Selected RAND Abstracts
A Guide to RAND Publications

Volume 53
January–December 2015
Annual Cumulation
Printed and Online Indexes

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CONTENTS

INTRODUCTION........................................................................ iv
SUFFIX LIST ........................................................................ 1
SERIAL LIST ........................................................................ 7
INDEXES
  Author ........................................................................... 11
  Subject ........................................................................... 79
  Title .............................................................................. 359

ABSTRACTS
  Conference Proceedings .................................................... 409
  Corporate Publications .................................................... 409
  Testimony ....................................................................... 411
  External Publications ....................................................... 414
  Monographs .................................................................... 539
  Perspectives ..................................................................... 539
  Presentations ................................................................... 549
  Briefs ............................................................................. 551
  RAND Graduate School Dissertations ............................... 559
  Research Reports ........................................................... 568
  Tools .............................................................................. 675
  Working Papers .............................................................. 682
INTRODUCTION

The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND focuses on the issues that matter most, such as health, education, national security, international affairs, law and business, the environment, and more. Our research is commissioned by a global clientele that includes government agencies, foundations, and private-sector firms. Additionally, generous philanthropic contributions, combined with earnings from RAND’s endowment and operations, make possible RAND’s Investment in People and Ideas program, which is used to support innovative research on issues crucial to the policy debate but that reach beyond the boundaries of traditional client funding. All final research documents are peer reviewed.

The methods and findings of RAND research are reported chiefly in RAND’s publications. Many RAND studies appear also as articles in professional, scholarly, and technical journals (published in our External Publications series), and as books published by other commercial publishers and university presses. *Selected RAND Abstracts (SRA)* is a complete guide to current unclassified RAND publications.

The numbered publication series includes:

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CF</td>
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<td>Testimony</td>
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<td>EP</td>
<td>External Publications</td>
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<td>MG</td>
<td>Monographs</td>
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<tr>
<td>PE</td>
<td>Perspectives</td>
</tr>
<tr>
<td>PT</td>
<td>Presentations</td>
</tr>
<tr>
<td>RB</td>
<td>Briefs</td>
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<td>Dissertations</td>
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<td>(Research) Reports</td>
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<td>TL</td>
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<tr>
<td>WR</td>
<td>Working Papers</td>
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The Research Report (RR) and Monograph (MG) series are the principal publications documenting and transmitting RAND’s major research findings. Conference Proceedings and Testimony report on those events after the fact. Dissertations emanate from the Pardee RAND Graduate School. Briefs are policy-oriented summaries of published RAND research. External Publications are published in scholarly journals or by our sponsors. Perspectives present informed perspectives on a timely topic. Presentations include briefings, videos of testimony, and multimedia presentations on a topic or RAND capability. Tools include practitioners guidelines and manuals; or web-based products such as survey instruments, databases, calculators, GIS mapping tools, or models. Corporate Publications describe the nature of RAND and its work as a whole. Working Papers are intended to share the authors’ latest research findings and solicit informal peer review. External Publications are articles or book chapters written by RAND authors but not available from RAND.

*Selected RAND Abstracts* is divided into an index section and an abstract section.

INDEX SECTION

Each issue of *SRA* contains author, subject, and title indexes covering all the material abstracted in the current volume.

**Author Index.** The entries under the authors’ names give the document numbers and titles of their publications abstracted in this volume of *SRA*.

**Title Index.** Each title is followed by its document number.

**Suffix Index.** The suffix following each document number indicates the sponsor of the research.

**Subject Index.** Each publication is indexed under one or more appropriate subjects. The lines that follow the subject headings are titles. The document number following the modifier refers the user to the abstract appearing in the abstract section.

Note that in all sections, titles and headings are alphabetized by first letter—including “A” and “The.”
ABSTRACT SECTION

Abstracts are arranged serially by document number. A complete serial list of publications included in this volume appears immediately preceding the author index.

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SUFFIX LIST

3IE
International Initiative for Impact Evaluation (3ie)

A
United States Army

AACN
American Association of Colleges of Nursing

ACPO
Prepared for the Association of Chief Police Officers¹ Mounted Working Group

ALCF
ALCOA FOUNDATION

ALZSOC
Alzheimer's Society

AMA
American Medical Association

ARA
Acquisition Resources & Analysis

ASPR
U.S. Department of Health and Human Services Assistant Secretary of Preparedness and Response

AST
Prepared for armasuisse Science and Technology

AUS
Australia

AHIPF
America's Health Insurance Plans Foundation

BCMASS
Blue Cross and Blue Shield of Massachusetts, Inc.
DFT
UK Department for Transport

DH
Prepared for the Department of Health

DH
Prepared for the Department of Health (England)

DHS
Department of Homeland Security

DHURDGP
Department of Housing and Urban-Rural Development of the Guangdong Province

DIR
California Department of Industrial Relations/Division of Workers¹ Compensation

DOE
U.S. Department of Energy

DOEL
Delaware Office of Early Learning

DOL
Department of Labor

DOS
U.S. Department of State

DWP
Department of Work and Pensions

DWP
Department of Water and Power

EC
Prepared for the European Commission

EDA
Prepared for the European Defence Agency

EMKF
Ewing Marion Kauffman Foundation

EP
Prepared for The European Parliament

EPA
U.S. Environmental Protection Agency

FMOD
Prepared for French Ministry of Defence

GF
The Grable Foundation
<table>
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<td>Heinz Endowments</td>
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<td>JNI</td>
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<td>KRG</td>
<td>Kurdistan Regional Government</td>
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<td>LED</td>
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<td>NIJ</td>
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<td>National Institute for Occupational Safety and Health</td>
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<td>NYSHF/MTF</td>
<td>Robert R. McCormick Foundation and the New York State Health Foundation</td>
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<td>Office of the Secretary of Defense</td>
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<td>Patient-Centered Outcomes Research Institute</td>
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<td>P–20 Partnerships for Education</td>
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<td>PRSF</td>
<td>Poverty Reduction Support Facility</td>
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<td>RAND Corporation</td>
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<td>Rosenberg Foundation</td>
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<td>State of Vermont Joint Fiscal Office</td>
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<td>Temple University’s Center on Regional Politics</td>
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<td>Teach For America</td>
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TI
Tang Institute

TRC
Prepared for the Research Council, Oman

TSF
Stanton Foundation

TUCI
The Urban Child Institute

UKRF
Prepared for Daiichi Sankyo Europe and contracted by Ruder Finn UK

USCC
U.S.-China Economic and Security Review Commission

USCG
United States Coast Guard

USCG
U.S. Coast Guard Atlantic Area

USMC
United States Marine Corps

USSOCOM
U.S. Special Operations Command

VA
U.S. Department of Veterans Affairs

VH
Vitality Health

WB
The World Bank

WFHF
William and Flora Hewlett Foundation

WODC
Prepared for Ministry of Security and Justice, Research and Documentation Centre (WODC)

WWP
Wounded Warrior Project
## SERIAL LIST

<table>
<thead>
<tr>
<th>CONFERENCE PROCEEDINGS</th>
<th>EXTERNAL PUBLICATIONS</th>
</tr>
</thead>
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<tr>
<td>CF-333-NIOSH</td>
<td>EP-50690</td>
</tr>
<tr>
<td>CF-334-CMEPP</td>
<td>EP-50691</td>
</tr>
<tr>
<td>CORPORATE PUBLICATIONS</td>
<td>EP-50692</td>
</tr>
<tr>
<td></td>
<td>EP-50693</td>
</tr>
<tr>
<td>CP-1 (2014)</td>
<td>EP-50694</td>
</tr>
<tr>
<td>CP-22 (1/15)</td>
<td>EP-50695</td>
</tr>
<tr>
<td>CP-22 (11/15)</td>
<td>EP-50696</td>
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<tr>
<td>EP-50986</td>
<td>EP-51914</td>
</tr>
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</table>
RR-717-EMKF RR-880/1-OSD RR-993-A WR-1094
RR-720-EPA RR-882-OSD RR-996-HEFCE WR-1097-WB
RR-723-OSD RR-883-DOE RR-998-OSD WR-1098
RR-726-HEFCE RR-885-OSD TOOLS WR-1099-ICJ
RR-727-HEFCE RR-886-CMS WR-1100
RR-730-AACN RR-886/1-CMS WR-1101
RR-737-NIJ RR-888-DFT TL-144-CDC WR-1102
RR-738-A RR-889-AETNA TL-144/1-CDC WR-1103-ICJ
RR-739-OSD RR-890-OSD TL-150-CMHSAA WR-1105-ALCF
RR-740-1-DCR RR-892-OSD TL-157-GF WR-1108
RR-740-DCR RR-893-USCC TL-158-NIJ WR-1111
RR-740/1-1-DCR RR-896-RC TL-159-NIJ WR-1114
RR-740/1-DCR RR-901-SVFO TL-160-OSD WR-1115
RR-740/2-DCR RR-902-A TL-160/1-OSD WR-1117
RR-740/3-DCR RR-903-A TL-160/2-OSD WR-1118
RR-757-AF RR-905-A TL-161-TUCI WR-1124
RR-757/1-AF RR-907-ICJ TL-163-DCDHW WR-1127
RR-759-OSD RR-908-NIJ TL-164-DCDHW WR-1130
RR-763-CMS RR-909-DH TL-167-OSD WR-1131
RR-784-OSD RR-916-MOJ TL-168-OSD WR-861/8
RR-793-WB RR-919-CMHSAA TL-169/1-NIDA
RR-799-CMS RR-920/1-EC TL-170-NIDA
RR-800-NIJ RR-920/2-EC TL-175-NIJ
RR-804-1-NIJ RR-920/3-EC TL-178-DCR
RR-804-NIJ RR-920/4-EC TL-179-NIDA
RR-808-A RR-920/5-EC TL-180-A
RR-809/1-OSD RR-920/6-EC TL-181-CFPB
RR-809/2-OSD RR-928-NIJ TL-186-DHS
RR-809/3-OSD RR-931-RB TL-188-ASPR
RR-812-NETL RR-932-OSD TL-189-AF
RR-820-NIJ RR-934-DH WORKING PAPERS
RR-822-OSD RR-935-OSD WR-1094
RR-830-ACPO RR-937-OSD WR-1070
RR-830/2-ACPO RR-941-OSD WR-1071
RR-831-CMS RR-947-RC WR-1072
RR-833/1-TRC RR-948-RC WR-1072
RR-835-OSD RR-949-OSD WR-1073
RR-837-AF RR-953-CMHSAA WR-1073-1
RR-840-MOD RR-954-CMHSAA WR-1075
RR-847-AF RR-955-CMHSAA WR-1076
RR-848-OAAPN RR-956-CMHSAA WR-1078
RR-849-AF RR-957-TSF WR-1079
RR-859-CMEPP RR-959-FMOD WR-1080-NIJ
RR-861-TI RR-963-WWP WR-1082
RR-864 RR-964-AF WR-1083-MHP
RR-866-OSD RR-965-OSD WR-1084
RR-869-AMA RR-966-OSD WR-1085
RR-870/2-OSD RR-968-AF WR-1085-1
RR-870/3-OSD RR-969-CTRMA WR-1087
RR-870/4-USCG RR-971-CMHSAA WR-1088
RR-870/5-USCG RR-972-CMHSAA WR-1089
RR-871-DHURDGP RR-974-AF WR-1090
RR-872-DOSFO RR-980-RC WR-1091
RR-873-KRG RR-990-OSD WR-1092
RR-879-OSD RR-991-IMFO WR-1092-1
RR-880-OSD RR-992-WODC WR-1093
AUTHOR INDEX

ABEL, GARY A.
EP-50739
Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey

ACOSTA, JOIE D.
TL-164-DCDH
The Hungrier Games: Disaster Resilience Skills for Youth

TL-188-ASPR
Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit

EP-50939
Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience

Focus on Health Information Technology

ACOSTA, JOIE D.
EP-50939
About RAND Health handout

AHLUWALIA, SANGEETA
EP-51904
Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer

ALEXANDER, JALEN
EP-50839
It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi

AMARAL, ERNESTO F. L.
WR-1089
Effects of Demographic and Educational Changes on the Labor Markets of Brazil and Mexico

WR-1090
The Influence of Internal Migration on Male Earnings in Brazil, 1970–2000

WR-1091
Characterization of Fertility Levels in Brazil, 1970–2010

WR-1092
Profile of Female Sterilization in Brazil, 2001–2006

WR-1093
Determinants of Female Sterilization in Brazil, 2001–2007

WR-1092-1
Profile of Female Sterilization in Brazil, 2001–2006

AGUILA, EMMA
EP-50691
Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males

EP-50693
Pobreza Y Vulnerabilidad En Mexico: El Caso De Los Jovenes Que No Estudian Ni Trabajan
An, David L.
RGSD-337
Critical Rare Earths, National Security, and U.S.-China Interactions: A Portfolio Approach to Dysprosium Policy Design

Anderson, James M.
WR-1103-ICJ
Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases

EP-50867
Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases

Anderson, Timothy
EP-50650
Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?

