

*PERFORMANCE IMPROVEMENT 2005*



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



# *PERFORMANCE IMPROVEMENT 2005*

## *CONTENTS*

FOREWORD .....	III
CHAPTER I - PROGRAM EVALUATION AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES .....	1
CHAPTER II – SUMMARIES WITH FINDINGS FOR COMPLETED EVALUATIONS .....	9
APPENDIX A – DHHS FY 2004-2009 STRATEGIC GOALS AND OBJECTIVES .....	61
APPENDIX B – AGENCY MISSION AND EVALUATION PROGRAM STATEMENTS.....	63
APPENDIX C – LIST OF STUDIES BY AGENCY .....	71
APPENDIX D – ACKNOWLEDGMENT OF HHS OFFICIALS .....	79



# FOREWORD

This report, *Performance Improvement 2005: Evaluation Activities of the U.S. Department of Health and Human Services*, complies with Section 241(b) of the Public Health Service Act, as amended by the Preventive Health Amendments of 1993.

The Act directs the Department to “prepare and submit ... a report summarizing the findings of the evaluations conducted under subsection (a)” to the “Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives”. Section 241(a) of the Act authorizes that a portion of funds appropriated for programs under the act may be set aside for evaluating the “implementation and effectiveness of such programs.”

This is the 11th annual report to Congress. *Performance Improvement 2005* provides results-oriented findings regarding the Department’s programs, policies, and strategies. The full text of the report, text of the individual abstracts it contains, and links to the full text of final reports cited herein are available through the Office of the Assistant Secretary for Planning and Evaluation Policy Information Center web site (<http://aspe.hhs.gov/pic>). Additional information may be obtained by contacting the Federal Contact, evaluation Performer, or Sponsoring Agency listed.

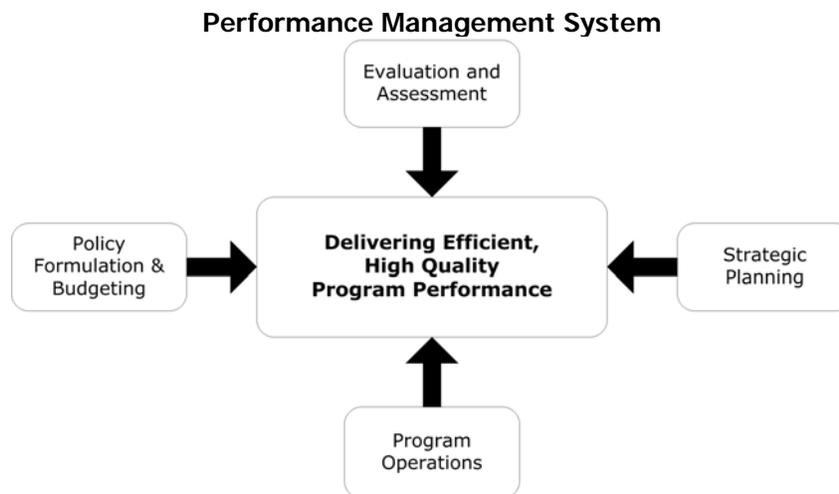
Chapter 1 contains a discussion of evaluation activities and responsibilities; Chapter 2 provides abstracts of studies completed during the preceding year; and the four appendices provide additional useful information.

We hope the readers of this report will find it useful and informative.



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

This **Performance Improvement 2005** report presents to Congress a comprehensive summary of evaluation projects completed by the Department. The Office of the Secretary, and agencies comprising the Department, engage in extensive evaluation activities; some are required by statute, others are determined to be essential by an individual agency, the Department, or the President. Evaluation is a core Federal program management responsibility along with strategic planning, policy and budget development, and program operation (*Figure 1, Performance Management System*).



*Figure 1*

The Department of Health and Human Services (DHHS) is responsible for more than 300 separate programs costing taxpayers over \$500 billion annually for health and social service support payments and approximately \$70 billion for discretionary programs. DHHS spends about \$2.6 billion for research, demonstration, and evaluation activities. Successful evaluations increase the likelihood of effective delivery of public services through these programs and insure that programs are efficient, targeted to their intended clients, and well managed.

## **Structure of this Report**

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

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

## VIII. Improve Department Management

**Performance Improvement 2005**, the 11<sup>th</sup> annual report in this series, provides summaries of findings of DHHS evaluation projects completed during Fiscal Year 2004 (October 1, 2003 through September 30, 2004). This Chapter provides an overview of the Department's evolving evaluation responsibilities. Chapter 2 presents the summaries of the evaluations. In addition to the Department's Strategic Plan Goals and Objectives found in *Appendix A*, *Appendix B* contains a statement of each agency's Mission and Evaluation Program, *Appendix C* provides a table of the studies by each agency and the Objective in this report where the study may be found, and *Appendix D* acknowledges the DHHS officials who contributed to the report.

### **Role of Evaluation**

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

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

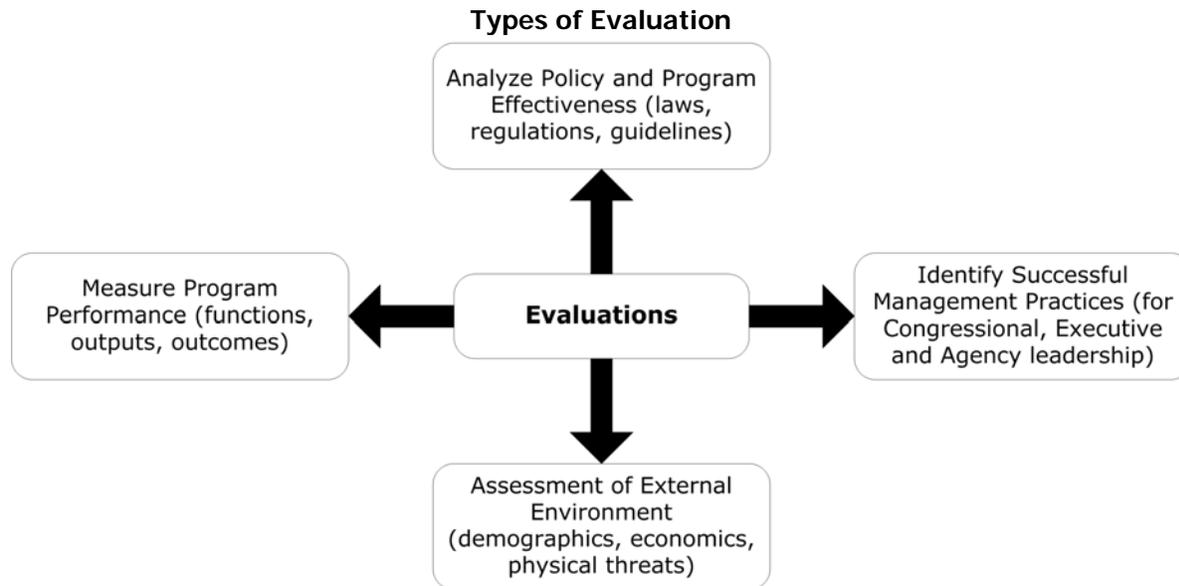
### **Types of Evaluation**

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

- **Enhance Program Effectiveness and Support Policy Analysis** — Determine the impact of DHHS programs on achieving intended goals and objectives and examine the impact of alternative policies on the future direction of DHHS programs or services.
- **Improve Performance Measurement** — Monitor annual progress in achieving departmental strategic and performance goals. We invest evaluation funds to develop and improve performance measurement systems and improve the quality of the data that support those systems. Performance measurement is a high priority for DHHS agencies. The emphasis during development, implementation, and refinement of programs is on results and specific measurements are required under the Government Performance and Results Act.
- **Assess Environmental Factors** — Seek to understand the forces of change in the health and human services environment that influence the success of our programs and the achievement of our

goals and objectives. Such understanding allows us to adjust our strategies and continue to deliver effective health and human services.

- **Strengthen Program Management and Development** — Address the need of program managers to obtain information or data that will help them effectively design and manage programs more efficiently and ensure successful results. Focus on developmental or operational aspects of program activities and provide understanding of services delivered and populations served.



*Figure 2*

### **Evaluation Resources**

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

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

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

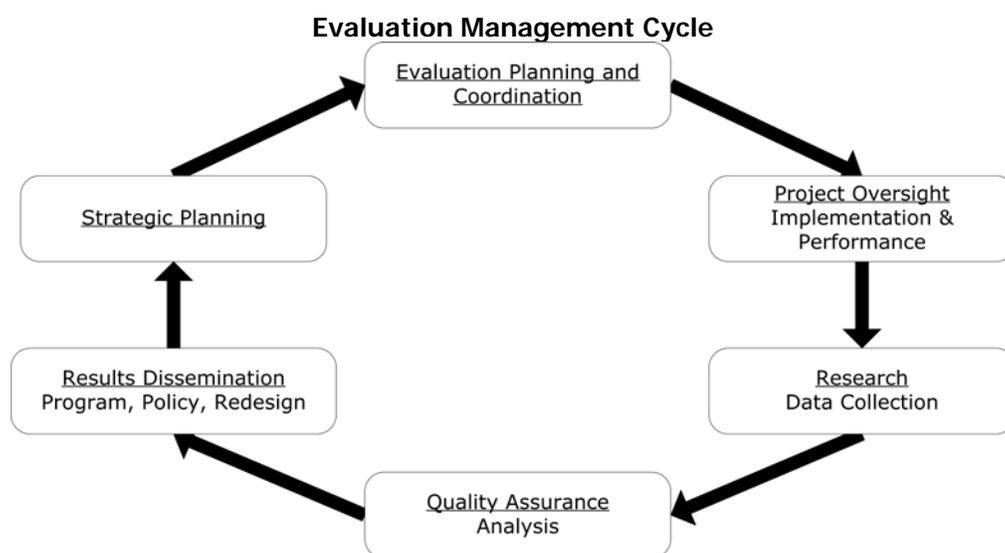
In addition, two staff components in the Office of the Secretary receive funds under this authority to carry out evaluations:

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

This authority was originally established in 1970, when the Congress amended the Act to permit the DHHS 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).<sup>1</sup> In addition, programs may have other authorized sources of funding for evaluation activities.<sup>2</sup> Section 206 of Division F of the Consolidated Appropriations Act, 2005 increased the amount the Secretary could use for evaluation to 2.4 percent.

### ***Evaluation Management***

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



*Figure 3*

### Evaluation Planning and Coordination

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

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

DHHS agencies, ASPE, the Office of the Inspector General (OIG), and OPHS develop evaluation plans annually in concert with DHHS's program planning, legislative development, and budgeting cycles. Plan development is coordinated by ASPE. Each agency or office evaluation plan generally states the evaluation priorities, or projects under consideration for implementation. Typically, DHHS 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.

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

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

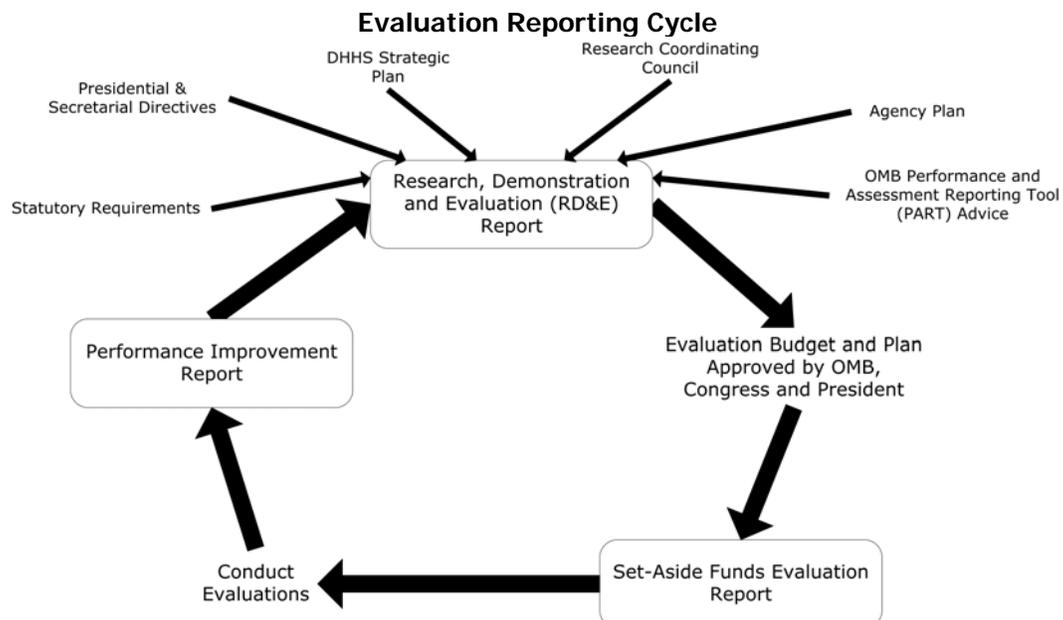


Figure 4

The Secretarially-created Research Coordination Council (chaired by the ASPE, and containing representatives of DHHS agencies) fosters greater interactions among the research programs. The Council's work includes streamlining research and evaluating Department-wide research priorities to

ensure greater efficiencies in research, demonstration, and evaluation. The Council seeks to strengthen DHHS research coordination and planning around key Departmental priorities and themes.

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

### Project Oversight

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

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

### Quality Assurance and Improvement

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

Since DHHS began reporting to Congress in 1995 on completed evaluations through the *Performance Improvement* report series, the Department has focused attention on improving the quality of evaluation studies performed. An Evaluation Review Panel, convened periodically, has contributed insights to DHHS evaluation officers on the strengths and challenges of ensuring quality evaluation studies. DHHS evaluation officers have had opportunities to discuss these strengths and challenges and identify steps to improve agency evaluation projects. Evaluation Officers meet regularly to collaborate regarding evaluation-related activities and to share information regarding evaluation projects planned or under way.

## Dissemination of Evaluation Reports

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

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



## *CHAPTER II – SUMMARIES WITH FINDINGS FOR COMPLETED EVALUATIONS*

This Chapter presents brief abstracts summarizing the purposes and findings for each DHHS evaluation completed between October 1, 2003 and September 30, 2004. As discussed in Chapter 1, each study is presented under the Strategic Objective (Appendix A) it most supports. This thematic grouping provides an immediate view of the program and research areas emphasized during the previous year and aids in identifying areas for possible future inquiry. Future evaluation priorities will also be guided by the results of oversight not only by the Congress but also by the Executive Branch through such management mechanisms as the Performance Assessment Reporting Tool (PART) which is already yielding specific recommendations for future evaluative inquiry and program validation.

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

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

#### **Objective 1.1 - Reduce behavioral and other factors that contribute to the development of chronic diseases**

##### ***Prevention: A Blueprint for Action***

A Blueprint for Action, the latest activity in the HHS "Steps" initiative, outlines simple steps that individuals and interested groups can take to promote healthy lifestyles and encourage healthy behavior. The Steps initiative is founded on a growing body of research showing that small, simple steps can often prevent or control chronic diseases. Its goal is to reverse the growth in the number of people suffering from diseases like asthma, diabetes, cancer, heart disease and stroke, as well as factors that contribute to them such as obesity and tobacco use. The intent of "Steps to a Healthier US" is to reach the broadest number of Americans by using multiple approaches and involving groups and organizations to foster good health, physical activity and good nutrition. To date, these approaches have focused on communities, businesses and organizations, and the actions that they can take to influence individuals' choices and actions to improve health. This report provides an overview of these efforts. First, it highlights the problems and challenges in these areas. Then, based on a series of roundtable discussions between the Secretary and various interested stakeholders, it delineates specific action steps that individuals, communities, insurers, employers, healthcare providers, and other public and private entities can take. Finally, it profiles HHS activities that address these challenges, reports on progress and accomplishments, and identifies opportunities for additional action. This "Blueprint for Action" will create a template for collaborative efforts to improve the health and well-being of all Americans.

PIC ID: 8072; Agency Sponsor: ASPE-OHP, Office of Health Policy; Federal Contact: Mazanec, Mary, 202-690-6051; Performer: Assistant Secretary for Policy, Evaluation, and Research, Washington, DC

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### ***Project Summary: Surveillance Programs for Chronic Hepatitis in Three Health Departments***

This project identified the best practices and strategies for chronic hepatitis surveillance through site visits and phone interviews of eight health departments. Several states have been developing and refining their surveillance system models for chronic hepatitis. These states have emphasized direct reporting from medical laboratories, where the locus of hepatitis diagnosis resides. The project provided information about effective practices and organizational strategies and encourages sharing knowledge and experience among public health agencies working to improve chronic hepatitis surveillance. Recommendations from all eight states for ways to improve surveillance were similar.

PIC ID: 7873; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Finelli, Lyn, 404-371-5313; Performer: Mathematica Policy Research, Inc., Plainsboro, NJ

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## **Objective 1.2 - Reduce the incidence of sexually transmitted diseases and unintended pregnancies**

### ***Evaluation of Medicaid Family Planning Demonstrations***

This project evaluated the impact and effectiveness of Medicaid family planning demonstrations. Historically, Medicaid Section 1115 Family Planning Demonstrations providing Medicaid coverage for family planning services increase the likelihood that low-income women will use these services, decreasing the likelihood of having unintended or untimely pregnancies. Currently, 15 states operate family planning demonstration programs. Of the 14 demonstrations operational at the time of sample selection, the 6 state demonstrations selected had available data and participated in the Pregnancy Risk Assessment Monitoring System (PRAMS). This project specifically examined whether the demonstrations: (1) were budget neutral, (2) increased access to services, (3) prevented unintended pregnancies, and (4) substituted for other family planning programs. Major findings included: (1) Savings from averted births exceeded cost of family planning coverage when the proposed model budget neutrality formula was applied. (2) In some states, use of family planning increased under the demonstrations, in others, it did not. (3) Evidence from non-program sources suggested the presence of family planning demonstration can be associated with decreased unintended pregnancies; and (4) most states used Medicaid (Title XIX of the Social Security Act) funds to partially substitute for other sources of family planning funding.

PIC ID: 7982; Agency Sponsor: CMS-CMSO, Center for Medicaid & State Operations; Federal Contact: Farrell, Kathleen, 410-786-1236; Performer: CNA Corporation, Alexandria, VA

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## Objective 1.4 - Reduce substance abuse

### ***State Estimates of Substance Use From the 2002 National Survey on Drug Use and Health***

This report presents state estimates from the 2002 National Survey on Drug Use and Health. The survey, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), collects information from residents of households, residents of non-institutionalized group quarters, and civilians living on military bases. In 2002, the NSDUH collected interview data from 68,000 respondents. Estimates for all persons ages 12 or older are provided for 20 different measures related to substance use or mental health. For each measure, states have been ranked and categorized into quintiles, or fifths, in order to simplify the discussion. Methodological changes introduced in 2002 affected respondent participation rates and response patterns, resulting in changes in prevalence estimates. This 2002 survey represents a new baseline for state estimates as well as for national estimates. For example, estimates of past month use of any illicit drug ranged from 6.1 percent in Iowa to 12.4 percent in the District of Columbia for all persons aged 12 or older. Alabama had the lowest rate of past month use of marijuana among persons 12 or older, while the District of Columbia had the highest.

<http://www.oas.samhsa.gov/2k2state/html/toc.htm>

PIC ID: 8052; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Wright, Douglas, 240-276-1259; Performer: RTI International, Research Triangle Park, NC

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### ***Treatment Episode Data Set (TEDS) 1992-2001: National Admissions to Substance Abuse Treatment Services***

This report provides the results of, and trend data from, the "Treatment Episode Data Set" (TEDS) for 1992-2001. TEDS consists of: the Admissions Data System and the Discharge Data System, the latter is relatively new. TEDS does not include all admissions to substance abuse treatment, but does include facilities certified by the State substance abuse agency to provide treatment. The data revealed that five substances accounted for 96 percent of all TEDS admissions in 2001: (1) alcohol, 44 percent; (2) opiates, 18 percent; (3) marijuana/hashish, 15 percent; (4) cocaine, 13 percent; and (5) stimulants, 6 percent. Use of more than one drug--or "polydrug abuse"--was reported by 54 percent of all admissions. Adolescent admissions for substance abuse increased from 1992 to 2001, due to an increase in marijuana-related admissions and referrals to treatment through the criminal justice system. Forty-five percent of alcohol admissions also had secondary drug abuse. The report details the rates of admission for heroin, cocaine/crack, and the other substances previously listed. Discharges for Year 2001 were 39 percent of those who completed treatment and 11 percent transferred to another program. Discharges also reflected variations in completion rates for different services for different primary substances. The report details the rates of detoxification for admissions, gender, method of referral, and the extent of drug abuse.

