others; one in three aides cite staying on the job because of the work location, flexible schedule or hours or because they like their co-workers. Those intending to leave their job cited poor pay, wanting a new or better job, problems with a supervisor, having too many residents to care for, and poor benefits. (9303)

A survey explored successful elements of high-quality long-term care supervision which can influence retention of direct care employees. Supervision and supervisors' education levels and clinical training varies across settings, particularly between home care and facility-based. Confidence in ability to do the job is highest in assisted living where education and clinical training are lowest. Home care supervisors are most likely to recommend their job; nursing home supervisors are most likely to report being overloaded and perceive that their peers are poor supervisors. Improving direct care workers' jobs could expand the pool of potential supervisors. Improving supervision will require multi-level approaches. (9314)

Advance Public Health and Safety

Understand and Prevent Spread of Infectious Diseases

In 2009, a rapid ethnographic assessment identified and described community and structural level factors that contribute to persistent high rates of congenital syphilis among Latinas in Maricopa County, Arizona. The county had the highest rate of the disease in the US from 2003-2005. Most cases were born to Hispanic women. In 2007, the county issued an order to promote prenatal syphilis screening during pregnancy. The assessment identified the following contributing factors: low levels of knowledge and awareness about sexually transmitted diseases among Latinos; inconsistency among health care providers with regard to screening of pregnant women for syphilis; and insurance and cost barriers to receiving prenatal care services, especially for women not U.S. citizens or legal residents. Contributing social factors to transmission risk included the frequency with which Latino men migrate for work in the absence of a girlfriend or spouse, cultural norms which make it acceptable for men to have multiple sex partners, the perception among men and women that condoms are primarily for contraception, and intimate partner violence and social isolation among recent immigrant women. Barriers to prenatal care included the high cost of medical services, lack of insurance, lack of awareness of alternative forms of financial support, and challenges with understanding the system for qualifying for services and providing

necessary documentation. Most women who do interact with the health system remain in care unless other factors, such as availability, access, and cost become barriers. Social networks appear to be instrumental in introducing women to services, as many women receive advice and guidance regarding prenatal care from relatives and friends already familiar with providers and the health care system. (9228)

Promote Lifelong Healthy Behaviors

One grantee member of a five grantee consortium that designs and tests approaches to support the mental health of infants, toddlers, and their families within ACF supported Early Head Start programs successfully reduced maternal depression in new Latina immigrants. The grantee succeeded in a population in which recognition of depressive symptoms can be complicated by other factors, particularly for mothers in the early stages of acculturation. Establishing a trusting relationship was essential, and was found to be supported by hiring fully bilingual staff, as well as offering home-based options. (9172)

A study of the results of a Head Start oral health project identified what works and what doesn't for promoting oral health among low income families and pregnant women. Almost all centers reported a shortage of dental providers in their communities willing to accept public insurance plans and to serve young children. Promising service delivery approaches and strategies for improving the oral health care delivery system and promoting oral health care prevention were identified: 1) adopt staffing structures that support the delivery of oral health services; 2) train staff about the importance of oral health and enable staff members to carry out oral health education with children and families; 3) recruit dental providers to serve Head Start families; 4) implement case management procedures to increase rates of preventive care and needed treatment children receive; 5) provide preventive care to children on site, at special events, or through referrals; 6) offer support services to families to help them make and keep dental appointments and educate parents about the importance of oral health; 7) educate children about how to care for their teeth and what to expect during dental services; and 8) integrate oral health-related activities and services into management systems. (9165, 9166)

One project determined the effectiveness of the micro-financing model in fostering community level involvement in improving the community's health by addressing lifestyle issues through targeted prevention and behavior change interventions. The project offered funding opportunities ranging from \$2-\$5,000 to community-based organizations nationwide for disease prevention, health promotion, physical activity and improved nutrition activities. Most interventions focused on increased physical activity (70 percent) and improved nutrition (60 percent). Awardees used a myriad of innovative mechanisms to conduct their projects including health education techniques, technology and media modalities, and intergenerational connections. Populations that benefited from projects were diverse; low-income communities reaped the most benefits. Creating and fostering community partnerships to supplement projects with monetary and in-kind support proved to be important for sustainability. (9287)

Care for the Disabled

An ASPE-supported survey of paralyzed individuals studied the quality, usefulness of information, affect on the quality of life of the person paralyzed, and likelihood of recommending the Christopher and Dana Reeve Foundation Paralysis Resource Center to others. The study found that there were no major changes in levels of satisfaction from 2007 to 2008. The majority of respondents rated the level of services "high" or "very high." Sixty percent of respondents considered the information from the resource centers as more useful than information received elsewhere. Eighty-four percent of respondents said the resource center had a "positive" or "very positive" effect on them. Eighty-three percent said they were "likely" or "very likely" to recommend the centers to others. (9207)

Provide Psychiatric Care

Researchers examined the literature on the extent to which psychiatric patients are boarded in emergency departments. Although there is no standard definition of psychiatric boarding, the existing literature indicates that it can lead to serious consequences, for boarded patients, emergency department staff and other patients in the emergency department. It can have a significant financial impact on hospitals. Psychiatric boarding occurs as a result of the general lack of inpatient beds, insurance preauthorization necessary for admission, difficulty in placement or transfer to a receiving facility, and lack of outpatient facilities or community resources. Suggested practice improvements include addressing capacity constraints, improving quality of care, training emergency department staff and law enforcement personnel, and coordinating emergency department care with community mental health services. (9300)

Train Health Professionals

A project evaluated curricular instruction available to train registered nurses in delivering culturally and linguistically appropriate services in order to increase access and quality of health care for diverse populations. Previously, curriculum were written, tested and implemented to provide a framework for developing the pathways and relevant competencies to increase the quality and effectiveness of health care and to ensure that such care is not impeded by cultural and linguistic barriers. The current (Phase II) study of the project involved a systematic, mixed-methods evaluation of the curriculum two years after its launch. Scores on post-tests were consistently higher than on pre-tests, among curriculum participants alone and when compared to control group participants. The curriculum, titled "Culturally Competent Nursing Care," increased knowledge and awareness of cultural competency, provided skills and tools to enhance the role of cultural competency in nurse-patient interactions, and offered methods to change attitudes among nurses dealing with patients within different racial/ethnic categories. (7996)

A study jointly supported by HRSA and the HHS Office of Minority Health examined the effectiveness of interventions introduced into the educational pipeline (at the high school, college, or post-baccalaureate levels) to enhance opportunities for racial/ethnic minority and disadvantaged students to enter careers in the health professions and health sciences. Among the key findings: (1) While process evaluations have been the mainstay of traditional HHS approaches to evaluation of these types of programs and interventions, more outcome evaluations are needed where the greater cost and technical complexities can be accommodated; (2) Uniform Data Sets are useful for systematically collecting information on intervention processes, and may also have value for creating a data base that may be linked by external evaluators or agencies to other data bases to perform outcomes evaluations; (3) Program evaluations face a tension between evaluation in the service of performance feedback and in the service of performance judging; (4) Participation in an enrichment program at the studied colleges was associated with achievement of a significantly higher GPA than would have been expected based on students' baseline characteristics and performance on standardized college admission tests; (5) Students enrolled in enrichment programs at the colleges studied were significantly more likely than students not enrolled in these programs to participate in a wide range of enrichment activities. (8233)

Improve End of Life Care

An ASPE-funded paper was prepared to provide an overview of the dynamic between the social and medical dimensions that has evolved over the last three decades in end-of-life decision making generally and in care planning specifically. Current challenges and opportunities for promoting the goals of advance care planning have moved away from legally worded directives to the more nuanced world of treatment goals and outcomes, and the more complex realm of cultural and personal preference within a diverse American society. (9301)

Enhance Economic and Social Well-Being of Individuals, Families and Communities

Foster Financial Self-Reliance

An ACF study examined Individual Development Accounts (IDAs) under the largest such federally funded program, the Assets for Independence (AFI) program. IDAs are personal savings accounts targeted to low-income persons that encourage participants to save money, typically for home purchase, post-secondary education, or small business start-up. Saving is encouraged by matching the deposits of participants, providing them with financial education and other support. The study examined AFI grantees efforts to address common challenges: raising nonfederal funds, achieving administrative efficiencies, forging organizational partnerships, recruiting and selecting participants, providing financial education, supporting program participants, and adapting to feedback and shifting conditions. Recent grantees have had to spend less of their energy and resources in setting the basic design features of their projects,

moving from grant award to project startup, and limiting the needs for case management and support services. Issues that remain challenging include attracting participants, assisting them in attaining realistic savings goals, navigating the regulations of diverse funding sources and requirements, raising nonfederal funds, and coping with limited funds for administrative costs. (8911)

Address Complex Marriage and Family Challenges

This ASPE-funded study conducted by the National Opinion Research Center and Child Trends used the National Longitudinal Survey of Youth, 1997 cohort, to examine how parent marital quality and parent-adolescent relationships in married couple families influence a range of adolescent and youth well-being outcomes. The study findings support the hypothesis that family relationships matter for adolescents and young adults. Specifically, parent-marital quality combined with parent-adolescent relationship quality are related to physical health, mental health, substance use, sexual activity, and religious activity outcomes during middle adolescence and, to a lesser extent, early adulthood. This research offers preliminary evidence that parental marital quality and positive parent-adolescent relationships with both mothers and fathers are important to well-being outcomes later in adolescence and extending in some cases even into early adulthood. (9328)

Further examination of this data reveals a number of conclusions. The quality of the parent's marriage and the parent-youth relationship influenced the odds of having sex by age 16 and 18 and the odds of having unprotected sex during the mid teens. Among adolescents with two married parents in early adolescence, the quality of the marital relationship and the quality of the adolescent/parent relationship does not significantly influence whether or not the adolescent graduated from high school or received a GED by the time he or she was 20 years old. However, among adolescents with a high school diploma or GED who reported that their parents demonstrated high marital quality and that they had a good relationship with both parents, there is a 65% increase in the likelihood that they will have enrolled in post-secondary education compared to high school graduated youth who reported parents with low marital quality and a poor relationship with both parents. Similarly, adolescents with a high school diploma or GED who reported that their parents had low marital quality, but with whom they had a good relationship with at least one parent, are 51% more likely to enroll in post-secondary education than adolescents who reported that their parents had low marital quality and that their own relationship with both parents was poor. A good relationship with at least one parent seems to be a protective factor that contributes positively to enrollment in post-secondary education by age 20 years. The majority of adolescents in married couple families perceive their parents' marital quality to be high, and only a small proportion report low parent marital quality. Furthermore, a majority of adolescents also report sustained high quality relationships with both parents throughout early adolescence. The smallest proportion of adolescents fell into the most negative group, which was characterized by sustained low quality relationships with both parents over time. These results are striking given that much of the extant

research about teen/parent behaviors portrays the teen years at home as troubled and problematic. (9329.1, 9329.2, 9329.3, 9329.4)

Additional research funded by ASPE identified lessons learned from the national implementation and impact evaluation of Marriage and Family Strengthening Grants for Incarcerated and Reentering Fathers and their Partners (MFS-IP), conducted by RTI, International. Incarceration takes a huge toll on families and children, and supportive families and positive marital/partner relationships are important for promoting positive outcomes during and after incarceration. Grantees support reentering families and communities, provide parenting skills, and provide education and employment services.