Angrisani, Marco
WR-1101
The Effect of Housing and Stock Wealth Losses on Spending in the Great Recession

Anthony, C. Ross
RR-740-DCR
The Costs of the Israeli-Palestinian Conflict

RR-740/1-DCR
The Costs of the Israeli-Palestinian Conflict: Executive Summary

RR-873-KRG
Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity

Armour, Philip
PT-140
RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement’s Effects on Program Participation and Employment

Asch, Beth J.
RR-1022-MCRMC
Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission

Ashwood, J. Scott
RR-1115-CMHSA
Analysis of the Benefits and Costs of CalMHSAs’s Investment in Applied Suicide Intervention Skills Training (ASIST)
RB-9849-CMHSA
Should California Continue to Invest in Applied Suicide Intervention Skills Training (ASIST)? ASIST Could Save Lives and Wages and Reduce Medical Costs

RR-1370-CMHSA
Payoffs for California College Students and Taxpayers from Investing in Student Mental Health

Auerbach, David I.
RR-730-AACN
The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program

Autor, David H.
WR-1070
Does Delay Cause Decay? The Effect of Administrative Decision Time on the Labor Force Participation and Earnings of Disability Applicants

Ayallon, Amichay
CF-334-CMEPP

Ayer, Lynsay
RR-653-OSD
Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury

Auger, Anamarie
RR-1026-DOEL
Evaluation of Delaware Stars for Early Success: Year 2 Report

EP-50941
Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review

Aunon, Frances M.
EP-50707
An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon

Ayer, Lynsay
EP-50941
Center for Disability Research
**Ayer, Lynsay**
EP-50941
Center for Financial and Economic Decision Making

**Ayer, Lynsay**
EP-50941
RAND American Life Panel

**Ayer, Lynsay**
EP-50941
RAND in Pittsburgh

**Ayer, Lynsay**
EP-50941
RAND at a Glance

**Ayer, Lynsay**
EP-50941
RAND Center for Asia Pacific Policy: One Pager

**Baird, Matthew D.**
WR-1079
Labor Supply Estimation Biases from Disregarding Non-Wage Benefits

**Balkovich, Edward**
RR-800-NIJ
Electronic Surveillance of Mobile Devices: Understanding the Mobile Ecosystem and Applicable Surveillance Law

**Bangen, Katherine J.**
EP-51900
Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort

**Banks, James**
WR-1100
Life-Cycle Consumption Patterns at Older Ages in the US and the UK: Can Medical Expenditures Explain the Difference?

**Barber, Claire E. H.**
EP-51901
Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process

**EP-50969**
Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
Barnert, Elizabeth S.
EP-51892
Long Journey Home: Family Reunification Experiences of the Disappeared Children of El Salvador

Baron, Joshua
RR-1231-OSD
National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment

Bass, Warren
RR-498-ARA
A Surprise Out of Zion? Case Studies in Israel’s Decisions on Whether to Alert the United States to Preemptive and Preventive Strikes, from Suez to the Syrian Nuclear Reactor

Bauhoff, Sebastian
EP-50731
Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan

Beckett, Megan K.
EP-50672
Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries

Bennett, Bruce W.
CT-404/1
Preparing for the Possibility of a North Korean Collapse: Chinese translation (simplified characters)

Beratarrechea, Andrea
EP-50632
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru

Bergman, Jonathan
EP-51893
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care

Bharmal, Nazleen
WR-1096-RC
Understanding the Upstream Social Determinants of Health

Bienkowska-Gibbs, Teresa
RR-1181-HEE
New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports

Birkler, John
RR-1093-AUS
Australia’s Naval Shipbuilding Enterprise: Preparing for the 21st Century
**Bitler, Marianne P.**  
EP-50726  
Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy

**Blanchard, Janice C.**  
RR-1342-TELET  
Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida

**Blank, Jonah**  
RR-1021-AF  
Look East, Cross Black Waters: India's Interest in Southeast Asia

**Bloom, Evan**  
RGSD-348  
Changing Midstream: Providing Decision Support for Adaptive Strategies using Robust Decision Making: Applications in the Colorado River Basin

**Bogart, Laura M.**  
EP-50951  
Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment

**Boito, Michael**  
RR-1178-OSD  
Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense

**Bomyea, Jessica A.**  
EP-50851  
Course of Symptom Change During Anxiety Treatment: Reductions in Anxiety and Depression in Patients Completing the Coordinated Anxiety Learning and Management Program

**Bond, Craig A.**  
RR-701-A  
Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition

**RR-835-OSD**  
The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature

**WR-1071**  
Valuing Coastal Natural Capital in a Bioeconomic Framework

**Bonds, Timothy M.**  
CT-437  
Limiting Regret: Building the Army We Will Need

**CT-437/1**  
Limiting Regret: Building the Army We Will Need: Addendum

**RR-1320-RC**  
Limiting Regret: Building the Army We Will Need
<table>
<thead>
<tr>
<th>Author</th>
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</thead>
<tbody>
<tr>
<td>BOWSER, DIANA</td>
<td>A Cost-Effectiveness Analysis of Community Health Workers in Mozambique</td>
<td>EP-50840</td>
</tr>
<tr>
<td>BOYER, MATTHEW E.</td>
<td>Assessing Conventional Army Demands and Requirements for Ultra-Light Tactical Mobility</td>
<td>RR-718-A</td>
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<tr>
<td>BOZICK, ROBERT</td>
<td>Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise</td>
<td>EP-50996</td>
</tr>
<tr>
<td>BRAUNER, MARYGAIL K.</td>
<td>Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs</td>
<td>PE-138-A</td>
</tr>
<tr>
<td>BRENNAN, RICK JR</td>
<td>The Growing Strategic Threat of Radical Islamist Ideology</td>
<td>CT-422</td>
</tr>
<tr>
<td>RR-932-OSD</td>
<td>Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health</td>
<td>RR-565-DH</td>
</tr>
<tr>
<td>BRODERICK, JOSEPH P.</td>
<td>Transitions of Care for Stroke Patients Opportunities to Improve Outcomes</td>
<td>EP-50955</td>
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<tr>
<td>BROOKER, DANIEL</td>
<td>Scoping the impact of UK membership of the EU on UK health research</td>
<td>RR-565-DH</td>
</tr>
<tr>
<td>BROSS, RACHELLE</td>
<td>Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study</td>
<td>EP-51890</td>
</tr>
<tr>
<td>RR-1054-AF</td>
<td>Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force</td>
<td></td>
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<tr>
<td>BROMLLEY, ELIZABETH</td>
<td>From Subject to Participant: Ethics and the Evolving Role of Community in Health Research</td>
<td>EP-50651</td>
</tr>
<tr>
<td>RR-932-OSD</td>
<td>Using the Knowledge Base of Health Services Research to Redefine Health Care Systems</td>
<td>EP-50666</td>
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<td>RR-1054-AF</td>
<td>Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force</td>
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</tbody>
</table>
**Brown, Ryan Andrew**  
RR-578-OSD  
Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.

**Brown, Ryan Andrew**  
RR-9790-OSD  
Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families

**Brown, Ryan Andrew**  
RR-578/1-OSD  
Improving Access to Behavioral Health Care for Remote Service Members and Their Families: Executive Summary

**Brune, Sophie-Charlotte**  
RR-959-FMOD  
Crisis and conflict prevention strategies: An international comparison

**Brunner, Julian W.**  
EP-50956  
Interdisciplinary Priorities for Dissemination, Implementation, and Improvement Science: Frameworks, Mechanics, and Measures

**Burger, Nicholas**  
RR-1096-PRSF  
Reforming Policies for Small and Medium-Sized Enterprises in Indonesia

**Burke, Jeremy**  
WR-1075  
Trust and Financial Advice

**Burke, Jeremy**  
WR-1076  
Impacts of Conflicts of Interest in the Financial Services Industry

**Brown, Ryan Andrew**  
RR-578/1-OSD  
Developing New Tools and Strategies to Improve Police-Community Relations in the United States: The Lenzner Challenge Fund for Criminal Justice Research

**Brune, Sophie-Charlotte**  
RR-1269-DOL  
Financial Advice Markets: A Cross-Country Comparison

**Bruine de Bruin, Wandi**  
EP-50628  
Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes

**Bruine de Bruin, Wandi**  
WR-1111  
Do Financial Advisers Influence Savings Behavior?
RR-1289-DOL
Do Financial Advisers Influence Savings Behavior?

WR-1117
Automatic Enrollment in Retirement Savings Vehicles: Evidence from the Health and Retirement Study

BURKHAUSER, SUSAN
RGSD-357
Hello, Goodbye: Three Perspectives on Public School District Staff Turnover

BURNETT, SUSAN
EP-66301
Using Institutional Theory to Analyse Hospital Responses to External Demands for Finance and Quality in Five European Countries

BURNETTE, CRYSTAL
RR-1002-OSD
Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature

BURNS, RACHEL M.
EP-50960
Policies Related to Opioid Agonist Therapy for Opioid Use Disorders: The Evolution of State Policies from 2004 to 2013

BURYK, PETER
RR-664-OSD
Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery

BUSHNELL, CHERYL
EP-50957
Chronic Stroke Outcome Measures for Motor Function Intervention Trials: Expert Panel Recommendations

BUTTON, ROBERT W.
RR-1155-NAVY
Assessment of Surface Ship Maintenance Requirements

BUTTORFF, CHRISTINE
EP-50737
Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru

BYKER, TANYA
WR-1118
Evaluation of a Female Sterilization Campaign in Peru: An Application of Propensity Score Reweighting Methods with Unobserved Participation Status

CAMERON, ANNE P.
EP-51888
Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
CARLE, ADAM
EP-66262
Confirmatory Factor Analysis of the Patient Reported Outcomes Measurement Information System (PROMIS) Adult Domain Framework Using Item Response Theory Scores

CARMAN, KATHERINE GRACE
RR-947-RC
Methodology of the RAND Health Reform Opinion Study

RB-9825
The Marijuana Legalization Debate: Insights for Vermont

PE-149-RC
Options and Issues Regarding Marijuana Legalization

EP-50836
Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures

CEFALU, MATTHEW
TL-170-NIDA
Toolkit for Weighting and Analysis of Non-equivalent Groups: A Tutorial on the TWANG Commands for Stata

CERULLY, JENNIFER L.
RR-963-WWP
Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward

EP-50692
Trends in Health Insurance Enrollment, 2013-15

EP-50692
Center for Latin America Social Policy: Spanish translation

CAULKINS, JONATHAN P.
RR-864
Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions

RR-1073-CMHSA
Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings

RR-1237-CMHSA
CalMHSA Stigma and Discrimination Reduction Online Resources: Highlights from an Evaluation of Web Analytic Data
21

RR-1245-CMHSA
The Mental Health Association of San Francisco Partner Organizations Meet Their Goals in Stigma Reduction Efforts: Results of a Qualitative Evaluation of the Technical Assistance Process

RR-1257-CMHSA
Effects of Stigma and Discrimination Reduction Programs Conducted Under the California Mental Health Services Authority: An Evaluation of Runyon Saltzman Einhorn, Inc., Documentary Screening Events

RR-1281-CMHSA
Effects of the Integrated Behavioral Health Project's Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority

CHANDRA, ANITA
EP-50859
Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project

CHANG, EVELYN T.
EP-66229
Comorbid Depression and Substance Abuse Among Safety-Net Clients in Los Angeles: A Community Participatory Study

CHARI, AMALAVOYAL V.
RB-9817
Valuing the Care We Provide Our Elders

WR-1072
Can Institutional Deliveries Reduce Newborn Mortality? Evidence from Rwanda

CHAMBERLIN, MARGARET
PE-147-RC

RR-893-USCC
China's Incomplete Military Transformation: Assessing the Weaknesses of the People's Liberation Army (PLA)

PE-148-RC

RR-990-OSD
Emerging Trends in China's Development of Unmanned Systems
Chataway, Joanna
EP-50686
Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures

Chi, G. C.
EP-50860
Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project

Chivvis, Christopher S.
RR-1145-OSD
Authorities for Military Operations Against Terrorist Groups: The State of the Debate and Options for Congress

Chodosh, Joshua
EP-66254
Dementia Care Management in an Underserved Community: The Comparative Effectiveness of Two Different Approaches

Chung, Bowen
EP-50697
Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support

Clarke, Robin
EP-50952
Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices

Clifford, Megan
RGSD-354
Assessing the Feasibility of International Branch Campuses: Factors Universities Consider when Establishing Campuses Abroad

Cochrane, Gavin
TL-157-GF
Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies

RR-1147-IAVI
The International AIDS Vaccine Initiative's capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda

Cohen, Raphael S.
RR-1141-AF
Demystifying the Citizen Soldier

Coller, Ryan J.
EP-50940
The Medical Home and Hospital Readmissions

EP-50985
Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View

Collins, Rebecca L.
RR-1139-CMHSA
Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative
COULIV, JEFFREY D.
EP-50734
Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals

CONCannon, THOMAS W.
RB-9820
When and How Are We Engaging Stakeholders in Health Care Research?

RR-1242-PCORI
Employer, Insurer, and Industry Perspectives on Patient-Centered Comparative Effectiveness Research: Final Report

CONnable, BEN
RR-1069-MCIA
From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook

CRAGIN, KIM
RR-1118-CMEPP
What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank

CRANE, KEITH
RR-861-TI
Costs of Selected Policies to Address Air Pollution in China

CT-448
The Role of Oil in ISIL Finances

CROTOY, BRADLEY H.
EP-51883
Information Sharing Preferences of Older Patients and Their Families

CULBERTSON, SHELLY
RR-859-CMEPP
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan

CURRY HALL, KIMBERLY
RB-9829
Connecting Veterans and Employers

D'AMICO, ELIZABETH J.
EP-50717
Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School

DAEHNER, ENDY M.
RR-879-OSD

DAROLIA, RAJEEV
EP-50927
Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment
DATAR, ASHLESHA
EP-50847
Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents

DAUGHERTY, LINDSAY
RR-1239-CFAT
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education

Davidson, Elizabeth
EP-50926
Fifty Ways to Leave a Child Behind: Idiosyncrasies and Discrepancies in States' Implementation of NCLB

Davis, John S. II
TL-186-DHS
A Framework for Programming and Budgeting for Cybersecurity

Davis, Lynn E.
PE-137-RC
The Days After a Deal with Iran: Implications for the Air Force

Davis, Paul K.
WR-1124
Causal Models and Exploratory Analysis in Heterogeneous Information Fusion for Detecting Potential Terrorists

EP-50992
Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists

De la Haye, Kayla
EP-50647
Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use

Decamp, Lisa Ross
EP-51867
Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women

Delaney, Rebecca
EP-50725
Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach

Derose, Kathryn Pitkin
EP-51911
Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-50920
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras

EP-50921
Racial-ethnic Variation in Park Use and Physical Activity in the City of Los Angeles

EP-50931
US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study

DICK, ANDREW W.
EP-50718
Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11

DICKERSON, DANIEL
EP-50856
Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth

DIEZ-CANSECO, FRANCISCO
EP-50667
Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America

DIXON, LLOYD
RR-907-ICJ
Bankruptcy's Effect on Product Identification in Asbestos Personal Injury Cases

RB-9830-ICJ
Bankruptcy Trusts Complicate the Outcomes of Asbestos Lawsuits

DOBINS, JAMES
RR-1114-RC
Choices for America in a Turbulent World: Strategic Rethink

PE-182-RC
A Peace Plan for Syria

DONOHUE, JULIE M.
EP-50631
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk

DOURADO, INES
EP-50970
Revisiting the Use of Condoms in Brazil

DRABBLE, SAMUEL
RR-920/6-EC
The rise of a global middle class: Global societal trends to 2030: Thematic report 6
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults

A New Supermarket in a Food Desert: Is Better Health in Store?