PIC ID: 8059; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Trunzo, Deborah, 240-276-1267; Performer: Synectics for Management Decisions, Inc.,

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## ***Risk and Protective Factors for Adolescent Drug Use: Findings from the 1999 National Household Survey on Drug Abuse***

This report provides information about risk and protective factors for substance use among youths aged 12 to 17, using data from the 1999 National Household Survey on Drug Abuse. Risk factors included characteristics and social environments associated with an increased likelihood of substance abuse, while protective factors relate to a more decreased likelihood - or nonuse. Addressing both risk and protective factors for substance use prevention programs is believed to be an important determinant of program success. The classification approach used in this report categorizes the sets of risk and protective factors into one of four domains: community, family, peer/individual, and school. These items were designed for and asked only of the 12 to 17 year-olds in the sample and focused on current or past year perceptions or behavior. Findings were grouped by prevention domain where possible. The interviewing methodology for this study also marked the first survey year in which the national sample was interviewed via computer-assisted interviewing. Some of the aspects of the risk and protective factors included: 1) Distribution of both types of factors among youths; 2) Associations between individual risk and protective factors and youth substance use; and 3) relative predictive power of different categories of risk and protective factors in predicting youth substance use.  
<http://www.oas.samhsa.gov/1999Prevention/HTML/toc.htm>

PIC ID: 8061; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Wright, Douglas, 240-276-1259; Performer: RTI International, Research Triangle Park, NC

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## ***Overview of Findings From the 2003 National Survey on Drug Use and Health***

This report presents the first information from the 2003 National Survey on Drug Use and Health (NSDUH), an annual survey of the civilian, non-institutionalized population of the United States aged 12 years or older. This brief overview report provides a concise summary of the main results of the 2003 NSDUH. A major focus of this report consists of changes in substance use between 2002 and 2003. Because of improvements to the survey in 2002, the 2002 data constitute a new baseline for tracking trends in substance use and other measures. This report also contains a subset of the results given in the full report, "Results from the 2003 National Survey on Drug Use and Health: National Findings". Both reports present the results in separate chapters that discuss the national findings on seven topics: use of illicit drugs; use of alcohol; use of tobacco products; trends in initiation of substance use; prevention-related issues; substance dependence, abuse, and treatment; and mental health. Some highlights of the findings in this report include: (1) In 2003, an estimated 19.5 million Americans aged 12 or older, were current illicit drug users. (2) The rate of current illicit drug use among youths aged 12 or older did not change significantly between 2002 and 2003, and there were no changes for any specific drug. (3) marijuana is the most commonly used illicit drug, with a rate of 6.2 percent in 2003.  
<http://www.oas.samhsa.gov/nhsda/2k3nsduh/2k3overview.htm>

PIC ID: 8057; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Hughes, Arthur, 240-276-1261; Performer: RTI International, Research Triangle Park, NC

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## **Objective 1.5 - Reduce tobacco use, especially among youth**

### ***Evaluation of the American Stop Smoking Intervention Study (ASSIST): A Report of Outcomes***

Two-stage regression and mixed-effects linear modeling were used to analyze the various outcomes of tobacco prevention and control policies. The National Cancer Institute funded an 8-year, nonrandomized demonstration project for tobacco prevention and control, the American Stop Smoking Intervention Study (ASSIST). To evaluate ASSIST, we compared changes in adult smoking prevalence, per capita cigarette consumption, and tobacco control policies between the 17 ASSIST states and the 33 non-ASSIST states and the District of Columbia. Methods: The strength of tobacco control index was used to measure state-level program elements directed at tobacco control, and the initial outcomes index (IOI) was used to measure states' tobacco control policy outcomes. Prevalence data were obtained from the Tobacco Use Supplement to the Current Population Survey, and consumption data were obtained from the Tobacco Institute's bimonthly sales figures for cigarette packs moved from wholesale warehouses. Statistical analyses for testing individual regression coefficients were one-sided. Results: ASSIST states had a greater decrease in adult smoking prevalence than non-ASSIST states, with an adjusted difference of  $-0.63\%$  ( $P = .049$ ). Per capita cigarette consumption was not statistically significantly different between ASSIST and non-ASSIST states. However, an increase in the IOI of a state from the 25th to the 75th percentile was associated with a reduction in per capita cigarette consumption by 0.57 packs per person per month. State IOI was also inversely, albeit not statistically significantly, associated with smoking prevalence (regression coefficient  $-0.11$ ;  $P = .06$ ). Conclusions: The reduction in adult smoking prevalence associated with ASSIST could have translated into approximately 278,700 fewer smokers nationwide if all states had implemented ASSIST. Investment in building state-level tobacco control capacity and promoting changes in tobacco control policies are effective strategies for reducing tobacco use.

PIC ID: 8158; Agency Sponsor: NIH-NCI, National Cancer Institute; Federal Contact: Sussman, Jeff, 301-496-5617; Performer: (unknown),

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### ***The Health Consequences of Smoking: A Report of the Surgeon General***

This report of the Surgeon General on the health effects of smoking returns to the topic of active smoking and disease, the focus of the first Surgeon General's report published in 1964. The first report established a model of comprehensive evidence evaluation for the 27 reports that have followed: for those on the adverse health effects of smoking, the evidence has been evaluated using guidelines for assessing causality of smoking with disease. Using this model, every report on health had found that smoking causes many diseases and adverse effects. Repeatedly, the reports have concluded that smoking is the single greatest cause of avoidable morbidity and mortality in the United States. Because there has not been a recent systematic review of the full sweep of the evidence, the topic of active smoking and health was considered appropriate for this latest report. This report also updates the methodology for evaluating evidence that the 1964 report initiated. This report establishes a uniformity of language concerning causality of associations so as to bring greater specificity to the report's findings. Beginning with this report, conclusions concerning causality of association will be placed into one of four categories with regard to strength of the evidence: (1) sufficient to infer a causal relationship; (2) suggestive but not sufficient to infer a causal relationship; (3) inadequate to infer the presence or absence of a causal relationship; or (4) suggestive of no causal relationship. Also, this report only covers active smoking. Passive smoking was the focus of the 1986 Surgeon General's report. The literature review for this report was selective. There was more focus on reviewing conclusions drawn from previous Surgeon General's reports and new studies for that topic. In addition, conclusions from prior reports have

been updated and are presented in this new format based on the evidence evaluated in this report. Remarkably, this report identifies a substantial number of diseases found to be caused by smoking that weren't previously causally associated with smoking.

PIC ID: 8053; Agency Sponsor: CDC-NCCDPHP, National Center for Chronic Disease Prevention and Health Promotion; Federal Contact: Norman, Leslie, 770-488-5469; Performer: Cygnus Corporation, Inc., Washington, DC

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### ***Strengthening Tobacco Control Decision-Making Strategies***

The purpose of this project was to summarize a series of informal discussion groups that explored the extent to which evidence-based interventions are being used by tobacco control programs, the utility of the Guide to Community Preventive Services in promoting the use of evidence-based intervention, and the use of workshops as a method to promote and facilitate the use of the Community Guide. CDC conducted a series of one-day workshops, "Strengthening Tobacco Control Decision-Making Strategies: Making Sense of What Works" which presented the science underlying effective interventions for building a comprehensive tobacco control program and featured the Community Guide as an important resource to use in guiding intervention strategies. The results suggest that the workshops were effective in promoting awareness of how the Community Guide findings support existing research and new efforts; that increased and more comprehensive dissemination efforts among local health departments and advocacy and coalition groups are warranted; and that including more detail in the guide, such as cost, time, and demographic information would provide further support for using the Community Guide.

PIC ID: 8092; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Beeker, Carolyn, 404-498-6289; Performer: ORC Macro, Calverton, MD

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### ***Teen Tobacco Cessation Camp Program***

The Alaska Native Teen Tobacco Cessation Camp was a three-year project focused on tobacco cessation with Alaska Native youth. Three summer camps were proposed to help break the nicotine addiction in this population. The first camp occurred in Nome, Alaska during summer of 1999. The camp was successful in offering an opportunity for 22 youth to experience tobacco cessation. A second camp scheduled for 2000 in another region in Alaska did not occur due to a lack of participants. Youth were unwilling to seek parental permission thus missing an opportunity to seek tobacco cessation. A third camp occurred in Bethel during 2001. Twenty-seven students participated in a five-day spirit camp. By the end of the camp, 21% of the pre-camp users reported having stopped for a good while at the camp. At three months, all of the students had begun using tobacco again, although several were still using NRT, seeking counseling from Yukon Kuskokwim Health Corporation, and actively trying to stop their tobacco use. However, some progress was made in students' stages of change immediately before, immediately after, and three months after the camp. Assessments indicated students generally advanced one or more stages in Prochaska and DiClemente's stages of change.

PIC ID: 8161; Agency Sponsor: IHS, Indian Health Service; Federal Contact: Melton, Debbie, 301-443-4700; Performer: Yukon-Kuskokwim Health Center Div of Nicotine Control & Research, Anchorage, AK

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

### **Objective 2.2 - Improve the safety of food, drugs, biological products, and medical devices**

#### ***FY 2004 Results of Evaluation of Cooperative Agreements for Site Specific Activities***

As part of an ongoing, annual process, a performance evaluation was conducted during FY 2004 to assess ATSDR's State Cooperative Agreement Program for Hazardous Waste Site-Specific Activities in the affected States, American Indian communities and Puerto Rico. The evaluation focused on improvements needed as well as highlighting strengths. The evaluation for each state assessed compliance with established agency guidelines. ATSDR's technical project officers in the Division of Health Assessment and Consultation conducted the evaluation with input from all participating agency programs and the cooperative agreement states. The states provided comment on their program and report their accomplishments over the review period. Poor performing states are given guidance for improving performance; states which continue to perform poorly may have their funding curtailed. FY 2004 was the first year that ATSDR acted on any of the poor performance -- it cut funding to one state and placed several other states on notice for FY 2005. Due to funding limitations, ATSDR has been unable, thus far, to reward good performers. (7740)

PIC ID: 7740.2; Agency Sponsor: ATSDR, Agency for Toxic Substances and Disease Registry; Federal Contact: Erlwein, Bobbie, 404-498-0425; Performer: Agency for Toxic Substances and Disease Registry, Atlanta, GA

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#### ***Risk-Based Method for Prioritizing Current Good Manufacturing Practices Inspections of Pharmaceutical Manufacturing Sites- A Pilot Risk Ranking Model***

The study examined the use of a risk-based model to select drug establishments for inspection. The Federal Food, Drug, and Cosmetic Act states that FDA is to inspect domestic drug manufacturing establishments at least once every 2 years. Data show, however, that the number of registered human drug establishments has increased in the last 25 years while the number of FDA human drug inspections has decreased over the same period. The Agency no longer has the resources to meet this statutory requirement. Beginning in fiscal year 2005, as part of the Agency's CGMPs for the 21st Century Initiative, the FDA will pilot a risk-based inspection model for prioritizing drug manufacturing establishments for routine inspection. The model is based on a risk-ranking and filtering method that is well-recognized, objective, and rigorously systematic. The study found that a risk-based approach toward selecting facilities for inspection should help the Agency make the best use of its limited surveillance and enforcement resources while maximizing the impact of those resources on the public health. In addition, the study found that lessons learned from the results of the 2005 pilot will be incorporated into future iterations of the risk-based inspection model.  
<http://www.fda.gov/cder/gmp/>

PIC ID: 8083; Agency Sponsor: FDA-CDER, Center for Drug Evaluation and Research; Federal Contact: Wang, Brenda, 301-827-5266; Performer: FDA, Center for Drug Evaluation and Research, Rockville, MD

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### ***Prevalence of Food Safety, Quality, and Other Consumer Statements on Labels of Processed, Packaged Foods***

In accordance with FDA's mission to promote and protect the nation's food supply by ensuring that it is safe, wholesome, sanitary, and honestly labeled, the Center for Food Safety and Applied Nutrition monitors the food industry's response to food labeling regulations through the Food Label and Package Survey (FLAPS). FLAPS data characterize the presence of food safety and other information for the consumer. Major findings included the following: (1) The labels of close to one-third of the food products sold in the United States include statements about refrigeration, but the words "to maintain safety" are not present, even though FDA guidance indicates the importance of including them. (2) Consumers are concerned that labels contain information to alert allergic individuals to the presence of food allergens, but very few labels voluntarily bear such information. (3) Regulations do not require food manufacturers to provide information on bioengineered ingredients, and very few manufacturers voluntarily do so. (4) Pasteurization is used to kill pathogens that could cause injury or death, and regulations require a warning statement on the label of juice products that have not been pasteurized or otherwise processed to prevent, reduce or eliminate pathogenic microorganisms. Over half of juices have a statement that they are pasteurized. (5) Few foods contain information to cook foods thoroughly or to use a thermometer. (6) The food label can be used as an educational tool and will be one of the primary vehicles to provide critical information to the consumer.

PIC ID: 5711.4; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: Spease, Carol, 301-436-1787; Performer: FDA, Center for Food Safety and Applied Nutrition, Washington, DC

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### ***2000-2001 Food Label and Package Survey: An Update on Prevalence of Nutritional Labeling and Claims on Processed, Packaged Foods***

This study examined the role of the food label as an important tool for improving the public's understanding of the health benefits associated with following a nutritious diet. FDA's Center for Food Safety and Applied Nutrition (CFSAN) has continued to study food labels with its Food Label and Package Survey (FLAPS). Data from the 2000-2001 FLAPS characterize various aspects of the labeling of processed, packaged foods, including nutrition labeling and various types of label claims. The FDA used a multistage, representative, sample from the Information Resources Inc. 1999 supermarket database as the basis for the FLAPS sample. The final FLAPS database consisted of 1,281 foods. Major findings included the following: (1) An estimated 98.3% of FDA-regulated processed, packaged foods sold annually have nutrition labels with an additional 1.7% of products exempt from nutrition labeling requirements. (2) Health claims (4.4%), structure/function claims (6.2%), and nutrition claims (49.7%) were identified on food labels. In addition to the resource this survey provides to CFSAN in assessing health and nutrition information on the food label, registered dietitians and other health professionals can use FLAPS data to assist consumers in choosing a more nutritious diet to improve their health and well-being.

PIC ID: 5711.3; Agency Sponsor: FDA-CFSAN, Center for Food Safety and Applied Nutrition; Federal Contact: LeGault, Lori A., 202-205-5269; Performer: Information Resources Inc., Chicago, IL

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## ***Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate***

The Institute of Medicine (IOM), through its Food and Nutrition Board (FNB), as part of the continuing activity to develop Dietary Reference Intakes (DRIs) for nutrients, undertook a study to develop DRIs for electrolytes and water. This included a review of sodium, potassium, chloride, sulfate, and water. The study (1) reviewed the scientific literature about these electrolytes and water and other components of foods that may influence risk of cardiovascular disease, asthma, osteoporosis, hypertension, gastric cancer, and renal stones, (2) developed DRIs for these substances where there was sufficient data available to do so, including consideration of levels of intake that are compatible with good nutrition throughout the lifespan and that may decrease risk of developmental abnormalities and chronic disease, (3) addressed the safety of high intakes of these substances, and, when appropriate, determine Tolerable Upper Intake Levels (ULs) in specific population subgroups, and (4) provided guidance on the use of these recommendations and reference intakes for individuals in addressing questions of applicability to assessing intakes of populations and in formulation of appropriate dietary standards, including research needed on which to base such policy decisions. A final report was produced in February, 2004. <http://www.nap.edu/books/0309091691/html>

PIC ID: 8071; Agency Sponsor: OPHS-ODPHP, Office of Disease Prevention and Health Promotion; Federal Contact: McMurry, Kathryn, 240-453-8260; Performer: (unknown),

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

### **Objective 3.2 – Strengthen and expand the health care safety net**

#### ***Maximizing the Impact of Policy-Related Research: Lessons from the Child Health Insurance Research Initiative (CHIRI)***

The Child Health Insurance Research Initiative (CHIRI) funded research on the State Child Health Insurance Program (S-CHIP), fostered collaboration between researchers who examined data across multiple states, and encouraged dissemination of research findings to the members of the child health policy community to inform their discussions. The initiative began in 1999 with nine studies funded by the Agency for Healthcare Research and Quality (AHRQ), the David and Lucile Packard Foundation, and the Health Resources and Services Administration (HRSA). Seven of the studies examined individual state programs; two were national in scope. The grantees were directed to collaborate with others to develop joint products (e.g., cross-state examinations of particular aspects of S-CHIPs). In early 2003, an evaluation examined the dissemination of grantee findings and products, documented the apparent impact of these dissemination efforts, and developed recommendations to guide the provision of technical assistance to further enhance dissemination of information to the policy community. The evaluation found that: the research conducted resulted in policy changes to state delivery systems and enrollment processes for low-income children; there was a positive impact on state policy; the policy community members participating in CHIRI case studies reported relatively high familiarity with the CHIRI

grantees (with a number of policy stakeholders indicating that they communicated regularly with grantees about ongoing research projects and received notice from them about important findings); and, as a result of familiarity with CHIRI findings on S-CHIP disenrollment issues, one state S-CHIP Director used the CHIRI "Disenrollment Issue Brief" to influence state policy.

PIC ID: 8168; Agency Sponsor: AHRQ-OPART, Office on Performance, Accountability, Resources and Technology; Federal Contact: David Introcaso; 301-427-1213; Performer: Johnson, Bassin and Shaw, Inc., Silver Spring, MD.

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### ***Assessing the Policy Impact of AHRQ's Low Income Research Portfolio 1989 – 2000***

The Agency for Healthcare Research and Quality (AHRQ) contracted with National Opinion Research Center to assess the policy impact of AHRQ-sponsored grants on topics relating to the health of and health care provided to low income populations. This report characterizes the type of impact AHRQ-sponsored low income research has had on state and federal health policy and recommend ways to enhance usability and increase adoption of findings from future research through improved research funding, administration and dissemination strategies. Findings from this project highlighted specific factors associated with a higher likelihood that research findings will have an effect on policy. Factors that are necessary but not sufficient by themselves include: structure, oversight and administration of the grant, involvement of policy stakeholders in all phases of grant activity, the role of advocacy groups in disseminating findings and lobbying for change, and principal-investigator motivation and understanding of the policy process. Implications for AHRQ's funding and dissemination strategy are were identified. Overall the influence of AHRQ's Low Income research portfolio funded in the 1990s on policy-making among government and health care sector stakeholders was mixed; some grants did not produce or disseminate results of direct interest to policy makers. However, the assessment demonstrated that a number of specific grants had significant influence on policy-making; in particular, on Medicaid and safety-net care provisioning.

PIC ID: 8167; Agency Sponsor: AHRQ-OPART, Office on Performance, Accountability, Resources and Technology; Federal Contact: David Introcaso; 301-427-1213; Performer: National Opinion Research Center, Chicago, IL.

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## **Objective 3.3 - Strengthen and improve Medicare**

### ***Evaluation of the BadgerCare Medicaid Demonstration***

This evaluation determined whether BadgerCare increased access to health insurance for low-income families and support families making the welfare-to-work transition. It also evaluated whether Wisconsin's experience with BadgerCare could help other States with similar reforms. Major findings include: (1) BadgerCare achieved its main objective of bridging the gap between Medicaid and private insurance for the working poor. (2) BadgerCare exceeded enrollment projections soon after implementation and continued to gain new enrollees each month. (3) The program was credited with keeping the rate of uninsurance in the State among the lowest in the nation throughout the recent economic downturn. Other significant findings of the evaluation include: (1) The BadgerCare program is viewed as distinct from Medicaid and thereby succeeded in reducing the welfare stigma typically associated with public programs. (2) Most enrollees who paid premiums believed the premiums were reasonable in amount. (3) BadgerCare enrollees enjoyed equivalent or better access to care as individuals enrolled in employer-

sponsored insurance (ESI) plans and much better access than uninsured, low-income families. (4) No significant differences were seen in reported health status between BadgerCare adult or child enrollees and adults and children who were either uninsured or covered by ESI or other insurance.  
<http://www.cms.hhs.gov/researchers/demos/badgercare/BadgerCareDec2003.pdf>

PIC ID: 8091; Agency Sponsor: CMS-ORDI, Office of Research, Development, and Information; Federal Contact: Boben, Paul J., 410-786-6629; Performer: Research Triangle Institute, Waltham, MA

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### ***Evaluation of the MassHealth Quality Improvement Plan***

This project studied two features of the Massachusetts Medicaid plan, "MassHealth": Quality Improvement Plan and the Insurance Reimbursement Program. The Quality Improvement Plan report described and evaluated quality improvement (QI) activities conducted under the Commonwealth's Medicaid Section 1115 waiver. This report described specific activities in Massachusetts' primary care case management program with managed care organizations (MCOs); including the organizational structure supporting these activities. In addition, an evaluation of aspects of the QI activities directed to the primary care case management program was conducted. Massachusetts actively incorporated managed care practices in a primary care case management program, and required MCOs contracting with MassHealth to pursue QI activities. The state invested heavily in these activities, dedicating staff time to set goals, develop the initiatives, generate data and educational materials, and work directly with the MCOs and the network management vendor for the Primary Care Clinician (PCC) Plan activities. Many MassHealth beneficiaries who were not directly affected by these activities – those who remained in fee-for-service, and those who enrolled with a PCC Plan provider - were not included in the QI activities due to having fewer than 200 PCC Plan enrollees on their panels. Some strengths of the program included: (1) use of process measures that were credible to providers; (2) a well-developed system of working with individual medical practices and tailoring QI plans to each practice; (3) developed action plans consistent with QI principles including creating an open, safe environment, encouraging diverse viewpoints, and negotiating agreements; and (4) understanding the limitations of the profile data and using these data as a starting point for dialog with individual medical practices, not as the basis for rewards or sanctions.