In the MFS-IP program, both public and private agencies have been funded. The public agencies represent both correctional and human services agencies, and the private agencies include both community and faith-based organizations. Programs can be classified into three primary models: (1) curriculum-based programs focused on family strengthening, (2) curriculum-based programs with some case management or family counseling, and (3) case management-based programs with a holistic focus. All three models have advantages and were chosen by grantees to reflect the needs of their target populations, taking into consideration services available and the climate within which the programs are implemented.

The implementation component of the MFS-IP program evaluation has found that successfully returning to families and communities is complicated. These fathers often also have complex family structures, employment problems, mental health issues, and substance use histories. Providing services to incarcerated men is challenging and demanding because providers have to balance facility safety and security priorities while meeting the human service needs of this population. Factors that are important include: staff buy-in and support, program fit with prison life, meaningful and tangible participation incentives, and extensive efforts to motivate and retain incarcerated and reentering men in the programs. Partners face a numbers of challenges as they try to maintain partner and family relationships or consider whether these relationships are worth maintaining. MFS-IP grantees offered a range of services to address the needs of partners in the community. Grantees worked to gain partners' interest, emphasized potential benefits for the couples' children, and offered participation incentives. Grantees overcame logistical challenges by adjusting the timing of their activities to accommodate partner work schedules; condensing programming into fewer, more intensive sessions; offering child care or concurrent activities for children; and providing transportation support and lodging as needed. (9319, 9319.3, 9319.4, 9319.5)

In another ASPE funded implementation evaluation, Mathematica Policy Research, Inc. examined the Oklahoma Marriage Initiative (OMI), which aims to promote and strengthen marriage, primarily by providing relationship skills education using existing service delivery infrastructure to provide services. The program has trained a growing cadre of volunteer relationship skills instructors. The program focuses on serving low income families but is open to all. OMI trained community volunteers from a broad spectrum of backgrounds. Volunteers made a substantial contribution to overall

productivity across the state. Productivity and recruitment challenges require continual attention and maintaining a volunteer workforce requires sustained effort. The faith community is a source of many volunteers. Full implementation within an institutional sector is most likely when the initiative's mission fits well with the agency's, when the agency is strongly motivated to succeed and closely monitors its own progress, when the curriculum corresponds to the needs and interest of agency clients, and when there is a steady source of participants. These advantages, however, are not sufficient if other issues are not addressed, such as buy-in by frontline staff or resistance to a focus on marriage. (8533.5, 8533.6) A marriage and relationship skills curriculum ("PREP"), used in the OMI program, adopted by the Oklahoma Department of Corrections, yielded important lessons about providing such education in prisons. (8533.7)

There has been little research on whether relationship status impacts social outcomes, including desistance from crime and labor market participation, among ex-prisoners. One ASPE study, conducted by the Urban Institute, examined the short-term impact of marital and intimate partner status on recidivism, substance use and employment. Former prisoners who were married or living as married were half as likely to report a new crime and/or drug use as those in casual, unmarried relationships. Marriage's effect on drug use was strongest for older ex-offenders suggesting that committed relationships are more beneficial for those already in the process of aging out of crime. Moreover, higher quality partnerships were associated with lower odds of drug use. Former prisoners in casual, non-married relationships experienced outcomes similar to those with no intimate partner. Overall, the findings suggest that in-prison programs that strengthen the quality of partner relationships may reduce return to prison and substance use. (9326)

As part of a series of studies funded by ACF and ASPE, the Lewin Group provided the first national-level picture of how the vital statistics systems at the state and local levels collect marriage and divorce information. (9097) A second study examined electronic system upgrades for the collection and storage of marriage and divorce data in selected states. The extent and use of technology to support the vital statistics system varies considerably by state. Some states have developed sophisticated web-based systems for collecting and storing information, while others still rely on paper-based records that are subsequently entered into databases. (9098) In a third related study, the Urban Institute examined the feasibility and potential benefits of using survey data sets to provide reliable, timely information on marriage and divorce. It assessed the ability of a variety of data sets to produce marriage and divorce statistics at the national, state, and local levels. Data sets having the greatest potential for measuring marriage and divorce statistics were the American Community Survey, the National Survey of Family Growth, and the Survey of Income and Program Participation. (9096),

Additional information regarding marriage and divorce will be made available through questions added to the American Community Survey (ACS). Since its inception, the survey has included a question on marital status (never married, divorced, separated, widowed, or married). New questions will fill a large data gap and allow for the calculation of marriage and divorce rates and a more complete study of family formation

trends. These rates and trends can be analyzed at the person, family, household and community level. (9095)

Study Teenagers' Attitudes and Experiences with Romantic Relationships and Marriage

In another ASPE-funded study, Mathematica Policy Research used data from four national surveys to examine the experiences and attitudes of teenagers to gain a better understanding of factors influencing their views of marriage and their relationship choices in adulthood. Most teens have positive views of marriage and most expect to marry some day. A growing proportion of teens indicate that they approve of cohabitation before marriage and would prefer to marry later in life. Relatively few young adults in their 20s are married and cohabitation is more common than marriage for this age group. (9330)

Another study carried out by Mathematica funded by ACF provided clear evidence of a positive effect of employment and earnings on the likelihood of marriage for women. The most prominent finding of a Job Corps-related study was that an increase in employment and earnings via the program increased the likelihood of marriage for young women with economically disadvantaged backgrounds. The same was not the case for young men in the program. The study methods underscored the importance of addressing potential selection bias in estimating the effects of employment and earnings on likelihood of marriage. (9152)

Help Special Communities Gain Self-Sufficiency

A Welfare-to-Work Demonstration Evaluation by Mathematica Policy Research assessed the effectiveness of innovative programs that address challenges facing the rural poor as they strive toward work and self-sufficiency. The 30-month random assignment study examined two programs: Building Nebraska Families and Illinois Future Steps. The study assessed whether the programs improved employment, earnings, and well-being. The Nebraska program was an intensive home visitation and life skills education program for hard-to-employ Temporary Assistance for Needy Families (TANF) clients. Offered in addition to the TANF program's employment and supportive services, the program provided individualized life skills education, mentoring, and service coordination support through home visits. The program increased employment and earnings and reduced poverty among a subgroup of hard-to-employ who faced substantial obstacles and skill deficiencies. The study found that the program was implemented in close conformance with its model and provided substantial services to clients over an extended period. (9153)

An exploratory study identified the factors and approaches utilized by Office of Refugee Resettlement programs that contribute to refugee economic self-sufficiency. The most frequently mentioned approaches found to contribute to the Office of Refugee Resettlement's success in helping refugees become self-sufficient were: 1) employability services pre- and post employment, 2) an individualized goal-oriented

approach with clients, 3) culturally diverse staff (often former refugees) who are mission-driven and can develop rapport with and meet the cultural and linguistic needs of refugees, 4) highly motivated refugees who are survivors, 5) a clear message about the Office of Refugee Resettlement's primary mission of early employment set out by all program components, and 6) coordination among refugee providers and mainstream services at the system level. (8845)

Encourage Work and Reduce Reliance on Welfare

The Department studied what States were doing to divert prospective welfare recipients from becoming program participants in a new work-oriented framework providing assistance to low-income families. States were given a block grant and considerable flexibility to create new support systems for families that encouraged work and discouraged long-term reliance on government-provided cash assistance. States began implementing diversion programs to keep families whose needs could be met through other means from coming on to the welfare rolls. The study found that states focused on diverting from TANF applicants who need minimal assistance to be able to support them-selves through employment and applicants who need greater assistance in order to meet TANF work participation requirements and be prepared for work. Diversion strategies have the potential to significantly alter the composition of the TANF caseload. (9156)

A study by MDRC of the Center for Employment Opportunities (CEO) evaluated diverse strategies designed to improve employment and other outcomes for several hard-to-employ populations. CEO places participants in paid transitional jobs and once they show good performance in the transitional job, helps them find permanent jobs. The program also provides additional supports after placement. The study found that the program operated smoothly during the study period, and most program group members received the core services; CEO generated a large but short-lived increase in employment; the increase was driven by transitional jobs; and reduced recidivism during the first and the second year of the study period. (9173)

Enable Mental Health Interventions

An evaluation examined a one-year old telephonic care management program in Rhode Island that tried to encourage depressed parents receiving Medicaid to seek mental health services. The program is one of four strategies being studied in the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project (HtE). The HtE project is evaluating diverse strategies designed to improve employment and other outcomes for several populations including prisoners reentering the community, Head Start parents and children, and long-term welfare recipients. Care managers called study participants in the program group to encourage them to seek treatment, to make sure that they were complying with treatment, and to provide telephonic counseling. The study found that care managers effectively engaged people with depression via telephone; an increased the use of mental health services; and a change in the distribution of depression severity, particularly reducing the number of people who were

severely depressed while increasing the number who were moderately depressed. The program increased visits for Hispanic participants to mental health professionals, increased the filling of antidepressant medications for Hispanic participants, and reduced depression for Hispanic sample members. (9174)

Early mental health intervention involves providing services and supports for people before they are disabled enough to qualify for SSI or SSDI in order to keep them connected to employment, community and family life. One of the major challenges of intervening earlier is the need to align policies relating to income support, disability benefits, health care insurance and delivery, employment supports, rehabilitation services and evidence-based practices for the treatment and rehabilitation of mental impairments. An ASPE-funded Technical Expert Panel explored earlier intervention for this population. The panel concluded that there is a continuum of illness prior to first onset of mental illness to the point at which a person might apply for public benefits, but is not yet disabled enough to qualify. Interventions at any point along this continuum would be considered “early” in the context of current practice. The experts agreed that the best time to intervene is at the initial onset of a person’s mental illness, or as early as possible because mental health conditions launch people on a declining trajectory and it is important to reduce the duration of untreated psychosis. The effectiveness of interventions diminishes over the illness course. (9322)