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use

Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use

Financial Statements: Fiscal Year Ended September 28, 2014

2014 RAND Annual Report

RAND Review: March-April 2015

The RAND Policy Circle brochure

Focus on California handout

Stay Informed: Free Offerings from RAND

RAND Water and Climate Resilience Center

RAND Review: May-June 2015

**Dudovitz, Rebecca N.**  
EP-50976  
RAND Review: July-August 2015  
**Dudovitz, Rebecca N.**  
EP-50976  
New Trustee Orientation

**Dudovitz, Rebecca N.**  
EP-50976  
RAND Public Policy Analysis Workshop for Legislative Staff

**Dudovitz, Rebecca N.**  
EP-50976  
RAND Review: September-October 2015

**Dudovitz, Rebecca N.**  
EP-50976  
The RAND Corporation: A Resource for California Policymakers

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EP-50976  
RAND Review: November-December 2015

**Dudovitz, Rebecca N.**  
EP-50976  
RAND Advisory Boards brochure: An Invitation to Make a Difference

**Dudovitz, Rebecca N.**  
EP-50976  
Planned Giving: Wills Insert

**Dunkerley, Fay**  
RR-888-DFT  
Road traffic demand elasticities: A rapid evidence assessment

**Dworsky, Michael**  
CF-333-NIOSH  

**Eberhart, Nicole K.**  
RR-971-CMHSA  
Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings

**Ecola, Liisa**  
RR-991-IMFO  
The Future of Mobility: Scenarios for China in 2030
RB-9826
Which Behavioral Interventions Are Most Cost-Effective in Reducing Drunk Driving?

RB-9827
A New Tool to Help Decisionmakers Select Interventions to Reduce Traffic Crash Deaths and Injuries

RR-1224-RWJ
Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety

RB-9855
How to Get the Biggest Impact from an Increase in Spending on Traffic Safety

RB-9860
Should Traffic Crash Interventions Be Selected Nationally or State by State?

EDELEN, MARIA ORLANDO
EP-50668
Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program

EDELEN, MARIA ORLANDO
EP-50708
RAND Arroyo Center Annual Report 2014

EDWARDS, JEFFREY D.
EP-50710
Central Line-associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies

EFRON, SHIRA
RGSD-359
The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?

EGEL, DANIEL
TL-178-DCR
Costs of the Conflict Calculator

EIBNER, CHRISTINE
RR-901-SVJFO
The Economic Incidence of Health Care Spending in Vermont

EP-50708
Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report

RB-9812/1
How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/3
How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?

RB-9812/2
How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?

RB-9812/4
How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?

Elliott, Marc N.
EP-66234
Media Violence Exposure and Physical Aggression in Fifth-Grade Children

Evans, Sarah E.
RGSD-364
Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study

Ewing, Brett
EP-66202
Longitudinal Family Effects on Substance Use Among an At-Risk Adolescent Sample

Fain, Terry
RR-1023-LACPD

Farmer, Carrie M.
EP-50669
Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process

EP-50676
Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting

EP-50669
Consortium for Resilient Gulf Communities

Fischbach, Jordan R.
RR-720-EPA
Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPAs National Water Program

EP-50831
**Fort, Meredith P.**
EP-50914
Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico

**Fox, James**
RR-1124-BTS
STM3 modelling school days only

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RR-1125-BTS
STM3 2011 base frequency, mode-destination and car ownership models

**Friedberg, Mark W.**
RR-1127-BTS
Time period choice modelling – review of practice

**Friedberg, Mark W.**
RR-1130-BTS
Sydney Strategic Model Re-estimation: Mode-Destination Model

**Friedberg, Mark W.**
RR-1133-BTS
STM3 2011 base: Model parameters and overview

**Frederick, Bryan**
RR-1122-OSD
The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military

**Freeman, Jon**
RR-840-MOD
Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology

**Freeman, Jon**
RR-869-AMA
Innovation models for defence

**Friedman, Esther M.**
RR-784-OSD
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA
Early Life Adversity and Adult Biological Risk Profiles

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?

Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?

A Theory of Education and Health

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey

Overcoming Obstacles to Advanced Reactor Technologies


Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
Gerstein, Daniel M.
CT-424
Assessing DHS’s Performance: Watchdog Recommendations to Improve Homeland Security

CT-436
Strategies for Defending U.S. Government Networks in Cyberspace

CT-436/1
Strategies for Defending U.S. Government Networks in Cyberspace: Addendum

CT-438
Making DHS More Efficient: Industry Recommendations to Improve Homeland Security

Giacomantonio, Chris
RR-830-ACPO
Making and Breaking Barriers: Assessing the value of mounted police units in the UK

RR-830/2-ACPO
Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices

Gidengil, Courtney A.
RB-9584/1
Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update

RB-9831
Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn’t Always Make Perfect

EP-50679
Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit

EP-50679
RAND Gulf States Policy Institute: Committed to Strengthening the Well-Being of the U.S. Gulf States Through Research and Analysis

Glled, Sherry
EP-50670
Measuring Performance in Psychiatry: A Call to Action

Gdlonton, Susan
WR-1073
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi

EP-51914
Policing, Boundaries and the State: The Changing Landscape of Sovereignty and Security
WR-1073-1
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi

EP-50934
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi

GOGGIN, KATHY
EP-50973
Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers

GOLDBERG, RICHARD M.
EP-50977
The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness

GOLDSMITH, CHARLES A.
RR-1011-CFAT
Using Workforce Information for Degree Program Planning in Texas

PB-9832-CFAT
Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs

GONZALES, DANIEL
EP-50907
Cloud-Trust—a Security Assessment Model for Infrastructure as a Service (IaaS) Clouds

GONZALEZ, GABRIELLA C.
RR-812-NETL
Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills

CT-428
Higher Education Benefits for Post-9/11 Military Service Members and Veterans

RR-1349-OSD
Evaluation of the Military Spouse Employment Partnership: Progress Report on First Stage of Analysis

GOODENOUGH, TRUDY
EP-50868
Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children’s Centres

GOODISON, SEAN E.
RR-890-NIJ
Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence

PE-157-RC
Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid
Gordon, John IV
RR-716-A
Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies

Gore, Kristie L.
PT-148-OSD
Sexual Assault and Sexual Harassment in the U.S. Military: Findings from the RAND Military Workplace Study

Graf, Marlon
RR-920/3-EC
Individual empowerment: Global societal trends to 2030: Thematic report 3

Grant, Sean
RR-1030-OSD
Needle Acupuncture for Substance Use Disorders: A Systematic Review

Grant, Sean
RR-1031-OSD
Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review

Gray, Kristen E.
EP-50652
Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?

Greathouse, Sarah Michal
RR-1082-AF
A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors

Greenberg, Michael D.
EP-50916
How to Succeed in Business by Not Trying So Hard: Ethics and the Prisoner’s Dilemma

Greenfield, Victoria A.
RR-882-OSD
The Federal Voting Assistance Program and the Road Ahead: Achieving Institutional Change Through Analysis and Collaboration

RR-1075-DOS
Reducing the Cultivation of Opium Poppies in Southern Afghanistan

EP-51872
Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis

EP-51912
A Systematic Review and Critical Appraisal of Qualitative Metasynthetic Practice in Public Health to Develop a Taxonomy of Operations of Reciprocal Translation

EP-50947
Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults
RB-9862-OSD
The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead

GRESENZ, CAROLE ROAN
PE-152-AETNA
Harnessing Private-Sector Innovation to Improve Health Insurance Exchanges

WR-1131
Health IT and Ambulatory Care Quality

GRIFFIN, BETH ANN
PT-147
TWANG Short Course/Educational Videos: Three Videos—Introduction, Propensity Score Weighted Analyses with 2 Groups, and Propensity Score Weighted Analyses with More Than 2 Groups

GRUNDMEIER, ROBERT W.
EP-50657
Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data

GUELINCKX, ISABELLE
EP-51878
Intake of Water and Different Beverages in Adults Across 13 Countries

EP-51879
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide

GUERIN, BENOIT
RR-920/1-EC
A growing and ageing population: Global societal trends to 2030: Thematic report 1

GUERRA, STEPHEN J.
RR-1016-OSD
Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges

GUNASHEKAR, SALIL
RR-1189-CAMUNI
A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary

RR-1363-DH
Bibliometric analysis of highly cited publications of biomedical and health research in England, 2004–2013

GUNN, HEATHER E.
EP-51875
Sleep Concordance in Couples Is Associated with Relationship Characteristics

GUO, CHRISTOPHER
RR-717-EMKF
The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities
**Guo, Sisi**  
EP-50953  
Linkages Between Mental Health Need and Help-Seeking Behavior Among Adolescents: Moderating Role of Ethnicity and Cultural Values

**Guthrie, Susan**  
RR-666-DH  
Returns on research funded under the NIHR Health Technology Assessment (HTA) Programme: Economic analysis and case studies

**RB-9800-DH**  
Analysing the economic impact of the Health Technology Assessment programme

**RB-9864**  

**Guiterrez, Italo**  
WR-1085  
Job Insecurity, Unemployment Insurance, and On-the-Job Search

**WR-1085-1**  
Job Insecurity, Unemployment Insurance and On-the-Job Search: Evidence from Older American Workers

**Hafner, Marco**  
RR-1084-VH  
Health, wellbeing and productivity in the workplace: A Britain's Healthiest Company summary report

**Hahn, Erin E.**  
EP-51873  
Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors

**Hamm, Megan**  
EP-50910  
Chronic Stress Is Prospectively Associated with Sleep in Midlife Women: The SWAN Sleep Study

**Hamm, Mary K.**  
EP-50689  
Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening

**Hafka, David**  
EP-50905  
An Open Source Framework for Many-Objective Robust Decision Making

**EP-50987**  
Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare
Hanauer, Larry
PE-139-OSD
The Days After a Deal with Iran: Congress's Role in Implementing a Nuclear Agreement

Haney, Stephen
EP-50732
How Long Does Biomedical Research Take? Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice

Hanser, Lawrence M.
RR-723-OSD
United States Service Academy Admissions: Selecting for Success at the Military Academy/West Point and as an Officer

Hardison, Chaitra M.
RR-687-LAFD
Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters

Harryse, Ron D.
EP-50835
U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item

Hargreaves, Dougal S.
EP-50853
Unmet Health Care Need in US Adolescents and Adult Health Outcomes

Hasin, Deborah S.
EP-51905
Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
HEALTH, RAND
RR-1165/1-VA
Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs

RR-1165/2-VA
Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans

RR-1165/3-VA
Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs

HEATON, PAUL
EP-50877
How Does Tort Law Affect Consumer Auto Insurance Costs?

EP-66272
Victim Compensation Funds and Tort Litigation Following Incidents of Mass Violence

HEGINbothAM, ERic
RR-392-AF

RB-9858/1-AF

RB-9858/2-AF
Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017

RB-9858/3-AF

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Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017

EP-50711
Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity

EP-51909
People's Liberation Army Trajectories: International Drivers

HEIM, JACOB L.
EP-50738
The Iranian Missile Threat to Air Bases: A Distant Second to China's Conventional Deterrent

HELGESON, VICKI S.
EP-50834
Friendship and Romantic Relationships Among Emerging Adults with and Without Type 1 Diabetes
HELLAND, ERIC
WR-1098
Estimating Effects of English Rule on Litigation Outcomes

WR-1099-ICJ
Are Settlements in Patent Litigation Collusive? Evidence from Paragraph IV Challenges

HELMUS, TODD C.
RR-949-OSD
Advising the Command: Best Practices from the Special Operations Advisory Experience in Afghanistan

HEMPEL, SUSANNE
EP-50722
Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events

EP-50980
Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications

HEMPER, KIMBERLY A.
RR-435-OSD
Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program

RR-464-OSD
Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Post-traumatic Stress Disorder and Major Depressive Disorder

HERMAN, PATRICIA M.
RR-1258-NCMICF
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research

HERMAN, REBECCA
RR-1142-CFPB
Development of a K–12 Financial Education Curriculum Assessment Rubric

TL-181-CFPB
A Tool for Reviewing K-12 Financial Education Curricula

HOFFMAN, RISA
EP-51874
Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
Hoffmann, Michael
EP-50885
Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil

Addressing demand and supply side of the social enterprise finance market

Hollywood, John S.
RR-645-NIJ
Improving Information-Sharing Across Law Enforcement: Why Can't We Know?