PIC ID: 8090; Agency Sponsor: CMS-ORDI, Office of Research, Development, and Information; Federal Contact: Magee, Carol, 410-786-6611; Performer: Research Triangle Institute, Waltham, MA

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### ***Impact of Prescription Drug Coverage on Medicare Program Expenditures - A Case Study of the Evaluation of the UMWA***

This report addressed how prescription coverage influenced the use of medical care when drug therapy substituted for or complemented other medical services. The research had three specific aims: (1) To examine the impact of drug coverage on drug expenditures and other expenditures covered by the Medicare program from 1995 to the latest available data of 2000. (2) To explore critical research design issues (most importantly statistical techniques for selecting comparison groups) that will be encountered in any evaluation of the prescription drug benefit currently available to members of the United Mine Workers of America (UMWA) Health and Retirement Funds. (3) To assess the predictability of drug expenditures and the performance of Medicare's current risk adjustment methodology (the HCC/DCG). Essential findings included: (A) Drug coverage induced additional spending on prescribed medications by Medicare beneficiaries where higher spending on drugs among those with coverage appeared to have little aggregate impact on spending for Medicare-covered services; and drug coverage may potentially produce cost offsets for persons with particular medication-sensitive conditions. (B) Research may be

difficult to find a credible comparison group for the Funds' beneficiaries, and the study estimated rates of insurance coverage. (C) It would be possible to develop a case-mix adjustment methodology for privately provided drug benefits mitigating a substantial proportion of case-mix risk, and there was a need for very careful design of policies intended to improve beneficiaries' access to drug insurance via free markets. <http://www.cms.hhs.gov/researchers/reports/2004/Wrobel.pdf>

PIC ID: 8089; Agency Sponsor: CMS-ORDI, Office of Research, Development, and Information; Goody, Brigid, 410-786-6640; Performer: Abt Associates Inc., Cambridge, MA

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### ***Multi-State Evaluation of Dual Eligibles Demonstration Final Report***

This report evaluated several state demonstration programs designed to create alternative delivery services for the dually eligible - people who are eligible for both Medicare and Medicaid. This report analyzed the utilization of services, costs, and quality for one of the demonstration projects, Minnesota Senior Health Options (MSHO). The design included a survey of enrollees and two matched control groups: One selected from the same geographic areas where the plans operate (i.e., composed of persons who were eligible but declined to participate), and a second from comparable locations in the state where the plan is not offered. Encounter and fee-for-service claims data for both the MSHO enrollees and control groups were analyzed to determine if the outcomes of care, including inpatient hospitalization, emergency room visits, and preventable hospitalizations, were different for MSHO compared to control groups. In general, the results of this evaluation were mixed. Major findings included: (1) MSHO had some impact on the process of care, providing more of some types of preventive and community care services for community residents, although the number of face-to-face provider visits was significantly less than either control group and there was no consistent measurable effect on the various outcomes or indicators of quality care measured in this study for community residents. (2) MSHO nursing home enrollees had significantly fewer hospitalizations, emergency room services and preventable emergency services than either control group. (3) There was a greater effect on preventable emergency room visits and preventable hospitalizations with increased exposure to MSHO for community residents. (4) The cost to the government, both state and federal, was higher under MSHO compared to fee-for-service Medicare and a combination of capitated Medicaid and fee-for-service Medicaid payments. <http://www.cms.hhs.gov/researchers/reports/2003/kane.pdf>

PIC ID: 7186; Agency Sponsor: CMS-ORDI, Office of Research, Development, and Information; Federal Contact: Rudolph, Noemi, 410-786-6662; Performer: University of Minnesota, Minneapolis, MN

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### ***Using Medicaid to Cover Services for Elderly Persons in Residential Care Settings: State Policy Maker and Stakeholder Views in Six States***

The purpose of this study was to examine current state policies and practices regarding Medicaid funding for services in assisted living and other residential care settings for older people. The Secretary and the Department need better information about Medicaid's current and potential role in providing services in this increasingly popular option. The report describes current practice in six states that pay for assisted living using Medicaid. Findings indicate that (1) stakeholders all believed that their state's decision to use Medicaid to provide services in residential care settings was the right one; 2) there is considerable confusion about residential care options, primarily due to the use of the term "assisted living" to market different types of facilities; 3) there are concerns about regulatory and licensing issues, both overly prescriptive regulations and the lack of enforcement of existing ones; 4) there are significant staffing concerns, both quality and quantity; 5) there are concerns about the ability to age in place in practice;

and 6) inadequate service rates and a general lack of funding for long-term care programs are significant barriers to expanding Medicaid coverage.  
<http://aspe.hhs.gov/daltcp/Reports/med4rcs.htm>

PIC ID: 8033; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Kennedy, Gavin, 202-690-6443; Performer: RTI International, Research Triangle Park, NC

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## **Objective 3.4 - Eliminate racial and ethnic health disparities**

### ***Minority Corporate Outreach and Recruitment Program (MCORP) Outreach, Recruitment and Retention Feasibility Study Final Report***

The goal of the study was to determine broadly the best methods for evaluating outreach and recruitment efforts to members of various races and ethnicities who had an interest in participating in the biomedical enterprise through a number of agreements, partnerships and mechanisms designed to provide research and research training opportunities. More specifically, the study was conducted to determine what specific research designs, measures, data collection strategies, and analytical methods are most appropriate to evaluate outreach and recruitment efforts to minority communities. To complement these metrics the study also explored what specific research designs, measures, data collection strategies, and analytical methods are most appropriate to evaluate CBOs (Community-Based Organizations) and Minority Serving Institutions' awareness of outreach and recruitment efforts undertaken by units at the National Institutes of Health (NIH), such as the newly organized Minority Corporate Outreach and Recruitment Programs in the NIH Office of Equal Opportunity and Diversity Management. The results of the study indicated that the NIH has best practices already in place. During The Gordon Group's research, the NIH was on at least two diversity best practice lists. The aim of this feasibility study was to introduce new strategies; to provide a benchmarking opportunity for the organization; and to provide input on how to enhance present diversity practices through the MCORP division. The study found the best practice for the conduct of outreach to minority and underserved communities by the NIH are most similar to the efforts and goals of institutions of higher education, in that they provide programs and training to members of marginalized populations. It was concluded that in addressing agency outreach to underrepresented minorities, some of the best information and strategies are obtained from academia. Strategies include increased positioning through print, television, the internet mediums. Outreach programs need to be strategically develop to help communities navigate through the plethora of NIH programs and "connect the dots" using the NIH opportunity which best supports their research, research training and career development plans.  
<http://www.oeodm.nih.gov>

PIC ID: 8155; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Pruitt, Rose, 301-594-5157; Performer: The Gordon Group Evaluation Services, Miami, Florida 33176

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### ***Partnership for Reducing the Risk of SIDS in African American Communities: Case Studies of Three Summits***

Since the NICHD-led Back to Sleep campaign was initiated in the early 1990s, the rate of Sudden Infant Death Syndrome (SIDS) has declined overall by approximately 40 percent. The decline, however, has

been less in African American communities. In September 1999 and April 2000, the NICHD in collaboration with the National SIDS Alliance and the National Black Child Development Institute, hosted a meeting of experts to identify, discuss, and plan strategies for reaching African American communities with the Back to Sleep messages through a concerted public health campaign. In 2003, NICHD initiated an evaluation of the Back to Sleep campaign's and its special African American outreach efforts. The purpose of this evaluation was to document the complete process of planning and implementing these SIDS summits and to understand the elements that led to the success of the meetings or that served as barriers. The documentation was based on the onsite interviews and summit evaluations completed by participants and on post-summit debriefings held with select participants and planners. The result of the process evaluation is a partnership logic model that depicts the inputs, strategies, and short-term outcomes of this effort. Although the process evaluation suggests the initial success of the three summits and partnership development, the report recommends that the NICHD conduct an outcomes evaluation to provide greater details on the long-term effect of these activities.

PIC ID: 7628; Agency Sponsor: NIH-NICHD, National Institute of Child Health and Human Development; Federal Contact: Johnson, Paul, 202-401-8277; Performer: IQ Solutions, Inc., Rockville, MD

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### ***Development and Testing of Cultural Competency Curriculum Modules***

The purpose of this project was to develop and test curriculum modules that equip family practitioners with cultural and linguistic competencies. The curriculum modules are anchored in the principles and concepts established in the National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Thus, the modules are referred to as the CLAS Cultural Competency Curriculum Modules (CCCMs). The CLAS standards represent the first national, systematic and uniform approach to providing a framework for educating and training primary health care providers. The CLAS standards provide the framework for developing the necessary and relevant competencies to increase the quality and effectiveness of health delivery systems and to ensure that health care is not impeded by linguistic or cultural barriers. The CCCMs were pilot and field tested, and underwent a peer review by expert panelists. The CCCMs address the three thematic emphases of the CLAS Standards, i.e., culturally competent care, language access services, and organizational supports for cultural competence. A total of nine modules were developed, three modules per theme. The CCCMs are accredited for CME and will be available in print, web, and digital versatile disk (DVD) platforms to ensure that physicians and interested parties are able to access the CCCMs regardless of their technological capabilities. Although the CCCMs are a robust educational tool to effectively equip family practitioners with cultural and linguistic competencies, they will require further development, maintenance, dissemination and outcomes measurement in order to ensure that they remain current, be available for widespread dissemination and use, and have continued effectiveness. Lesson learned from the CCCMs include the need for an evaluation component to determine whether the integration of knowledge results in perceived changes in practice behavior and positive patient outcomes. Future work should include the development of outcomes measurement strategy for the CCCMs.

PIC ID: 7713; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Pacheco, Guadalupe, 301-443-5084; Performer: American Institute of Research, Washington, DC

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## ***Implementing Culturally and Linguistically Appropriate Services (CLAS) in Health Care***

The purpose of this project was to conduct a case study on a managed care organization and to document the processes for implementing the Culturally Linguistic and Appropriate Services (CLAS) standards. The results of the project documented both enabling factors and potential barriers to the implementation of the CLAS standards. As the results of this 18-month study, the following conclusions were reached: (1) MCOs must develop an infrastructure, operational principles, policies, and procedures for implementing the CLAS standards. (2) MCOs must recognize the importance and associations of organizational inputs, processes, and outcomes in the implementation of the CLAS. (3) MCOs must develop a strategy for data collection and quality monitoring that improve the quality of health care for their members. (4) MCOs must develop the capacity to make language services (interpreters and translation services) accessible to minority populations. It is recommended that additional studies of health care organizations be conducted, with particular attention paid to services and outcomes related to quality of health care.

PIC ID: 7714; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Pacheco, Guadalupe, 301-443-5084; Performer: Macro International, Inc., Calverton, MD

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## ***National Assessment of Culturally and Linguistically Appropriate Services in Managed Care Organizations (CLAS in MCOs Study)***

The intent of this study was to examine the nature and extent of culturally and linguistically appropriate services (CLAS) in managed care organizations (MCOs) across the country and highlight promising CLAS practices implemented by these organizations. Additionally, the project set out to fill a significant gap in the health care field by identifying and developing a comprehensive conceptual framework that ultimately included eight “assessment domains” as essential components of CLAS and by developing an assessment tool that offers sound measures of these components. The assessment tool – a questionnaire developed in three parts to be answered by MCO staff knowledgeable about, respectively, organizational governance and policies, staffing, and membership services – was conducted in a national random sample of MCOs comprising the Directory for the American Association of Health Plans. Seventy- seven out of 256 eligible MCOs participated (30 percent), completing from one through three questionnaire components. The study findings, while not generalizable to the universe of MCOs nor indicative of national trends in health care service delivery, do show that MCOs are providing many types of services that address the specific needs of their culturally and linguistically diverse members, and provide examples of how MCOs are doing it. For each of the eight domains, numerous examples of the types and ranges of services and practices implemented by the MCOs are described. Additionally, the study highlights certain “higher-end” CLAS practices as promising in that the literature suggests they may improve quality of care and services for culturally and linguistically diverse populations. Finally, the instructive nature of the questionnaire design serves to educate respondents in the process of conducting the study about their organizational CLAS practices. Recommendations for future research, further refinement of the conceptual framework, and specific to health plans are provided.

PIC ID: 6674; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Hawks, Betty, 301-443-5084; Performer: Cosmos Corporation, Bethesda, MD

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## **Objective 3.5 - Expand access to health care services for targeted populations with special health care needs**

### ***Results of a Multi-Site Randomized Implementation Effectiveness Trial of Supported Employment Interventions for Individuals with Severe Mental Illness***

This multi-site study tested the effectiveness of supported employment (SE) models combining clinical and vocational rehabilitation services to establish competitive employment. National probability surveys indicate that the majority of individuals with schizophrenia and other severe mental illnesses are unemployed. Twelve hundred seventy three outpatients with severe mental illness from 7 states were randomly assigned to either an experimental SE program or a comparison/services as usual condition and followed for 24 months. Participants were interviewed semi-annually, paid employment was tracked weekly, and vocational and clinical services were measured monthly. Mixed-effects random regression analysis was used to predict the likelihood of competitive employment, working forty or more hours in a given month, and monthly earnings. Cumulative results over 24 months show that experimental group participants were more likely than those in the comparison programs to achieve competitive employment. Similarly, patients in experimental group programs were more likely than those in comparison programs to work 40 or more hours in a given month. Finally, participants in experimental group programs had significantly higher monthly earnings than the comparison groups. In the multivariate longitudinal analysis, experimental condition subjects were more likely than comparison group subjects to be competitively employed, work 40 or more hours in a given month, and have higher earnings, despite controlling for demographic, clinical, work history, disability beneficiary status, and study site confounds. Moreover, the advantage of experimental over comparison group participants increased over the 24-month study period. Conclusions drawn from this study were that SE models tailored by integrating clinical and vocational services were more effective than services as usual or unenhanced services.

PIC ID: 7718; Agency Sponsor: SAMHSA-CMHS, Center for Mental Health Services; Federal Contact: Blyler, Crystal, 240-276-1910; Performer: University of Illinois, Champaign, IL

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### ***Evaluability Assessment of the Rape Prevention and Education Grant Program***

The purpose of the Rape Prevention and Education (RPE) Grant Program is to award funds to all U.S. states, D.C., and eight territorial Departments of Health (DOH) for rape prevention and education activities conducted by the DOH, sexual assault coalitions, rape crisis centers, and other public and private entities. The aim of this contract was to enhance the CDC's and other stakeholders' knowledge of the allocation and uses of the RPE grants in order to improve the administration, effectiveness, and efficiency of the RPE Grant Program. The primary objectives of this assessment were to 1) document the intended goals and objectives of the RPE Grant Programs, 2) assess the allocation mechanisms, uses, and impact of the funds for RPE, and 3) assess the technical assistance and training needs of territorial, state, and local RPE-supported programs. To meet such objectives, these data collection tasks were employed: a) a critical review of both published literature and the related materials pertaining to the RPE Grant Program, b) telephone interviews with key federal and state stakeholders, c) a Web-based survey of a range of state/territory representatives, d) site visits for more detailed information, and e) focus groups. Some of the major findings included a consensus on the overall goal of the RPE Grant Program, and that the availability of specific sexual violence prevention funding is a strength of the program. However, it was also found that improvements are needed in providing information in definitions and best practices.

PIC ID: 8044; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Lang, Karen, 770-488-1118; Performer: RTI International, Research Triangle Park, NC

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## ***State-Initiated Nursing Home Nurse Staffing Ratios: Annotated Review of the Literature***

The purpose of this project is to inform federal and state policymakers about what can be learned from the implementation and enforcement of state minimum nursing staff ratios for nursing homes, and related issues, such as labor shortages and resident casemix. The experiences of states that have already grappled with the complexities of setting, monitoring, and enforcing minimum staffing ratios is instructive. The project describes the states' minimum ratios and their goals, the issues states confront as they implement the ratios, and the perceived impacts of these ratios on the quality and cost of nursing home care. This paper provides an annotated review of the published and unpublished literature on state standards. Its purpose is to identify states with minimum nursing staff ratios and to learn how this type of standard is being implemented.

<http://aspe.hhs.gov/daltcp/reports/ratiolit.pdf>

PIC ID: 8011; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Harvell, Jennie, 202-690-6443; Performer: Urban Institute, Washington, DC

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## ***State Experiences with Minimum Nursing Staff Ratios For Nursing Facilities: Findings From the Research to Date and a Case Study Proposal***

The purpose of this project was to inform federal and state policymakers about what can be learned about the implementation and enforcement of state minimum nursing staff ratios for nursing homes and related issues, such as labor shortages and resident case-mix. Published and unpublished literature was reviewed to describe states' minimum staffing ratios and their goals, the issues states confronted as they implemented them, and the perceived impact of these ratios on the quality and cost of nursing home care. A small number of key stakeholders and officials at the national level were contacted to corroborate information and further understand issues related to state implementation of staffing ratios. The literature review revealed that 36 states have established minimum nursing staff ratios, and that the remaining 14 states either: 1) used the federal nursing staff requirements when surveying nursing homes that wished to be certified for participation in Medicare or Medicaid; or 2) have used state professional coverage standards for nursing home licensure that are similar to or exceed the federal requirements. The literature review also noted how complex and different the ratios were across the 36 states. They included the type of staff to whom the ratios apply, as well as differences in the ratios and the facilities to which they applied. Recent state activity that included efforts to increase, decrease, or eliminate minimum staffing ratios, or to make ratios more flexible in nursing homes were also discovered. The discussions held with key stakeholders indicated they believed that quality, rather than cost or labor supply, was the dominant concern for most states with recent activity on standards. In addition, some states that have raised nursing home payment rates to address the long-term care labor shortage have imposed staffing ratios to help ensure that increased funding for nursing homes is used to augment staffing in facilities.

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

PIC ID: 8025; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Harvell, Jennie, 202-690-6443; Performer: Urban Institute, Washington, DC

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## ***State Experiences With Minimum Nursing Staff Ratios For Nursing Facilities: Findings from Case Studies of Eight States***

This study describes what is known about the status of states' minimum nursing staff ratios and findings from case studies that examined states' experiences with implementing or modifying these standards in a selected number of states. Published and unpublished literature on state standards identified 36 states with established minimum ratios in 2003. Since 1997, 23 states have made changes to their minimum nursing staff ratios. Ten states out of the twenty-three were chosen to find out why the states set, modified, or eliminated their staffing ratios; how the standard in questions was implemented; how compliance was monitored; and the perceived effects of the standards. Site visits were conducted with a set of state official and key stakeholders in each state. Findings reveal that staffing ratios can be implemented or removed in different ways, including thorough passage of new legislation as part of new regulations. Recent changes to state ratios typically came about as a reaction to publicity about quality problems in nursing homes and with the goal of improving the quality of resident care in nursing facilities. However, we found considerable variation across the study states, with substantial disagreement about the best approach among various stakeholder groups.  
<http://aspe.hhs.gov/daltcp/reports/8state.htm>

PIC ID: 8032; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Harvell, Jennie, 202-690-6443; Performer: Urban Institute, Washington, DC

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## ***Final Report Evaluation of the Community Action Grant Program-- Phase II, Rounds 1, 2, & 3***

The Community Action Grant Program (CAG) facilitated the adoption and implementation of exemplary practices in mental health services for adults with serious mental illness and children with severe emotional disturbance. The grant program had two phases, each one year long. In Phase I, applicants convened stakeholders (e.g., consumers, policy-makers, providers) to build consensus to adopt a chosen practice, as well as identify a funding source to fund the practice implementation. In Phase II, successful Phase I grantees implemented the practice. Human Interaction Research Institute (HIRI) conducted an evaluation of the first three cohorts of CAG Phase II projects. Although every project experienced barriers and challenges to implementation, successful implementation was achieved by all 30 CAG projects studied for this evaluation. The target populations included adults with serious and persistent mental illness (SPMI), children and youth with serious emotional disturbances (SED), adults over 60 years of age, adults who come into contact with the criminal justice system, and adults with co-occurring mental illness and substance abuse disorders. Target communities included single cities, groups of cities, single counties, multiple counties and statewide populations.

PIC ID: 8069; Agency Sponsor: SAMHSA, Substance Abuse and Mental Health Services Administration; Federal Contact: Morrisette, David, 240-276-1912; Performer: Human Interaction Research Institute, Los Angeles CA

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

### **Objective 4.3 - Strengthen and diversify the pool of qualified health and behavioral science researchers**

#### ***Analyses of the NCCAM Extramural Investigator Workforce and Funding Patterns***

The study examined the preparation and training of investigators conducting research in complementary and alternative medicine and the tactics they adopted in seeking support for their research. The National Center for Complementary and Alternative Medicine (NCCAM) conducted data analysis on the research training backgrounds and grant-seeking behavior of the nearly 200 investigators receiving research funding through its extramural research program. Findings included: 1) Nearly 40 percent of its Ph.D. level investigators were trained in the fields of pharmacology and pharmaceutical sciences, physiology, and psychology. 2) Twenty-nine percent (in FY 2002) were simultaneously supported by other NIH Institutes or Centers. 3) Recipients of exploratory/developmental funding from NCCAM were somewhat more likely than those receiving exploratory/development grants from other institutes to seek and receive follow-up funding from a different NIH Institute or Center.

PIC ID: 8128; Agency Sponsor: NIH-NCCAM, National Center for Complementary and Alternative Medicine; Federal Contact: Sutton, Jennifer, 301-402-7241; Performer: Macro International, Inc., Calverton, MD

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#### ***Final Report of the Mid-Program Evaluation at Florida International University***

This study was a mid-program evaluation of Advanced Research Cooperation in Environmental Health grants at Florida International University (FIU) and Florida A&M University (FAMU). The grants established research partnerships between investigators at a research-intensive university and a minority-serving institution (MSI). Each program included research, pilot projects, and support of core facilities that were placed at the MSI. The evaluations were performed by independent experts and were comprised of written responses to questions and a site visit. Grantees were provided with recommendations. Findings at FIU included the collaborative interactions developed with the University of Miami, significant institutional commitment from FIU and the effective leadership provided by the co-PIs. FIU has generated new research funding and begun to publish. Other recommendations included planning to expand capabilities of the core facility and make it self-supporting; co-PIs participate in research administration organizations, and continue their self-evaluation program. FAMU had strong institutional commitment, had generated new funding, and had established three fully operational facilities cores. Concerns include productivity, mentoring, and constructive communication.

PIC ID: 8126; Agency Sponsor: NIH-NIEHS, National Institute of Environmental Health Sciences; Federal Contact: Barnes, Martha, 919-541-3336; Performer: (unknown),

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## ***Review of the International Training and Research Program in Population and Health***

This review focused on the past ten years of activities of the International Training and Research Program in Population and Health (ITRPH), which enables universities and non-profit research institutions to support international training and research programs for foreign scientists from developing nations in population-related sciences. This review focused on the areas of Program Planning, Program Management (Project Selection, Recruiting Talent, Program Components, Institutional setting, Human Subjects and Fiscal Accountability), Partnerships and Communication, and Results. The panel observed that the program was progressing successfully, and raised several issues to consider. Issues included: (1) broadening the geographical and topical scope of ITRPH research to facilitate new collaborations, (2) establishing a better set of evaluative criteria to measure and report on local capacity building, including some sort of long-term trainee-tracking system, (3) involving foreign scientists in the proposal review process, (4) strengthening of communications and reporting to NIH partners, (5) revising the trainee selection process to have a more formal ICC role and a focus on transparency, (6) expanding the FIC's goal of creating "Centers of Excellence" to include "research networks" in countries without strong central research institutions, and (7) further emphasis on the importance of trainee return by employing positive and negative incentives.

PIC ID: 8137; Agency Sponsor: NIH-FIC, Fogarty International Center; Federal Contact: Kupfer, Linda, 301-496-3288; Performer: Abt Associates Inc., Cambridge, MA

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## **Objective 4.4 - Improve the coordination, communication, and application of health research results**

### ***Feasibility Study To Evaluate the Activities To Promote Research Collaborations Program***

This study examined the feasibility to conduct an outcome evaluation of the Activities to Promote Research Collaborations (APRC) program in the National Cancer Institute's Division of Cancer Biology (DCB). The study involved pilot testing telephone survey instruments on randomly selected sample of APRC-funded and non-funded (unsuccessful) applicants for the APRC award to assess the willingness of investigators to cooperate and participate in the full-scale study and to determine whether responses could yield useful information that can be analyzed. The study also involved collecting and analyzing secondary applicant data from IMPACII, e-Grants, and PubMed databases, to explore the practicality and efficiency of secondary data extraction process. Recommendations included: (A) specific modifications in the wording of some survey questions to improve clarity, and (B) the elimination of questions that were redundant or did not lend useful data. Other key recommendations from the feasibility study included the following: (1) Only funded investigators should be surveyed. (2) If publications are to be used as a key outcome indicator, study population should consist of investigators funded in FY 2002 and earlier. Most APRC project-related articles were published approximately 3 years after the receipt of award. (3) Secondary data collection can provide additional information to strengthen the reliability of survey responses. (4) Preliminary findings revealed promising outcomes of the APRC program.