An analysis of national longitudinal survey data examined depression in female caregivers of children younger than 5 years old involved in the child welfare system. Indications of major depression were reported in 22 percent to 25 percent of caregivers at some point in time over the five to six year period. The caregivers were almost 3 times as likely to have suffered from major depression in their lifetime as the national estimate of adult lifetime prevalence of depression. Factors most associated with symptoms of major depression were having been a victim of intimate partner violence, fair or poor health, being single, and being white. (9157)

For many adolescents, mental health disorders make the successful transition to adulthood particularly difficult. A population of interest is youth who have had contact with service systems, including child welfare, juvenile justice, and runaway and homeless programs. Although these service systems are not generally viewed as mental health programs, many children and adolescents who have come in contact with these services either require, or have obtained mental health services through them. This vulnerable population is a small group of hard to serve adolescents who, without the proper intervention, may experience negative outcomes during adolescence and the transition to adulthood. A study focusing on this group found that approximately 10 percent had contact with at least one service system. Youth who were in contact with service systems were more likely to report having ever received mental health services; yet these youth had poor mental health. Youth who had contact with multiple service systems did not experience better outcomes transitioning to adulthood. About 35 percent of youth is at risk for contact but has not been in contact with one of the service systems. These youth experienced poor mental health and poor outcomes during the transition to adulthood. (9202)

Understand the Role of Communities of Faith

A study examined the literature regarding the influence of religion and spirituality in the lives of the low-income population in the areas of marriage, parenting, youth, mental and physical health, substance use, and crime and violence. Low-income youths and adults have higher levels of religious beliefs and adherence to doctrine than higher-income individuals but lower participation in religious institutions. Higher levels of religiosity may provide a pathway out of multi-problem behavioral patterns that can accompany limited resources by promoting better coping mechanisms for economic instability and stress as well as better ways to self-regulate behavior and adhere to positive cultural norms and values. Although studies have had mixed findings about the association between religiosity and outcomes, there are few studies that find a negative association between religiosity and outcomes. Religious denomination/affiliation does not appear to influence various marital and relationship outcomes in the low-income population, whereas church attendance is positively associated with these outcomes. In the marriage and parenting literature, religiosity is found to directly and indirectly affect outcomes; indirectly through increased partner supportiveness and reduced conflict over sexual fidelity for marital outcomes, and through the bolstering of parental cognitive and socio-emotional resources for parenting outcomes. The greatest number of religiosity studies involving the low-income population focus on health outcomes. A positive association exists between organizational religiosity, individual religiosity, and mental health outcomes for various subgroups of economically vulnerable patients and community members. (9212)

A study examined the role of state faith community liaisons in implementing charitable choice provisions. (Charitable Choice is a legislative provision designed to remove unnecessary barriers to the receipt of certain federal funds by faith-based organizations. States may not discriminate against religious organizations when choosing providers under certain federal grant programs.) The study found that states have approached this effort in different ways and degrees. Study respondents generally saw the effort as entailing three major elements: (1) development of partnerships with and within the faith-based and community organization sector, especially with faith-based organizations; (2) development of the capacity of faith-based organizations; and (3) education about Charitable Choice regulations and equal treatment principles. In sites that have had the faith community liaisons the longest, the focus has evolved from targeting faith-based organizations and reducing barriers to partnering with them, to an effort with a broader emphasis, sometimes embracing the nonprofit sector as a whole. (9213)

Another study assessed how faith-based and community organizations contributed to human services relief efforts after the 2005 hurricanes Katrina and Rita. A survey of around 200 of these organizations found a wide range of organizations provided assistance. In-depth case studies of eight organizations indicated most were new to disaster work or newly created to respond to the storms. Traditional models for disaster response were severely challenged. Some organizations studied did not have sufficiently trained staff, resources, or protocols to provide more than limited and short-

term assistance. Survey respondents reported serving from fewer than 50 to more than 1,000 people with a median number of 112 although these numbers may also represent multiple services to the same individual. Over half of the organizations surveyed used paid staff to deliver the services, but the number of paid employees was small. Secular nonprofits were more likely than faith-based organizations to use paid staff. About a third of survey respondents did not know how much was spent, did not keep records, or refused to indicate an amount. A majority of survey respondents worked with one or more groups, frequently in collaborations that were new. Lessons learned suggest that those preparing emergency preparedness plans need to better understand the availability and capabilities of faith-based and community organizations. Soliciting and managing cash and material donations as well as volunteers is essential to disaster response. (9223)

Provide Native Americans Welfare

A study sought to understand how characteristics of American Indians receiving assistance through tribal Temporary Assistance for Needy Families (TANF) programs differ from American Indians receiving assistance through state TANF programs. The study found that similar to non-American Indian/Alaska Native (AI/AN) caseloads, the caseloads for AI/AN families in state and tribal programs have declined since the early 1990s. TANF participation has increased among AI/AN populations coinciding with the introduction of tribal TANF programs. Differences exist with regard to the proportion of child-only cases, average grant amounts, average number of recipients per family, and work participation when comparing non-AI/ANs in state programs and AI/ANs in state and tribal programs. AI/ANs in state and tribal programs are more likely to live in areas with greater travel times to urban areas, suggesting greater difficulty in accessing employment and health and human services. (9216)

Assure Safety and Well-Being of Children and Youth

A national longitudinal study by Research Triangle Institute sought to understand how young adults who had been involved in the child welfare system fared compared to others. While these young adults appeared similar to their peers across the United States in several ways (for example percent reporting good physical health, employment, contact with biological family), there were stark differences. Young adult females in the child welfare system were about twice as likely to be overweight or obese, almost twice as likely to report fair or poor health, and more likely to be victims of intimate partner violence. Young adults involved in the child welfare system had academic achievement scores significantly below national norms, and were more likely to be living in poverty. (9159)

An analysis examined national longitudinal data to determine what had been the cognitive and socio-emotional development of children who have had contact with the child welfare system. Both preschool and school age children showed much greater levels of developmental risk than children in normative samples. Despite the need for services, less than 3 percent of preschool age children and approximately 18 percent of

school age children in this sample were receiving mental health services. Of those children who showed developmental risk on at least one of the cognitive, academic, or language development measures, only 54 percent of preschool children and 12 percent of school age children were receiving special educational services. For those with socio-emotional functioning risks, only 25 percent of preschool children and 13 percent of school age children were receiving special education services. (9161)

Another study, using the same database looked at what were the characteristics of children from birth to 2 who entered in the child welfare system. More than half of the children were living in poverty, which is much higher than the older children from the larger sample and the national average of young children. More than half of these children were classified as having a high risk for developmental delays or neurological impairment, and between one quarter and one half were at risk cognitively. Despite the high risk levels, only one in eight had been tested for special education services, and only 3 percent were receiving early intervention services. (9162)

To understand what should be assessed in early childhood and how, Congress requested a study of developmental outcomes and appropriate assessment of young children (birth to age 5). A committee of experts identified five outcome domains: physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge. Effective assessment can inform teaching and program improvement, and contribute to better outcomes for children, while poorly done assessments can have negative consequences for children and programs. The committee stressed the importance of using a qualified person to select the best instrument for assessment (taking into account psychometric properties of the instrument), and ensuring that everyone involved in the assessment process, from the assessor to the analyst, has proper training and support. (9163 and 9164)

As part of the Multi-Site Evaluation of Foster Youth Programs, the Early Start to Emancipation Preparation Tutoring (ESTEP) program outcomes in Los Angeles County were evaluated. No statistically significant differences were found on educational outcomes between ESTEP and control groups at the second follow-up although youths assigned to the ESTEP group were more likely to have received educational tutoring at home than control group youths. The program was created in 1998 to improve reading and math skills of foster youth age 14-15. The program offers a mentoring relationship with the tutor and access to other independent living workshops. (9168 and 9170)

The Urban Institute examined the experiences of vulnerable youth transitioning to adulthood and their connections to school and employment, using data from the National Longitudinal Survey of Youth 1997. With regard to Latino youth transitions, the study found that second-generation Latinos are more connected to employment, community and family life in their transitions to young adulthood than native-born non-Hispanic black and third-generation Latino youth. When examining all youth from low-income families (incomes at or below 200 percent of the federal poverty level), the results show that these youth engage in more risk behaviors during adolescence than

youth from middle-income and high-income families, and roughly one in five youth from low-income families either do not connect to school or work, or connect for only extremely short periods of time, between the ages of 18 and 24. For youth suffering from depression and anxiety, the study found that these youth engage in more risk behaviors during adolescence than other youth, and as young adults, less than half of youth with depression/anxiety consistently connect to school and/or the labor market between the ages of 18 and 24. The study also examined youth from distressed neighborhoods and found that these youth do not engage in more risk behaviors during adolescence than youth from non-distressed neighborhood. Still, about one in three youth from distressed neighborhoods are consistently-connected to work or school between the ages of 18 and 24, compared with nearly two in three youth from non-distressed neighborhoods. (9348, 9349, 9350, 9351, 9352 and 9353)

Promote Early Education

Abt Associates, Inc., conducted Project Upgrade, a two-year experimental test of the effectiveness of three different language and literacy interventions, implemented in child care centers in Miami-Dade County that served children from low-income families. Prior to the interventions, initial observations showed that teachers engaged in few of the behaviors and interactions that have been shown to support children's development of language and literacy skills. Within six months of training, all three language/literacy interventions produced significant affects on teacher behaviors and interactions with children that supported their language and literacy development. These affects were generally more pronounced a year later, and positive affects on teacher behavior were also significant. The interventions resulted in a substantial increase in the time spent on language and literacy activities, teacher-directed and child-initiated. (9171)

Characteristics of children and families entering Head Start in fall 2006 were described as part of the Head Start Family and Child Experiences Survey (FACES), a longitudinal descriptive study of program performance at the national level. In fall 2006, 458,000 children were newly enrolled in 14,400 Head Start centers across the U.S. Half were attending full-day Head Start programs. The percentage of Head Start children who are 3 years old when they first enter the program increased from 46 to 63 percent between 2003 and 2006. In addition, the percent of first-time Head Start children who were white decreased from 30 to 24 percent, the percent who were Hispanic increased from 31 to 34 percent and the percent who were African American increased from 39 to 42 percent. (9169)