High-Priority Information Technology Needs for Law Enforcement

RR-737-NIJ

Hubert, Tanguy
RR-837-AF

Horvath, Veronika
RR-920/2-EC
Education, technology and connectedness: Global societal trends to 2030: Thematic report 2

Horvitz-Lennon, Marcela
EP-50649
Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs

Hu, Peifeng
EP-51902
Validation and Modification of Dried Blood Spot-Based Glycosylated Hemoglobin Assay for the Longitudinal Aging Study in India

Hoorens, Stijn
RR-992-WODC
Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis

Huckfeldt, Peter J.
RR-763-CMS
Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report

Hung, Angela A.
RR-1270-DOL
Effective Disclosures in Financial Decision-making

Hoover, Matthew
EP-50694
Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
WR-1115
Defaulting In and Cashing Out? The Impact of Retirement Plan Design on the Savings Accumulation of Separating Employees

HUNTER, Sarah B.
TL-179-NIDA
Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations

HURD, Michael D.
WR-1127
The Impact of Employment Transitions on Subjective Well-Being: Evidence from the Great Recession and Its Aftermath

Hussey, Peter S.
RR-1090-BCMASS
Paths to Sustainability for Innovative Delivery System Programs

Hydon, Stephen
EP-50664
Preventing Secondary Traumatic Stress in Educators

IGLEsIA, IRIS
EP-51877
Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide

Isley, Steven C.
EP-50876
The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways

Iyer, Sharat P.
EP-50736
Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting

Jackson, Brian A.
RR-820-NIJ
Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector

TL-158-NIJ
Corrections Technology and Practice Taxonomy

EP-50671
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care

EP-51880
Appropriateness of Advanced Diagnostic Imaging Ordering Before and After Implementation of Clinical Decision Support Systems
**TL-159-NIJ**
Interactive Tool for Ranking Corrections Innovation Needs

**PE-154-RC**
Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency

**TL-175-NIJ**
Interactive Tool for Ranking Digital Evidence Needs

**CT-440**
Strengthening Trust Between Police and the Public in an Era of Increasing Transparency

**EP-50879**
Assessing the Effectiveness of Layered Security for Protecting the Aviation System Against Adaptive Adversaries

**Jenkins, Brian Michael**
**PE-130-1-RC**
When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq

**CT-426**
There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq

**CT-427**
Containing Middle East Terror: Measures to Reduce the Threat Posed By Foreign Fighters Returning from Syria and Iraq

**CT-429**
The Continuing Lure of Violent Jihad

**CT-426/1**
There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq: Addendum

**PE-163-RC**
How the Current Conflicts Are Shaping the Future of Syria and Iraq

**CT-443**
The Dynamics of the Conflicts in Syria and Iraq and the Threat Posed by Homegrown Terrorists and Returning Western Fighters

**Janta, Barbara**
**RR-920/5-EC**
Employment and the changing labour market: Global societal trends to 2030: Thematic report 5

**Jaycox, Lisa H.**
**TL-150-CMHSA**
RAND's Silent Monitoring Protocol for Assessing Suicide Crisis Line Call Content and Quality
CT-445
The Implications of the Paris Terrorist Attack for American Strategy in Syria and Homeland Security

CT-447
Inspiration, Not Infiltration: Jihadist Conspirators in the United States

JERNIGAN, VALARIE BLUE BIRD
EP-50696
Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities

JIN, HAOMIAO
EP-50884
Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making

JONES, DAMON
EP-51915
Considering Valuation of Noncognitive Skills in Benefit-Cost Analysis of Programs for Children

JONES, SETH G.
CT-430
Breaking the Bank: Undermining Terrorist Financing

Kahn, Katherine L.
RR-886-CMS
Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report

Kalra, Nidhi
EP-50929
Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima's Long-Term Water Resources Master Plan
**Kanouse, David E.**
EP-50961
How Patient Comments Affect Consumers’ Use of Physician Performance Measures

**Kanzaria, Hemal K.**
EP-50626
Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging

**Kapinos, Kandice**
EP-66261
Does Targeting Higher Health Risk Employees or Increasing Intervention Intensity Yield Savings in a Workplace Wellness Program?

**Kaplow, Jeffrey M.**
PE-135-RC
The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime

**Karoly, Lynn A.**
RR-919-CDSS
Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design

**Karoly, Lynn A.**
RR-1159-TEU
The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools

**Katz, Beth**
RGSD-358
District-Union Collaboration on Teacher Evaluation Reforms: Case Studies of Three School Districts in California

**Kaufman, Julia H.**
RR-1129-CMHSA
Student Mental Health in California’s K-12 Schools: School Principal Reports of Common Problems and Activities to Address Them

**Kaufman, Julia H.**
RR-1294
What Are Teachers’ and School Leaders’ Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
Kavanagh, Jennifer
MG-1171/8-OSD
Joint Precision Approach and Landing System
Nunn-McCurdy Breach Root Cause Analysis and Portfolio Assessment Metrics for DoD Weapons Systems, Volume 8

Keating, Edward G.
RR-866-OSD

Kehl, Kenneth L.
EP-50629
Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer

Kelly, Terrence K.
EP-50627
Stop Putin’s Next Invasion Before It Starts

Kennedy-Hendricks, Alene
EP-50881
Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing

Kenzik, Kelly M.
EP-50846
How Much Do Cancer-Related Symptoms Contribute to Health-Related Quality of Life in Lung and Colorectal Cancer Patients? A Report from the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium

Khodyakov, Dmitry
EP-66207
Project JOINTS: What Factors Affect Bundle Adoption in a Voluntary Quality Improvement Campaign?

Kilburn, M. Rebecca
EP-50700
Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico

Kim, Yan S.
EP-51866
Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
Kim, Yool
MG-1171/7-OSD
Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges

King, Sarah
RR-1066-NICE
Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review

Kleijn, Miriam J. J. de
EP-50861
Systematic Review of School-Based Interventions to Prevent Smoking for Girls

Klinghoffer, Kristan
RR-993-A
Developing a Repeatable Methodology to Calculate Retrograde Planning Factors

Knopman, Debra
RR-871-DHURDGP
Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta

Kobzar, Svitalana
RR-920/4-EC
Evolving patterns and impacts of migration: Global societal trends to 2030: Thematic report 4

Kovalchik, Stephanie Ann
EP-50712
Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults

EP-50712
The RAND Corporation: A Resource for Congress

Krapels, Joachim
RR-793-WB
Employability of the Poor

RR-833/1-TRC
Developing a research impact performance management system for The Research Council, Oman: Final Report

RR-1137-DFID
Strategic Impact Evaluation Fund Mid Term Review: Final Report

Kulesza, Magdalena
EP-51881
Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans

EP-51898
Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies
KURZ, JEREMY R.
RGSD-360
Improving Utilization of and Adherence to Treatment for Post-Traumatic Stress Disorder Among U.S. Servicemembers and Veterans

LATOURRETTE, TOM
EP-50866
Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes

LE, VI-NHUAN
EP-50701
Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes

LAING, BRIAN YOSHIO
EP-51906

LEE, CHRISTOPH I.
EP-50942
Radiologists' Perceptions of Computerized Decision Support: A Focus Group Study from the Medicare Imaging Demonstration Project

LANDREE, ERIC
RR-1108-NIOSH
Nanomaterial Safety in the Workplace: Pilot Project for Assessing the Impact of the NIOSH Nanotechnology Research Center

LEHRMAN, WILLIAM G.
EP-50964
CAHPS Surveys: Valid and Valuable Measures of Patient Experience

LENDON, JESSICA PENN
EP-50622
Measuring Experience with End-of-Life Care: A Systematic Literature Review

LANGLEY, AUDRA
EP-50854
Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events

LARRABEE, F. STEPHEN
RR-903-A
The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army

EP-50622
Taking Point on Research for Veterans: Finding Solutions to Improve the Lives of Veterans and Their Families
LEWIS, MATTHEW W.
EP-50655
Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response

LEWIS, TERRI
EP-50946
The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders

LI, JENNIFER J.
RR-476-OSD
Training Cyber Warriors: What Can Be Learned from Defense Language Training?

LIBICKI, MARTIN C.
RR-1024-JNI
The Defender's Dilemma: Charting a Course Toward Cybersecurity

CT-425
Sharing Information About Threats Is Not a Cybersecurity Panacea

LICHTEN, CATHERINE A.
RR-1053-UKRF
The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today's challenges with recommendations for the future

RB-9846/1-UKRF
AF-related stroke prevention: today and the future: Summary for patients

LIGHT, THOMAS
RR-969-CTRMA
The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas

LIM, NELSON
TL-189-AF
Air Force Commander's Guide to Diversity and Inclusion

LITOVITZ, AVIVA
RGSD-349
Federal Funding and Academic Productivity: Assessing Policy Levers for Sustainable Energy Researchers

LIU, HANGSHENG
EP-50873
Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications
LIU, JODI L.
EP-51913
Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011

LOKKER, CYNTHIA
EP-50683
A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare

LONG, AUSTIN
RR-713-OSD
Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia

LONSDALE, JEREMY
RR-1017-LGA
One Place, One Budget? Approaches to pooling resources for public service transformation

LOPEZ GARCIA, ITALO
WR-1087
Human Capital and Labor Informality in Chile: A Life-Cycle Approach

LOREDO, ELVIRA N.
RR-902-A
Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code

LORELL, MARK A.
RR-630-AF
Extreme Cost Growth: Themes from Six U.S. Air Force Major Defense Acquisition Programs

LUDLOW, AMY
RR-916-MOJ
Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views

LUI, CAMILLIA
EP-66238
Drinking Behaviors and Life Course Socioeconomic Status During the Transition from Adolescence to Adulthood Among Whites and Blacks

LYTELL, MARIA C.
RR-1008-OSD
Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military

MACCARTHY, SARAH
EP-50828
Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain

MAESTAS, NICOLE
WR-1088
Disability Insurance and the Great Recession

MANOLI, DAY
EP-5083
Policy Variation, Labor Supply Elasticities, and a Structural Model of Retirement

MANVILLE, CATRIONA
RR-726-HEFCE
Preparing impact submissions for REF 2014: An evaluation: Approach and Evidence

MAIDA, CARL A.
EP-50913
Child and Adolescent Perceptions of Oral Health Over the Life Course

RR-727-HEFCE
Preparing impact submissions for REF 2014: An evaluation: Findings and observations

MALONEY, SHANNON I.
RGSD-346
Positive Youth Development in a School-Based Setting: A Study of the Los Angeles Police Academy Magnet School Program

RR-1032-HEFCE
Assessing impact submissions for REF 2014: An evaluation

RB-9833-HEFCE
Preparing impact submissions for REF 2014: An evaluation

RB-9834-HEFCE
Assessing impact submissions for REF 2014: An evaluation

MARAMBA, INOCENCIO
EP-50702
Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care

MANGIONE-SMITH, RITA
EP-50706
Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children

MARCELLINO, WILLIAM
EP-66252
Revisioning Strategic Communication Through Rhetoric and Discourse Analysis
MARJANOVIC, SONJA  
RR-934-DH  
Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)

MARLOW, ELIZABETH  
EP-51868  
Peer Mentoring for Male Parolees: A CBPR Pilot Study

MARQUEZ-PADILLA, FERNANDA  
WR-1082  
The (Non-) Effect of Violence on Education: Evidence from the “War on Drugs” in Mexico

MARSHALL, ALAN  
EP-50974  
Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England

MARTIN, LAURIE T.  
TL-161-TUCI  
Off to a Good Start: Social and Emotional Development of Memphis’ Children

MARTEL, M. WADE  
RR-1065-A  
A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept’s Implications for Army Personnel Management

MARTEL, W.  
RB-9880-CMS  
Connecting Consumers to Care
'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System

Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense

A Commander's Guide to Hazing Prevention

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs

Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries

The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio

Borrowing for the Cure: Debt Financing of Breakthrough Treatments

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective
Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits

Results from a National Survey on Chronic Care Management by Health Plans

Propensity Scores for Multiple Treatments: A Tutorial for the MNPS Macro in the TWANG SAS Macros

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors

Psychiatric Disorders Prior to Dating Initiation and Physical Dating Violence Before Age 21: Findings from the National Comorbidity Survey Replication (NCS-R)

First Outcomes from the National Summer Learning Study

Air Transport Pilot Supply and Demand: Current State and Effects of Recent Legislation

Learning gain in higher education

Tailoring the Acquisition Process in the U.S. Department of Defense

Enhancing the Assessment of the Costs and Benefits of International Pilot Training (IPT) Within the U.S. Air Force: Is It Worth It?

Improving DoD Support to FEMA’s All-Hazards Plans

Airman and Family Resilience: Lessons from the Scientific Literature

Family Resilience in the Military: Definitions, Models, and Policies
Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis

MeekeR, Daniella
RR-505-OSD
SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression

Understanding Data Requirements of Retrospective Studies

Mehrotra, Ateev
EP-50837
Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?

RAND's Impact in the Middle East

Mendeloff, John
WR-1105-ALCF
Occupational Safety and Health in Brazil: Risks and Policies

RB-9851-ALCF
Workplace Accidents in Brazil Are Significantly Underreported: Inspection issues and informal workplaces make it difficult to determine true safety levels

Miani, Celine
RR-622/1-KBV
Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (German Translation)

Midgette, Gregory
WR-1083-MHP
The Effect of Montana’s 24/7 Sobriety Program on DUI Re-arrest: Insights from a Natural Experiment with Limited Administrative Data

Mihały, Kata
RR-1225-LED
Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention

Miles, Jeremy N. V.
EP-51889
Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health

Miller, Laura L.
RR-881-AF
Understanding Low Survey Response Rates Among Young U.S. Military Personnel

Miller, Trey
PE-160-CFAT
Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education
LEVERAGING SHARED SAVINGS TO PROMOTE HIGH-QUALITY, COST-EFFECTIVE HIGHER EDUCATION

MISSIER, FABIO DEL
EP-50991
Unraveling the Aging Skein: Disentangling Sensory and Cognitive Predictors of Age-Related Differences in Decision Making

MOKDAD, ALI H.
EP-66293
Health and Wealth in Mesoamerica: Findings from Salud Mesomérica 2015

MOORE, MELINDA
EP-50654
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin

MOORE, NANCY Y.
RR-549-AF
Identifying and Managing Acquisition and Sustenance Supply Chain Risks

MORGAN, FORREST E.
RR-974-AF
Confronting Emergent Nuclear-Armed Regional Adversaries: Prospects for Neutralization, Strategies for Escalation Management

MORGAN, FORREST E.
RR-974-AF
Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 2. Tabular Results from the 2014 RAND Military Workplace Study for Department of Defense Service Members

MORGAN, FORREST E.
RR-974-AF
Sexual Assault and Sexual Harassment in the U.S. Military: Volume 3. Estimates for Coast Guard Service Members from the 2014 RAND Military Workplace Study

MORGAN, FORREST E.
RR-974-AF
Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 3. Tabular Results from the 2014 RAND Military Workplace Study for Coast Guard Service Members

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RR-974-AF
Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study

MOUTON, CHRISTOPHER A.
RR-141/1-OSD
Cost-Effective Helicopter Options for Partner Nations
RR-757-AF
Fuel Reduction for the Mobility Air Forces

RR-757/1-AF
Fuel Reduction for the Mobility Air Forces: Executive Summary

RR-1106-AF
Rescuing Downed Aircrews: The Value of Time

RR-1106-AF
Precision and Purpose: Airpower in the Libyan Civil War

MULLINS, LESLIE
RGSD-362
Change Talk in a Group Motivational Interviewing Setting and Risk Reduction Among Homeless Young Adults

MUNOZ, ARTURO
PE-128-OSD
Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness

MUNOZ, ARTURO
PE-128-OSD
American Life Panel brochure

NADER, ALIREZA
PE-151-OSD
Iran's Role in Iraq: Room for Cooperation?