PIC ID: 8130; Agency Sponsor: NIH-NCI, National Cancer Institute; Federal Contact: Kim, Kelly, 301-496-5473; Performer: CSR, Incorporated, Washington, DC

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## ***Creating an Evaluation Strategy for the Prevention Research Centers Network***

This study designed a national evaluation for the Centers for Disease Control and Prevention's (CDC'S) Prevention Research Program. The plan focuses not only on ensuring that the evaluation will produce credible evidence, but also on ensuring that findings are useful and can be used by stakeholders. The findings will be used to: (1) Inform CDC of the PRC's capacities and needs so that appropriate training, technical assistance, and other resources can be provided. (2) Identify principles of practice to guide current efforts in chronic disease prevention and health promotion, as well as future research and policies. (3) Inform future program planning for the national program office, as well as for the individual centers. (4) Generate and disseminate new knowledge in the fields of community-based participatory research, program evaluation, community-academic partnerships, research dissemination, and community capacity building. (5) Communicate the activities and outcomes of the PRCs to program stakeholders.

PIC ID: 7878; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Anderson, Lynda, 404-639-8175; Performer: Cosmos Corporation, Bethesda, MD

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## **GOAL 5 - IMPROVE THE QUALITY OF HEALTH CARE SERVICES**

### **Objective 5.1 - Reduce medical errors**

#### ***Mammography Quality Standard Act: Fifth Biennial Government Entity Declaration Program Audit 2004***

This fifth annual audit report of mammography facilities, was conducted by the Division of Planning and Finance at the request of the Division of Mammography Quality and Radiation Programs. The Mammography Quality Standards Act Government Entity Declaration Program requires that mammography facilities submit an annual self-certification form to be exempted from the yearly mammography inspection fee; specifically, to be exempt as a government entity, a facility must either (1) qualify as a government owned facility, or (2) receive at least 50% of their mammography screening funding through the Center for Disease Control and Prevention (CDC) under the Breast and Cervical Cancer Prevention Act of 1990. The purpose of the audit is twofold: 1) to notify mammography facilities that they will be held accountable for their self-certification for fee exemption and 2) to determine the rate of compliance with this MQSA program. The audit surveyed government entities and found a verification rate of 60%, which was well below the acceptable target rate of 90% developed as part of the audit plan. Therefore, a majority of government entity mammography facilities were out of compliance.

PIC ID: 8134; Agency Sponsor: FDA, Food and Drug Administration; Federal Contact: Cook, Cindy, 301-594-1284; Performer: FDA, Rockville, MD

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## **Objective 5.2 - Increase the appropriate use of effective health care services by medical providers**

### ***OPPE Program Evaluation Training Forum Series***

The Centers for Disease Control and Prevention's (CDC's) Office of Program Planning and Evaluation (OPPE) conducted a series of evaluation training programs to increase the understanding and use of evaluation methods throughout CDC. This project built on several earlier CDC efforts and resulted in the provision of evaluation training forums and educational materials to help public health professionals become more knowledgeable about methods of applied program evaluation. The training sessions and accompanying educational materials were designed to help participants apply concepts from CDC's evaluation framework to their day-to-day program development and monitoring activities. Project activities included selecting topics and speakers for the forums, working with selected speakers to develop slides, teacher notes, case studies, and student resources. Materials and forums were designed to be appropriate for individuals with a wide range of experience, skills, and orientation to evaluation. In addition, the contractor worked closely with presenters to convert these presentations into one-day workshops. Final workshop materials are available in hard copy and on CD-ROM from the federal contact.

PIC ID: 8045; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Chapel, Tom, 404-639-5284; Performer: Mathematica Policy Research, Inc., Plainsboro, NJ

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### ***Examination of Ambulatory Care Sensitive Conditions, Using the State Medicaid Statistical Files: Adverse Events (Admissions and Emergency Visits), Comparisons by Usual Source of Care***

The purpose of this study was to compare episodes of ambulatory care for Federally Qualified Health Center (FQHC) users to those of non-FQHC users when both have been hospitalized with a primary diagnosis of diabetes, hypertension, asthma, or other ambulatory care sensitive conditions, as well as when neither has been hospitalized. A consensus conference in December, 1995 recommended the use of Medicaid data to examine changes in utilization patterns for FQHC patients diagnosed with ambulatory care sensitive conditions. These are conditions which frequently can be managed with timely and effective treatment in outpatient settings, thus preventing the need for hospitalization. The study found that the likelihood of experiencing a hospitalization or emergency room visit was related to differences in type of health care provided, race/ethnicity and gender of patient, and co-morbidity. (A previous study, see PIC #6001, showed that Medicaid beneficiaries who received most of their care from FQHCs had lower hospitalization rates for ACSCs than did non-FQHC users.)

PIC ID: 7127; Agency Sponsor: HRSA-BPHC, Bureau of Primary Health Care; Federal Contact: Wells, Barbara, 301-594-4463; Performer: MDS Associates, Inc., Wheaton, MD

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### ***Evaluation of the AIDS International Research and Training Program: A Feasibility Study***

This study assessed the feasibility of a full-scale outcome evaluation of the NIH-supported AIDS International Training and Research Program (AITRP). Using the four-part Fogarty International Center (FIC) evaluation framework, a comprehensive list of evaluation questions was developed. This framework

guided the development of a Logic Model that was adjusted in the course of the study, as well as the specific questions to be addressed. Interviews were conducted with FIC staff, NIH partners, domestic and international AIDS experts, and Principal Investigators of AITRP grants. A Review was conducted of NIH and FIC documents and scientific/policy publication to supplement interview information. To examine the integrity of trainee data, a trainee roster was compiled from multiple sources and trainees were questioned about their experiences to pre-test survey equipment. The study revealed unique features of the program, including: it responded to the epidemic many years before other organizations developed programs promoting training and research in developing areas; by providing long-term repeating grants, the program made a sustained commitment to developing countries. The study found evidence that AITRP grants result in achievements that appear to go well beyond the individuals who participate in them. The study also found that trainees may not have sufficient funds and access to institutional infrastructure to continue productive work on their chosen topics and that a more in-depth study is needed to establish whether AITRP has been successful in creating sustainable research capacity. The study authors recommended a full program evaluation to provide new and important insight into the workings and achievements of AITRP.

PIC ID: 8133; Agency Sponsor: NIH-FIC, Fogarty International Center; Federal Contact: Kupfer, Linda, 301-496-3288; Performer: Abt Associates Inc., Cambridge, MA

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### ***National Initiative to Improve the Recruitment and Retention of the Paraprofessional Workforce in Long-Term Care***

This project examined ways to strengthen the recruitment and retention of paraprofessional long-term care workers (nursing aides, home health aides, personal care assistants, and direct support professionals). The initiative had a number of goals: to increase public recognition of the critical role played by direct care workers; to explore options to promote innovation at the state, community and provider level to improve recruitment and retention of long-term care workers; the development of a national clearinghouse database with search capacity on the long-term care workforce; and the development of a program of applied research, demonstration and evaluation to improve workforce recruitment and retention and the delivery of high quality long-term care services. Major findings include: (1) wage pass-throughs do not appear, by themselves, to have a sustained impact on recruitment and/or retention of direct care workers, and (2) pre-employment and on-the-job training for nurse aides does not always adequately prepare nursing assistants with the skills they need to succeed in their jobs. <http://aspe.hhs.gov/daltcp/reports/pltcwf.htm>

PIC ID: 8042; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: Association of Homes and Services for the Aging, Washington, DC

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## **Objective 5.3 - Increase consumer and patient use of health care quality information**

### ***Customer satisfaction study of the National Women's Health Information Center's (NWHIC) toll-free call center service***

The purpose of this evaluation was to determine how effective NWHIC's toll-free service is in meeting its goal to provide all women no-cost access to a wide range of health information, including referrals and

publications. The Office on Women's Health manages the National Women's Health Information Center (NWHIC), a "one stop shopping" resource that provides current, reliable, commercial and cost-free health information and referrals to women and health professionals. NWHIC has two main features: a web site at [www.4woman.gov](http://www.4woman.gov) and a toll-free call center. The response rate was 74.4 percent, and 1,489 callers completed the survey. Major findings included: (1) overall customer satisfaction is either good or very good, (2) a majority of callers received requested publications within an acceptable timeframe, and (3) an overwhelming majority rates the materials as useful or very useful.

PIC ID: 8132; Agency Sponsor: OPHS, Office of Public Health and Science; Federal Contact: Scardino, Valerie, 202-205-0270; Performer: RTI International, Research Triangle Park, NC

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### ***Ensuring the Health and Wellness of Our Nation's Family Caregivers***

The Department of Health and Human Services sponsored a town hall meeting on December 16, 2003 to highlight the important role of health promotion and disease prevention activities in ensuring the health and wellness of our nation's family caregivers. Former and current family caregivers were on hand to deliver testimonials of their caregiving experiences and discuss the positive impacts that health promotion activities have had on their quality of life. Researchers and representatives from caregiving organizations also highlighted ways in which family caregivers could engage in activities to improve their overall health. The available materials include the event agenda and summary, a special letter from Mrs. Nancy Reagan, one page fact sheet and frequently asked questions concerning family caregiving, an overview of the programs that promote the health of older adults, and a compendium of studies designed to promote the health of caregivers.

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

PIC ID: 8076; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: RTI International, Research Triangle Park, NC

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### ***Communication Strategies for the Leading Health Indicators***

This project was Phase II of a multi-year effort to assess and pilot different approaches to communicate the Leading Health Indicators (LHIs) to diverse organizations and segments of the public. The multi-year effort began in FY 2000. Phase I involved the development of the communication plan that identified the strategies, audiences and methods to make health professionals, the media and the American public aware of and attuned to the concept of Leading Health Indicators as a way to assess healthy practices. The purpose of Phase II was to implement the initial recommendations of the communication plan. Phase II included the conceptualization and prototyping of the following: a "brand" for the Leading Health Indicators, an annual report on the health of the nation, a national summit on prevention, regional meetings on prevention topics, possible baseline knowledge questions about the LHIs, and a qualitative research repository to enhance knowledge of how to communicate effectively with the public. Because of the difficulty in locating information about the public's interest in and knowledge of prevention, ODPHP identified the concept of a qualitative research repository as worth further prototyping and evaluation. Findings included: (1) HHS sponsors or conducts a large amount of audience research on core prevention topics that can be utilized beyond its specific programmatic purposes. (2) This research is typically unknown or difficult to obtain. (3) There is a large demand within HHS and from outside organizations to better understand how to communicate with the public on prevention. (4) A database is a feasible approach to aggregating audience research from across HHS.

PIC ID: 7837; Agency Sponsor: OPHS-ODPHP, Office of Disease Prevention and Health Promotion; Federal Contact: Baur, Cynthia, 240-453-8262; Performer: AIR/Prospect Associates, Rockville, MD

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### ***Findings from the Cancer Information Service 2003 User Survey***

The Cancer Information Service (CIS) provides cancer information and education to cancer patients, their friends and families, the general public, and health professionals through a network of 14 regional contracts; it serves all 50 States, Puerto Rico, the U.S. Virgin Islands, and U.S. Territories. The CIS provides recorded cancer information, NCI publications, and personalized cancer information in English and Spanish, offered by trained Cancer Information Specialists, through a toll-free number (1-800-4-CANCER). Users also can access information on smoking cessation (1-877-44U-QUIT). The CIS responds to cancer inquires via LiveHelp, a Web-based instant messaging service, and a TTY line for the deaf and hard of hearing. The purpose of this study was to evaluate satisfaction and the effect of the service on users. A 10 minute telephone survey was administered by trained interviewers no more than 2 to 3 weeks after an individual contacted the CIS. The core of the survey contained 19 questions, with additional branching questions that total 48 items. Survey domains assessed: user satisfaction; increased self-efficacy in communicating with a doctor or other health professional, personal health promotion, and cancer-related decision making; increased user intention to pursue treatment options or clinical trials; and, increased behavior related to pursuit of treatment options or clinical trials or tobacco prevention. Findings included: (1) Users were satisfied with the service they received; (2) CIS is an effective source of information and education about cancer; (3) users had increased confidence in their ability to seek more information about cancer or a tobacco related issue.

PIC ID: 8066; Agency Sponsor: NIH-NCI, National Cancer Institute; Federal Contact: LaPorta, Madeline, 301-594-8025; Performer: Matthews Media Group, Rockville, MD

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### ***Best Practices for Effective and Productive Premarket Meetings***

The Ombudsman requested that the Analysis Branch within the division conduct a study to collect the best practices to prepare for premarket meetings with the FDA. The ultimate product as a result of this study is a presentation outlining these practices. The Ombudsman wanted to also know if different types of meetings had different requirements. In order to collect this data, the Analysis Branch conducted two focus groups of personnel from the reviewing divisions within CDRH. There were a total of seventeen participants who ranged from project managers to Division Directors. The result of the focus groups was a set of charts with the advice from the focus group participants. It was noted that no significantly different advice would be given for the different types of meetings. Some of the major findings focused on preparing the background package and the essentials of keeping the meetings relevant to the scientific, regulatory or administrative issues identified in the background package. Additional advice ranged from simple comments like starting and ending on time, to the comments reminding sponsors that CDRH cannot approve a study or clear/approve devices during a one-hour meeting. The resulting charts from the study have been well received internally and all or part of the presentations will be used by both the CDRH Ombudsman and some reviewing personnel at various professional meetings.

PIC ID: 8135; Agency Sponsor: FDA-CDRH, Center for Devices and Radiological Health; Federal Contact: Wilkinson, Stephanie, 301-594-1284; Performer: (unknown),

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## **Objective 5.5 - Accelerate the development and use of an electronic health information infrastructure**

### ***Evaluating the Effectiveness of a Web-Based Quality of Care Improvement System***

Health care providers' receipt of feedback on their clinical practices, coupled with training on clinical guidelines, has been shown to improve quality of care delivered. ID Web is facility-based and individualized feedback to Indian Health Service (IHS) clinicians and administrators on 13 clinical care indicators, as well as web-based training on clinical guidelines and facility-specific caseload information. Specifically, ID Web indicators provide information on clinical care related to sexually transmitted infections, including HIV and hepatitis B diagnoses. The purpose of this evaluation was to assess the use and effectiveness of ID Web in the four IHS health care facilities in which it was piloted. This project described factors that facilitated or prevented use of ID Web, factors associated with the adoption of system-level or provider-level changes to improve quality of care, and the association between such changes and actual improvement in quality of care, as measured by ID Web indicator values before and after ID Web was "launched" by the local champion. Overall, it was found that providers had many concerns regarding the use of ID Web. Recommendations centered on what would increase the use and usefulness of ID Web from the provider's perspective.

PIC ID: 7989; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Bertolli, Jeanne, 404-639-8500; Performer: RTI International, Research Triangle Park, NC

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### ***Evaluation of the Process Required to Effectively Expand the National Laboratory System (NLS) To All States***

CDC has been developing a strategy to address the problem of inadequate capability and commitment of the public health and private clinical laboratories to implement and maintain a timely and comprehensive process for testing, referring, reporting, and alerting with respect to public health problems. The real threat of bioterrorism in the United States has increased the urgency for addressing this problem. CDC working in collaboration with the Association of Public Health Laboratories to institutionalize across the states a set of elements that will constitute a National Laboratory System (NLS) that will be the foundation for rapid, accurate, and effective response to a bioterrorism incident or outbreak of an infectious disease anywhere in the nation. To date, there are four funded demonstration projects in Michigan, Minnesota, Nebraska and Washington. This is a formative evaluation of the current state of the process that demonstration sites have been undertaking to bring about to expand NLS into all the states. Case studies will be conducted in order to obtain insights into the challenges, barriers and successes experienced by each of the demonstration projects. The information will help CDC determine the feasibility of and barriers to creating a better more standardized integration of public health and private clinical laboratories with respect to exchange of information critical to the protection of public health. Recommendations will be made as to how to most expeditiously expand the NLS to all States.

PIC ID: 7876; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Rosner, Eunice, 770-488-4129; Performer: Battelle Memorial Institute, MD, VA

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

### **Objective 6.1 - Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition**

#### ***Child Care Subsidy Use and Employment Outcomes of Low-Income Mothers during the Early Years of Welfare Reform: A Three-State Study***

This study examined the relationship between child care subsidy take-up and employment duration among single mothers who were receiving TANF or who had recently left the TANF program during the early years of welfare reform (1997 to 1999) in three states--Illinois, Maryland, and Massachusetts. The researchers relied exclusively on state individual-level data. Unemployment insurance (UI) wage data was used to identify those who were eligible for the child care subsidy because they had found employment and had wages below the child care subsidy state eligibility threshold. Child care subsidy program data was used to distinguish between those who took the subsidy and those who did not, and UI data to examine the subsequent employment patterns of both groups. Major findings included the following: (1) child care subsidy take-up rates among the income-eligible mothers were low never exceeding 35 percent in any of the three states, though noticeably lower in Maryland at 24 percent; and (2) child care subsidy use was strongly correlated with employment retention. Even after controlling for a range of socioeconomic and demographic characteristics of the study population, the researchers found that using a child care subsidy decreased the probability of ending employment over the study period by 43 percent in Illinois, 31 percent in Maryland, and 25 percent in Massachusetts.

[http://www.chapinhall.org/article\\_abstract\\_new.asp?ar=1370&L2=60&L3=126](http://www.chapinhall.org/article_abstract_new.asp?ar=1370&L2=60&L3=126)

PIC ID: 8143; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Chapin Hall Center for Children, University of Chicago, Chicago, IL

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#### ***Regulation, subsidy receipt, and provider characteristics: What predicts quality in child care homes?***

This study examined the links between regulation and subsidy receipt in the quality of child care homes, and care provider characteristics. The study conducted a survey on a stratified random sample of 2022 providers in four Midwestern states (Iowa, Nebraska, Missouri, and Kansas), and on-site observations in a subsample of homes (n=117) to assess quality of care. Survey data included information on: state subsidy policies, regulation, provider characteristics, participation in social services programs, and types of families and children served. Major findings included: (1) Regulation and subsidy receipt influence quality of care directly and indirectly through effects on provider characteristics. (2) Provider education levels were predictors of quality in the observed child care homes, even after controlling for other provider characteristics such as motivation, training, regulation and subsidy receipt. (3) Lower levels of regulation were related to lower quality of care. (4) Children receiving government subsidies received care from providers with lower levels of education. (5) Even after controlling for regulation, subsidy

receipt, and provider characteristics, there were substantial differences across the four states in observed quality of care, with Missouri showing the highest quality.

PIC ID: 8149; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: University of Nebraska, Omaha, NE 68101

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### ***Barriers to Subsidies: Reasons why low-income families do not use child care subsidies***

This study examined the reasons why eligible families do not use child care subsidies available to them. Data from focus groups provided qualitative information that was used to develop quantitative indicators to be measured in a telephone survey. The survey was conducted to learn about families' experiences with the subsidy system and to understand the reasons why low-income, subsidy eligible, African American parents residing in a large metropolitan area, might not use subsidies. Major findings included the following: (1) Many parents believed that they either did not need or were not eligible to receive subsidies. (2) Families both accessing and not accessing subsidies were confused about subsidy regulations, although, overall, families using subsidies had a better understanding of subsidy regulation and procedures to access the subsidies. (3) Many eligible families avoided applying for subsidies because of hassles and restrictions, real or perceived, associated with accessing subsidies. (4) Family and personal variables influenced the likelihood of some families applying for, and obtaining, subsidies.

PIC ID: 8147; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Temple University, Philadelphia, PA

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### ***Impacts of eligibility expansions and provider reimbursement rate increases on child care subsidy take-up rates, welfare use and work***

This study examined how changes in Rhode Island child care policies impacted families and children. The study used child care subsidy administrative data from 1996 through 2000, and data on availability, quality and price of care for different age groups of children. Major findings included: (1) increases in eligibility and increases in reimbursement rates associated with Rhode Island's Starting Right initiative significantly increased the likelihood that current and former welfare recipients would use child care subsidies and significantly increased the availability of formal child care, and (2) these policy changes increased work among cash-assistance and non-cash-assistance recipients and encouraged cash recipients to leave welfare for work. The most powerful impact of the changes in child care policies was on families that left welfare (former cash recipients) and worked at least 20 hours per week. These policy changes had less effect on families on cash assistance participating in some activity other than work. <http://www.wellesley.edu/Economics/partner/w9693.pdf>

PIC ID: 8148; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: National Bureau of Economic Research, 1050 Massachusetts Avenue,, Cambridge, MA

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## ***Two years in early care and education: A community portrait of quality and workforce stability: Alameda County, California***

This study examined the characteristics of early care and education services in Alameda County, CA. All three sectors of the industry were included: licensed center-based care, licensed family child care homes, and license-exempt home based care. Data collection took place during a two-year period. Just as the study was launched, the county made substantial investments in professional development and retention for the early care and education workforce. A growing awareness of children's experiences during preschool years as a critical foundation for lifelong learning provided a backdrop for the study. Study measures provided program-level and individual-level data. Major findings included the following: (1) The early care and education workforce in Alameda County was composed predominantly of women of color with varied education and training experiences--the majority of center staff had some college education as well as specialized training in early childhood, whereas licensed family child care providers had a wider variety of education and training. (2) Care settings in the county were stratified along racial and ethnic, and to a lesser extent, economic lines. (3) In this sample, the quality of center-based care was generally high, regardless of neighborhood income level or family access to subsidy, whereas the quality of licensed family child care varied more widely, with arrangements in middle-income neighborhoods offering significantly higher quality of care. (4) Regardless of setting, college-level, child-related training and commitment to professional development were associated with providing higher quality of care to children. (5) In center-based care, the overall educational background of the total staff influenced quality and teaching staff stability. (6) In this community, relatively rich in resources for professional development, turnover of center-based staff and licensed family child care providers was lower than found in previous studies; and, (7) license-exempt child care was highly variable, showed a high degree of provider instability, and lacked oversight required in regulated forms of care.

[http://www.iir.berkeley.edu/cscce/pdf/twoyears\\_final.pdf](http://www.iir.berkeley.edu/cscce/pdf/twoyears_final.pdf)

PIC ID: 8146; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: University of California at Berkeley, Berkeley, CA

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## ***Implementation of Promoting Safe and Stable Families by American Indian Tribes (Volumes 1 and 2)***

This study examined how Indian Tribes use Social Security Act, title IV-B, subpart 2, funds, to provide services that strengthen families' abilities to care for their children. In 1993, title IV-B, subpart 2 was created within the Social Security Act to provide funding specifically dedicated to child welfare preventive services. Originally named the Family Preservation and Family Support (FP/FS) Services program, the program's scope was expanded in 1997 and was reauthorized as the Promoting Safe and Stable Families (PSSF) program. In addition to the original two service categories (family preservation and family support) established by the 1993 legislation, the 1997 reauthorization also targeted funding on two new categories (time-limited family reunification and adoption promotion and support services). This study documented the process of implementation by focusing on planning and monitoring processes, service delivery systems and resources utilized by Tribes. As context to PSSF implementation, the full range of child welfare and related human services utilized by Tribes was explored, along with the resources used to fund these services. A total of 12 Tribes representing a wide array of practices in terms of service delivery, funding and resource utilization and collaborative arrangements were visited in-person. This study provided a historical perspective on Tribal implementation of the legislation. It explored how the usage of funds had evolved and how effective the funds had been in meeting the goals of PSSF and addressing the needs of American Indian children and families. The report highlights promising practices Tribes have adopted to meet the unique challenges they face in managing services to strengthen Tribal

families, children and youth. A major finding of the study is that there is no single story of Tribal PSSF implementation. The flexibility of the program allows each Tribe's approach to reflect its unique history and context.