Provide Quality, Effective Protective Services for Children

The Adam Walsh Child Protection and Safety Act of 2006 requires the U.S. Department of Health and Human Services to conduct a feasibility study regarding implementation issues that would need to be addressed in establishing a national registry of child maltreatment perpetrators. Approximately 40 to 45 states currently operate child abuse registries which enable local child protective services agencies within a state to share information with each other about past maltreatment investigations on families currently

under investigation. There is no system that would enable national checks of child abuse histories, and inquiries from one state to another are often time consuming and cumbersome. The initial feasibility assessment, conducted internally by HHS staff, concluded that (1) Potential benefits of a national child abuse registry are largely unknown; (2) A lack of incentives for participation could result in a database that includes little information and fails to fulfill its intent; (3) Before implementation could begin, legislative change would be needed to permit the collection of sufficient information to accurately identify perpetrators; and (4) Clarification is required on several key issues that are ambiguous in the authorizing statute. (9195)

A study of local child protective services practices identified a variety of changes between 2002 and 2005-2006. In 2005-2006 as compared with 2002: fewer agencies conducted alternative child protective service responses or expressed concern over excessive investigation workloads; more agencies used schools and law enforcement as their most common referral source and relied on state hotlines to screen referrals during non-business hours. Agencies reported that an increased number of activities that are required in every investigation and more often reported a range of obstacles to the timely completion of investigations. Agencies more frequently offered parenting classes and substance abuse treatment services. Availability of many services declined substantially. Agencies were less likely to bear sole responsibility for investigating severe maltreatment. (9196)

A descriptive analysis identified the processes that local and state child welfare agencies use to ensure quality in contracted child welfare services. There is no single path to strong quality assurance. Many states have significantly expanded their oversight efforts of contracted services, collecting additional information and collecting it from more sources. While it is important to set expectations, it can be challenging to know what to do when expectations are not met, especially in this new atmosphere of enhanced collaboration in service provision between public and private agencies. (9197)

Care for Adopted Children

Using responses to the 2005-2006 National Survey of Children with Special Health Care Needs, a study explored how the special health care needs of adopted children compare to those of the general population. Adopted children with special health care needs are less likely to have physical health conditions or body function difficulties than are other children with special health care needs, but are more likely to have mental health conditions, activity/participation and emotional/behavioral functional difficulties. They are more likely to have most of the special health care needs assessed in the survey's screener and more likely to need a variety of health care and family support services, relative to all children with special health care needs. They also have a number of advantages in terms of their families' ability to meet these challenges. They are more likely to be insured, to have consistent and adequate insurance coverage, and to live in households with higher income and education. In addition, although their

families pay more out of pocket for their health care, they do not appear to suffer greater financial difficulties as a result. (9198)

Develop Healthy Supportive Communities

At the beginning of the SAMHSA's third phase of an evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program 2,333 children had enrolled in systems of care. With respect to diagnostic status, 31.8 percent of children were diagnosed with attention deficit hyperactivity disorders, 29.4 percent with mood disorders, 12.4 percent with oppositional defiant disorder, 4.8 percent with post-traumatic and acute stress disorder, 40 percent with conduct disorder, 3.8 percent with impulse control problems, and 14.0 percent with other disorders such as autistic and related, adjustment, psychosis or anxiety. (7269.2)

Address Needs, Strengths, and Abilities of Vulnerable Populations

One project identified how community-based minority-serving organizations can better use data to address health risks. The project developed, tested, and used standardized diabetes and high blood-pressure screening forms and their associated user guidelines with participants and screeners of national and community-based organizations. Screenings revealed high proportions of participants at risk for either hypertension or diabetes. Most participants were unaware of their risk. A large proportion of participants who were screened and identified as at risk subsequently sought or obtained medical care and/or more information about their disease. Community health screening events coupled with appropriate and validated instruments can help to identify individuals who need diabetes and/or hypertension care. The use of such screening tools by organizations with solid access to their communities can be a great and, perhaps, untapped opportunity to identify cases of diabetes and hypertension within minority communities. The study emphasized the need to disseminate the screening tools and encourage their use by community organizations in community health events as a means of promoting more positive health-seeking behaviors of minorities. (7863)

In an ASPE review of current literature, researchers sought to clarify the state of knowledge about meeting the health and human services needs of victims of human trafficking into and within the United States. Health and human service providers serving victims of human trafficking believed that a multi-dimensional and coordinated approach to providing services and preventing trafficking was necessary, including intensive case management, comprehensive services provided through partnerships, and ongoing outreach and communication. (9331.6) Additionally, a September 2008 National Symposium on the Health Needs of Human Trafficking Victims Policy identified health care needs of these individuals and how best to meet these needs, including such strategies as incorporating the issues of the health needs of human trafficking victims into the medical training and continuing education of health professionals. (9331.5)

Carry Out Effective Data Collection

A study explored how implementing a web-based Uniform Data Set could be used to assess results of program-funded activities. This project completed, implemented, and maintained the data set, an online mechanism developed for the Office of Minority Health to systematically collect standardized grantee project activity data for program performance reporting purposes. Because the data set was not initially developed as an outcome-based data collection tool, program and project performance has been based more on process measures than measures of intervention effectiveness, cost efficiency, and/or affects on communities of color. As such, the data collected has been used primarily for reports on an OMB approved measure of efficiency. The data set is being revamped to be more outcome-oriented and to ensure a link between grantee, OMH, and national progress in achieving racial/ethnic minority health goals. Web-based performance data collection systems such as this one can be useful and efficient managerial tools for gathering, aggregating, and reporting program results. (8232)

Improve Domestic Violence and Emergency Preparedness Programs

A national consensus panel on emergency preparedness and cultural diversity was formed comprised of organizations representing a breadth of disciplines. The panel examined strategies that local health agencies should utilize to ensure inclusion of racially and ethnically diverse communities in emergency preparedness plans in order to eliminate disparities in serving racial and ethnic minority communities across all stages of an emergency event. The panel recommended that similar consensus activities involve multiple stakeholders, assure that different perspectives are heard, and be flexible about both timeline and participation. (8664)

The Multi-State Study of Domestic Violence Shelter Experiences captured the experiences of 3,410 domestic violence shelter residents in 215 programs across eight states. The study revealed these shelter programs offered comprehensive, diverse and supportive services from bilingual advocacy to individual counseling, from support through the court process to help finding affordable housing. Virtually all shelter residents described their stays in shelters as helpful. Residents reported remarkably positive outcomes from staying at domestic violence shelters including access to safety, access to community resources, feeling hopeful about their future and confident that they would achieve their long-term goals. A majority of mothers reported that their children felt more supported and that their children were able to express their feelings without violence. These outcomes are particularly significant because they are associated with longer-term improved safety and well-being in experimental, longitudinal studies. The services shelter residents requested most often were those related to personal safety, counseling and emotional support, help with economic issues, and child-related needs. (9299).

Meet Challenges of Disabling Conditions

Researchers on disability explored use of disability equipment and how disability and other characteristics differ for equipment users and nonusers. Between 1984 and 1999, the proportion of chronically disabled community residents using equipment, with or without help, for all activities for which equipment use could be measured doubled to nearly 30%. Almost 1 million more elders were using equipment with at least one activity in 1999 than in 1984. Nearly one-quarter of disabled elders managed all chronic disabilities with only equipment in 1999, and almost two-thirds used equipment independently for at least one disability. Simple devices for mobility, bathing, and toileting--walkers, canes and crutches, tub or shower seats, and raised toilet seats--continued to be most common and saw the largest increases, although wheelchairs and scooters also nearly doubled in prevalence. Persons managing all chronic disabilities with only equipment were significantly less disabled than persons using both help and equipment on all measures, particularly with respect to mobility and the frequency with which accommodation was needed. Persons using only help were most likely to live with a spouse and far less likely than persons using equipment, with or without help, to have any environmental accommodations, such as railings or raised toilet seats, or to consider them desirable. Hours of care received in the last week rose with disability level and generally were higher for the more disabled group using both help and equipment than for the group using only help. (9307)

Examine Asset Development and Tax-System Incentives

Three ASPE studies focused on various aspects of poverty, asset building, and social policy. In the first, a conceptual framework for asset accumulation over an individual's lifetime was created through the application of the life course perspective to asset building theory. The report identified and explored five factors that are important in understanding the low levels of asset accumulation among low-income households: intergenerational transmission of assets; race and ethnicity; income; family structure; and life stages and the timing of life events. (8888.4)

A second study examined what is known about the relationships between asset holding and economic well-being, social well-being and civic engagement, child well-being, and health and psychological well-being. Research has demonstrated that asset holding and positive outcomes are correlated, but the research summarized by this report provides little evidence of a causal relationship. Areas for further research are described in the report. (8888.5)

The third study reviewed the definitions and measures of assets and asset poverty in existing theoretical and empirical studies. The authors also offered suggestions for the development of better definitions and measures to inform future research and policy development. (8888.6)

An ASPE study conducted by the Urban Institute explored the background and rationale for a non-custodial earned income tax credit (EITC). The study examined three policy

scenarios for a national non-custodial parent EITC based on the credits adopted by New York and Washington, D.C. Under current federal income tax rules, low-income noncustodial parents are ineligible for EITC available to low-income families with children, even when they support their children through full payment of child support. While the EITC and child support have successfully removed many low-income working families from poverty, the combined effect of taxes and child support payments can leave noncustodial parents working at or near the minimum wage with an income at or below the poverty level. (9323)

Identify Disabilities of Welfare Clients

Using information from the National Health Interview Survey in 2005 and 2006, a snapshot was created of the different types of disabilities among recipients of Temporary Assistance for Needy Families (TANF), how disability prevalence among TANF recipients compares to other groups, and employment rates among TANF recipients with disabilities. The results provide a baseline for states making program changes that affect TANF recipients with disabilities. (9325)

Advance Scientific Knowledge and Innovation

Strengthen Research and Evaluation Methods and Accountability

Survey instruments were developed to collect data from Loan Repayment Program applicants and recipients to determine how the program affected the recruitment and retention of health professionals in research careers. The National Institutes of Health's Extramural Loan Repayment Programs were created to help recruit and retain doctoral-level health professionals in biomedical research by repaying qualified educational debt. Surveys were designed to cover several key areas related to recruitment and retention, including program participation, mentorship, research career, professional activity, and debt reduction. The study produced three annual surveys: the Post-Participation survey, the Submitted Application survey, and the Un-submitted Application survey. (9180)