MULCAHY, ANDREW W.
RR-831-CMS
Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report

EP-51894
Medicare's Step Back from Global Payments: Unbundling Postoperative Care

EP-50869
Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample

NAHIN, RICHARD L.
EP-50832
A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
Newberry, Sydne
RR-1079-OSD
Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review

Nowak, Sarah A.
RR-1296-RC
Alternatives to the ACA’s Affordability Firewall

Nuckols, Teryl K.
WR-1108
Implementing Computerized Provider Order Entry in Acute Care Hospitals in the United States Could Generate Substantial Savings to Society: Methodological Appendix

Oak, Gillian S.
RR-885-OSD
Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified

Ober, Allison J.
EP-50709
An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol

Ochmanek, David
PE-142-OSD
Sustaining U.S. Leadership in the Asia-Pacific Region: Why a Strategy of Direct Defense Against Antiaccess and Area Denial Threats Is Desirable and Feasible

Olker, Olga
PE-143-OSD
NATO Needs a Comprehensive Strategy for Russia

Ochoke, Edward N.
RR-1215-3IE
The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme

Odkonyero, Raymond
EP-66212
Giving "sadness" a Name: The Need for Integrating Depression Treatment Into HIV Care in Uganda

Ober, Allison J.
EP-50709
An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol

Olker, Olga
PE-143-OSD
NATO Needs a Comprehensive Strategy for Russia
PE-144-A
Russian Foreign Policy in Historical and Current Context: A Reassessment

Olmstead, Todd A.
EP-50965
The Price Elasticity of Demand for Heroin: Matched Longitudinal and Experimental Evidence

Osilla, Karen Chan
RR-953-CMHSA
Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students

RR-954-CMHSA
Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students

EP-66244
How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training

EP-50716
The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents

EP-50890
A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense

EP-50967
Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement

Paddock, Susan M.
EP-66218
Better-than-average and Worse-Than-Average Hospitals May Not Significantly Differ from Average Hospitals: An Analysis of Medicare Hospital Compare Ratings

EP-50849
Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies

Palar, Kartika
EP-66232
Impact of Food Support on Food Security and Body Weight Among HIV Antiretroviral Therapy Recipients in Honduras: A Pilot Intervention Trial

Pane, John F.
RR-1365-BMGF
Continued Progress: Promising Evidence on Personalized Learning
**Patil, Sunil**
RR-704-EC  
Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT’s pan-European Survey

**Paoli, Letizia**
EP-50998  
Starting from the End: A Plea for Focusing on the Consequences of Crime

**Parast, Layla**
EP-50986  
Robust Estimation of the Proportion of Treatment Effect Explained by Surrogate Marker Information

**Parker, Andrew M.**
EP-50714  
Greater Decision-Making Competence Is Associated with Greater Expected-Value Sensitivity, but Not Overall Risk Taking: An Examination of Concurrent Validity

**Pariss, Stuart**
RR-1284-DC  
The Digital Catapult and productivity: A framework for productivity growth from sharing closed data
RR-935-OSD
A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds

RR-937-OSD
What Works Best When Building Partner Capacity in Challenging Contexts?

EP-51876
Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners

CT-441
What Works Best When Conducting Security Cooperation?

EP-50848
Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research

EP-50933
Young Adult Veteran Perceptions of Peers' Drinking Behavior and Attitudes

EP-50933
RAND Corporation Maritime Programs: Cost and Cost-Related Studies

PEDERSEN, ERIC R.
EP-50933
RAND Corporation Maritime Programs: Australia

Peltz, Eric
RR-822-OSD
Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow

Pedersen, Eric R.
RR-994-NYSHF/MTF
Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?

Pearson, Marjorie L.
EP-50634
Assessing the Impact of Academic-Practice Partnerships on Nursing Staff

Peery, Walter L.
RR-381-A

TL-167-OSD
Allocating Marine Expeditionary Unit Equipment to Minimize Shortfalls: Third Edition
Operation IRAQI FREEDOM: Decisive War, Elusive Peace

PERSI PAOLI, GIACOMO
PE-171-AST
Additive manufacturing and obsolescence management in the defence context

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing

Achieving Peace in Northern Mali: Past Agreements, Local Conflicts, and the Prospects for a Durable Settlement

Congressional Briefing flyer: Reauthorizing ESEA: Congress' Role in Improving Assessments, Accountability, and Teaching Effectiveness

Congressional Briefing flyer: The Use of Long-Range Armed Drones: Fact v. Myth

The RAND Corporation: A Resource for Congress

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training

Alumni Impact Fund 2015

The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging

Do Medical Marijuana Laws Reduce Addiction and Deaths Related to Pain Killers?
PRICE, REBECCA ANHANG  
EP-66217  
Should Health Care Providers Be Accountable for Patients' Care Experiences?

EP-50646  
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?

PROBST, MARC A.  
EP-50703  
Emergency Physicians' Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations

EP-50971  
Knowledge Translation and Barriers to Imaging Optimization in the Emergency Department: A Research Agenda

PUTNAM, LUKE R.  
EP-50875  
Surgical Resident Education in Patient Safety: Where Can We Improve?

RADOVIC, ANA  
EP-51884  
Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives

RAMCHAND, RAJEEV  
RR-586-OSD  
Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors

RR-1134-CMHSA  
Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign

EP-50677  
Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan

EP-51897  
Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide

RANA, YASHODHARA  
RGSD-352  
The Role of Social Relationships in the Transmission and Prevention of HIV Among Homeless Youth and Male Sex Workers: Three Essays

RGSD-352  
Spotlight on 2014

RAY, KRISTIN N.  
EP-51910  
Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
ERRRTER, LUCIA
RR-1226-EDA
Key Skills and Competences for Defence: Executive Summary

RR-1226/1-EDA
Key Skills and Competences for Defence: Annex B

RR-1226/2-EDA
Key Skills and Competences for Defence: Annex C

RR-1226/3-EDA
Key Skills and Competences for Defence: Annex D

RR-1226/4-EDA
Key Skills and Competences for Defence: Annex E

RICHARDSON, ANDREA
EP-50994
Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women

RINGEL, JEANNE S.
TL-144-CDC
Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)

TL-144/1-CDC
Costs and Effectiveness of Interventions to Reduce Motor Vehicle–Related Injuries and Deaths: Project Report and Online-Tool Documentation

RIPSO, JESSIE
RR-880-OSD
Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice

RR-880/1-OSD
Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary

ROBBERT, ALBERT A.
RR-1113-AF
Reducing Air Force Fighter Pilot Shortages

ROBBINS, MICHAEL
WR-1080-NIJ
A Framework for Synthetic Control Methods with High-Dimensional, Micro-Level Data: Evaluating a Neighborhood-Specific Crime Intervention

ROBERTS, MARTIN J.
EP-66201
Common Patterns of Morbidity and Multi-Morbidity and Their Impact on Health-Related Quality of Life: Evidence from a National Survey
ROBINSON, LINDA
CT-435
An Assessment of the Counter-ISIL Campaign: One Year after Mosul

CT-435/1
An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum

RODRIGUEZ, DANIEL
EP-50630
Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls

RODRIGUEZ, HECTOR P.
EP-50915
Availability of Primary Care Team Members Can Improve Teamwork and Readiness for Change

ROHWEBBER, SUSANN
WR-1114
The Fair Labor Standards Act: Worker Misclassification and the Hours and Earnings Effects of Expanded Coverage

ROMANOSKY, SASHA
RR-1151-DOS
Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals

ROSENTHAL, MEREDITH B.
EP-50924
A Difference-In-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot

EP-50978
Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs

ROSTKER, BERNARD D.
CT-446
Reforming the American Military Officer Personnel System

ROTHENBERG, ALEXANDER
WR-1102
Rethinking Indonesia’s Informal Sector

ROZSA, JORDAN
RGSD-363
Improving Standoff Bombing Capacity in the Face of Anti-Access Area Denial Threats

RUBENSTEIN, LISA V.
EP-50887
The Minimum Quality Criteria Set (QI-MQCS) for Critical Appraisal: Advancing the Science of Quality Improvement

RUBINSTEIN, ADOLFO
EP-50988
Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial
RUDNICK, MOLLIE
RR-1116-TFA
Results from the Teach For America 2015 National Principal Survey

RB-9865-TFA
Teach for America Gets Mostly High Marks from Principal Survey

RUELAZ MAHER, ALICIA
RR-1048-OSD
St. John’s Wort for Major Depressive Disorder: A Systematic Review

RUTTER, CAROLYN M.
EP-66257
Prevalence of Colonoscopy Before Age 50

SAKSENA, SUMEET
EP-50944
Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam

SALTZMAN, EVAN
RR-980-RC
The Effect of Eliminating the Affordable Care Act’s Tax Credits in Federally Facilitated Marketplaces

EP-50982
Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies

SANKARAN, JAGANATH
RR-957-TSF
The United States’ European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent

SAUNDERS, CATHERINE L.
EP-50911
Beyond the Ecological Fallacy: Potential Problems When Studying Healthcare Organisations

SAUNDERS, JESSICA
CT-423
Performance Metrics to Improve Police-Community Relations

SAVITZ, SCOTT
RR-1173-USCG
Enhancing U.S. Coast Guard Metrics

SCALES, CHARLES D.
EP-50870
Quality of Acute Care for Patients with Urinary Stones in the United States

SCHAEFER, AGNES GEREBEN
RR-1103-USMC
Implications of Integrating Women into the Marine Corps Infantry
RB-9878-USMC
Implications of Integrating Women into USMC Infantry

**Schill, David**
RGSD-361
Improving Energy Security for Air Force Installations

**Schlesinger, Mark**
EP-50845
Taking Patients' Narratives About Clinicians from Anecdote to Science

**Schmidt Hackbarth, Nicole**
WR-1084
Financing Integrated Care for Adults with Serious Mental Illness in Community Mental Health Centers: An Overview of Program Components, Funding Environments, and Financing Barriers

**Schmidt, Lara**
RR-847-AF
Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?

**Schoen, Cathy**
EP-50984
Policy Options to Expand Medicare's Low-Income Provisions to Improve Access and Affordability

**Schultz, Dana**
RR-1150-HE
Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative

**Schwartz, Heather L.**
EP-50975
Health Implications of Social Networks for Children Living in Public Housing

**Schnaubelt, Christopher M.**
RR-1119-A
The Army's Local Economic Effects

**Scott, Sarah M.**
EP-50721
Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
**Selden, Thomas M.**  
EP-50983  
The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care

**Setodji, Claude Messan**  
EP-51891  
Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups

**Shadel, William G.**  
EP-66239  
Clinician Advice to Quit Smoking Among Seniors

**Shu, Suzanne**  
PT-136  

**Shatz, Howard J.**  
RR-1092-ILS  
Improving the Mongolian Labor Market and Enhancing Opportunities for Youth

**Shih, Regina A.**  
RR-101-AF  
Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being

**Silberglitt, Richard**  
RR-908-NIJ  
Critical Materials, U.S. Import Dependence, and Recommended Actions

Critical Materials, U.S. Import Dependence, and Recommended Actions: Addendum

Simmons, Sandra
EP-50948
Cost-effectiveness of Nutrition Intervention in Long-Term Care

Sims, Carra S.
RR-599-AF
Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force’s Wounded Warriors

Singer, Adam E.
RGSD-355
Go Gentle into That Good Night: The Past, Present, and Future of End-of-Life Care

Smelson, David A.
EP-50715
A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs

Snyder, Don
RR-620-AF

Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles


Sondergaard, Susanne
RR-1287-EC
TACTICS: Policy and strategic impacts, implications and recommendations

Sontag-Padilla, Lisa M.
RR-1336-TUCI
The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description

Sorbero, Melony E.
RR-1135-OSD
Acupuncture for Major Depressive Disorder: A Systematic Review

RR-1138-OSD
Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder

RR-1138-OSD
RAND’s Institutional Principles: A Guide to Ethics at RAND
**Sorbero, Melony E.**  
RR-1138-OSD  
RAND Health Quarterly: Volume 4, Number 4

**Stasz, Cathleen**  
EP-66248  
Governing Education and Training Systems in England: Some Lessons from the United States

**Stein, Bradley D.**  
EP-50690  
Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study

**Steiner, Elizabeth D.**  
RR-1365/2-BMGF  
Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum

**Stey, Anne M.**  
EP-50841  
Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis

**Stolk, Christian van**  
RR-705-RE  
Understanding the factors that matter in the implementation of Bolsa Família: Using an analysis of federal datasets to look inside the programme’s ‘black box’

**RB-9871**  
Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key

**EP-50865**  
Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties

**EP-50872**  
Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment

**Stoll, Shelley**  
EP-50995  
A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
**Stucky, Brian D.**  
EP-50673  
The Psychometric Performance of the PROMIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration

**Szayna, Thomas S.**  
RR-158-A  
Army Global Basing Posture: An Analytic Framework for Maximizing Responsiveness and Effectiveness

**EP-50678**  
Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity

**EP-50959**  
Possibilities for Shortening the CAHPS Clinician and Group Survey

**Sude, Barbara**  
PE-166-OSD  
Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises

**Tan, Stefanie**  
EP-50625  
An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report

**Tannenbaum, David**  
EP-66216  
Nudging Physician Prescription Decisions by Partitioning the Order Set: Results of a Vignette-Based Study

**EP-66216**  
Research Careers at the RAND Corporation

**Tannenbaum, David**  
EP-66216  
Graduate Student Summer Associate Program handout

**Sweeney, Nolan**  
RGSD-338  
Predicting Active Duty Air Force Pilot Attrition Given an Anticipated Increase in Major Airline Pilot Hiring

**2016 RAND Calendar**
Tannenbaum, David
EP-66216
Top 10 Reasons to Support Pardee RAND Graduate School

Tannenbaum, David
EP-66216
Top 10 Reasons to Support Pardee RAND Graduate School: Alumni Version