[http://www.acf.hhs.gov/programs/opre/imp\\_of\\_pro/imp\\_of\\_pro\\_title.html](http://www.acf.hhs.gov/programs/opre/imp_of_pro/imp_of_pro_title.html)

PIC ID: 8141; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Jagannathan, K.A., 202-205-4829; Performer: James Bell Associates, Inc., Arlington, VA

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### ***What Works Best for Whom: Effects of Welfare and Work Policies by Subgroup***

This study examined the effects of welfare and work policies on earnings, welfare benefits, income, stable employment, and stable welfare exits across a range of subgroups, using information from random-assignment studies of 26 welfare and work policies that had been studied by Manpower Demonstration Research Corporation. The study examined subgroups of single-parent families based on a number of characteristics, including educational attainment; work and welfare history; race, ethnicity, and sex; number and age of children; barriers to work because of child care, transportation, and health or emotional problems; preference for work over welfare; parental concerns about leaving family for work; depression and feeling of mastery over life circumstances; and level of disadvantage. Major findings included: (1) Job search appears to be important for increasing employment and earnings. (2) Only earnings supplement programs consistently increased income. (3) In general, effects of the different types of programs on stable welfare exits were similar across subgroups. (4) Outcome-based performance indicators may be more indicative of impacts for more disadvantaged groups than for less disadvantaged groups.

[http://www.acf.hhs.gov/programs/opre/welfare\\_reform\\_children/welf\\_ref\\_child.pdf](http://www.acf.hhs.gov/programs/opre/welfare_reform_children/welf_ref_child.pdf)

PIC ID: 7532; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Yaffe, Alan, 202-401-4537; Performer: Manpower Demonstration Research Corporation, New York, NY

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### ***New Hampshire Employment and Training Program Process and Outcome Study***

This process and outcome study goes hand-in-hand with a concurrently funded impact study of the New Hampshire employment program. By using surveys of recipients, staff and employers, this process study determined how Temporary Assistance for Needy Families (TANF) was planned, designed and implemented. The study found that structural changes were implemented, accepted and supported by staff. The creation of interagency teams was successfully accomplished and supported despite challenges posed by supervisory roles, data systems and increased responsibility. Cultural changes among staff were deemed to have occurred. Staff members supported the work requirements and assisted clients to develop goals and action plans that support progress towards employment and self-sufficiency. In addition, data from client surveys showed that clients like the program and support the work requirements. For all persons interviewed, whether they left the rolls for good, stayed on the rolls, or cycled on and off, there were gains in average earnings and in unearned income. In turn, these persons had a reduction in their average TANF grants.

PIC ID: 6827; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Sternbach, Leonard, 415-437-7671; Performer: New Hampshire DHHS, Concord, NH

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## ***Impact Study of the New Hampshire Employment Program***

This demonstration determined the impact of New Hampshire's Temporary Assistance for Needy Families (TANF) program on caseload. It used various models to estimate the effect of variables on caseload including policy reforms and the economy. The welfare caseload reached a maximum of 11,152 cases in March of 1994. The reforms appear to have resulted in a significant reduction in caseload. For models that are most plausible, welfare reform is estimated to reduce the monthly caseload between 850 and 1,600 cases when the monthly data is used. When quarterly data that are purged of child-only cases are used, the estimated reduction is greater – about 2,000 cases. The economy also played a major role in reducing the size of the caseload. The welfare reforms were implemented during a period of sustained prosperity in New Hampshire. The models indicate that the strong economy reduced the caseload by about 2,000 cases in the first three years of welfare reform – about the same size impact as the reforms themselves. The statistical models did not do as well in explaining the changes in the child-only caseload. The caseload modeling efforts undertaken for this project have not provided a convincing story on the behavior of the child-only caseload in recent years. The authors noted that these findings are highly sensitive to certain model specifications and that one should not expect great precision from caseload modeling efforts.

PIC ID: 6828; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Sternbach, Leonard, 415-437-7671; Performer: New Hampshire DHHS, Concord, NH

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## ***Experience of Tribal TANF Programs: Problems, Solutions and Lessons Learned***

This project developed national-level research information on tribal TANF programs that would be responsive to the needs of Native American tribal governments in deciding to initiate or improve their own TANF programs, as well as the needs of policymakers at federal, State and local levels. The study included a telephone survey of all TANF tribes funded as of May 2001, and a sample of 10 non-TANF tribes, supplemented by in-depth on-site case studies of a sample of 9 tribes. It was primarily an implementation study that used these data in conjunction with qualitative tribal-specific information in conducting descriptive analyses to identify and document lessons learned from the experiences of TANF tribes. The project produced two main products: (1) A "Tribal TANF Handbook" that describes the pros and cons of operating a TANF program, and provides research-based information designed to assist interested tribes/tribal consortia in the process of making the decision, developing a TANF plan, implementing and operating an effective tribal TANF program; and (2) a final report which documents the study and identifies the lessons learned and their implications for policymakers at federal, State, and tribal levels respectively. A general conclusion is that the tribes are proud of managing their own TANF programs; have initiated multiple strategies to prepare TANF recipients for employment; and despite some problems and disagreements, their relationships with the States have been largely positive. The lack of unsubsidized employment on the reservations is regarded as the greatest threat to the success of the tribal TANF programs.

PIC ID: 7542; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Faris, Hossein, 202-205-4922; Performer: Support Services International, Inc., Silver Spring MD

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## ***Evaluation of Coordinated Economic Relief Centers***

Co-location of services across federal and state public assistance programs is often an approach used to increase access to services by those who need them. Prior research and evaluation studies have

documented the many challenges faced in effectively co-locating and integrating services to better meet the needs of local residents. Virginia established Coordinated Economic Relief Centers (CERCs) in several rural counties experiencing high unemployment due to plant closings and layoffs. Through a process analysis, the researchers documented the lessons learned and the challenges faced by the CERCs in increasing access to the Food Stamp Program and other supports in these communities. The results indicate that the CERCs helped some customers get information about where to find services and made obtaining services more convenient. However, resource constraints hampered the CERCs' efforts to operate as envisioned, the level of referrals to food assistance programs was low, and expectations in some communities exceeded what the CERCs could realistically accomplish.  
<http://www.ers.usda.gov/publications/efan03010/>

PIC ID: 8153; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Campbell, Nancye, 202-401-5760; Performer: Mathematica Policy Research, Inc., Washington, DC

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### ***Spending on Social Welfare Programs in Rich and Poor States: Final Report***

This study examined the effects of fiscal capacity on state spending choices on programs to support low-income populations. The project included a two-part study of state spending on social services. The first part used existing data sources to build a multi-variate, fifty-state model examining social welfare spending choices made by states at different points in time. In the second part of the study, additional information was gathered through site visits to six of the poorest states to develop a more detailed analysis of the spending decisions relating to social welfare programs. The report found that: 1) States with less fiscal capacity spent less per capita on social welfare than states with higher per capita incomes. 2) The distribution of federal funds neither greatly diminished nor greatly increased spending from state-generated revenue sources. 3) State fiscal capacity bore a stronger relationship to spending on non-health programs than on health-related programs. 4) Between 1977 and 2000, state spending on social services changed in major ways, and the changes differed between rich and poor states. For example, although Medicaid spending grew rapidly among all states, stronger growth occurred among the poorest states than among the richest states.  
<http://aspe.hhs.gov/hsp/social-welfare-spending04/>

PIC ID: 8086; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Isaacs, Julia, 202-690-7507; Performer: Kevin McGowan, Rockville, MD

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### ***Spending on Social Welfare Programs in Rich and Poor States: Key Findings***

This report is an abbreviated version of a longer report that examined the effects of fiscal capacity on state spending choices regarding programs to support low-income populations. It focuses on the key findings of the project without including a lengthy technical description of the study's methodology and detailed analysis. The project included a two-part study of state spending on social services. The first part used existing data sources to build a multi-variate, fifty-state model to examine social welfare spending choices made by states at different points in time. In the second part of the study, additional information was gathered through site visits to a half-dozen of the poorest states to develop a more detailed analysis of the spending decisions relating to social welfare programs. The report found that: 1) States with less fiscal capacity spent less per capita on social welfare than states with higher per capita incomes. 2) The distribution of federal funds neither greatly diminished nor greatly increased spending from state-generated revenue sources. 3) State fiscal capacity bore a stronger relationship to spending on non-health programs than on health-related programs. 4) Between 1977 and 2000, state spending on social

services changed in major ways, and the changes differed between rich and poor states. For example, although Medicaid spending grew rapidly among all states, stronger growth occurred among the poorest states than among the richest states.

<http://aspe.hhs.gov/hsp/social-welfare-spending04/summary.htm>

PIC ID: 8068.1; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Isaacs, Julia, 202-690-7507; Performer: Kevin McGowan, Rockville, MD

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### ***The National Evaluation of the Welfare-to-Work Grants Program: Final Report***

This is the final report produced under the National Evaluation of the DOL Welfare-to-Work (WtW) Grants Program. The WtW grants program was a large federally funded effort to help the most disadvantaged welfare recipients leave the rolls and become employed. As part of the Balanced Budget Act (BBA) of 1997, Congress provided \$3 billion for WtW programs, eventually distributed to over 700 state and local grantees through competitive and formula grants. The intent of the grants program, administered at the national level by the U.S. Department of Labor (DOL), was to supplement the Temporary Assistance for Needy Families (TANF) block grants to states. This report is the final in a series from HHS' congressionally mandated evaluation of the WtW program. Findings are summarized from earlier evaluation reports, and new findings are presented on enrollees' outcomes two years after entry into WtW programs in 11 study sites (Baltimore County, MD; Ft. Worth, TX; Philadelphia, PA; 29 counties in West Virginia; Boston, MA; Milwaukee, WI; Phoenix, AZ; Yakima, WA; Chicago, IL; Nashville, TN; and St. Lucie County, FL). Major findings include: 1) Study sites focused, as intended, on employment rather than education or training, but many went beyond job readiness/job search assistance. 2) The average study site cost \$3,607 per enrollee, about the same as typical JOBS programs created under the earlier Family Support Act. 3) Most enrollees found jobs, but their employment was unstable. Employment fell between the first and second years after program entry. 4) Enrollees employed after two years worked a lot of hours for low wages and limited fringe benefits. 5) Poverty was common among WtW enrollees two years after program entry, but it was lower among those who were employed.

PIC ID: 8120; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Unemployment Insurance as a Potential Safety Net for TANF Leavers: Evidence from Five States***

During the past several years, increasing attention has focused on the role of safety nets – such as Unemployment Insurance (UI)- available to welfare recipients who exit welfare and find jobs in the context of a time-limited welfare system. Some policymakers and researchers believe that the eligibility rules of the UI program make the program less accessible to low-wage, entry-level workers - especially to former welfare recipients who move in and out of the labor force and often do not have stable employment histories. This study examines the extent to which former welfare recipients, if they were to experience a job loss, are likely to have monetary eligibility for UI. Major findings include: 1) The vast majority of TANF recipients (90%) who exited welfare and found employment would potentially obtain UI monetary eligibility at some point during the 2-year period after TANF exit. 2) Many of the TANF leavers who exited for employment and would have attained monetary eligibility would also have lost potential monetary eligibility over time. 3) The rate of potential eligibility among all TANF workers is relatively high. Not surprisingly, given minimum earnings requirements, the likelihood of qualifying for benefits among those who actually experienced a job loss is considerably lower, especially among those who lost their

jobs during the 1st year after TANF exit. Potential UI benefit amounts for former TANF recipients were higher than what these individuals would have received as TANF payments. This report is one in a series produced under the National Evaluation of the DOL Welfare-to-Work (WtW) Grants Program.  
<http://aspe.hhs.gov/hsp/wtw-grants-eval98/ui04/index.htm>

PIC ID: 8105; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***The Welfare-to-Work Grants Program: Enrollee Outcomes One Year After Program Entry --- Report to Congress***

This report, one in a series produced under the National Evaluation of the DOL Welfare-to-Work (WtW) Grants Program, is the second of two required reports to Congress under the study. The report presents findings from the outcomes analysis component of the evaluation, and describes the characteristics and subsequent experiences of enrollees in WtW programs in 11 study sites. Main findings address the characteristics of program enrollees; the nature of the services they received; and their outcomes in terms of employment, hours worked, wage rates, job benefits, TANF receipt and poverty status. Findings include: 1) Consistent with the profile of TANF recipients nationwide, WtW enrollees in most study sites were predominantly female, unlikely to be married, and typically a member of a racial minority. 2) In most study sites, services were consistent with PRWORA's emphasis on rapid employment, such as job readiness training and job search/placement assistance. 3) One year after entering WtW, enrollees were much more likely to be employed than upon program entry; nevertheless, in only three sites were most enrollees employed at the end of the year. It took those who worked an average of 4 to 5 months to find a job if they did not have one at enrollment. 4) One year after enrollment, rates of TANF receipt were significantly lower in 8 sites, but in 2 of the 11 sites, less than half of enrollees were employed and off TANF after one year. Incomes were low and poverty rates were high for enrollees in all sites, but poverty rates were lower among employed enrollees.

<http://aspe.hhs.gov/hsp/wtw-grants-eval98/outcomes1yr04/index.htm>

PIC ID: 8122; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Welfare-to-Work Grants Programs: Adjusting to Changing Circumstances***

This report, one in a series produced under the National Evaluation of the DOL Welfare-to-Work (WtW) Grants Program, provides an update on the status of WtW program operations and post-WtW plans for the eleven evaluation study sites as the five-year grant periods draw to a close. The report highlights the extent of ongoing enrollment, the ways in which grantees have adapted to a variety of economic and policy changes that have occurred since the beginning of the program, and grantees' perceptions of the value of the program. Findings show that most of the 11 grantees were still active in 2003, and program models continued to be refined and improved. In most sites, funding beyond WtW was very uncertain, and administrators were concerned about their long-term ability to continue programs begun with WtW funding. Grantee administrators had generally positive opinions about the WtW program, and identified several areas for improvement, including a need for longer-term funding, more federal technical assistance, and better referral systems from TANF to WtW.

<http://aspe.hhs.gov/hsp/wtw-grants-eval98/adj03/index.htm>

PIC ID: 8121; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Targeted Help for the Hard-to-Employ: Outcomes of Two Philadelphia Welfare-to-Work Programs***

This report, one in a series produced under the National Evaluation of the DOL Welfare-to-Work (WtW) Grants Program, examines two programs that were central components of the overall WtW grant program strategy in Philadelphia: the Regional Service Centers (RSCs) and the Transitional Work Corporation (TWC). These programs differed in their approaches to serving the hard to employ and in their target populations. The RSCs offered 30 days of basic job search assistance services to the broad WtW-eligible population, while TWC provided paid work experience for up to six months and targeted WtW-eligible people who had little or no work experience. The main objective of this study was to examine and compare the employment, earnings, and TANF receipt outcomes of participants in these two WtW programs. Findings show that both groups of participants had increases in employment and earnings, and declines in TANF receipt. However, consistent with the targeting and sequencing of the programs, RSC participants had better outcomes overall than TWC participants.

PIC ID: 8119; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Giving Noncustodial Parents Options: Employment and Child Support Outcomes of the SHARE Program***

The Support Has A Rewarding Effect (SHARE) initiative operated with Welfare-to-Work (WtW) grant support in three counties in the state of Washington. SHARE offered three options to noncustodial parents (NCPs) whose minor, dependent children were receiving Temporary Assistance for Needy Families (TANF) and who were in arrears on their support obligations: (1) start paying support, (2) enroll in a WtW program, or (3) face possible incarceration. The main objective of this study was to examine the employment, earnings, and child support outcomes for targeted NCPs. Findings show that NCPs worked more, earned more, and paid more child support after referral to SHARE than before; outcomes improved for SHARE participants but also for nonparticipants; and SHARE probably contributed to the observed increases in employment, earnings and child support payments. This report is one in a series of reports produced under the National Evaluation of the DOL Welfare-to-Work Grants Program. <http://aspe.os.dhhs.gov/hsp/wtw-grants-eval98/share03/index.htm>

PIC ID: 8108; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Child Support and TANF Interaction: Literature Review***

This literature review summarizes current research on the interaction between TANF and child support, including the child support receipt by current and former TANF recipients, the effect of child support receipt on TANF exit and reentry, and reductions in poverty associated with child support receipt. It also reviews the limited research on how specific welfare policies affect child support receipt. Welfare and child support programs have long been intertwined. Given the common populations served and the role

that child support payments play in self-sufficiency and cost recovery, understanding the interaction between child support and welfare is important. This literature review will inform a secondary analysis of national survey data and state administrative data to determine how child support interacts with TANF exit or reentry, to be released next year.

<http://aspe.hhs.gov/hsp/CS-TANF-Int03/index.htm>

PIC ID: 8109; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Burnszynski, Jennifer, 202-690-8651; Performer: Manpower Demonstration Research Corporation, New York, NY

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### ***Children in Temporary Assistance for Needy Families Child-Only Cases With Relative Caregivers***

Between 1996 and 2001, welfare cases declined nationally by 52 percent, while child-only cases declined by much less. Thus, while the number of child-only cases has fluctuated over time, their proportionate share of the TANF caseload has increased. Children in TANF child-only cases with relative caregivers occupy uncertain territory between the TANF and the child welfare service systems. Since these children are exempt from work requirements and not expected to move to self-sufficiency prior to adulthood, they are not well aligned with the TANF agency's expectations and service offerings. Because they have not been identified as having experienced maltreatment, they are outside the child welfare system's protective mandate, although they may be in need of supportive services. This report examines the demographics, family circumstances, service system involvement, service needs, and well-being of children in TANF child-only cases with relative caregivers. In addition, the policies and program structures that shape states' responses to children in TANF child-only cases with relative caregivers and the ways states assess, respond to, and monitor the needs and well-being of children in TANF child-only cases with relative caregivers is examined. The study yielded mixed findings. Secondary analyses of the Survey of Income and Program Participation and the National Survey of Child and Adolescent Well-Being found that children in TANF child-only cases with relative caregivers often compare favorably on many indicators of well-being to other TANF children, and to other children in non-parental care. However, they do not compare favorably on certain indicators of mental health, trauma and educational problems. The case studies in five diverse states found that many children in TANF child-only cases with relative caregivers have service needs related to the circumstances that led to their placement in relative care. TANF programs, with an emphasis on employment and self-sufficiency, are not currently structured to respond to such needs. In particular, cases studies revealed a lack of assessment and case management for children in TANF child-only cases with relative caregivers, and little collaboration between the TANF and child welfare agencies. The connection of these children to the TANF programs provides an opportunity to identify potentially vulnerable children, provide services that do not threaten important family bonds, and prevent entry to the child welfare system.

<http://aspe.hhs.gov/hsp/child-only04/index.htm>

PIC ID: 7907; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Nielsen, David, 202-401-6642; Performer: Research Triangle Institute, Research Triangle Park, NC

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### ***Private Employers and TANF Recipients***

Despite the TANF program's emphasis on employment, the policies, practices and attitudes of the employers of TANF recipients have received limited attention. This report summarizes a study, conducted by Abt Associates, Inc. and the Upjohn Institute for Employment Research, which synthesizes existing

research regarding employers, workforce intermediaries, and TANF recipients. The study found that there is a wide range of employer and intermediary practices, which depend in large part on local labor market conditions. The report then considers a range of options for further study - including possibilities for a national survey of employers and workforce intermediaries - in order to improve understanding in this area.

<http://aspe.hhs.gov/hsp/private-employers04/index.htm>

PIC ID: 8049; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Tambornino, John, 202-401-6639; Performer: Abt Associates Inc., Cambridge, MA

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### ***A Profile of Families Cycling On and Off Welfare***

This study analyzed the experiences of welfare “cyclers” (those who received welfare benefits during three or more discrete spells during a four-year observation period) using five Manpower Demonstration Research Corporation (MDRC) studies of welfare reform initiatives during the mid- to late-1990s. The study addressed two main research questions: (1) What are the demographic characteristics and employment outcomes of cyclers, as compared with other comparison groups of welfare recipients? and (2) How have patterns of benefit receipt and the phenomenon of cycling changed since PRWORA? Overall, cyclers constituted a relatively small portion of the welfare caseload (9 percent). Cyclers generally fared better than long-term recipients, but not as well as short-term recipients. The report also found that the incidence of cycling increased during the years following PRWORA.

<http://aspe.hhs.gov/hsp/cyclers04/>

PIC ID: 8111; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Hauan, Susan, 202-690-8698; Performer: Manpower Demonstration Research Corporation, New York, NY

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### ***The Use of TANF Work-Oriented Sanctions in Illinois, New Jersey, and South Carolina***

Participation requirements are one of the key elements of welfare reform. These requirements are enforced by reducing or eliminating the welfare grant for noncompliance, known as sanctions. Under contract to ASPE, Mathematica examined the implementation of TANF sanctions in three states, looking at the ways that case managers used sanctions to promote compliance with work requirements. The case studies were supplemented by analysis of administrative and survey data to study the frequency of sanctioning, the characteristics of sanctioned families, and their experiences post-sanction. They found that case managers often exercised discretion in deciding whether and when to initiate a sanction, especially when a client partially met participation requirements. Case manager choices, office procedures and philosophies, client behavior, and case manager workload all affected whether a client would be sanctioned. In general, case managers did not consider it their responsibility to conduct outreach to sanctioned clients; nonetheless, most recipients who were subject to a partial sanction did not proceed to a full-family sanction, and many fully sanctioned recipients returned to welfare after exit. Case managers agreed that the prospect of sanctions was a useful tool to encourage recipients to participate in work activities.