Fundamentals of Evaluating Partnerships is an evaluation technical assistance tool that provides approaches to, and methods for, evaluating partnerships with a focus on using results to improve the partnership. The tool is based on, and applies, a six step evaluation framework as well as current theory on partnerships. A guide developed in the project discusses how to identify and engage stakeholders in partnership evaluation, identifies evaluation questions appropriate for the partnership's stage of development and expectations, gathering evidence for the evaluation, justifying conclusions, and using evaluation results. The guide provides tools and examples to assist in the assessment process. The guidance is relevant to multiple audiences involved in partnerships with a vested interest in optimizing these relationships. (9219)

Two studies of a Construction Research Program and a Health Hazard Program conducted by the National Academies examined the relevance of the work of the National Institute for Occupational Safety and Health (NIOSH) to the most important safety and health problems in the workplace. The studies also sought to determine what affect the programs have had in the workplace. The evaluation studies made recommendations about leadership development, strategic planning, performance measurement and other management functions. The studies focused recommendations on enhancing dissemination/transfer activities and enhancing extramural activities. The studies have had a positive affect on both programs. Improvements include better strategic planning, changes in research directions, and increased collaborations with external research partners. (9237 and 9238)

An evaluation of the Prevention Research Center program sought to demonstrate accountability and to improve program management. Most research centers indicated that their institution supported Community-Based Participatory Research. The population of program's core research communities exceeds 32 million. Many of their populations are underserved, have low income, or have more health risks than the national average. Lessons learned include following: 1) removing administrative tasks from faculty allows them to conduct research; 2) academics need to learn how to talk about research with their community; 3) interpersonal and cultural factors matter as does valuing a communities' experiences and perspectives when developing and implementing research, and 4) it takes time to facilitate trust between academics and their community partners. (9209)

A study of how to design future diabetes screening programs in high risk populations provided information regarding resources used with the current activities in the areas of diabetes awareness/screening in the Diabetes Detection Initiative clinics and the perceived economic benefit of diabetes screening to individuals targeted by the Initiative. The study investigated the feasibility of widespread screening for diabetes. Individuals were encouraged to determine their risk for undiagnosed diabetes using a customized paper risk assessment tool. This assessment provided the individual with a clear message regarding the need for appropriate blood testing to confirm their risk. A finger stick/capillary blood test took place at a health care site and this result, combined with other information, informed the health care provider of the need for further testing to diagnose diabetes. Patients preferred to be screened for diabetes in a clinic setting. Patients preferred tests which were accurate and did not take a long time. The test that was regarded as most valuable was a finger stick test. Information obtained from this study will help policymakers design future diabetes screening programs for low income populations. (9224)

Improve Health Information Dissemination

The National Institutes of Health (NIH) maintains a variety of major informational resources serving a variety of publics. NIH conducted several studies seeking to learn how to manage, make user friendly, and improve the utility and efficiency of these systems:

- NIH commissioned a needs assessment of its existing information governance model and framework. Information governance is the coordinated, transparent, and systematic interaction of stakeholders across NIH to make information-related decisions that better enable achieving goals. Stakeholders noted a lack of transparency, collaboration, issue support, and willingness to alter established processes. These findings supported a need for a more coherent and structured information governance model. NIH is continuing development of the model. (9187)
- A study of the National Library of Medicine’s “Profiles in Science” website identified strengths and weaknesses. The Library digitizes manuscripts of leading innovators in science, medicine and public health, and makes them accessible through this website. The study revealed the need to improve the website’s Search function, modernize the website’s visual display, add more content, and clearly define the mission and audience. (9175)
- A study of how to best organize the National Institute of Environmental Health Sciences intranet website to make it useful for staff identified the most frequently used web pages, as well as the web pages most likely to frustrate users. The latter were those not maintained or kept up-to-date. Pages identified as no longer useful or duplicative were recommended for deletion. (9183)
- The National Library of Medicine ACCESS Project, intended to increase Library website usage by student, faculty, and nearby communities of Historically Black Colleges and Universities, received advice on how to prepare an evaluation and interview guides. (9184)
- A study of how the National Library of Medicine’s assistance has impacted the development of regional “Go Local” sites (a program developed to link research on Medline Plus to local medical services) found that the guidelines provided by NLM accurately described the key factors that should be considered when planning a Go Local project. The study indicated that more emphasis should be placed on reducing project coordinator turnover and on developing a more formal orientation plan for new project coordinators. Based on the study findings, NLM implemented many improvements to the workflow and efficiency of the Go Local management system. (9190)
- The National Library of Medicine evaluated how to improve the user interface of health information on its Asian American Health information portal to determine the best way to organize the materials to increase the effectiveness of the website and to improve the functionality and user-friendliness of the navigation. The study highlighted the need for health information sites geared toward special populations and their healthcare providers. Recommended changes included developing a set of menus for the portal to serve as a new user interface, and a process for the Library to tag new incoming content and expand the faceted menu structure as needed. (9194)
- A needs assessment in support of the National Library of Medicine’s Specialized Information Service’s effort to develop environmental health education resources for United States middle schools found that while teachers were interested in environmental health studies and students were excited about learning, the time and resources were lacking for including it in the school curriculum. Researchers

recommended introducing the services in other non-scientific areas and linking environmental health issues to other existing topics. (9191)

- A customer survey of the impact of a redesigned National Institutes of Health website indicated that customer satisfaction increased. The Web team is continuing to make revisions based on respondents' feedback and to monitor satisfaction with the website. (9176)

Assure Public Management, Public Trust of Research

A study evaluated whether the National Institute of Biomedical Imaging and Bioengineering, Biomedical Technology Resource Center Program, had been achieving its performance goals. The Centers support novel, cutting-edge, multidisciplinary technology research and development, targeting a range of biomedical applications. The Centers generally met all of the program goals. However, the relatively small budget means that few new centers could be funded unless there is a mechanism to sunset longstanding Centers in which the technology has already achieved mature status. A new 15 year grant limit policy was formulated to establish active management of the program technology portfolio. (9188)

An expert panel was engaged to discuss and identify ways the medical and research community can ensure public trust and mitigate conflict of interest in medical research. The panel recommended disclosing financial relationships; developing conflict of interest policies with physician, researcher, and medical institution participation; promoting policies by accreditation groups and health insurers; and using research on conflict of interest to provide a stronger evidence base for policies. (9189)

To enhance its overall reporting capabilities, NIH undertook a systematic review of its reporting and analysis procedures, methods, presentation/visualization design, and technology/tools. The study helped the NIH develop system requirements for the initial development of a website to provide stakeholders with reports, data, and analyses related to NIH programs. The study also recommended gathering additional feedback on the website for future improvements. (9185)

Assess Accomplishments

To measure how effective the program has been in helping to diagnose and treat cancer, an outcome evaluation of the In Vivo Cellular and Molecular Imaging Centers program was conducted. The study found that several program goals had been largely met while others were too new to assess. The program has helped to increase and develop imaging research through the stimulation of high-quality research, formation of multi-disciplinary communities among researchers, unique training experiences for researchers, and the acquisition of technology infrastructure for imaging research. (9192)

An assessment examined the needs of the target audience (older adults) of the National Institute of Aging's (NIA) AgePages series and the management processes of the

program in order to ascertain whether continued investment into the development of new AgePage topics was warranted. The NIA AgePages is a printed series of more than 40 pamphlets on health and age related topics, developed for adults 60 years of age or older, from all educational backgrounds and racial/ethnic groups. The evaluation concluded that overall, the AgePages contained useful and interesting information in a format that was appropriate for seniors. However, a low percentage of participants were familiar with AgePages prior to participating in the study, indicating that significant outreach efforts are warranted for the information to reach the intended audience.
(9193)

APPENDIX

Report Citations

The studies are listed below in order of their Policy Information Center identification (PIC ID) number. The studies have been conducted by or funded through the Department of Health and Human Services by the specific agency or office sponsor. Reports may be obtained at the URL hotlinks provided, or from the Federal Contact provided in the citation.

PIC ID: 7269.2

Report Title: Evaluation of the Comprehensive Community Mental Health Services for Children and their Families

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

Federal Contact: Sylvia Fisher, 240-276-1923

Performer: Macro International, Inc.

PIC ID: 7863

Report Title: Assessment of Data Collection/Reporting Policies & Practices in the Conduct of Community-Based Health Screening Programs, and a Final Summary Report on the Testing of Standardized Screening Forms

Agency Sponsor: OPHS, Office of Public Health and Science

Federal Contact: Stacey Williams, 240-453-8444

Performer: The Helix Group, Inc.

PIC ID: 7996

Report Title: Culturally Competent Nursing Modules (CCNM) Two-Year Evaluation Report (March 16, 2007 to March 16, 2009)

Agency Sponsor: OPHS, Office of Public Health and Science

Federal Contact: Guadalupe Pacheco, 240-453-2882

Performer: SRA International, Inc.

PIC ID: 8232

Report Title: Maintenance of the Uniform Data Set (UDS) for Assessing Impacts of OMH-Funded Activities

Agency Sponsor: OPHS, Office of Public Health and Science

Federal Contact: Stacey Williams, 240-453-8444

Performer: Development Services Group, Inc.

PIC ID: 8233

Report Title: Evaluating Programs to Recruit Minorities into the Health Professions: Report of Two Evaluation Studies

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Sarah Richards, 301-443-5452

Performer: UCSF Center for California Health Workforce Studies

PIC ID: 8387

Report Title: Prevention with HIV-Infected Persons Seen in Primary Care Settings, <http://springerlink.com/content/m575t60l50n2/?p=3736706289bd439983ce714305f50f2c&pi=23>

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Adan Cajina, 301-443-3180

Performer: 15 Study Sites in Various Locations in AK

PIC ID: 8533.5

Report Title: The Promise and Challenge of Using Volunteers to Provide Community-Based Marriage Education, <http://aspe.hhs.gov/hsp/06/OMI/Volunteers/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: Mathematica Policy Research

PIC ID: 8533.6

Report Title: The Oklahoma Marriage Initiative: A Process Evaluation Final Report, <http://aspe.hhs.gov/hsp/06/OMI/ProcessEval/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: Mathematica Policy Research, Inc.

PIC ID: 8533.7

Report Title: Marriage and Relationship Skills Education as a Way to Prepare Prisoners for Reintegration, <http://aspe.hhs.gov/hsp/06/OMI/Reintegration/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: Mathematica Policy Research, Inc.