Tarn, Derjung M.
EP-50638
A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use

Taylor, Jirka
RR-909-DH
Treatment for dementia: Learning from breakthroughs for other conditions

RR-909-DH
RAND Research and Analysis on: Security Cooperation; Building Partner Capacity; Security Force Assistance; and Train, Advise, Assist

Thomas, Gwilym P. A.
EP-50705
Informal Carers’ Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey

Thrall, Lloyd
RR-905-A
China’s Expanding African Relations: Implications for U.S. National Security

Timbie, Justin W.
RR-1191-PCORI

Tiro, Jasmin A.
EP-50936
Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial

Tkacheva, Olesya
WR-1097-WB
Social Capital and Community Monitoring of Healthcare Services in Tajikistan

Toomey, Sara L.
EP-50733
The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
**Towe, Vivian L.**  
TL-163-DCDH  
Community Resilience: Learn and Tell Toolkit

**Trail, Thomas E.**  
EP-51882  
Patterns of Vulnerabilities and Resources in U.S. Military Families

**Tripp, Robert S.**  
RR-1025-AF  
A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution

**Troxel, Wendy M.**  
RR-739-OSD  
Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers

**Tsang, Flavia**  
RR-1131-BTS  
Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models

**Tucker, Joan S.**  
RB-9828  
Reducing Cigarette Smoking Among Unaccompanied Homeless Youth

**EP-50713**  
Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use

**EP-50938**  
Say "GDNT": Frequency of Adolescent Texting at Night

**EP-51886**  
Sniping and Other High-Risk Smoking Practices Among Homeless Youth

**EP-51903**  
Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers

**EP-50912**  
Predictors and Consequences of Prescription Drug Misuse During Middle School
TURNER, SUSAN
RR-872-ROSFO
Public Safety Realignment in Twelve California Counties

RR-872-ROSFO
Calculating the Costs of the Israel-Palestinian Conflict: One-pager for TL-178

TURNER, SUSAN
RR-872-ROSFO
Putting the Brakes on the Obesity Epidemic

VAN DER MEULEN, NICOLE
RR-1354-EP
Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses

VAUGHAN, CHRISTINE ANNE
RR-562-OSD
Evaluation of the Operational Stress Control and Readiness (OSCAR) Program

VELOTT, DIANA L.
EP-50730
Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder

VICK, ALAN J.
RR-968-AF
Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges

WAGNER, ZACHARY
EP-51869
PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries

WAGNER, ZACHARY
EP-51869
The Costs of the Israeli-Palestinian Conflict: Media Coverage

WALTERS, JENNIFER
RGSD-343
The Relationship Between Post Traumatic Stress Disorder (PTSD) Symptoms and Career Outcomes of Army Enlisted Servicemembers
WALTZ, THOMAS J.
EP-50850
Use of Concept Mapping to Characterize Relationships Among Implementation Strategies and Assess Their Feasibility and Importance: Results from the Expert Recommendations for Implementing Change (ERIC) Study

WANG, SERENA
WR-861/8
Harmonization of Cross-National Studies of Aging to the Health and Retirement Study: USER GUIDE, Health Behavior, Version A

WARNER, ERIC
RGSD-347
Patenting and Innovation in China: Incentives, Policy, and Outcomes

WATKINS, KATHERINE E.
RB-9816
Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes

WELSH, RICHARD O.
EP-50925
School Choice, Student Mobility, and School Quality: Evidence from Post-Katrina New Orleans

WERBER, LAURA
RR-931-RC
Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support

WATTS, STEPHEN
RR-808-A
Identifying and Mitigating Risks in Security Sector Assistance for Africa's Fragile States

EP-50966
The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans

EP-51175
Determining U.S. Commitments in Afghanistan

EP-51895
Rapid Regeneration of Irregular Warfare Capacity

WEISS, BAHR
EP-51896
Test of "Facilitation" Vs. "Proximal Process" Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem

EP-66230
The Affordable Care Act: An Opportunity for Improving Care for Substance Use Disorders?

PE-162-RC
Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
RR-965-OSD
An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs

WHITE, CHAPIN
RR-799-CMS
Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report

WR-1078
Medicare's Role in the Recent Health Care Spending Slowdown

EP-51870
Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas

RR-1321-NIHCR
Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap? Methods and Results

WIESNER, MARGIT
EP-66233
Common Versus Specific Correlates of Fifth-Grade Conduct Disorder and Oppositional Defiant Disorder Symptoms: Comparison of Three Racial/Ethnic Groups

EP-50684
DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms

WILKE, ELIZABETH
RGSD-353
Three Studies in Conflict

WILLIS, HENRY H.
RR-883-DOE
Measuring the Resilience of Energy Distribution Systems

WINDLE, MICHAEL
EP-50704
The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups

WOLDETSADIK, MAHLET ATAKILT
EP-50930
Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers
**Wolf, Max**
EP-50871
Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist

**Wong, Carolyn**
RR-804-NIJ
The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony

**Wong, Eunice C.**
RR-588-OSD
Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)

**Woodbridge, Michelle W.**
RR-955-CMHSA
California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health

**Wooding, Steven**
RR-1163-DH
Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies

**Wooten, Darcy**
EP-51887
The Association of Patient Complexities with Antibiotic Ordering

**Wu, James X.**
EP-51908
Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
**Wynn, Barbara O.**  
RR-603-DIR  
Home Health Care for California’s Injured Workers: Options for Implementing a Fee Schedule

**YounG, Stephanie**  
RR-1254-OSD  
The U.S. Department of Defense’s Earned Value Management—Analyst Workforce

**Yuan, Kun**  
RR-1204-WFHF  
The Feasibility of Developing a Repository of Assessments of Hard-to-Measure Competencies

**Zellman, Gail L.**  
EP-66240  
Improving QRISs Through the Use of Existing Data: A Virtual Pilot of the California QRIS

**Yeats, Jessica**  
RGSD-356  
Controlling Tuberculosis Among High Risk Populations in Los Angeles: Three Essays

**Zhao, Henu**  
RGSD-345  
China’s Health Insurance Reform and Disparities in Healthcare Utilization and Costs: A Longitudinal Analysis
## SUBJECT INDEX

### ADOLESCENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use</td>
<td>EP-50647</td>
</tr>
<tr>
<td>Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative</td>
<td>RR-1150-HE</td>
</tr>
<tr>
<td>Can Big Tobacco’s Power Wall Be Breached?</td>
<td>RB-9879</td>
</tr>
<tr>
<td>Intake of Water and Different Beverages in Adults Across 13 Countries</td>
<td>EP-51878</td>
</tr>
<tr>
<td>Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health</td>
<td>EP-51889</td>
</tr>
</tbody>
</table>

### Predictors and Consequences of Prescription Drug Misuse During Middle School

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP-50912</td>
</tr>
</tbody>
</table>

### Psychiatric Disorders Prior to Dating Initiation and Physical Dating Violence Before Age 21: Findings from the National Comorbidity Survey Replication (NCS-R)

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP-50945</td>
</tr>
</tbody>
</table>

### Intake of Water and Different Beverages in Adults Across 13 Countries

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP-51878</td>
</tr>
</tbody>
</table>

### The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP-50704</td>
</tr>
<tr>
<td>EP-50704</td>
</tr>
<tr>
<td>EP-50704</td>
</tr>
</tbody>
</table>
The Hungrier Games: Disaster Resilience Skills for Youth
TL-164-DCDH

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience
EP-50939

**Adult Populations**

Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans
EP-51881

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Connecting Consumers to Care
RB-9880-CMS

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978

Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies
EP-50982

Insurance Transitions Following the First ACA Open Enrollment Period
RR-948-RC

Methodology of the RAND Health Reform Opinion Study
RR-947-RC

Trends in Health Insurance Enrollment, 2013-15
EP-50692

Trends in Health Insurance Enrollment, 2013-15
EP-50692

AFGHANISTAN
Advising the Command: Best Practices from the Special Operations Advisory Experience in Afghanistan
RR-949-OSD

Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

EP-50997
Cost-Effective Helicopter Options for Partner Nations  
RR-141/1-OSD

Determining U.S. Commitments in Afghanistan  
EP-51175

Determining U.S. Commitments in Afghanistan  
EP-51175

Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness  
PE-128-OSD

Reducing the Cultivation of Opium Poppies in Southern Afghanistan  
RR-1075-DOS

AFRICA  
China’s Expanding African Relations: Implications for U.S. National Security  
RR-905-A

Identifying and Mitigating Risks in Security Sector Assistance for Africa’s Fragile States  
RR-808-A

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries  
EP-51869

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries  
EP-51869

The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?  
RGSD-359

AFRICAN-AMERICAN POPULATIONS  
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results  
EP-50663

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results  
EP-50663

A New Supermarket in a Food Desert: Is Better Health in Store?  
RB-9874

Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative  
RR-1150-HE

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use  
EP-50935
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract? EP-50646

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract? EP-50646

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members EP-50694

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members EP-50694


It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi EP-50839

It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi EP-50839

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults EP-50712

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants EP-51911

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants EP-51911

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial EP-50936

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial EP-50936

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment
EP-50951

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

AFTER-SCHOOL PROGRAMS
First Outcomes from the National Summer Learning Study
RB-9819-WF

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

AGING PARENTS
Valuing the Care We Provide Our Elders
RB-9817

AGRICULTURAL SCIENCES
Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?
RGSD-359

AIR DEFENSE
Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF
Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

RR-392-AF

RB-9858/3-AF

AIRCRAFT
Lodar
D-2349

AL QAIDA
Authorities for Military Operations Against Terrorist Groups: The State of the Debate and Options for Congress
RR-1145-OSD

The Islamic State We Knew: Insights Before the Resurgence and Their Implications
RR-1267-OSD

What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank
RR-1118-CMEPP

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC

ALCOHOL
A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense
EP-50890
Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use
EP-50908

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
PE-162-RC

Health Implications of Social Networks for Children Living in Public Housing
EP-50975

Health Implications of Social Networks for Children Living in Public Housing
EP-50975

Ecological Momentary Assessment of the Association Between Exposure to Alcohol Advertising and Early Adolescents' Beliefs About Alcohol
EP-50932

Ecological Momentary Assessment of the Association Between Exposure to Alcohol Advertising and Early Adolescents' Beliefs About Alcohol
EP-50932

How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training
EP-66244

EP-50665
EP-50665

Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults  
EP-50947

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program  
EP-50668

Young Adult Veteran Perceptions of Peers' Drinking Behavior and Attitudes  
EP-50933

ALTERNATIVE DISPUTE RESOLUTION  
Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense  
RR-680-OSD

ALUMNI  
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras  
EP-50920

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?  
EP-50721

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents  
EP-50716

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk  
EP-50631
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review
EP-50941

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Unmet Health Care Need in US Adolescents and Adult Health Outcomes
EP-50853

ALZHEIMER’S DISEASE AND DEMENTIAS
Dementia Care Management in an Underserved Community: The Comparative Effectiveness of Two Different Approaches
EP-66254

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

ANTI-SATELLITE SYSTEMS
RB-9858/1-AF

Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

RR-392-AF

RB-9858/3-AF

ARGENTINA
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru

Intake of Water and Different Beverages in Adults Across 13 Countries

Intake of Water and Different Beverages in Adults Across 13 Countries

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide

Armored Vehicles
Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies

Arms Proliferation and Control
Confronting Emergent Nuclear-Armed Regional Adversaries: Prospects for Neutralization, Strategies for Escalation Management

The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime

The United States’ European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent

Asbestos Litigation
Bankruptcy Trusts Complicate the Outcomes of Asbestos Lawsuits

Bankruptcy’s Effect on Product Identification in Asbestos Personal Injury Cases

Asia
Puzzles, Paradoxes, Controversies, and the Global Economy

Asian Populations
Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
EP-50833

Less Use of Extreme Response Options by Asians to Standardized Care Scenarios May Explain Some Racial/Ethnic Differences in CAHPS Scores
EP-50993

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Assumption Based Planning
Project AIR FORCE Modeling Capabilities for Support of Combat Operations in Denied Environments
RR-427-AF

Asthma
Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Asymmetric Warfare
Rapid Regeneration of Irregular Warfare Capacity
EP-51895

Rapid Regeneration of Irregular Warfare Capacity
EP-51895

CF-334-CMEPP

Attention Deficit Hyperactivity Disorder
DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

Australia
Australia's Naval Shipbuilding Enterprise: Executive Summary
RR-1093/1-AUS

Australia's Naval Shipbuilding Enterprise: Preparing for the 21st Century
RR-1093-AUS
The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden
RR-1036-AUS

Autism Spectrum Disorders
Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Autism Spectrum Disorders
Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Automobile Insurance
How Does Tort Law Affect Consumer Auto Insurance Costs?
EP-50877

Ballistic Missiles
RB-9858/1-AF

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738

Banking and Financial Services
A Survey of Terrorist Financing: Addendum
CT-430/1

Breaking the Bank: Undermining Terrorist Financing
CT-430

RR-866-OSD

Effective Disclosures in Financial Decision-making
RR-1270-DOL

Financial Advice Markets: A Cross-Country Comparison
RR-1269-DOL

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD

Bankruptcy Trusts
Bankruptcy Trusts Complicate the Outcomes of Asbestos Lawsuits
RB-9830-ICJ

Bankruptcy’s Effect on Product Identification in Asbestos Personal Injury Cases
RR-907-ICJ

Bankruptcy and Financial Services
A Survey of Terrorist Financing: Addendum
CT-430/1
BELGIUM
Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

BI-POLAR DISORDER
Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment
EP-50872

BIBLIOMETRICS
A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary
RR-1189-CAMUNI

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom
RR-1186/1-ALZSOC

BIBLIOGRAPHIC DATA
The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities
RR-717-EMKF

The Digital Catapult and productivity: A framework for productivity growth from sharing closed data
RR-1284-DC

BING CENTER
Policies Related to Opioid Agonist Therapy for Opioid Use Disorders: The Evolution of State Policies from 2004 to 2013
EP-50960

BIOLOGY AND LIFE SCIENCES
A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary
RR-1189-CAMUNI

Bibliometric analysis of highly cited publications of biomedical and health research in England, 2004–2013
RR-1363-DH