<http://aspe.hhs.gov/hsp/TANF-Sanctions04/index.htm>

PIC ID: 7909; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Lower-Basch, Elizabeth, 202-690-6808; Performer: Mathematica Policy Research, Inc., Washington, DC

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## ***Characteristics of Low-Wage Workers and Their Labor Market Experiences***

Given the strong work-focus of TANF and time limits on the receipt of federal TANF assistance, policy makers are interested in understanding the potential for advancement in the labor market among low-wage workers. This project examined the post-PRWORA labor market experiences of low-wage workers by tracking the dynamics of low-wage employment over a four-year period from 1996 to 1999 using the 1996 panel of the Survey of Income and Program Participation. The primary approach for defining low-wage workers was to use the hourly wage at which a full-time worker would have annual earnings below poverty for a family of four. The study found that 28 percent of all workers in March 1996 were low-wage workers and the share of low-wage workers decreased somewhat through the mid- to late-1990s. Low-wage workers experienced considerable wage growth during the study period, and low-wage workers who began the period with better quality jobs (somewhat higher wages, health benefits available, full-time hours) had more successful employment and earnings outcomes.

<http://aspe.hhs.gov/hsp/low-wage-workers04/>

PIC ID: 8110; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Hauan, Susan, 202-690-8698; Performer: Mathematica Policy Research, Inc., Washington, DC

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## ***Review of Sanction Policies and Research Studies***

This report summarizes state policies regarding TANF sanctions for failure to comply with work requirements. 17 states have immediate full-family sanctions, 18 states impose graduated sanctions resulting in full-family sanctions, and 15 impose only partial sanctions. (One state has adopted a pay for performance model.) In addition, the report reviews the existing literature on sanctioning rates, characteristics and circumstances of sanctioned clients, and the impacts of TANF sanctions. There have been no rigorous studies of the impact of partial vs. full-family sanctions. This would require a well-designed random assignment experiment. There is some suggestive evidence of their impact, however, from studies that use the existing variation in State sanction policies to assess the impact of sanction policies. There is considerable variation across States (and within them) in how well participation requirements and the consequences of noncompliance are explained. A few studies suggest that more stringent sanctions lead to greater welfare exits and caseload declines, although most offer little insight into how these changes occur. The purpose of sanctions in most States is to encourage compliance with work requirements, not to penalize low-income families that fail to comply. Research from several studies suggests that about one-third to three-fifths of sanctioned recipient come into compliance after being sanctioned.

<http://aspe.hhs.gov/hsp/TANF-Sanctions03/index.htm>

PIC ID: 8102; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Lower-Basch, Elizabeth, 202-690-6808; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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## ***Serving TANF and Low-income Populations through WIA One-Stop Centers: Report on Highlights of Site Visits***

ASPE initiated a study of Work Investment Act (WIA) and Temporary Assistance to Needy Families (TANF) coordination to better understand and assess the degree to which TANF and WIA programs work together to further their mutual policy goals at a time when both programs were undergoing

congressional reauthorization. The report presents information on how WIA participation and services for individuals receiving TANF and other low-income populations may be affected by TANF and WIA program context, management structures, policies, and administrative arrangements. Findings are based primarily on in-depth visits to seven purposively selected one-stop centers: Anoka County, MN; Dakota County, MN; San Angelo, TX; Round Rock, TX; Bridgeport, CT; West Oxnard, CA; and Edgecombe/Nash Counties, NC. Major findings include the following: 1) Successful WIA/TANF program coordination is promoted where program management functions, case management functions, and administrative systems are shared across agencies. 2) Successful coordination is promoted where WIA and TANF line staffs are co-located and/or communicate regularly to discuss specific cases and policies. 3) Effective coordination may be inhibited by differing institutional cultures and a lack of knowledge and understanding of policy and procedures across agencies. 4) WIA participation among TANF clients and other low-income populations is higher where local WIA agencies make a commitment to focus intensive and training services on those clients. 5) WIA participation among TANF clients and other low-income populations is thought to be more effective where training services are appropriate to local labor markets for low-income and entry-level workers. 6) Study sites have implemented several innovations and promising approaches to improving WIA/TANF coordination.

<http://aspe.os.dhhs.gov/hsp/WIA-centers-site-visits04/index.htm>

PIC ID: 7908; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Abt Associates Inc., Cambridge, MA

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### ***Using One-Stops to Promote Access to Work Supports--Lessons from Virginia's Coordinated Economic Relief Centers: Final Report***

Policymakers and program administrators have become increasingly concerned about declines in participation in the Food Stamp Program (FSP) and other work supports. As a result, interest has grown in identifying promising strategies for improving low-income families' access to these programs and benefits. In early 2002, the Commonwealth of Virginia implemented a new initiative: To provide the services of many agencies at one-stop career centers, called Coordinated Economic Relief Centers (CERCs). This report describes the results of a study on how the CERCs were implemented and their potential for increasing low-income families' access to the FSP and other work supports and provides operational lessons for other States and communities seeking to implement a similar one-stop approach to service delivery. A case study approach was taken as the primary research method for gathering and analyzing qualitative information on CERC implementation. The qualitative information was supplemented with a brief literature review to provide context for the study, and with an analysis of service use data. The results indicate that the CERCs helped some customers get information about where to find services and made obtaining services more convenient. However, resource constraints hampered the CERCs' efforts to operate as envisioned, the level of referrals to food assistance and other social service programs was low, and expectations in some communities exceeded what the CERCs could realistically accomplish.

<http://www.ers.usda.gov/publications/efan03010/>

PIC ID: 7911; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Lower-Basch, Elizabeth, 202-690-6808; Performer: Mathematica Policy Research, Inc., Washington, DC

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## ***A Study of Work Participation and Full Engagement Strategies***

This study examined eight sites that assess all adult welfare recipients and require them to seek employment. When TANF is reauthorized, it is likely that all states will be required to adopt such policies. The study identified the strategies and practices the sites use to promote full employment, including: full employability assessments; ongoing case management; work experience placements; and placement of recipients who are not ready for employment in various activities, including those excluded by the federal work-participation rate. Ways the study identified to encourage recipients and case managers to take seriously the goals of maximizing participation and promoting work included: emphasizing the importance of work, tracking participation, and using the sanction process to encourage non-participants. Identification of these methods to encourage job-seeking activities will help policymakers determine goals for TANF programs and help program administrators seeking high work and work-related participation levels.

<http://aspe.hhs.gov/hsp/full-engagement04/index.htm>

PIC ID: 8104; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Lower-Basch, Elizabeth, 202-690-6808; Performer: Mathematica Policy Research, Inc., Washington, DC

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## ***Indicators of Welfare Dependence: Annual Report to Congress 2004***

The Welfare Indicators Act of 1994 requires the Department of Health and Human Services to prepare annual reports to Congress on indicators and predictors of welfare dependence. The "2004 Indicators of Welfare Dependence", the seventh annual report, provides welfare dependence indicators through 2001, reflecting changes that have taken place since enactment of the Personal Responsibility and Work Opportunity Reconciliation Act in August 1996. This 2004 report uses data from the Current Population Survey (CPS), the Survey of Income and Program Participation, and administrative data to provide updated measures for several dependence indicators. Selected highlights of the report include: 1) In 2001, 3.1 percent of the total population was dependent in the sense of receiving more than half of total family income from TANF, food stamps, and/or SSI. 2) Although the 2002 dependency rate cannot yet be calculated, preliminary data suggest it will remain approximately 3 percent. 3) The drop in dependence parallels the more well-known drop in AFDC/TANF and food stamp caseloads. For example, the percentage of individuals receiving AFDC/TANF fell from 4.6 percent to 1.9 percent between 1996 and 2002. 4) In an average month in 2001, more than half of TANF recipients lived in families with at least one family member in the labor force.

<http://aspe.hhs.gov/hsp/indicators04/>

PIC ID: 7281.6; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Swenson, Kendall, 202-690-6888; Performer: Office of Program Planning and Evaluation, Bethesda, MD

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## ***Measures of Material Hardship***

The report pulls together, in one place, the various strands of research and thinking on defining and measuring material hardship in the U.S., with an emphasis on how this has been applied to low-income families with children. This report responds to roundtable meeting participant recommendations for: 1) additional syntheses of what is known about material hardship and its application to research with low-income families with children; and 2) further analyses of the measures that have most often been used to assess material hardship. Major findings in the report included that, 1) there is no consensus on the definition and measurement of material need. While there is some agreement on how need may be

defined within a specific domain, researchers struggle with how to assess families' overall material hardship experience across multiple aspects of need, and 2) researchers have developed material hardship indexes with some similarities in how hardship is defined, mostly in terms of families' experience and living conditions and how they all include a core set of basic needs and food security indicators. <http://aspe.hhs.gov/hsp/material-hardship04/index.htm>

PIC ID: 8056; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Isaacs, Julia, 202-690-7507; Performer: Abt Associates Inc., Cambridge, MA

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## **Objective 6.2 - Increase the proportion of older Americans who stay active and healthy**

### ***An Overview of Programs and Initiatives Sponsored by DHHS to Promote Healthy Aging: A Background Paper for the Blueprint on Aging for the 21st Century Technical Advisory Group (TAG) Meeting***

This document was developed to provide background information and stimulate debate and discussion at the Health Promotion and Aging Technical Advisory Group meeting held in Washington, DC on January 29, 2004. The primary purpose of this paper is to highlight current federal health promotion and disease prevention activities targeted for older persons. This material is organized by grouping activities into four topics that a panel of federal officials felt would help structure the discussions at the TAG meeting. The authors felt that by organizing federal activities into topic areas, it would be easier to identify gaps, discuss challenges for the future, and identify how best to use the expert panels to validate, inform, or further debate priorities and recommendations for the future. This paper focuses on activities that have been conducted by the Federal Government in the following four topic areas: (1) translating health promotion and disease prevention research into practice; (2) health promotion and disease prevention strategies to maintain or enhance both cognitive and affective mental functioning among older persons; (3) effective health promotion and disease prevention programs for older persons; and (4) HHS data collection activities related to the health behaviors of older Americans. We concentrated on those initiatives that were designed explicitly to promote health and minimize disease and impairment among older persons. The descriptions of the projects are based on information obtained from agency websites and affiliated individuals of these agencies. The paper concludes with recommendations for additional work in these areas.

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

PIC ID: 8041; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Frank, Andreas, 202-690-6443; Performer: RTI International, Research Triangle Park, NC

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### ***State Long-Term Care: Recent Developments and Policy Directions***

This report provides a thumbnail sketch of long-term care budgets, legislation and planning in the 50 states and the District of Columbia. The goal of the project was to obtain insights into recent state long-term care public policy reforms, as evidenced by their proposed or recently enacted legislation, task forces and budgets. Findings show that in the future, states are likely to continue assessing quality of care in nursing homes and assisted living facilities, will endeavor to improve quality through more stringent regulation and inspection and through incentives to facilities to hire more staff, and upgrade

their training. They are also likely to encourage more people to move out of nursing homes and ICF/MR facilities if they can live in community settings , and finally, to increase the number of publicly funded programs that allow and encourage consumer direction of services.  
<http://aspe.hhs.gov/daltcp/reports/statelrtc.htm>

PIC ID: 7984; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: McKay, Hunter, 202-690-6443; Performer: George Washington University, Washington, D.C. and, National Governors' Association, Washington, DC

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## **Objective 6.3 - Increase the independence and quality of life of persons with disabilities, including those with long-term care needs**

### ***Personal Assistance Services***

A demonstration of home-and-community-based care under the Medicaid program was evaluated in three states. Arkansas, New Jersey, and Florida tested a consumer-directed model of delivering ("1115" waiver) Medicaid-funded care to low-income individuals with chronic functional disabilities. The demonstration included the elderly, adults 18-64 with adult-onset disabilities, and adults and children with developmental disabilities (including mental retardation). This demonstration included a controlled experimental design evaluation jointly funded by the Robert Wood Johnson Foundation and ASPE. Volunteer enrollees were randomly assigned either to a treatment group whose members were eligible to receive monthly budgets in lieu of traditional services or to the control group whose members were eligible only for services from home care agencies or other traditional service providers. After a three year planning phase, the states implemented their experimental programs. Data collection for the evaluation took place during 1998-2002. Data analysis and publication of findings began in 2002 and will be completed in 2005. Across all three states and all target populations, statistically significant findings in favor of the experimental intervention were found on a wide variety of measures of quality and access to care. Results for the consumer-directed approach were strongly positive with respect to measures of "quality" of care and access to help when needed, including reduction of unmet needs for assistance. Treatment group members experienced adverse health events (e.g. bedsores, contractures, falls) no more frequently than control group members; indeed, on some measures, for some subgroups, adverse events occurred less frequently in the treatment group. Cost findings were mixed. The experimental intervention had been designed to be budget neutral because individual budget allotments could not exceed (and were typically set lower) than the projected cost of providing authorized services via traditional providers. However, an unexpected finding of the evaluation was that the traditional service system actually "saved" money by doing a poorer than expected job of delivering the full amount of personal care services to which Medicaid beneficiaries were entitled. In one participating state, reductions in nursing home use and use of other Medicaid services among treatment group members were sufficient to offset the higher costs that resulted from treatment group members receiving a much larger share of their entitled personal care services.

PIC ID: 8054.3; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Doty, Pamela, 202-690-6443; Performer: University of Maryland, Center on Aging, College Park MD

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## ***Alzheimer's Disease Demonstration Grants to States Program: Managed Care Initiative***

The purpose of the Alzheimer's Disease Demonstration Grants to States (ADDGS) Managed Care Initiative, begun by HRSA in 1997, and subsequently transferred to the Administration on Aging, is to test and evaluate the effect of community-based interventions for persons with Alzheimer's disease and their families upon use of primary care physicians in a managed care setting. Final analysis was to address if there was a decreased utilization of primary care physicians for resource and referral purposes and if there was any discernable difference between families participating in the program and those accessing information through routine channels. The Evaluation found that: 1) the program successfully reached the most vulnerable target populations, affecting both client and provider utilization characteristics; 2) cultural factors significantly affected care needs and approaches, 3) program providers required flexibility to generate resource support from multiple sources, and 4) flexibility of design was a key factor in program success in varied locations.

PIC ID: 7298; Agency Sponsor: AOA-OASA, Office of Assistant Secretary for Aging; Federal Contact: Starns, Melanie K., 202-401-4547; Performer: University of Kansas, Lawrence, KS

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## ***Characteristics of Nursing Home Residents***

Caring for persons with disabilities in the least restrictive setting is a major long-term policy objective. It is therefore important to understand why people are in nursing homes, and to identify those who could be discharged to the community if appropriate home and community-based services were available. This study analyzed data from the Resident Assessment Instrument's Minimum Data Set (MDS) on 750,000 nursing facility residents in nine states from 1994 to 1996. Residents were categorized within chronological age group (0-4, 5-14, etc.) and their functional status, chronic conditions and treatments were compared. Factor analysis was used to derive a chronic conditions hierarchy classification. This classification provides a method for identifying the primary reason for nursing home. Major findings include: (1) pediatric residents appear substantially more physically and cognitively impaired than young adult residents; (2) the primary diagnoses of young adult residents were related to mental retardation and other developmental disabilities while older residents were typified by increasing prevalence of neurological diagnoses and more co-morbid conditions; (3) non-elderly adult residents have the highest prevalence of chronic mental health and terminal illnesses; and (5) fifteen diagnostic factors provide a chronic care hierarchy (MDS-CCH) that classifies nearly 85% of all nursing home residents and highlights differences between age groups.

PIC ID: 6275; Agency Sponsor: ASPE-ODALTCP, Office of Disability, Aging, and Long-Term Care Policy; Federal Contact: Drabek, John, 202-690-6443; Performer: Hebrew Rehabilitation Center for the Aged, Boston, MA

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## **Objective 6.4 - Improve the economic and social development of distressed communities**

### ***Effects of the 1996 Welfare Reform Legislation on Families with Children on Reservations: What Have We Learned and What Questions Remain Unanswered?***

The overall purpose of this project was to monitor and document the implementation, and assess the impact of, welfare reform on American Indian families and reservations in Arizona caused by the evolving State and tribal responses to Temporary Assistance to Needy Families (TANF). Approach: A longitudinal study, collecting extensive descriptive data and process information on the implementation of tribal TANF by Indian tribes in Arizona. The study included four waves of interviews with a sample of 373 current and former TANF recipients, from three tribes, to document and track the effects of the program on the lives of the Indian families. Overall, the study reports marginal improvements in employment and hardship-related issues: (1) Employment rates among the respondents in the research sample increased from 12 percent to 15 percent, and the adjusted average income from employment increased from \$519 to \$749. (2) Lack of paid job experience dropped substantially from 46 percent to 25 percent, while the percentage of respondents participating in education or job training dropped from 57 percent to 27 percent. (3) Respondents in the research sample who could not afford to buy food dropped from 49 percent to 35 percent; and the percentage of these respondents receiving welfare benefits, including TANF, Food Stamps, Supplemental Security Income, and Tribal General Assistance, dropped from 93 percent to 86 percent. The proportion of respondents who were divorced, separated or widowed dropped from 36 percent to 29 percent. The proportion of never married mothers, however, did not change.

PIC ID: 6832; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Faris, Hossein, 202-205-4922; Performer: Washington University, School of Social Work, St. Louis, MO

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### ***Develop, Test and Implement a Tool to Identify and Strengthen Community Assets and Resiliency Factors to Eliminate Health Disparities***

The purpose of this project was to develop a community asset evaluation tool in order to assist communities with advancing resiliency factors based on the goals of Healthy People 2010 - one of which is eliminating health disparities. The objectives were to: (1) Delineate a set of community assets/resiliency factors related to Healthy People 2010 goals. (2) Develop and pilot test a community asset evaluation tool that incorporated identified factors; and (3) delineate preliminary guidelines on how to strengthen community assets to eliminate health disparities. Using a five-part methodology (i.e., an environmental scan, a national expert panel to advise the project, development of a draft assessment tool/toolkit, pilot-testing in three communities, and development of a set of preliminary guidelines), a Toolkit for Health & Resilience In Vulnerable Environments (THRIVE) was developed. This toolkit, with its emphasis on resilience and community strengths, offers community leaders an alternative and constructive way of viewing the environmental factors that influence health and well-being, as they undergo their strategic planning and needs assessment efforts to improve health outcomes and close health gaps for members of their communities. Recommendations and next steps included: (1) Distributing the tool widely through outreach and dissemination, especially to government agencies, community-based organizations, and others serving communities of color and low-income communities, and actively working to address health disparities. (2) Developing appropriate education and training materials to complement the tool and mediums for dissemination, including further refinement of the preliminary guidelines. (3) Bringing THRIVE "to scale", i.e., advancing the THRIVE approach in communities throughout the country, and providing the appropriate training and technical assistance needed to do so. (4) Tracking and evaluating the use of THRIVE to determine how it is being used, by

whom, and to what effect, including identifying case studies, success stories, and promising practices; and 5) developing generic models of the tool more appropriate for urban vs rural settings.

PIC ID: 7861; Agency Sponsor: OPHS-OMH, Office of Minority Health; Federal Contact: Simpson, James, 301-443-9923; Performer: The Prevention Institute, Oakland, CA

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### ***Overcoming Challenges to Business and Economic Development in Indian Country***

This report, one in a series from the tribal component of HHS' congressionally mandated evaluation of DOL's Welfare-to-Work Grants Program, describes the challenges and successes of selected tribes in implementing economic development initiatives. American Indian tribes and Alaska Native villages have embraced the goals, objectives, and programs associated with welfare reform, but the lack of jobs limits the success of tribal programs such as Temporary Assistance for Needy Families (TANF) and Welfare-to-Work (WtW). The lack of jobs is one of the biggest problems in Indian Country. Recognizing the scope and importance of this problem, the federal government has promoted business and economic development (BD/ED). This report presents findings for eight tribes (Cheyenne River Sioux, Citizen Potawatomi, Colville Confederated Tribes, Gila River, Mississippi Choctaw, Navajo Nation, Three Affiliated Tribes, and Turtle Mountain Chippewa) and two Alaska Native corporations (Bristol Bay Native Corporation and Doyon Limited). The report indicates that tribes in the study have developed a wide range of BD/ED activities, and all benefited from one or more federal programs promoting economic development. While some tribes have had significant successes in the area of gaming, most tribes do not participate in gaming operations. The studied tribal organizations encountered a variety of barriers to economic development, including a lack of investment capital and a focus on short-term rather than long-term results. Few of the tribes had formal monitoring or assessment of economic development initiatives and many lacked strong coordination of BD/ED activities across tribal offices and programs. Jobs have been created and wealth produced, but much more is needed to remedy the high unemployment rates on most tribal lands.

<http://aspe.hhs.gov/hsp/wtw-grants-eval98/tribal-dev04/index.htm>

PIC ID: 8107; Agency Sponsor: ASPE-OHSP, Office of Human Services Policy; Federal Contact: Landey, Alana, 202-401-6636; Performer: Mathematica Policy Research, Inc., Princeton, NJ

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### ***Feasibility Study for the Evaluation of DHHS Programs That Are or May Be Operated Under Tribal Self-Governance***

The purpose of this study was to determine the feasibility of evaluating Tribal management of DHHS programs if a Tribal Self-Governance demonstration program were to be authorized by Congress. This planning study explored whether such an evaluation could include qualitative information and quantitative measurement on program objectives. The study was structured to obtain input from Tribal representatives through a Technical Working Group, site visits, and discussion groups. The purpose of the project was to provide information helpful to the design of an evaluation; it did not produce an evaluation design or methodology. This study determined that there were at least three distinct options for an evaluation. The study assumed that consultation with the Tribes during the design and implementation phases would be important and would take place.