PIC ID: 8593.1

Report Title: State-Level Health Information Exchange: Roles in Ensuring Governance and Advancing Interoperability, <http://www.staterhio.org>

Agency Sponsor: OS-ONC, Office of the National Coordinator for Health Information Technology

Federal Contact: Mary Hollander, 919-545-5613

Performer: American Health Information Management Association's Foundation of Research and Education

PIC ID: 8664

Report Title: Final Report: National Consensus Panel on Emergency Preparedness for Racially and Ethnically Diverse Communities,

<http://www.omhrc.gov/templates/content.aspx?lvl=1&lvlID=44&ID=7895>

Agency Sponsor: OPHS, Office of Public Health and Science

Federal Contact: Stacey Williams, 240-453-8444

Performer: National Minority AIDS Council & Drexel University

PIC ID: 8845

Report Title: Refugee Economic Self-Sufficiency: An Exploratory Study of Approaches Used in Office of Refugee Resettlement Programs,

<http://aspe.hhs.gov/hsp/08/RefugeeSelfSuff/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Canta Pian, 202-690-7149

Performer: Office of the Assistant Secretary for Planning and Evaluation, DHHS

PIC ID: 8888.4

Report Title: Asset Building over the Life Course: Final Report,

<http://aspe.hhs.gov/hsp/07/PoorFinances/LifeCourse/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Gretchen Lehman, 202-401-6614

Performer: The Urban Institute

PIC ID: 8888.5

Report Title: The Effects of Holding Assets on Social and Economic Outcomes of Families: A Review of Theory and Evidence,

<http://aspe.hhs.gov/hsp/07/PoorFinances/Effects/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Gretchen Lehman, 202-401-6614

Performer: The Urban Institute

PIC ID: 8888.6

Report Title: Assets, Poverty, and Public Policy: Challenges in Definition and Measurement, <http://aspe.hhs.gov/hsp/07/PoorFinances/Definitions/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Gretchen Lehman, 202-401-6614

Performer: The Urban Institute

PIC ID: 8911

Report Title: Assets for Independence Act Evaluation, Process Study: Final Report,

http://www.acf.hhs.gov/programs/ocs/afi/AFI_Final_Process_Study.pdf

Agency Sponsor: ACF-OCS, Office of Community Services

Federal Contact: James Gatz, 202-401-5284

Performer: Abt Associates Inc.

PIC ID: 8917

Report Title: Evaluation of State Health Reform Opportunities for HRSA Grantees and other Safety Net Providers

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Jennifer Burks, 301-594-4142

Performer: The Lewin Group

PIC ID: 9033

Report Title: What is the State of Patient Self-Management Support Programs?,

<http://www.ahrq.gov/qual/ptmgmt/>

Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality

Federal Contact: Cynthia Boone, 301-427-1212

Performer: RAND Health

PIC ID: 9034

Report Title: Final Report: Assessment of Self-Evaluation Training for the Medical Reserve Corps Program, <http://www.ahrq.gov/about/evaluations/medreserve/>

Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality

Federal Contact: Cynthia Boone, 301-427-1212

Performer: RAND Health

PIC ID: 9035

Report Title: Evaluation of the U.S. Preventive Services Task Force Recommendations for Clinical Preventive Services, <http://www.ahrq.gov/about/evaluations/uspstf/>

Agency Sponsor: AHRQ, Agency for Healthcare Research and Quality

Federal Contact: Tricia Trinite, 301-427-1583

Performer: National Opinion Research Center (NORC)

PIC ID: 9095

Report Title: American Community Survey: New Survey Questions Enable Measurement of Marital Transitions,

http://www.acf.hhs.gov/programs/opre/strengthen/expl_opt/reports/american_comm/american_comm.pdf

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

Federal Contact: Nancye Campbell, 202-401-5760

Performer: The Lewin Group

PIC ID: 9096

Report Title: Assessment of Survey Data for the Analysis of Marriage and Divorce at the National, State and Local Levels,

http://www.acf.hhs.gov/programs/opre/strengthen/expl_opt/reports/assess_survey/assess_survey.pdf

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

Federal Contact: Nancye Campbell, 202-401-5760

Performer: The Lewin Group and The Urban Institute.

PIC ID: 9097

Report Title: Collection of Marriage and Divorce Statistics by States,

http://www.acf.hhs.gov/programs/opre/strengthen/expl_opt/reports/coll_stats/coll_stats.pdf

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

Federal Contact: Nancye Campbell, 202-401-5760

Performer: The Lewin Group

PIC ID: 9098

Report Title: Electronic Collection of Marriage and Divorce Statistics: Findings from Seven States,

http://www.acf.hhs.gov/programs/opre/strengthen/expl_opt/reports/electronic_coll/electronic_coll.pdf

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

Federal Contact: Nancye Campbell, 202-401-5760

Performer: The Lewin Group

PIC ID: 9152

Report Title: Effects of Employment on Marriage: Evidence from a Randomized Study of the Job Corps Program,

http://www.acf.hhs.gov/programs/opre/strengthen/build_fam/reports/employ_marr/employment_marr.pdf

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

Federal Contact: Seth Chamberlain, 202-260-2242

Performer: Mathematica Policy Research

PIC ID: 9153

Report Title: Teaching Self-Sufficiency: An Impact and Benefit-Cost Analysis of a Home Visitation and Life Skills Education Program: Findings from the Rural Welfare-to-Work Strategies Demonstration Evaluation,

http://www.acf.hhs.gov/programs/opre/welfare_employ/rural_wtw/reports/teach_self/teaching_self.pdf

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

Federal Contact: Michael Dubinsky, 202-401-3442

Performer: Mathematica Policy Research

PIC ID: 9156

Report Title: A Study of States' TANF Diversion Programs: Final Report,

http://www.acf.hhs.gov/programs/opre/welfare_employ/identify_promise_tanf/reports/tanf_diversion/tanf_diversion.pdf

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

Federal Contact: Michael Dubinsky, 202-401-3442

Performer: Mathematica Policy Research

PIC ID: 9157

Report Title: National Survey of Child and Adolescent Well-Being, Brief 13: Depression Among Caregivers of Young Children Reported for Child Maltreatment,

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

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

Federal Contact: Mary Webb, 202-205-8628

Performer: Research Triangle Institute

PIC ID: 9159

Report Title: National Survey of Child and Adolescent Well Being, Adolescents Involved with Child Welfare: A Transition to Adulthood,

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

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

Federal Contact: Mary Webb, 202-205-8628

Performer: Research Triangle Institute

PIC ID: 9161

Report Title: National Survey of Child and Adolescent Well Being, Brief 3: Children's Cognitive and Socio-emotional Development and their Receipt of Special Educational and Mental Health Services,

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/spec_education/spec_edu.pdf

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

Federal Contact: Mary Webb, 202-205-8628

Performer: Research Triangle Institute

PIC ID: 9162

Report Title: National Survey of Child and Adolescent Well Being, Brief 4: Infants and Toddlers in the Child Welfare System,

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

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

Federal Contact: Mary Webb, 202-205-8628

Performer: Research Triangle Institute

PIC ID: 9163

Report Title: Early Childhood Assessment: Why, What, and How? (Research Brief),

http://www.acf.hhs.gov/programs/opre/hs/national_academy/reports/early_child_brief/early_child_brief.pdf

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

Federal Contact: Lauren Supplee, 202-401-5434

Performer: National Research Council, National Academy of Sciences

PIC ID: 9164

Report Title: Early Childhood Assessment: Why, What, and How? (Prepublication Final Report),

http://www.acf.hhs.gov/programs/opre/hs/national_academy/reports/early_child_assess/early_child_assess.pdf

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

Federal Contact: Lauren Supplee, 202-401-5434

Performer: National Research Council, National Academy of Sciences

PIC ID: 9165

Report Title: Strategies for Promoting Prevention and Improving Oral Health Care Delivery in Head Start: Findings from the Oral Health Initiative Evaluation Volume I: Final Technical Report,

http://www.acf.hhs.gov/programs/opre/hs/eval_oral_health/reports/lessons_vol1/lessons_vol1.pdf

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

Federal Contact: Laura Hoard, 202-401-4561

Performer: Mathematica Policy Research, Inc.

PIC ID: 9166

Report Title: A Guide to Emerging Strategies for Promoting Prevention and Improving Oral Health Care Delivery in Head Start: Lessons from the Oral Health Initiative Evaluation, Final Report Volume II,

http://www.acf.hhs.gov/programs/opre/hs/eval_oral_health/reports/lessons_vol2/lessons_vol2.pdf

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

Federal Contact: Laura Hoard, 202-401-4561

Performer: Mathematica Policy Research, Inc.

PIC ID: 9168

Report Title: Evaluation of the Early Start to Emancipation Preparation – Tutoring Program Los Angeles County, California: Final Report,

http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/reports/eval_estep/eval_estep.pdf

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

Federal Contact: Maria Woolverton, 202-205-4039

Performer: The Urban Institute

PIC ID: 9169

Report Title: Beginning Head Start: Children, Families and Programs in Fall 2006,

http://www.acf.hhs.gov/programs/opre/hs/faces/reports/beginning_hs/beginning_hs.pdf

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

Federal Contact: Maria Woolverton, 202-205-4039

Performer: Mathematica Policy Research, Inc.

PIC ID: 9170

Report Title: Evaluation of the Life Skills Training Program Los Angeles County, California: Final Report,

http://www.acf.hhs.gov/programs/opre/abuse_neglect/chafee/reports/eval_1st/eval_1st.pdf

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

Federal Contact: Maria Woolverton, 202-205-4039

Performer: The Urban Institute

PIC ID: 9171

Report Title: Evaluation of Child Care Subsidy Strategies Findings from an Experimental Test of Three Language/Literacy Interventions in Child Care Centers in Miami-Dade County: Final Report,

http://www.acf.hhs.gov/programs/opre/cc/upgrade_miami_dade/reports/three_language/three_language.pdf

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

Federal Contact: Ivelisse Martinez-Beck, 202-205-7885

Performer: Abt Associates Inc.

PIC ID: 9172

Report Title: Lessons Learned from Interventions to Address Infant Mental Health in Early Head Start: Research to Practice Brief,

http://www.acf.hhs.gov/programs/opre/ehs/epirc/reports/lessons_learned/lessons_learned.pdf

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

Federal Contact: Rachel Cohen, 202-205-8810

Performer: Tulane University, University of Maryland, University of Miami, University of NC, University of Oregon.