BIOSURVEILLANCE
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

BIRTH WEIGHT
Off to a Good Start: Social and Emotional Development of Memphis’ Children
TL-161-TUCI
BLACK POPULATIONS
Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Revisiting the Use of Condoms in Brazil
EP-50970

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

BORDER AND PORT SECURITY
Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges
RR-1016-OSD

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

BRAZIL
Automobility in Brazil, Russia, India, and China: Quo Vadis?
EP-50886

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil
EP-50885

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Evaluating conditional cash transfer programmes: The case of Bolsa Família
RB-9837-RE

Understanding the factors that matter in the implementation of Bolsa Família: Using an analysis of federal datasets to look inside the programme’s ‘black box’
RR-705-RE

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Workplace Accidents in Brazil Are Significantly Underreported: Inspection issues and informal workplaces make it difficult to determine true safety levels
RB-9851-ALCF

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877
**Breast Cancer**
Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

**Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?**
EP-50837

**Medicare's Step Back from Global Payments: Unbundling Postoperative Care**
EP-51894

**Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report**
RR-763-CMS

**Business Strategies**
Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid
PE-157-RC

**Bundled Payment for Health Services**
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

How to Succeed in Business by Not Trying So Hard: Ethics and the Prisoner's Dilemma
EP-50916

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist
EP-50871

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

**RB-9584/1**

Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update

**EP-50838**
CALIFORNIA

Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign
RR-1134-CMHSA

Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST)
RR-1115-CMHSA

California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health
RR-955-CMHSA

California K–12 and Community Collaborations: Facilitators, Challenges, and Impact on Student Mental Health
RR-956-CMHSA

California's Statewide Mental Health Prevention and Early Intervention Initiatives Show Promising Early Results But Sustained Investment Is Needed
RB-9863-CMHSA

CalMHSA Stigma and Discrimination Reduction Online Resources: Highlights from an Evaluation of Web Analytic Data
RR-1237-CMHSA

Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative
RR-1139-CMHSA

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
EP-50833

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
EP-50833

Effects of Stigma and Discrimination Reduction Programs Conducted Under the California Mental Health Services Authority: An Evaluation of Runyon Saltzman Einhorn, Inc., Documentary Screening Events
RR-1257-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings
RR-1073-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of NAMI's Ending the Silence
RR-1240-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of the National Alliance on Mental Illness Adult Programs
RR-1247-CMHSA
Effects of the Integrated Behavioral Health Project’s Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority
RR-1281-CMHSA

Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA

Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design
RR-919-CDSS

Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School
EP-50717

Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School
EP-50717

Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement
EP-50967

Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement
EP-50967

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

RR-1023-LACPD

Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-954-CMHSA

Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-953-CMHSA

Payoffs for California College Students and Taxpayers from Investing in Student Mental Health
RR-1370-CMHSA

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868
<table>
<thead>
<tr>
<th>Study Title</th>
<th>Title</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Safety Realignment in Twelve California Counties</td>
<td>RR-872-ROSFO</td>
<td></td>
</tr>
<tr>
<td>RAND’s Silent Monitoring Protocol for Assessing Suicide Crisis Line Call</td>
<td>TL-150-CMHSA</td>
<td></td>
</tr>
<tr>
<td>Reviewing the Evidence Base for Mental Health First Aid: Is There Support</td>
<td>RR-972-CMHSA</td>
<td></td>
</tr>
<tr>
<td>Should California Continue to Invest in Applied Suicide Intervention Skills</td>
<td>RB-9849-CMHSA</td>
<td></td>
</tr>
<tr>
<td>Stigma, Discrimination, and Well-Being Among California Adults Experiencing</td>
<td>RR-1074-CMHSA</td>
<td></td>
</tr>
<tr>
<td>Student Mental Health in California’s K-12 Schools: School Principal Reports</td>
<td>RR-1129-CMHSA</td>
<td></td>
</tr>
<tr>
<td>The Mental Health Association of San Francisco Partner Organizations Meet Their Goals in Stigma Reduction Efforts: Results of a Qualitative Evaluation of the Technical Assistance Process</td>
<td>RR-1245-CMHSA</td>
<td></td>
</tr>
<tr>
<td>Characterizing the Mental Health Care of U.S. Cambodian Refugees</td>
<td>EP-50637</td>
<td></td>
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<tr>
<td>Characterizing the Mental Health Care of U.S. Cambodian Refugees</td>
<td>EP-50637</td>
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<tr>
<td>Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin</td>
<td>EP-50654</td>
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<tr>
<td>Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin</td>
<td>EP-50654</td>
<td></td>
</tr>
<tr>
<td>Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey</td>
<td>RB-9856-CA</td>
<td></td>
</tr>
</tbody>
</table>
Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

CANCER

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

CANCER

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Prevalence of Colonoscopy Before Age 50
EP-66257

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report
RR-799-CMS

CANCER TREATMENT

How Much Do Cancer-Related Symptoms Contribute to Health-Related Quality of Life in Lung and Colorectal Cancer Patients? A Report from the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium
EP-50846

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Do Differential Response Rates to Patient Surveys Between Organizations Lead to Unfair Performance Comparisons? Evidence from the English Cancer Patient Experience Survey
EP-50990

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689
Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update
RB-9584/1

Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report
RR-763-CMS

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

CAPACITIES BUILDING
Strategic Impact Evaluation Fund Mid Term Review: Final Report
RR-1137-DFID

The Federal Voting Assistance Program and the Road Ahead: Achieving Institutional Change Through Analysis and Collaboration
RR-882-OSD

The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead
RB-9862-OSD

The International AIDS Vaccine Initiative’s capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda
RR-1147-IAVI

CARDIOVASCULAR DISORDERS
AF-related stroke prevention: today and the future: Summary for healthcare professionals
RB-9846/2-UKRF

AF-related stroke prevention: today and the future: Summary for patients
RB-9846/1-UKRF

Chronic Stroke Outcome Measures for Motor Function Intervention Trials: Expert Panel Recommendations
EP-50957

CAPABILITIES BASED PLANNING
Project AIR FORCE Modeling Capabilities for Support of Combat Operations in Denied Environments
RR-427-AF
Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process  
EP-51901

Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial  
EP-50988

Emergency Physicians' Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations  
EP-50703

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today's challenges with recommendations for the future  
RR-1053/1-UKRF

IG-122-UKRF

CAREGIVERS
Dementia Care Management in an Under-served Community: The Comparative Effectiveness of Two Different Approaches  
EP-66254

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey  
EP-50705

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey  
EP-50705

Information Sharing Preferences of Older Patients and Their Families  
EP-51883

Information Sharing Preferences of Older Patients and Their Families  
EP-51883

Valuing the Care We Provide Our Elders  
RB-9817

CAUCASIAN POPULATIONS
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?  
EP-50646
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?  
EP-50646

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening  
EP-50689

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups  
EP-50704

CERVICAL CANCER
Cancer Models and Real-World Data: Better Together  
EP-50958

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children  
EP-50706

CHANGE MANAGEMENT
The Federal Voting Assistance Program and the Road Ahead: Achieving Institutional Change Through Analysis and Collaboration  
RR-882-OSD

The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead  
RB-9862-OSD

CHILD ABUSE AND NEGLECT
Early Life Adversity and Adult Biological Risk Profiles  
EP-66255

CHILD HEALTH
Child and Adolescent Perceptions of Oral Health Over the Life Course  
EP-50913

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?  
EP-50698
Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report
EP-50708

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

Off to a Good Start: Social and Emotional Development of Memphis’ Children
TL-161-TUCI

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes
EP-50701

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes
EP-50701

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report
EP-50708

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684
<table>
<thead>
<tr>
<th>Area</th>
<th>Title</th>
<th>Reference Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Medical Home and Hospital Readmissions</td>
<td>EP-50940</td>
</tr>
<tr>
<td></td>
<td>Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide</td>
<td>EP-51879</td>
</tr>
<tr>
<td></td>
<td>Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide</td>
<td>EP-51877</td>
</tr>
<tr>
<td></td>
<td>Child Welfare Off to a Good Start: Social and Emotional Development of Memphis' Children</td>
<td>TL-161-TUCI</td>
</tr>
<tr>
<td></td>
<td>Child Well-Being Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children's Centres</td>
<td>EP-50868</td>
</tr>
<tr>
<td><strong>CHILDHOOD DEVELOPMENT</strong></td>
<td>One Place, One Budget? Approaches to pooling resources for public service transformation</td>
<td>RR-1017-LGA</td>
</tr>
<tr>
<td></td>
<td>One Place, One Budget? Approaches to pooling resources to transform public services</td>
<td>RB-9836-LGA</td>
</tr>
<tr>
<td></td>
<td>Early Life Adversity and Adult Biological Risk Profiles</td>
<td>EP-66255</td>
</tr>
<tr>
<td></td>
<td>Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes</td>
<td>EP-50701</td>
</tr>
</tbody>
</table>
Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes
EP-50701

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Off to a Good Start: Social and Emotional Development of Memphis' Children
TL-161-TUCI

The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description
RR-1336-TUCI

Childhood Obesity
Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents
EP-50847

Evaluation of Bias in Estimates of Early Childhood Obesity from Parent-Reported Heights and Weights
EP-50661

Evaluation of Bias in Estimates of Early Childhood Obesity from Parent-Reported Heights and Weights
EP-50661

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned
EP-51907

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned
EP-51907

Childhood Trauma
Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events
EP-50854

Early Life Adversity and Adult Biological Risk Profiles
EP-66255

The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders
EP-50946

Childhood
A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs</td>
<td>EP-50995</td>
</tr>
<tr>
<td>Child and Adolescent Perceptions of Oral Health Over the Life Course</td>
<td>EP-50913</td>
</tr>
<tr>
<td>Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan</td>
<td>RR-859-CMEPP</td>
</tr>
<tr>
<td>Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder</td>
<td>EP-50730</td>
</tr>
<tr>
<td>Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder</td>
<td>EP-50730</td>
</tr>
<tr>
<td>Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View</td>
<td>EP-50985</td>
</tr>
<tr>
<td>The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders</td>
<td>EP-50946</td>
</tr>
<tr>
<td>CHILDREN’S ACCESS TO HEALTH CARE</td>
<td></td>
</tr>
<tr>
<td>Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder</td>
<td>EP-50730</td>
</tr>
<tr>
<td>Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder</td>
<td>EP-50730</td>
</tr>
<tr>
<td>CHINA</td>
<td></td>
</tr>
<tr>
<td>Automobility in Brazil, Russia, India, and China: Quo Vadis?</td>
<td>EP-50886</td>
</tr>
</tbody>
</table>
China's Expanding African Relations: Implications for U.S. National Security
RR-905-A

China's Great Leap Outward: Hard and Soft Dimensions of a Rising Power
CB-542

China's Health Insurance Reform and Disparities in Healthcare Utilization and Costs: A Longitudinal Analysis
RGSD-345

China's Incomplete Military Transformation: Assessing the Weaknesses of the People's Liberation Army (PLA)
RR-893-USCC

Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

RGSD-344

Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

Critical Rare Earths, National Security, and U.S.-China Interactions: A Portfolio Approach to Dysprosium Policy Design
RGSD-337

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity
EP-50711

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity
EP-50711

Emerging Trends in China's Development of Unmanned Systems
RR-990-OSD

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Patenting and Innovation in China: Incentives, Policy, and Outcomes
RGSD-347
People's Liberation Army Trajectories: International Drivers
EP-51909

RR-392-AF

Puzzles, Paradoxes, Controversies, and the Global Economy
CB-544

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

RB-9858/1-AF

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

The Future of Mobility: Scenarios for China in 2030
RR-991-IMFO

RB-9858/3-AF

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738

U.S.–Japan Alliance Conference Series Proceedings
PT-138

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738
**CHRONIC DISEASES AND CONDITIONS**

Chronic Stroke Outcome Measures for Motor Function Intervention Trials: Expert Panel Recommendations
EP-50957

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs
RR-393-AHIPF

Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries
RR-889-AETNA

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

**CIVIL LAW**

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-NIJ

**CIVIL RIGHTS**

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals
RR-1151-DOS

**CIVIL-MILITARY RELATIONS**

A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List
RR-809/3-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference
RR-809/1-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners
RR-809/2-OSD

Crisis and conflict prevention strategies: An international comparison
RR-959-FMOD
Demystifying the Citizen Soldier
RR-1141-AF

Identifying and Mitigating Risks in Security Sector Assistance for Africa’s Fragile States
RR-808-A

Improving DoD Support to FEMA’s All-Hazards Plans
RR-1301-OSD

Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense
RR-680-OSD

Innovation models for defence
RB-9808-MOD

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology
RR-840-MOD

Proclaiming Airpower: Air Force Narratives and American Public Opinion from 1917 to 2014
RR-1044-AF

What Works Best When Building Partner Capacity in Challenging Contexts?
RR-937-OSD

**CIVILIAN MILITARY WORKFORCE**

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Retention and Promotion of High-Quality Civil Service Workers in the Department of Defense Acquisition Workforce
RR-748-OSD

**COHABITATION**

Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

**COLLEGE-BOUND STUDENTS**

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

**COLOMBIA**

Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

**COLORECTAL CANCER**

Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare
EP-50987
**Combat Service Support**

A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution  
RR-1025-AF

RR-879-OSD

**Combat Support Operations**

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List  
RR-809/3-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference  
RR-809/1-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners  
RR-809/2-OSD

RR-620-AF

RR-879-OSD

**Communication Technology**

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals  
RR-1151-DOS

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment  
RR-1231-OSD

**Communities**

Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being  
RR-101-AF

From Subject to Participant: Ethics and the Evolving Role of Community in Health Research  
EP-50651

From Subject to Participant: Ethics and the Evolving Role of Community in Health Research  
EP-50651

One Place, One Budget? Approaches to pooling resources to transform public services  
RB-9836-LGA

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians  
EP-51910
Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

COMMUNITY HEALTH
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies
TL-157-GF

COMMUNITY ORGANIZATIONS
Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project
EP-50860

Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

The Hungrier Games: Disaster Resilience Skills for Youth
TL-164-DCDH

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience
EP-50939

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience
EP-50939
COMMUNITY-BASED HEALTH CARE
Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