<http://aspe.hhs.gov/selfgovernance/Evaluation/tsg-final.html>

### ***Operating TANF: Opportunities and Challenges for Tribes and Tribal Consortia***

This report, one in a series from the tribal component of HHS' congressionally mandated evaluation of DOL's Welfare-to-Work Grants Program, describes the challenges and successes of ten tribal grantees in planning, implementing, and operating tribal TANF. Tribal TANF is the tribal welfare program with the most participants and the largest budget. Main findings address the process by which tribes make the decision to operate a tribal TANF program, the importance of a coordinated TANF plan, strategies for transitioning the program from state to tribal control, administrative and reporting challenges, and successes in adapting the program to reflect tribal cultural needs and values. The report should be helpful to any tribe implementing or considering a tribal TANF program. Findings show that a sound TANF plan is key to success in transitioning to tribal TANF; cooperation with the state can smooth the transition; negotiating with state governments about the level of funding is critical; and tribes studied have come up with creative ways to tailor their tribal TANF programs to their needs.  
<http://aspe.hhs.gov/hsp/TANF-tribes03/index.htm>

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

### **Objective 7.1 - Promote family formation and healthy marriages**

#### ***Implementing Programs to Strengthen Unwed Parents' Relationships: Lessons from Family Connections in Alabama***

This project identified and examined a variety of programs serving low-income, unwed parents, including programs that provided relationship and marriage focused services. The contract produced case study reports documenting examples of lessons that could be learned from operational programs with a focus on strengthening relationships and marriage which in turn could be useful for the "Building Strong Families" project. The report presents lessons learned from the "Family Connections in Alabama" project that was funded through a federal Office of Child Support Enforcement (OCSE) Special Improvement Project grant. This report contains descriptive information from observations and interviews. Researchers identified eight "implications" from the case study for the "Building Strong Families" project, which may also be useful to other projects and activities in which healthy marriage is a key focus. Major lessons learned included the importance of staff training, the extent of the receptivity of unwed parents for such programs, the importance of the use of male and female staff, and the role that such programs can play in identifying and providing assistance to victims of domestic violence.  
[http://www.acf.dhhs.gov/programs/opre/imp\\_pro\\_unwed/imp\\_pro\\_unwed\\_title.html](http://www.acf.dhhs.gov/programs/opre/imp_pro_unwed/imp_pro_unwed_title.html)

## **Objective 7.2 - Improve the development and learning readiness of preschool children**

### ***Early care and education partnerships: State actions and local lessons***

This study examined Federal and state actions to encourage and support partnerships among early care and education programs, and described local early care and education providers' experiences with partnerships. Locally based early care and education providers such as child care, Head Start, and pre-kindergarten sometimes join forces to improve services and reduce fragmentation resulting from multiple, separate, publicly-funded early care and education programs. By blending funds and resources, such partnerships are positioned to provide full-day, full-year services, offering continuity of care and comprehensive services to low-income children. The study used a standardized case study approach to analyze the state-and provider-level data in the Quality in Linking Together Early Education Partnerships database (QUILT), and reviewed the literature about partnerships and studies of early care and education funding and policies. Major findings included: (1) Actions to support partnerships fall into five broad categories: review; research and dissemination; coordination among state agencies; professional development, training and technical assistance; legal and regulatory actions; and, incentives to encourage providers to engage in partnerships. (2) State and local leaders perceived that the advantages of partnerships outweigh the challenges by providing worthwhile benefits to early care and education programs, teachers, and most notably to low-income children and families. (3) Leaders engaged in partnerships because they result in: enhanced educational experiences at the classroom level; added services for children and families; expanded services to support low-income parents' self-sufficiency; increased availability of program openings; and improved quality at all program levels. <http://www.childcareresearch.org/location/ccrca1515.pdf>

PIC ID: 8144; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Martinez-Beck, Ivelisse, 202-690-7885; Performer: Education Development Center, Newton, MA

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## **Objective 7.4 - Increase the percentage of children and youth living in a permanent, safe environment**

### ***Evaluation of the ACT Against Violence Training Program***

The purpose of the project was to finalize and conduct a cross-site evaluation of the ACT Against Violence Community Training Program sites. The objectives of the study were: 1) to assess whether or not the Community Training Program was successfully disseminated and implemented; 2) to examine the factors that affect successful dissemination, adoption and implementation of the training program; 3) to compare findings across the three training sites; and 4) to assess the involvement of the public health sector in each of the three training sites. Violence among youth is a significant public health concern. In 1998, homicide was the 4th leading cause of death for youth 10-14 years of age, and the 2nd leading cause of death for youth between the ages of 15 and 24.

PIC ID: 8139; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Saul, Janet, 404-639-6143; Performer: Battelle, Arlington, VA

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## ***Child Maltreatment Evaluation***

The purpose of this project was to program a database to house information about child maltreatment programs and evaluations of these programs and then identify and abstract applicable documents into the database. The need for such a database was one of the recommendations of a comprehensive plan that was developed in response to a Congressional request for an initiative that would prevent physical and emotional injuries associated with child maltreatment and neglect. Four types of programs were included in the database: 1) programs aimed at the general public whose primary purpose is to reduce the incidence of new occurrences of child maltreatment (primary prevention); 2) programs aimed at individuals at risk of perpetrating child maltreatment (secondary prevention); 3) programs aimed at victims of child maltreatment, neglect or abuse (tertiary prevention); and 4) programs aimed at service delivery. The database includes articles and documents published after 1980, and includes 149 documents that were abstracted into the database. The final report describes the methods and coding documents used to develop the database.

PIC ID: 8051; Agency Sponsor: CDC, Centers for Disease Control; Federal Contact: Howerton, Annie, 770-488-1282; Performer: Battelle, Arlington, VA

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## ***Child Welfare Outcomes 2001: Annual Report***

This report provides data from 1998, 1999, 2000, and 2001 pertaining to the performance of each of the 50 States, the District of Columbia, and Puerto Rico on 7 national child welfare outcomes developed by the Department of Health and Human Services, Administration for Children and Families, in consultation with State and local child welfare agency administrators, child welfare experts, and child advocates. This report is the fourth in a series of annual reports from the U.S. Department of Health and Human Services prepared in accordance with the requirements of section 479(A) of the Social Security Act. The outcomes are: (1) reduced recurrence of child abuse and/or neglect, (2) reduced incidence of child abuse and/or neglect in foster care, (3) increased permanency for children in foster care, (4) reduced time in foster care to reunification without increasing re-entry, (5) reduced time in foster care to adoption, (6) increased placement stability, and (7) reduced placements of young children in group homes or institutions. The report also presents general context information relevant to each State's child welfare system including the following: (A) the number and characteristics of child maltreatment victims; (B) the number and characteristics of children in foster care and children exiting foster care; (C) the number and characteristics of children "waiting for adoption;" and (D) the number and characteristics of children for whom an adoption was finalized during a given fiscal year. The data presented in the report are from the Adoption and Foster Care Analysis and Reporting System and the National Child Abuse and Neglect Data System. Finally, the report provides cross-State analyses of performance on national outcomes. Key concerns identified in the cross-State analyses are the following: (1) In many States, substantial percentages of children who enter foster care at age 13 or older and children who have a diagnosed disability are not exiting foster care to a permanent home. (2) Many States with a relatively high percentage of children reunified within 12 months of entry into foster care also have a relatively high percentage of children entering foster care who are re-entering within 12 months of a prior episode. (3) In most States, the majority of children who exit foster care to adoption have been in foster care for more than 2 years.

<http://www.acf.hhs.gov/programs/cb/publications/cwo.htm>

PIC ID: 8154; Agency Sponsor: ACF-ACYF, Administration on Children, Youth and Families; Federal Contact: Newburg-Rinn, Sharon, 202-205-0749; Performer: James Bell Associates, Inc., Arlington, VA

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## ***Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community***

This report summarizes an exploratory, qualitative study of the child welfare system's response to children of color, undertaken in response to concerns about the over-representation of minority children in the child welfare system, particularly African-American children. Focus groups were conducted in a number of communities to allow local stakeholders to discuss their perceptions of issues related to disproportionality in the child welfare system. The study provides insight into the issue of over-representation (or racial disproportionality) from the perspective of the child welfare community, including agency administrators, supervisors, and direct service workers. It also describes strategies that child welfare and child-welfare serving agencies use to meet the needs of children and families of color in the child welfare system.

[http://www.acf.hhs.gov/programs/core/ongoing\\_research/afc/cccws/cccws\\_pers/cccws\\_pers\\_title.html](http://www.acf.hhs.gov/programs/core/ongoing_research/afc/cccws/cccws_pers/cccws_pers_title.html)

PIC ID: 7620; Agency Sponsor: ACF-OPRE, Office of Planning, Research and Evaluation; Federal Contact: Webb, Mary Bruce, 202-205-8628; Performer: Caliber Associates, Fairfax, VA

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## **GOAL 8 - ACHIEVE EXCELLENCE IN MANAGEMENT PROGRAMS**

### **Objective 8.3 - Enhance the efficiency and effectiveness of competitive sourcing**

#### ***Evaluation of Medicare's Competitive Bidding Demonstration for DMEPOS***

Section 4319 of the Balanced Budget Act of 1997 (BBA 97) requires the Department of Health and Human Services to implement up to five demonstration projects of competitive bidding for Medicare Part B items and services, except physician services. Pursuant to this provision and to test the use of competitive bidding to set prices for durable medical equipment and prosthetics, orthotics, and supplies (DMEPOS), the Centers for Medicare & Medicaid Services planned and implemented the DMEPOS Competitive Bidding Demonstration. Section 4319 of BBA 97 further required that the demonstration be evaluated for its impact on Medicare program payments, access, diversity of product selection, and quality. The purpose of this report was to describe the results to date of the evaluation of the DMEPOS Competitive Bidding Demonstration. The impact of the demonstration was evaluated on (1) Medicare expenditures, (2) beneficiary access to care, (3) quality of care (including diversity of product selection), (4) competitiveness of the market, and (5) the reimbursement system. Based on approximately 2 years of operation, CMS's Competitive Bidding Demonstration for DMEPOS showed the potential to decrease Medicare expenditures. Competitive bidding has lowered the prices paid by Medicare for the large majority of DMEPOS products and services. Because there is not yet data on utilization, it cannot be definitively concluded that total DMEPOS allowed charges (the product of price times utilization) fell. It is estimated that Medicare-allowed charges for demonstration products would fall by nearly \$8.5 million over the course of the demonstration, a reduction of 20 percent.

<http://cms.hhs.gov/researchers/reports/2002/karon.pdf>

PIC ID: 7173; Agency Sponsor: CMS-ORDI, Office of Research, Development, and Information; Federal Contact: Meadow, Ann, 410-786-6602; Performer: University of Wisconsin, Madison, WI

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## Objective 8.4 - Improve financial management

### ***Incremental Treatment Costs in National Cancer Institute-Sponsored Clinical Trials***

Concern about additional costs for direct patient care impedes efforts to enroll patients in clinical trials. But generalizable evidence substantiating these concerns is lacking. To assess the additional cost of treating cancer patients in the National Cancer Institute-sponsored clinical trials in the United States across a range of trial phases, treatment modalities, and patient care settings. Retrospective cost study using a multistage, stratified, random sample of patients enrolled in 1 of 35 active phase 3 trials or phase 1 or any phase 2 trials between October 1, 1998 and December 31, 1999. Unadjusted and adjusted costs were compared and related to trial phase, institution type, and vital status. A representative sample of 932 cancer patients enrolled in nonpediatric, NCI-sponsored clinical trials and 696 nonparticipants with a similar stage of disease not enrolled in a research protocol from 83 cancer clinical research institutions across the United States. Direct treatment costs as measured using a combination of medical records, telephone survey, and Medicare claims data. Administrative and other research costs were excluded. The incremental costs of direct care in trials were modest. Over approximately a 2.5 year period, adjusted costs were 6.5% higher for trial participants than nonparticipants (\$35418 vs \$33248; P=.11). Cost differences for phase 3 studies were 3.5% (P=.22), lower than for phase 1 or 2 trials (12.8%; P=.20). Trial participants who died had higher costs than nonparticipants who died (17.9%; \$39420 vs \$33432), respectively; P=.15). Treatment costs for nonpediatric clinical trial participants are on average 6.5% higher than what they would be if patients did not enroll. This implies total incremental treatment costs for NCI-sponsored trials of \$16 million in 1999. Incremental costs were higher for patients who died and who were in early phase studies although these findings deserve further scrutiny. Overall, the additional treatment costs of an open reimbursement policy for government-sponsored cancer clinical trials appear minimal.

PIC ID: 7116; Agency Sponsor: NIH-NCI, National Cancer Institute; Federal Contact: McCabe, Mary S., 301-496-6404; Performer: Rand Corporation, Santa Monica, CA

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## Objective 8.5 - Enhance the use of electronic commerce in service delivery and record keeping

### ***ATSDR Web Site Customer Satisfaction Survey***

The Agency for Toxic Substances and Disease Registry (ATSDR) redesigned its Web site to make it more user-focused and visually appealing according to a voluntary customer satisfaction survey which was developed in an effort to evaluate the effectiveness of the redesign. In June 2001, ATSDR posted the Agency for Toxic Substances and Disease Registry Customer Satisfaction Survey (OMB No. 09200-0028) to the home page of the ATSDR Web site. The original survey was 21-questions designed to provide ATSDR an analysis on how often people visited the site, what sort of information they were seeking, and how they used the material they found. In addition there were a number of questions about the "look" of the site. The data gathered was to be utilized to further improve content and navigation. Because of an extremely low response rate the number of questions was reduced by over 60% in 2002. This still did not significantly increase the number of respondents. The survey remained on the Web site until September 30, 2003 when it was pulled. In over two years, less than 20 people responded to the survey. An analysis of the survey effort seems to indicate that people don't tend to respond to surveys unless they are being

compensated. This conclusion is based on a comparison of earlier efforts undertaken by ATSDR where respondents were compensated, resulting in a much higher return rate.

PIC ID: 7739; Agency Sponsor: ATSDR, Agency for Toxic Substances and Disease Registry; Federal Contact: Cox, Joanne, 404-498-0188; Performer: (unknown),

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### ***Survey of Research Integrity Measures Utilized in Biomedical Laboratories***

The study examined research integrity measures used by laboratory directors. Specific focus was placed on how laboratory directors stored their original data, the length of time data are retained, and the use of authorship polices and the degree of mentoring/supervising. The electronic survey had a 58% response rate and the self-report findings are based on the responses of 3000 NIH funded laboratory directors. Findings: We learned that laboratories use many methods of data storage; lab notebooks were identified as being used by only 39% of respondents. Less than 5% of laboratory directors reported that they used written guidelines to educate those in the laboratory about authorship and publication guidelines. On average the directors report working a 60 hour week and are present in the lab half of the time. However, lab directors report spending most of their time on administrative work or their own research and thus they spend about 12 hours a week mentoring (for the average lab of 6). Implications: One implication of this finding is that laboratories need to develop a reliable computerized data storage system as well as written guidelines on publication practices in their field. In addition laboratory directors mentoring and supervision practices deserves further study.

PIC ID: 8070; Agency Sponsor: OPHS-ORI, Office of Research Integrity; Federal Contact: Rhoades, Lawrence J., 301-443-5300; Performer: American Institute of Research, Washington, DC

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### ***National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Usability Testing***

A Web Site Usability Study was conducted by Human Factors International (HFI) to evaluate the current NIAMS public website design for usability and accessibility, and to provide recommendations about changes that could be made to improve the user experience. The study revealed several issues with the website: 1) Top level organization: Research and training link names did not reflect content contained within. 2) Some information was difficult to find, for example, Budget info, NIAMS address, and policy information. 3) Integration with NIH. There are dozens of links to NIH, the integration between the sites needs to be better. 4) Search function results were poor, the whole site was not searched. 5) The intramural site is completely separate from the main site, where it should remain. 6) The graphic appearance of the site as whole was boring. Based on this study, HFI highly recommended that a redesign of the NIAMS website be done.

PIC ID: 8123; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Rosen, Robert, 301-496-0799; Performer: Human Factors International, Fairfield, IA

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### ***Evaluation of Redesigned Web Site/NIDCD Web Site Usability Review***

This study examined the responses of an online survey conducted to evaluate if enhancements from a redesign of the NIDCD Web site increased user performance and satisfaction. Using a pop up window of

10 questions in an online user satisfaction survey, users who visited the site were asked to assess the overall satisfaction of their visit. Random users were asked about their previous knowledge of the site; why they were visiting; what type of information they were looking for; their success in finding information; their assessment of the quality of information; and their overall impression of the site in terms of navigation and content. Major findings included the following: more than 1770 users completed the survey and the results showed: 1) 92% of respondents found the site "very" or "somewhat" helpful; 2) 93% of respondents found it "easy" or "somewhat easy" to find information on the site; and 3) 96 % of respondents would "definitely" or "probably" use the site again.

PIC ID: 7653.1; Agency Sponsor: NIH-NIDCD, Nat'l Institute on Deafness & Other Communication Disorders; Federal Contact: Blessing, Patricia, 301-496-9497; Performer: Human Factors International, Baltimore, MD

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## **Objective 8.6 - Achieve integration of budget and performance information**

### ***Evaluation of ORWH's First Ten Years***

The Office of Research on Women's Health (ORWH), the focal point for women's health research at the National Institutes of Health (NIH), played a major role in achieving a culture change at NIH. This is the conclusion of a comprehensive evaluation of ORWH's first ten years (FY 1991–2000). During this period there was an increased awareness of women's health across NIH, resulting in substantially more funding for research on diseases, disorders, and conditions that affect women. Altogether, ORWH actively participated in over 1,700 program activities during its first decade. Achievements included the following: (1) A dramatic increase in NIH announcements to stimulate and expand research on women's health. RFAs and PAs encouraging researchers to address women's health issues increased by 143% during the 1990's. (2) Substantially more NIH grant applications and awards involving women's health research. Grant applications involving women's health increased by 48% and grant awards in the highest priority areas increased by 70%. (3) More women applying for and receiving NIH research grants. Grant applications submitted by female principal investigators (PIs) increased by 56%, and grants awarded to women increased by 84%. However, despite these gains only 25% of applications were being submitted by female PIs and they were receiving only 23% of grant awards at the end of the decade. (4) Increased institutional commitment to women's health research. The number of academic institutions with major NIH research and training centers involving women's health increased by 87%. (5) Strong evidence that women and minorities are being appropriately included as subjects in clinical research supported by NIH. By FY 2000, nearly all grant applicants (94%) were complying with NIH's inclusion policy. In summary, the evaluation advisory committee concluded that ORWH's strong emphasis on collaboration and strategic planning, along with its steady focus on a broad-based NIH research agenda for women's health and effective leveraging of funds, were major factors in its success. Acknowledging there was more work to be done, there was consensus that ORWH's approach could well serve as a model for other interdisciplinary programs pursuing trans-NIH goals.

PIC ID: 7904; Agency Sponsor: NIH-OD, Office of the Director; Federal Contact: Rudick, Joyce, 301-402-1770; Performer: Carlyn Consulting, Poolesville, MD

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# *APPENDIX A – DHHS FY 2004-2009 STRATEGIC GOALS AND OBJECTIVES*

## ***“PREVENTING DISEASE AND ILLNESS”***

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

## ***“PROTECTING OUR HOMELAND”***

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

## ***“CLOSING THE GAPS IN HEALTH CARE”***

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

## ***“IMPROVING HEALTH SCIENCE”***

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

## ***“REALIZING THE POSSIBILITIES OF 21ST CENTURY HEALTH CARE”***

- GOAL 5: Improve the quality of health care services**

- Objective 5.1 Reduce medical errors
- Objective 5.2 Increase the appropriate use of effective health care services by medical providers
- Objective 5.3 Increase consumer and patient use of health care quality information
- Objective 5.4 Improve consumer and patient protections
- Objective 5.5 Accelerate the development and use of an electronic health information infrastructure

***“WORKING TOWARD INDEPENDENCE”***

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

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

***“LEAVING NO CHILD BEHIND”***

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

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

***“IMPROVING DEPARTMENT MANAGEMENT”***

**GOAL 8: Achieve excellence in management practices**

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

# *APPENDIX B – AGENCY MISSION AND EVALUATION PROGRAM STATEMENTS*

## **ADMINISTRATION FOR CHILDREN AND FAMILIES**

### ***Mission***

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

### ***Evaluation Program***

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

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

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

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

## **ADMINISTRATION ON AGING**

### ***Mission***

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

### ***Evaluation Program***

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

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

## **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

### ***Mission***

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

### ***Evaluation Program***

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

## **AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

### ***Mission***

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

### ***Evaluation Program***

The Agency for Toxic Substances and Disease Registry (ATSDR) was created as a federal agency by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), more commonly known as Superfund. ATSDR was created to implement the health-related sections of CERCLA and other laws that protect the public from hazardous waste and environmental spills of hazardous substances. The

ATSDR evaluation program is coordinated with the DHHS-wide strategic planning process to implement requirements of the Government Performance and Results Act (GPRA), the Program Assessment Rating Tool (PART), and the President's Management Agenda (PMA). ATSDR's strategic goals and its annual performance plan are the result of an interactive process that reflects a long-term commitment by Agency staff to develop stronger relationships among external clients and stakeholders, to assess products and services using relevant data, and to improve our processes and systems for more efficient accomplishment of its mission.

## **CENTERS FOR DISEASE CONTROL AND PREVENTION**

### ***Mission***

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

### ***Evaluation Program***

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

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

In addition, CDC supports a variety of activities to enhance evaluation quality, use, and understanding. An example of one such activity completed during FY 2004 was a study that looked at case reporting of HIV, AIDS, STD, TB, and Hepatitis B and C in tribally operated health facilities.

## **CENTERS FOR MEDICARE & MEDICAID SERVICES**

### ***Mission***

To assure health care security for beneficiaries.

### ***Evaluation Program***

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

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

# FOOD AND DRUG ADMINISTRATION

## ***Mission***

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

## ***Evaluation Program***

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

# HEALTH RESOURCES AND SERVICES ADMINISTRATION

## ***Mission***

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

## ***Evaluation Program***

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

# INDIAN HEALTH SERVICE

## ***Mission***

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

## ***Evaluation Program***

The goal of the Indian Health Service (IHS) is to assure that comprehensive, culturally acceptable, personal and public health services are available and accessible to American Indian and Alaska Native people. The importance of evaluation in supporting this goal has increased significantly in recent years and includes American Indians and Alaska Natives as the primary stakeholders in defining the purpose, design, and execution of evaluations. The stakeholders use the end product of the evaluations, and are

the population or groups most likely to be affected by the findings. The IHS has formally adopted the principle of a responsive evaluation practice to address the needs and concerns of American Indians and Alaska Natives.

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

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

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

## NATIONAL INSTITUTES OF HEALTH

### ***Mission***

To sponsor and conduct medical research that leads to better health for all Americans.

### ***Evaluation Program***

The NIH Evaluation Program is an integral part of how NIH sponsors and conducts medical research. The National Institutes of Health (NIH) generates scientific knowledge that leads to improved health. This is done by conducting medical research in its intramural laboratories and by supporting research in universities, medical and health professional schools, and other health research organizations. NIH fosters the widespread dissemination of the results of medical research, facilitates the training of research investigators, and ensures the viability of the research infrastructure.

Results based management is recognized as a basic principle for the sound and productive operation of government agencies and their programs. This is evidenced most notably by passage of the Government Performance and Results Act (GPRA) and by the considerable effort across the federal government to implement results based management mechanisms. With GPRA and other initiatives aimed at increasing public sector accountability (such as the Chief Financial Officers Act and the Government Management Reform Act), interest in the use of evaluation has increased steadily among NIH administrators.