PIC ID: 9173

Report Title: Transitional Jobs for Ex-Prisoners: Implementation, Two-Year Impacts, and Costs of the Center for employment Opportunities (CEO) Prisoner Reentry Program,

http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/ex_prisoners/ex_prisoners.pdf

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

Federal Contact: Girley Wright, 202-401-5070

Performer: MDRC

PIC ID: 9174

Report Title: Working toward Wellness: Early Results from a Telephone Care Management Program for Medicaid Recipients with Depression,
http://www.acf.hhs.gov/programs/opre/welfare_employ/enhanced_hardto/reports/working_wellness/working_wellness.pdf

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

Federal Contact: Girley Wright, 202-401-5070

Performer: MDRC

PIC ID: 9175

Report Title: Process Evaluation of the National Library of Medicine's Profiles in Science, <http://dpcpsi.nih.gov/eo/intranet/setaside/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Marie Gallagher, 301-435-3252

Performer: Solomon Solutions, and ForeSee Results

PIC ID: 9176

Report Title: Evaluation of the NIH Home Page 2008,
<http://dpcpsi.nih.gov/eo/intranet/setaside/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Dennis Rodrigues, 301-435-2932

Performer: Federal Consulting Group & ForeSee Results

PIC ID: 9180

Report Title: Extramural Loan Repayment Programs Post-Participation Survey,
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Suman King, 301-594-3234

Performer: Mathematica Policy Research, Inc.

PIC ID: 9183

Report Title: Enterprise-Wide Information Technology (IT) Solution (EWITS),
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Christine Bruske, 919-541-3665

Performer: SRA International, Inc.

PIC ID: 9184

Report Title: Evaluation of the National Library of Medicine Historically Black Colleges and Universities (HBCU) ACCESS Project: A Proposed Evaluation Design,
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Alla Keselman, 301-496-3420

Performer: Lockheed Martin Aspen Systems

PIC ID: 9185

Report Title: Reporting, Data, and Analyses (RDA) Website,
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: James Onken, 301-496-1977

Performer: Discovery Logic Inc.

PIC ID: 9187

Report Title: NIH Information Governance Phase 2: Current State Report,
<http://dpcpsi.nih.gov/eo/fundedstudies>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Helen Schmitz, 301-496-2328

Performer: Gartner Inc

PIC ID: 9188

Report Title: 2009 Evaluation of the NIBIB Biomedical Technology Research Resource Center (P41) Program, <http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Peter Moy, 301.451.4778

Performer: NOVA Research Company

PIC ID: 9189

Report Title: Conflict of Interest in Medical Research, Education, and Practice,
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Walter Schaffer, 301-402-2725

Performer: National Academies of Science

PIC ID: 9190

Report Title: Characteristics of Project Management at Institutions Sponsoring MedlinePlus Go Local

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Joyce Backus, 301-496-5501

Performer: Foresee Results

PIC ID: 9191

Report Title: Assessing the potential for introducing environmental health education technology in middle schools science classrooms and beyond,
<http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Alla Keselman, 301-496-3420

Performer: Center for Public Service Communications

PIC ID: 9192

Report Title: Outcome Evaluation of the In Vivo Cellular and Molecular Imaging Centers (ICMIC) Program, <http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Anne Menkens, 301-496-9531

Performer: Science and Technology Policy Institute

PIC ID: 9193

Report Title: Evaluation of the National Institute on Aging's AgePage Series, <http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Jeanne Borger, 301.496.3121

Performer: NOVA Research Company

PIC ID: 9194

Report Title: User-based Categorization of Healthcare Topics from the NLM Asian American Health, <http://dpcpsi.nih.gov/eo/fundedstudies.asp>

Agency Sponsor: NIH, National Institutes of Health

Federal Contact: Alla Keselman, 301-496-3420

Performer: Solomon Solutions

PIC ID: 9195

Report Title: Interim Report to the Congress on the Feasibility of a National Child Abuse Registry

<http://aspe.hhs.gov/hsp/09/ChildAbuseRegistryInterimReport/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Laura Radel, 202-690-5938

Performer: Office of the Assistant Secretary for Planning and Evaluation, DHHS

PIC ID: 9196

Report Title: Recent Trends in Local Child Protective Services Practices, <http://aspe.hhs.gov/hsp/09/TrendsinCPS/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Laura Radel, 202-690-5938

Performer: Westat, Inc.

PIC ID: 9197

Report Title: Ensuring Quality in Contracted Child Welfare Services, <http://aspe.hhs.gov/hsp/07/CWPI/quality/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Laura Radel, 202-690-5938

Performer: Planning and Learning Technologies, Inc.

PIC ID: 9198

Report Title: Adopted Children with Special Health Care Needs: Characteristics, Health and Health Care by Adoption Type, <http://aspe.hhs.gov/hsp/08/CSHCN/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Laura Radel, 202-690-5938

Performer: Office of the Assistant Secretary for Planning and Evaluation, DHHS

PIC ID: 9202

Report Title: The Mental Health of Vulnerable Youth and their Transition to Adulthood: Examining the Role of the Child Welfare, Juvenile Justice, and Runaway/Homeless Systems, <http://aspe.hhs.gov/hsp/09/YouthMentalHealth/Services/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Lisa Trivits, 202-205-5750

Performer: Child Trends, Inc.

PIC ID: 9203

Report Title: Evaluation of the Personal Health Record Pilot for Medicare Fee-for-Service Enrollees, <http://aspe.hhs.gov/sp/reports/2010/phrpilot/index.shtml>

Agency Sponsor: ASPE-OSDP, Office of Science and Data Policy

Federal Contact: Suzie Burke-Bebee, 202-401-8266

Performer: National Opinion Research Center (NORC)

PIC ID: 9204

Report Title: Evaluation of the Electronic Health Records Demonstration, http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/2008_Electronic_Health_Records_Demonstration.pdf

Agency Sponsor: ASPE-OSDP, Office of Science and Data Policy

Federal Contact: Jim Sorace, 202-205-8678

Performer: Mathematica Policy Research, Inc.

PIC ID: 9207

Report Title: The Impact of The Christopher and Dana Reeve Foundation Paralysis Resource Center 2007-2008, http://cdd.unm.edu/dhpd/images/2008_percent20Client_percent20Satisfaction_percent20Summary_percent201-09-09.pdf

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Tiffany Robertson, 404-498-4002

Performer: Anthony Cahill.

PIC ID: 9209

Report Title: Prevention Research Centers National Evaluation, <http://www.cdc.gov/prc/pdf/esfall2009-full.pdf>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Tiffany Robertson, 404-498-4002

Performer: Macro International, Inc.

PIC ID: 9212

Report Title: Role of Religiosity in the Lives of the Low-Income Population: A Comprehensive Review of the Evidence,

<http://aspe.hhs.gov/hsp/09/religiosity/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Alana Landey, 202-401-6636

Performer: RTI International

PIC ID: 9213

Report Title: The Role of State Faith Community Liaisons in Charitable Choice Implementation, <http://aspe.hhs.gov/hsp/08/RoleFCL/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Alana Landey, 202-401-6636

Performer: Mathematica Policy Research

PIC ID: 9214

Report Title: Maximizing the Value of Philanthropic Efforts through Planned Partnerships between the US Government and Private Foundations,

<http://aspe.hhs.gov/hsp/09/philanpart/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Alana Landey, 202-401-6636

Performer: Mathematica Policy Research, Inc.

PIC ID: 9216

Report Title: Characteristics of American Indians and Alaska Natives Participating in Temporary Assistance for Needy Families Programs,

<http://aspe.hhs.gov/hsp/09/AI-NA-TANF/rb.pdf>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Kendall Swenson, 202-690-6888

Performer: Office of the Assistant Secretary for Planning and Evaluation, DHHS

PIC ID: 9218

Report Title: Integrating the Healthcare Enterprise Quality, Research and Public Health Technical Committee White Paper: Newborn Screening

http://www.ihe.net/Technical_Framework/upload/IHE_QRPH_Newborn_Screening_White_Paper_2009-06-05.pdf

Agency Sponsor: HRSA, Health Resources and Services Administration

Federal Contact: Mike Millman, 301-443-0368

Performer: Johns Hopkins University, School of Public Health

PIC ID: 9219

Report Title: Fundamentals of Evaluating Partnerships Evaluation Guide,
http://www.cdc.gov/DHDSP/state_program/evaluation_guides/evaluating_partnerships.htm

Agency Sponsor: CDC, Centers for Disease Control

Federal Contact: Tiffany Robertson, 404-498-4002

Performer: Division for Heart Disease and Stroke Prevention, Applied Research and Evaluation Branch.

PIC ID: 9223

Report Title: The Role of Faith-Based and Community Organizations in Providing Relief and Recovery Services after Hurricanes Katrina and Rita,
<http://aspe.hhs.gov/hsp/08/PostHurricaneRelief/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Alana Landey, 202-401-6636

Performer: The Urban Institute

PIC ID: 9224

Report Title: Assessing Diabetes Detection Initiative for Policy Decisions,

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: Battelle, Centers for Public Health Research and Evaluation.

PIC ID: 9225

Report Title: CDC's State-Based Nutrition, Physical Activity and Obesity: Evaluation of State Progress, July 2003 - June 2008. Final Report

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: RTI International

PIC ID: 9226

Report Title: Promising Strategies in Promotion of Healthy Weight at Small and Medium-Sized US Worksites,

http://www.cdc.gov/nccdphp/dnpa/hwi/program_design/swat/

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: RTI International

PIC ID: 9228

Report Title: Rapid Assessment of Factors Related to Persistent High Rates of Congenital Syphilis in Maricopa County Arizona: Summary Report and Working Recommendations,

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: Karen Kroeger

PIC ID: 9237

Report Title: Construction Research at NIOSH,

<http://www.archive.org/download/ConstructionResearchAtNioshReviewsOfResearchProgramsOfNiosh/NANIOSHConstruction.pdf>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: National Research Council and Institute of Medicine of the National Academy of Science

PIC ID: 9238

Report Title: The Health Hazard Evaluation Program at NIOSH,

<http://www.archive.org/download/TheHealthHazardEvaluationProgramAtNiosh/HHENArport2008.pdf>

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Linnette Hayward, 404-498-4331

Performer: National Research Council and Institute of Medicine of the National Academy of Science

PIC ID: 9253

Report Title: Results from the 2008 National Survey on Drug Use and Health,

<http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>

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

Federal Contact: Art Hughes, 240-276-1261

Performer: RTI International

PIC ID: 9259

Report Title: State Estimates of Substance Use from the 2006-2007 National Surveys on Drug Use and Health, <http://www.oas.samhsa.gov/2k7State/toc.cfm>

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

Federal Contact: Art Hughes, 240-276-1261

Performer: RTI International

PIC ID: 9267

Report Title: Treatment Episode Data Set (TEDS), 1997-2007. National Admissions to Substance Abuse Treatment Services,

<http://oas.samhsa.gov/TEDS2k7highlights/toc.cfm>

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

Federal Contact: Deborah Trunzo, 240-276-1267

Performer: Synectics for Management Decisions, Inc.

PIC ID: 9287

Report Title: Take Action: Healthy People, Places and Practices in Communities

Agency Sponsor: OPHS, Office of Public Health and Science

Federal Contact: Carter Blakey, 240-453-8254

Performer: John Snow, Inc.

PIC ID: 9297

Report Title: Evaluation of STI Clinical Services in Gauteng Province, South Africa: Knowledge, Attitudes, and Practices Among Health Care Providers, and Capacity, Resources, and Barriers Among Facilities

Agency Sponsor: CDC, Centers for Disease Control and Prevention

Federal Contact: Tiffany Robertson, 404-498-4002

Performer: STI Reference Centre - National Institute for Communicable Disease

PIC ID: 9299

Report Title: Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences,

<http://www.ojp.usdoj.gov/nij/topics/crime/intimate-partner-violence/shelters.htm>

Agency Sponsor: ACF, Administration on Children and Families

Federal Contact: Allison Randall, 202-205-7889

Performer: University of Connecticut School of Social Work; West Hartford, CT; National Resource Center on Domestic Violence

PIC ID: 9300

Report Title: A Literature Review: Psychiatric Boarding,

<http://aspe.hhs.gov/daltcp/reports/2008/PsyBdLR.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Kristen Beronio, 202-690-6443

Performer: The Lewin Group

PIC ID: 9301

Report Title: Advance Care Planning and Public Engagement,

<http://aspe.hhs.gov/daltcp/reports/2007/acppe.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Judith Peres, 202-690-6443

Performer: Center for Practical Bioethics

PIC ID: 9303

Report Title: An Exploratory Study of Certified Nursing Assistants' Intent to Leave, <http://aspe.hhs.gov/daltcp/reports/2008/intent.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Marie Squillace, 202-690-6250

Performer: Office of the Assistant Secretary for Planning and Evaluation, DHHS

PIC ID: 9304

Report Title: Analysis of the California In-Home Supportive Services (IHSS) Plus Waiver Demonstration Program, <http://aspe.hhs.gov/daltcp/reports/2008/IHSSPlus.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Pamela Doty, 202-690-6443

Performer: University of California

PIC ID: 9306

Report Title: Assessing Home Health Care Quality for Post-Acute and Chronically Ill Patients: Final Report, <http://aspe.hhs.gov/daltcp/reports/2008/hhcqual.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Hakan Aykan, 202-690-6443

Performer: Visiting Nurse Service of New York

PIC ID: 9307

Report Title: Assistive Device Use Among the Elderly: Trends, Characteristics of Users, and Implications for Modeling, <http://aspe.hhs.gov/daltcp/reports/astdev.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Hakan Aykan, 202-690-6443

Performer: The Urban Institute

PIC ID: 9309

Report Title: Federal Authority for Medicare Special Needs Plans and their Relationship to State Medicaid Programs, <http://aspe.hhs.gov/daltcp/reports/2009/leghist.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Samuel Shipley, 202-690-6443

Performer: Thomson Reuters

PIC ID: 9314

Report Title: Frontline Supervisor Survey Report,
<http://aspe.hhs.gov/daltcp/reports/2008/FSSrpt.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Marie Squillace, 202-690-6250

Performer: Pennsylvania State University

PIC ID: 9315

Report Title: Home Modifications: Use, Cost, and Interactions with Functioning Among Near-Elderly and Older Adults, <http://aspe.hhs.gov/daltcp/reports/2008/homemod.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Hakan Aykan, 202-690-6443

Performer: University of Medicine and Dentistry of New Jersey; Johns Hopkins University

PIC ID: 9316

Report Title: Literature Review and Synthesis: Existing Surveys on Health Information Technology, Including Surveys on Health Information Technology in Nursing Homes and Home Health, <http://aspe.hhs.gov/daltcp/reports/2009/HITlitrev.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Jennie Harvell, 202-690-6443

Performer: University of Colorado

PIC ID: 9319

Report Title: National Evaluation of the Responsible Fatherhood, Marriage, and Family Strengthening Grants for Incarcerated and Re-Entering Fathers and Their Partners, <http://aspe.hhs.gov/hsp/08/MFS-IP/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: RTI International

PIC ID: 9319.3

Report Title: Research Brief #2: Program Models of the Marriage, and Family Strengthening Grants for Incarcerated and Re-Entering Fathers and their Partners, <http://aspe.hhs.gov/hsp/08/MFS-IP/models/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: RTI International

PIC ID: 9319.4

Report Title: Research Brief #3: Strengthening the Couple and Family Relationships of Fathers Behind Bars: The Promise and Perils of Corrections-Based Programming,

<http://aspe.hhs.gov/hsp/08/MFS-IP/Corrections-Based/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: RTI International

PIC ID: 9319.5

Report Title: Research Brief #4: Bringing Partners into the Picture: Family-Strengthening Programming for Incarcerated Fathers,

<http://aspe.hhs.gov/hsp/08/MFS-IP/Partners/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: RTI International

PIC ID: 9321

Report Title: The Impact of Disability Trends on Medicare Spending,

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

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Hakan Aykan, 202-690-6443

Performer: The Urban Institute

PIC ID: 9322

Report Title: ASPE Technical Expert Panel on Earlier Intervention for Serious Mental Illness: Summary of Major Themes,

<http://aspe.hhs.gov/daltcp/reports/2009/TEPonEI.htm>

Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy

Federal Contact: Kirsten Beronio, 202-690-6443

Performer: The Lewin Group

PIC ID: 9323

Report Title: Extending the EITC to Noncustodial Parents: Potential Impacts and Design Considerations, <http://aspe.hhs.gov/hsp/09/NCP-EITC/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: The Urban Institute

PIC ID: 9325

Report Title: Disabilities Among TANF Recipients: Evidence from the NHIS,

<http://aspe.hhs.gov/hsp/09/DisabilityAmongTANF/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Reuben Snipper, 202-401-6615

Performer: The Urban Institute

PIC ID: 9326

Report Title: The Impact of Marital and Relationship Status on Social Outcomes for Returning Prisoners, <http://aspe.hhs.gov/hsp/09/Marriage&Reentry/rb.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: The Urban Institute, Justice Policy Center

PIC ID: 9328

Report Title: Relationship Strengths in Married Families: Effects of Marital Quality and Parent-Adolescent Relationships on Outcomes for Adolescents and Young Adults,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9329

Report Title: Relationship Strengths in Married Families: Effects of Marital Quality and Parent-Adolescent Relationships on Outcomes for Adolescents and Young Adults,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9329.1

Report Title: Marital Quality and Parent-Adolescent Relationships: Effects on Sexual Activity Among Adolescents and Young Adults,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/SexualActivity/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9329.2

Report Title: Marital Quality and Parent-Adolescent Relationships: Effects on Educational Outcomes for Youth,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/Ed/index.shtml>

Agency Sponsor: ASPE, Office of the Assistant Secretary for Planning & Evaluation

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9329.3

Report Title: Marital Quality and Parent-Adolescent Relationships: Components of Relationship Strengths in Married Couple Families,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/Components/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9329.4

Report Title: Marital Quality and Parent-Adolescent Relationships: Effects on Adolescent and Young Adult Well-Being,

<http://aspe.hhs.gov/hsp/08/RelationshipStrengths/Well-Being/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Linda Mellgren, 202-690-6806

Performer: National Opinion Research Center (NORC)

PIC ID: 9330

Report Title: Pathways to Adulthood and Marriage: Teenagers? Attitudes, Expectations, and Relationship Patterns,

<http://aspe.hhs.gov/hsp/08/pathways2adulthood/execsum.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Linda Mellgren, 202-690-6806

Performer: Mathematica Policy Research, Inc.

PIC ID: 9331.5

Report Title: National Symposium on the Health Needs of Human Trafficking Victims: Post-Symposium Brief,

<http://aspe.hhs.gov/hsp/07/HumanTrafficking/Symposium/ib.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: David Nielsen, 206-615-2612

Performer: Caliber

PIC ID: 9331.6

Report Title: Human Trafficking Into and Within the United States: A Review of the Literature, <http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: David Nielsen, 206-615-2612

Performer: Caliber

PIC ID: 9348

Report Title: Vulnerable Youth and the Transition to Adulthood: Multiple Pathways Connecting to School and Work (Research Brief),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/1/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Huan, Susan, 202-690-8698

Performer: The Urban Institute

PIC ID: 9349

Report Title: Vulnerable Youth and the Transition to Adulthood: Second-Generation Latinos Connecting to School and Work (Research Brief),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/1/rb.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Hauan, Susan, 202-690-8698

Performer: The Urban Institute

PIC ID: 9350

Report Title: Vulnerable Youth and the Transition to Adulthood: Youth from Low-Income Families (Fact Sheet),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/3/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Hauan, Susan, 202-690-8698

Performer: The Urban Institute

PIC ID: 9351

Report Title: Vulnerable Youth and the Transition to Adulthood: Youth with Depression/Anxiety (Fact Sheet),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/5/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Hauan, Susan, 202-690-8698

Performer: The Urban Institute

PIC ID: 9352

Report Title: Vulnerable Youth and the Transition to Adulthood: Young Men and Young Women (Fact Sheet),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/6/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Hauan, Susan, 202-690-8698

Performer: The Urban Institute

PIC ID: 9353

Report Title: Vulnerable Youth and the Transition to Adulthood: Youth from Distressed Neighborhoods (Fact Sheet),

<http://aspe.hhs.gov/hsp/09/VulnerableYouth/4/index.shtml>

Agency Sponsor: ASPE-OHSP, Office of Human Services Policy

Federal Contact: Hauan, Susan, 202-690-8698

Performer: The Urban Institute