### ***Philosophy and Priorities***

The NIH Evaluation Program provides information to assist the NIH Director and the Institute and Center (IC) Directors in determining whether NIH goals and objectives are being achieved and to help guide policy development and program direction. Evaluations are planned and conducted from two sources of funds: Evaluation Set-aside funds used to fund trans-NIH projects, and IC program funds used for program evaluations for use by various committees, working groups, task forces, workshops, conferences, and symposia to assist the ICs in program management and development. This approach ensures that planning and priority setting specific to the mission of each IC are fully developed and

implemented and that there is central leadership for developing crosscutting initiatives and promoting collaboration among the ICs.

NIH's major evaluation priority areas fall within three broad program areas: basic research, research training and career development, and facilities. NIH conducts evaluations in these areas to assess strategies and goals, develop performance measures and improve operations.

#### *Policies and Operations*

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

Evaluation projects that utilize Evaluation Set-Aside funds are reviewed by a two-tier system. The first involves a review and recommendations by the NIH Technical Merit Review Committee (TMRC) on the technical aspects of project proposals and whether a project fits within DHHS guidelines for use of the set-aside fund. The second involves the NIH Evaluation Policy Oversight Committee, which considers TMRC recommendations, conducts policy level reviews, and makes final funding recommendations to the NIH Director or his designee.

## **OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION**

#### ***Mission***

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

#### ***Evaluation Program***

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has three evaluation-related responsibilities: funding or conducting necessary policy and evaluation research; in partnership with others, especially DHHS agencies, planning and carrying out evaluations; and providing oversight and advice to the Secretary regarding evaluation across the Department. ASPE functions as a principal advisor to the Secretary on policy development and, in this capacity, conducts a variety of health and human services evaluation and policy research studies on issues of national importance. ASPE also is responsible for department wide coordination of planning, policy review, and legislative activities. In its evaluation coordination role, ASPE has the following tasks: (1) Provide annual guidance to all DHHS agencies and staff offices regarding evaluation priorities, procedures, and review requirements. (2) Review evaluation priorities proposed by DHHS agencies, providing advice about the focus or method of proposed projects and identifying opportunities for collaboration and effective use of resources. (3) Prepare planning and summary reports on evaluation activities as required by Congress.

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

Another continuing evaluation objective of ASPE is to support and promote the development and improvement of databases that DHHS agencies and ASPE use to evaluate health care programs and

health trends. For example, ASPE has been the major initiator, in collaboration with the National Center for Health Statistics at the Centers for Disease Control and Prevention, of the first comprehensive survey of people with disabilities in the United States. The first component of these new data was completed in FY 1996, and national prevalence data on disability are now available.

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

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

## OFFICE OF PUBLIC HEALTH AND SCIENCE

### ***Mission***

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

### ***Evaluation Program***

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

OPHS' evaluation strategy focuses on public health and science issues that cut across multiple interests of the operating divisions and requires a coordinated approach to achieve the most effective results. OPHS evaluations support the Assistant Secretary for Health as the Secretary's senior advisor for public health and science. OPHS also conducts evaluations specific to the needs of the programs operated from the offices located within OPHS, such as women's health, minority health, disease prevention and health promotion, and research integrity. Some evaluation funds are made available to the ten DHHS Regional Health Administrators.

# SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

## ***Mission***

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

## ***Evaluation Program***

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

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

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

## *APPENDIX C - LIST OF STUDIES BY AGENCY*

AGENCY	ID	TITLE	G/O	OBJECTIVE	PROJECT OFFICER
ACF-ACYF	8149	Regulation, subsidy receipt, and provider characteristics: What predicts quality in child care homes?	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Martinez-Beck, Ivelisse
ACF-ACYF	8148	Impacts of eligibility expansions and provider reimbursement rate increases on child care subsidy take-up rates, welfare use and work	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Martinez-Beck, Ivelisse
ACF-ACYF	8147	Barriers to Subsidies: Reasons why low-income families do not use child care subsidies	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Martinez-Beck, Ivelisse
ACF-ACYF	8146	Two years in early care and education: A community portrait of quality and workforce stability: Alameda County, California	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Martinez-Beck, Ivelisse
ACF-ACYF	8144	Early care and education partnerships: State actions and local lessons	7.2	Improve the development and learning readiness of preschool children	Martinez-Beck, Ivelisse
ACF-ACYF	8143	Child Care Subsidy Use and Employment Outcomes of Low-Income Mothers during the Early Years of Welfare Reform: A Three-State Study	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Martinez-Beck, Ivelisse
ACF-ACYF	8154	Child Welfare Outcomes 2001: Annual Report	7.4	Increase the percentage of children and youth living in a permanent, safe environment	Newburg-Rinn, Sharon
ACF-OPRE	8153	Evaluation of Coordinated Economic Relief Centers	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Campbell, Nancye
ACF-OPRE	8055	Implementing Programs to Strengthen Unwed Parents' Relationships: Lessons from Family Connections in Alabama	7.1	Promote family formation and healthy marriages	Campbell, Nancye
ACF-OPRE	7542	Experience of Tribal TANF Programs: Problems, Solutions and Lessons Learned	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Faris, Hossein
ACF-OPRE	6832	Effects of the 1996 Welfare Reform Legislation on Families with Children on Reservations: What Have We Learned and What Questions Remain Unanswered?	6.4	Improve the economic and social development of distressed communities	Faris, Hossein

ACF-OPRE	8141	Implementation of Promoting Safe and Stable Families by American Indian Tribes (Volumes 1 and 2)	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Jagannathan, K.A.
ACF-OPRE	6828	Impact Study of the New Hampshire Employment Program	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Sternbach, Leonard
ACF-OPRE	6827	New Hampshire Employment and Training Program Process and Outcome Study	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Sternbach, Leonard
ACF-OPRE	7620	Children of Color in the Child Welfare System: Perspectives from the Child Welfare Community	7.4	Increase the percentage of children and youth living in a permanent, safe environment	Webb, Mary Bruce
ACF-OPRE	7532	What Works Best for Whom: Effects of Welfare and Work Policies by Subgroup	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Yaffe, Alan
AHRQ	8168	Maximizing the Impact of Policy-Related Research: Lessons from the Child Health Insurance Research Initiative (CHIRI)	3.2	Strengthen and expand the health care safety net	Introcaso, David
AHRQ	8167	Assessing the Policy Impact of AHRQ's Low Income Research Portfolio 1989-2000	3.2	Strengthen and expand the health care safety net	Introcaso, David
AOA-OASA	7298	Alzheimer's Disease Demonstration Grants to States Program: Managed Care Initiative	6.3	Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Starns, Melanie K.
ASPE-ODALTCP	8054.3	Personal Assistance Services	6.3	Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Doty, Pamela
ASPE-ODALTCP	6275	Characteristics of Nursing Home Residents	6.3	Increase the independence and quality of life of persons with disabilities, including those with long-term care needs	Drabek, John
ASPE-ODALTCP	8076	Ensuring the Health and Wellness of Our Nation's Family Caregivers	5.3	Increase consumer and patient use of health care quality information	Frank, Andreas
ASPE-ODALTCP	8042	National Initiative to Improve the Recruitment and Retention of the Paraprofessional Workforce in Long-Term Care	5.2	Increase the appropriate use of effective health care services by medical providers	Frank, Andreas
ASPE-ODALTCP	8041	An Overview of Programs and Initiatives Sponsored by DHHS to Promote Healthy Aging: A Background Paper for the Blueprint on Aging for the 21st Century Technical Advisory Group (TAG) Meeting	6.2	Increase the proportion of older Americans who stay active and healthy	Frank, Andreas

ASPE-ODALTCP	8032	State Experiences With Minimum Nursing Staff Ratios For Nursing Facilities: Findings from Case Studies of Eight States	3.5	Expand access to health care services for targeted populations with special health care needs	Harvell, Jennie
ASPE-ODALTCP	8025	State Experiences with Minimum Nursing Staff Ratios For Nursing Facilities: Findings From the Research to Date and a Case Study Proposal	3.5	Expand access to health care services for targeted populations with special health care needs	Harvell, Jennie
ASPE-ODALTCP	8011	State-Initiated Nursing Home Nurse Staffing Ratios: Annotated Review of the Literature	3.5	Expand access to health care services for targeted populations with special health care needs	Harvell, Jennie
ASPE-ODALTCP	8033	Using Medicaid to Cover Services for Elderly Persons in Residential Care Settings: State Policy Maker and Stakeholder Views in Six States	3.3	Strengthen and improve Medicare	Kennedy, Gavin
ASPE-ODALTCP	7984	State Long-Term Care: Recent Developments and Policy Directions	6.2	Increase the proportion of older Americans who stay active and healthy	McKay, Hunter
ASPE-OHP	8072	Prevention: A Blueprint for Action	1.1	Reduce behavioral and other factors that contribute to the development of chronic diseases	Mazanec, Mary
ASPE-OHSP	8109	Child Support and TANF Interaction: Literature Review	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Burnszynski, Jennifer
ASPE-OHSP	8111	A Profile of Families Cycling On and Off Welfare	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Hauan, Susan
ASPE-OHSP	8110	Characteristics of Low-Wage Workers and Their Labor Market Experiences	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Hauan, Susan
ASPE-OHSP	8086	Spending on Social Welfare Programs in Rich and Poor States: Final Report	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Isaacs, Julia
ASPE-OHSP	8068.1	Spending on Social Welfare Programs in Rich and Poor States: Key Findings	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Isaacs, Julia
ASPE-OHSP	8056	Measures of Material Hardship	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Isaacs, Julia
ASPE-OHSP	8122	The Welfare-to-Work Grants Program: Enrollee Outcomes One Year After Program Entry --- Report to Congress	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their	Landey, Alana

				economic condition	
ASPE-OHSP	8121	Welfare-to-Work Grants Programs: Adjusting to Changing Circumstances	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	8120	The National Evaluation of the Welfare-to-Work Grants Program: Final Report	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	8119	Targeted Help for the Hard-to-Employ: Outcomes of Two Philadelphia Welfare-to-Work Programs	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	8108	Giving Noncustodial Parents Options: Employment and Child Support Outcomes of the SHARE Program	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	8107	Overcoming Challenges to Business and Economic Development in Indian Country	6.4	Improve the economic and social development of distressed communities	Landey, Alana
ASPE-OHSP	8106	Operating TANF: Opportunities and Challenges for Tribes and Tribal Consortia	6.4	Improve the economic and social development of distressed communities	Landey, Alana
ASPE-OHSP	8105	Unemployment Insurance as a Potential Safety Net for TANF Leavers: Evidence from Five States	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	7908	Serving TANF and Low-income Populations through WIA One-Stop Centers: Report on Highlights of Site Visits	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Landey, Alana
ASPE-OHSP	8104	A Study of Work Participation and Full Engagement Strategies	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Lower-Basch, Elizabeth
ASPE-OHSP	8102	Review of Sanction Policies and Research Studies	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Lower-Basch, Elizabeth
ASPE-OHSP	7911	Using One-Stops to Promote Access to Work Supports--Lessons from Virginia's Coordinated Economic Relief Centers: Final Report	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Lower-Basch, Elizabeth
ASPE-OHSP	7909	The Use of TANF Work-Oriented Sanctions in Illinois, New Jersey, and South Carolina	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Lower-Basch, Elizabeth

ASPE-OHSP	7907	Children in Temporary Assistance for Needy Families Child-Only Cases With Relative Caregivers	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Nielsen, David
ASPE-OHSP	7281.6	Indicators of Welfare Dependence: Annual Report to Congress 2004	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Swenson, Kendall
ASPE-OHSP	8049	Private Employers and TANF Recipients	6.1	Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition	Tambornino, John
ASPE-OPPS	8034	Feasibility Study for the Evaluation of DHHS Programs That Are or May Be Operated Under Tribal Self-Governance	6.4	Improve the economic and social development of distressed communities	Rock, Andrew
ATSDR	7739	ATSDR Web Site Customer Satisfaction Survey	8.5	Enhance the use of electronic commerce in service delivery and record keeping	Cox, Joanne
ATSDR	7740.2	FY 2004 Results of Evaluation of Cooperative Agreements for Site Specific Activities	2.2	Improve the safety of food, drugs, biological products, and medical devices	Erlwein, Bobbie
CDC	7878	Creating an Evaluation Strategy for the Prevention Research Centers Network	4.4	Improve the coordination, communication, and application of health research results	Anderson, Lynda
CDC	8092	Strengthening Tobacco Control Decision-Making Strategies	1.5	Reduce tobacco use, especially among youth	Beeker, Carolyn
CDC	7989	Evaluating the Effectiveness of a Web-Based Quality of Care Improvement System	5.5	Accelerate the development and use of an electronic health information infrastructure	Bertolli, Jeanne
CDC	8045	OPPE Program Evaluation Training Forum Series	5.2	Increase the appropriate use of effective health care services by medical providers	Chapel, Tom
CDC	7873	Project Summary: Surveillance Programs for Chronic Hepatitis in Three Health Departments	1.1	Reduce behavioral and other factors that contribute to the development of chronic diseases	Finelli, Lyn
CDC	8051	Child Maltreatment Evaluation	7.4	Increase the percentage of children and youth living in a permanent, safe environment	Howerton, Annie
CDC	8044	Evaluability Assessment of the Rape Prevention and Education Grant Program	3.5	Expand access to health care services for targeted populations with special health care needs	Lang, Karen
CDC	7876	Evaluation of the Process Required to Effectively Expand the National Laboratory System (NLS) To All States	5.5	Accelerate the development and use of an electronic health information infrastructure	Rosner, Eunice
CDC	8139	Evaluation of the ACT Against Violence Training Program	7.4	Increase the percentage of children and youth living in a permanent, safe environment	Saul, Janet
CDC-NCCDPHP	8053	The Health Consequences of Smoking: A Report of the Surgeon General	1.5	Reduce tobacco use, especially among youth	Norman, Leslie
CMS-ORDI	8091	Evaluation of the BadgerCare Medicaid Demonstration	3.3	Strengthen and improve Medicare	Boben, Paul J.

CMS-ORDI	8089	Impact of Prescription Drug Coverage on Medicare Program Expenditures - A Case Study of the Evaluation of the UMWA	3.3	Strengthen and improve Medicare	Goody, Brigid
CMS-ORDI	8090	Evaluation of the MassHealth Quality Improvement Plan	3.3	Strengthen and improve Medicare	Magee, Carol
CMS-CMSO	7982	Evaluation of Medicaid Family Planning Demonstrations	1.2	Reduce the incidence of sexually transmitted diseases and unintended pregnancies	Farrell, Kathleen
CMS-ORDI	7173	Evaluation of Medicare's Competitive Bidding Demonstration for DMEPOS	8.3	Enhance the efficiency and effectiveness of competitive sourcing	Meadow, Ann
CMS-ORDI	7186	Multi-State Evaluation of Dual Eligibles Demonstration Final Report	3.3	Strengthen and improve Medicare	Rudolph, Noemi
FDA	8134	Mammography Quality Standard Act: Fifth Biennial Government Entity Declaration Program Audit 2004	5.1	Reduce medical errors	Cook, Cindy
FDA-CDER	8083	Risk-Based Method for Prioritizing Current Good Manufacturing Practices Inspections of Pharmaceutical Manufacturing Sites- A Pilot Risk Ranking Model	2.2	Improve the safety of food, drugs, biological products, and medical devices	Wang, Brenda
FDA-CDRH	8135	Best Practices for Effective and Productive Premarket Meetings	5.3	Increase consumer and patient use of health care quality information	Wilkinson, Stephanie
FDA-CFSAN	5711.3	2000-2001 Food Label and Package Survey: An Update on Prevalence of Nutritional Labeling and Claims on Processed, Packaged Foods	2.2	Improve the safety of food, drugs, biological products, and medical devices	LeGault, Lori A.
FDA-CFSAN	5711.4	Prevalence of Food Safety, Quality, and Other Consumer Statements on Labels of Processed, Packaged Foods	2.2	Improve the safety of food, drugs, biological products, and medical devices	Spease, Carol
HRSA-BPHC	7127	Examination of Ambulatory Care Sensitive Conditions, Using the State Medicaid Statistical Files: Adverse Events (Admissions and Emergency Visits), Comparisons by Usual Source of Care	5.2	Increase the appropriate use of effective health care services by medical providers	Wells, Barbara
IHS	8161	Teen Tobacco Cessation Camp Program	1.5	Reduce tobacco use, especially among youth	Melton, Debbie
NIH-FIC	8137	Review of the International Training and Research Program in Population and Health	4.3	Strengthen and diversify the pool of qualified health and behavioral science researchers	Kupfer, Linda
NIH-FIC	8133	Evaluation of the AIDS International Research and Training Program: A Feasibility Study	5.2	Increase the appropriate use of effective health care services by medical providers	Kupfer, Linda
NIH-NCCAM	8128	Analyses of the NCCAM Extramural Investigator Workforce and Funding Patterns	4.3	Strengthen and diversify the pool of qualified health and behavioral science researchers	Sutton, Jennifer
NIH-NCI	8130	Feasibility Study To Evaluate the Activities To Promote Research Collaborations Program	4.4	Improve the coordination, communication, and application of health research results	Kim, Kelly

NIH-NCI	8066	Findings from the Cancer Information Service 2003 User Survey	5.3	Increase consumer and patient use of health care quality information	LaPorta, Madeline
NIH-NCI	7116	Incremental Treatment Costs in National Cancer Institute-Sponsored Clinical Trials	8.4	Improve financial management	McCabe, Mary S.
NIH-NCI	8158	Evaluation of the American Stop Smoking Intervention Study (ASSIST): A Report of Outcomes	1.5	Reduce tobacco use, especially among youth	Sussman, Jeff
NIH-NICHD	7628	Partnership for Reducing the Risk of SIDS in African American Communities: Case Studies of Three Summits	3.4	Eliminate racial and ethnic health disparities	Johnson, Paul
NIH-NIDCD	7653.1	Evaluation of Redesigned Web Site/NIDCD Web Site Usability Review	8.5	Enhance the use of electronic commerce in service delivery and record keeping	Blessing, Patricia
NIH-NIEHS	8126	Final Report of the Mid-Program Evaluation at Florida International University	4.3	Strengthen and diversify the pool of qualified health and behavioral science researchers	Barnes, Martha
NIH-OD	8155	Minority Corporate Outreach and Recruitment Program (MCORP) Outreach, Recruitment and Retention Feasibility Study Final Report	3.4	Eliminate racial and ethnic health disparities	Pruitt, Rose
NIH-OD	8123	NIAMS Usability Testing	8.5	Enhance the use of electronic commerce in service delivery and record keeping	Rosen, Robert
NIH-OD	7904	Evaluation of ORWH's First Ten Years	8.6	Achieve integration of budget and performance information	Rudick, Joyce
OPHS	8132	Customer satisfaction study of the National Women's Health Information Center's (NWHIC) toll-free call center service	5.3	Increase consumer and patient use of health care quality information	Scardino, Valerie
OPHS-ODPHP	7837	Communication Strategies for the Leading Health Indicators	5.3	Increase consumer and patient use of health care quality information	Baur, Cynthia
OPHS-ODPHP	8071	Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate	2.2	Improve the safety of food, drugs, biological products, and medical devices	McMurry, Kathryn
OPHS-OMH	6674	National Assessment of Culturally and Linguistically Appropriate Services in Managed Care Organizations (CLAS in MCOs Study)	3.4	Eliminate racial and ethnic health disparities	Hawks, Betty
OPHS-OMH	7714	Implementing Culturally and Linguistically Appropriate Services (CLAS) in Health Care	3.4	Eliminate racial and ethnic health disparities	Pacheco, Guadalupe
OPHS-OMH	7713	Development and Testing of Cultural Competency Curriculum Modules	3.4	Eliminate racial and ethnic health disparities	Pacheco, Guadalupe
OPHS-OMH	7861	Develop, Test and Implement a Tool to Identify and Strengthen Community Assets and Resiliency Factors to Eliminate Health Disparities	6.4	Improve the economic and social development of distressed communities	Simpson, James
OPHS-ORI	8070	Survey of Research Integrity Measures Utilized in Biomedical Laboratories	8.5	Enhance the use of electronic commerce in service delivery and record keeping	Rhoades, Lawrence J.

SAMHSA	8057	Overview of Findings From the 2003 National Survey on Drug Use and Health	1.4	Reduce substance abuse	Hughes, Arthur
SAMHSA	8069	Final Report Evaluation of the Community Action Grant Program-- Phase II, Rounds 1, 2, & 3	3.5	Expand access to health care services for targeted populations with special health care needs	Morrisette, David
SAMHSA	8059	Treatment Episode Data Set (TEDS) 1992-2001: National Admissions to Substance Abuse Treatment Services	1.4	Reduce substance abuse	Trunzo, Deborah
SAMHSA	8061	Risk and Protective Factors for Adolescent Drug Use: Findings from the 1999 National Household Survey on Drug Abuse	1.4	Reduce substance abuse	Wright, Douglas
SAMHSA	8052	State Estimates of Substance Use From the 2002 National Survey on Drug Use and Health	1.4	Reduce substance abuse	Wright, Douglas
SAMHSA-CMHS	7718	Results of a Multi-Site Randomized Implementation Effectiveness Trial of Supported Employment Interventions for Individuals with Severe Mental Illness	3.5	Expand access to health care services for targeted populations with special health care needs	Blyler, Crystal

## APPENDIX D - ACKNOWLEDGMENT OF HHS OFFICIALS

The following persons from HHS contributed to preparing information on evaluation projects for *Performance Improvement 2004: Evaluation Activities of the U.S. Department of Health and Human Services*:

Administration for Children and Families  
Office of Planning, Research, and Evaluation

*Karl Koerper*  
*Bob Driscoll*

Food and Drug Administration  
Office of Policy, Planning, and Legislation

*Mary Bobolis*  
*John Uzzell*  
*Catherine Songster*

Administration on Aging  
Office of Evaluation

*Frank Burns*

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Office of Planning and Evaluation

*Emily DeCoster*  
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*Debbie Melton*  
*Timothy L. Taylor*

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Office of Policy and External Affairs

*Kevin Ryan*

National Institutes of Health  
Office of Evaluation

*Jeff Sussman*  
*Chuck Sherman*

Centers for Disease Control and Prevention  
Office of Program Planning and Evaluation

*Nancy Cheal*

Office of Public Health and Science

*Lorraine Fishback*  
*Valerie Welsh*

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*William Saunders*  
*Eric M. Katz*  
*Susan L. Anderson*

Substance Abuse and Mental Health Services  
Administration

Office of Policy and Program Coordination  
*Suzanne Fialkoff*  
*Peggy Gilliam*  
*Nancy Brady*

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