COMPLEMENTARY AND ALTERNATIVE MEDICINE
A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

Acupuncture for Major Depressive Disorder: A Systematic Review
RR-1135-OSD

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review
RR-1031-OSD

Needle Acupuncture for Substance Use Disorders: A Systematic Review
RR-1030-OSD

Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review
RR-1079-OSD

Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869

St. John’s Wort for Major Depressive Disorder: A Systematic Review
RR-1048-OSD

COMPUTER AND INFORMATION SCIENCE AND TECHNOLOGY
Corrections Technology and Practice Taxonomy
TL-158-NIJ

Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?
RR-847-AF

Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence
RR-890-NIJ
Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector  
RR-820-NIJ

High-Priority Information Technology Needs for Law Enforcement  
RR-737-NIJ

Interactive Tool for Ranking Corrections Innovation Needs  
TL-159-NIJ

Interactive Tool for Ranking Digital Evidence Needs  
TL-175-NIJ

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment  
RR-1231-OSD

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression  
RR-505-OSD

The Defender's Dilemma: Charting a Course Toward Cybersecurity  
RR-1024-JNI

Using Future Internet Technologies to Strengthen Criminal Justice  
RR-928-NIJ

**COMPUTER VIRUSES**  
The Defender's Dilemma: Charting a Course Toward Cybersecurity  
RR-1024-JNI

**CONTINUING EDUCATION**  
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA  
RR-784-OSD

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills  
RR-812-NETL

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery  
RR-664-OSD

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education  
PE-160-CFAT

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education  
PE-160-1-CFAT

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program  
RR-730-AACN
**CONTROLLED SUBSTANCES**
Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies  
EP-51898

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies  
EP-51898

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

Peer Mentoring for Male Parolees: A CBPR Pilot Study  
EP-51868

Peer Mentoring for Male Parolees: A CBPR Pilot Study  
EP-51868

Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key  
RB-9871

Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use  
EP-50976

Sniping and Other High-Risk Smoking Practices Among Homeless Youth  
EP-51886

Sniping and Other High-Risk Smoking Practices Among Homeless Youth  
EP-51886

Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties  
EP-50865

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes  
RB-9816

**CORPORATE GOVERNANCE**
Connecting Veterans and Employers  
RB-9829

**CORRECTIONS**
Corrections Technology and Practice Taxonomy  
TL-158-NIJ

Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector  
RR-820-NIJ
Interactive Tool for Ranking Corrections Innovation Needs
TL-159-NIJ

EP-50665

Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views
RR-916-MOJ

Cost-Effectiveness in Health Care
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Home Health Care for California's Injured Workers: Options for Implementing a Fee Schedule
RR-603-DIR
Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies
RR-1163-DH

Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits
EP-50981

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

**COUNTERINSURGENCY**
Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness
PE-128-OSD

**COUNTERTERRORISM**
America’s Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World
RB-9870-RC

America’s Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink
RR-1223-RC

Authorities for Military Operations Against Terrorist Groups: The State of the Debate and Options for Congress
RR-1145-OSD

Choices for America in a Turbulent World: Strategic Rethink
RR-1114-RC

Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures
RB-9843/2-EC

Privacy of health records: Europeans’ preferences on electronic health data storage and sharing
RB-9843/3-EC

Privacy vs security: Europeans’ preferences on transport security and surveillance measures
RB-9843/1-EC

Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT’s pan-European Survey
RR-704-EC

The Islamic State We Knew: Insights Before the Resurgence and Their Implications
RR-1267-OSD
<table>
<thead>
<tr>
<th>Report Title</th>
<th>Project Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists</td>
<td>EP-50992</td>
</tr>
<tr>
<td>What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank</td>
<td>RR-1118-CMEPP</td>
</tr>
<tr>
<td><strong>COURT STAFFING AND FUNDING</strong> Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence</td>
<td>RR-890-NIJ</td>
</tr>
<tr>
<td>Interactive Tool for Ranking Digital Evidence Needs</td>
<td>TL-175-NIJ</td>
</tr>
<tr>
<td><strong>CRIME</strong> Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence</td>
<td>RR-890-NIJ</td>
</tr>
<tr>
<td>High-Priority Information Technology Needs for Law Enforcement</td>
<td>RR-737-NIJ</td>
</tr>
<tr>
<td>Improving Information-Sharing Across Law Enforcement: Why Can't We Know?</td>
<td>RR-645-NIJ</td>
</tr>
<tr>
<td>Interactive Tool for Ranking Digital Evidence Needs</td>
<td>TL-175-NIJ</td>
</tr>
<tr>
<td><strong>STARTING FROM THE END: A PLEA FOR FOCUSING ON THE CONSEQUENCES OF CRIME</strong></td>
<td>EP-50998</td>
</tr>
<tr>
<td><strong>USING FUTURE INTERNET TECHNOLOGIES TO STRENGTHEN CRIMINAL JUSTICE</strong></td>
<td>RR-928-NIJ</td>
</tr>
<tr>
<td><strong>CRIME AND VIOLENCE PREVENTION</strong> A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors</td>
<td>RR-1082-AF</td>
</tr>
<tr>
<td>Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice</td>
<td>RR-941-OSD</td>
</tr>
<tr>
<td>Policing Integration: The Sociology of Police Coordination Work</td>
<td>CB-547</td>
</tr>
<tr>
<td>Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency</td>
<td>PE-154-RC</td>
</tr>
<tr>
<td><strong>CORRECTIONS TECHNOLOGY AND PRACTICE TAXONOMY</strong></td>
<td>TL-158-NIJ</td>
</tr>
</tbody>
</table>
Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence
RR-890-NIJ

EP-50665

Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector
RR-820-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-NIJ

High-Priority Information Technology Needs for Law Enforcement
RR-737-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-1-NIJ

Interactive Tool for Ranking Corrections Innovation Needs
TL-159-NIJ

Using Future Internet Technologies to Strengthen Criminal Justice
RR-928-NIJ

Interactive Tool for Ranking Digital Evidence Needs
TL-175-NIJ

RR-908-NIJ

Policing Integration: The Sociology of Police Coordination Work
CB-547

Criminal Law

Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence
RR-890-NIJ
Interactive Tool for Ranking Digital Evidence Needs
TL-175-NIJ

Policing Integration: The Sociology of Police Coordination Work
CB-547

Policing, Boundaries and the State: The Changing Landscape of Sovereignty and Security
EP-51914

Starting from the End: A Plea for Focusing on the Consequences of Crime
EP-50998

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-1-NIJ

Using Future Internet Technologies to Strengthen Criminal Justice
RR-928-NIJ

CRITICAL INFRASTRUCTURE PROTECTION
Measuring the Resilience of Energy Distribution Systems
RR-883-DOE

CYBER WARFARE
Choices for America in a Turbulent World: Strategic Rethink
RR-1114-RC

RB-9835-AF

Deterrence, Influence, Cyber Attack, and Cyberwar
EP-50950

RR-620-AF

Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles
RR-1007-AF

Integrating Apples, Oranges, Pianos, Volkswagens, and Skyscrapers: On the Relationships Between Information-Related Capabilities and Other Lines of Operation
EP-66251

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD
RB-9858/1-AF

Training Cyber Warriors: What Can Be Learned from Defense Language Training?
RR-476-OSD

**CYBERCRIME**
Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses
RR-1354-EP

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals
RR-1151-DOS

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD

Using Future Internet Technologies to Strengthen Criminal Justice
RR-928-NIJ

**CYBERSECURITY**
Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses
RR-1354-EP

**DATABASES AND DATA COLLECTION, ANALYSIS, AND PROCESSING**
An Open Source Framework for Many-Objective Robust Decision Making
EP-50905

Improving Information-Sharing Across Law Enforcement: Why Can't We Know?
RR-645-NIJ

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary
RR-880/1-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice
RR-880-OSD

Propensity Scores for Multiple Treatments: A Tutorial for the MNPS Macro in the TWANG SAS Macros
TL-169/1-NIDA

The Feasibility of Developing a Repository of Assessments of Hard-to-Measure Competencies
RR-1204-WFHF

Toolkit for Weighting and Analysis of Non-equivalent Groups: A Tutorial on the TWANG Commands for Stata
TL-170-NIDA

TWANG Short Course/Educational Videos: Three Videos—Introduction, Propensity Score Weighted Analyses with 2 Groups, and Propensity Score Weighted Analyses with More Than 2 Groups
PT-147
**DETECTIONMAKING**
An Open Source Framework for Many-Objective Robust Decision Making  
EP-50905

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist  
EP-50871

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition  
RR-701-A

EP-50949

Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach  
EP-50725

Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach  
EP-50725

**DELAWARE**
Evaluation of Delaware Stars for Early Success: Year 2 Report  
RR-1026-DOEL

**DELPHI METHOD**
A growing and ageing population: Global societal trends to 2030: Thematic report 1  
RR-920/1-EC

Education, technology and connectedness: Global societal trends to 2030: Thematic report 2  
RR-920/2-EC

Employment and the changing labour market: Global societal trends to 2030: Thematic report 5  
RR-920/5-EC

Evolving patterns and impacts of migration: Global societal trends to 2030: Thematic report 4  
RR-920/4-EC

Individual empowerment: Global societal trends to 2030: Thematic report 3  
RR-920/3-EC

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony  
RR-804-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony  
RR-804-1-NIJ

The rise of a global middle class: Global societal trends to 2030: Thematic report 6  
RR-920/6-EC
RR-908-NIJ

DEMONSTRATION
Are Changing Constituencies Driving Rising Polarization in the U.S. House of Representatives?
RR-896-RC

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals
RR-1151-DOS

DEMOGRAPHY
A Social Network Comparison of Low-Income Black and White Newlywed Couples
EP-50928

Are Changing Constituencies Driving Rising Polarization in the U.S. House of Representatives?
RR-896-RC

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

DENMARK
Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

DEPRESSION
Acupuncture for Major Depressive Disorder: A Systematic Review
RR-1135-OSD

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events
EP-50854

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service
EP-50882

Course of Symptom Change During Anxiety Treatment: Reductions in Anxiety and Depression in Patients Completing the Coordinated Anxiety Learning and Management Program
EP-50851
Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making
EP-50884

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Post-traumatic Stress Disorder and Major Depressive Disorder
RR-464-OSD

Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review
RR-1079-OSD

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697
Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review
EP-50941

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression
RR-505-OSD

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

St. John's Wort for Major Depressive Disorder: A Systematic Review
RR-1048-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans
EP-50966

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848

Developing Countries
Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified
RR-885-OSD

Employability of the Poor
RR-793-WB

Identifying and Mitigating Risks in Security Sector Assistance for Africa's Fragile States
RR-808-A

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG
Strategic Impact Evaluation Fund Mid Term Review: Final Report
RR-1137-DFID

**DIABETES**
Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making
EP-50884

Friendship and Romantic Relationships Among Emerging Adults with and Without Type 1 Diabetes
EP-50834

**Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico**
EP-50914

Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort
EP-51900

**Validation and Modification of Dried Blood Spot-Based Glycosylated Hemoglobin Assay for the Longitudinal Aging Study in India**
EP-51902

**Diet and Eating Habits**
A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995
A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents
EP-50847

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011
EP-51913

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru
EP-50737

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

Lunchtime School Water Availability and Water Consumption Among California Adolescents
EP-50962

Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women
EP-50994

Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women
EP-50994

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877
Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Dietary Supplements
A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

Disability Insurance
Disability Insurance and the Great Recession
EP-50724

Disability Insurance and the Great Recession
EP-50724

RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement's Effects on Program Participation and Employment
PT-140

DISABLED PERSONS
Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force’s Wounded Warriors
RR-599-AF

Disadvantaged Students
A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

First Outcomes from the National Summer Learning Study
RB-9819-WF

The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools
RR-1159-TEU

Disaster Recovery Operations
PE-148-RC

Improving DoD Support to FEMA’s All-Hazards Plans
RR-1301-OSD

PE-147-RC
PE-146-RC

Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience
EP-50939

**DISCRETE CHOICE MODELING**
Estimating the value of mobile telephony in mobile network not-spots
RR-641-DEFRA

Estimating the value of mobile telephony in mobile network not-spots: Summary
RR-641/1-DEFRA

Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures
RB-9843/2-EC

Privacy of health records: Europeans’ preferences on electronic health data storage and sharing
RB-9843/3-EC

Privacy vs security: Europeans’ preferences on transport security and surveillance measures
RB-9843/1-EC

Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT’s pan-European Survey
RR-704-EC

STM3 2011 base frequency, mode-destination and car ownership models
RR-1125-BTS

STM3 2011 base: Model parameters and overview
RR-1133-BTS

STM3 modelling school days only
RR-1124-BTS

Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models
RR-1131-BTS

Sydney Strategic Model Re-estimation: Mode-Destination Model
RR-1130-BTS

Time period choice modelling – review of practice
RR-1127-BTS

**DISCRIMINATORY PRACTICES**
Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters
RR-687-LAFD
**Displaced Persons**
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

**District of Columbia**
Community Resilience: Learn and Tell Toolkit
TL-163-DCDH

**Domestic Terrorism**
When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC

**Domestic Violence**
Psychiatric Disorders Prior to Dating Initiation and Physical Dating Violence Before Age 21: Findings from the National Comorbidity Survey Replication (NCS-R)
EP-50945

**Drug Courts**
Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
PE-162-RC

**Drug Markets and Supply**
Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

**Drug Policy and Trends**
Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

The Price Elasticity of Demand for Heroin: Matched Longitudinal and Experimental Evidence
EP-50965

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
PE-162-RC

Health Implications of Social Networks for Children Living in Public Housing
EP-50975

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
EP-51905

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
EP-51905
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options and Issues Regarding Marijuana Legalization</td>
<td>PE-149-RC</td>
</tr>
<tr>
<td>Policies Related to Opioid Agonist Therapy for Opioid Use Disorders:</td>
<td>EP-50960</td>
</tr>
<tr>
<td>The Evolution of State Policies from 2004 to 2013</td>
<td></td>
</tr>
<tr>
<td>The Marijuana Legalization Debate: Insights for Vermont</td>
<td>RB-9825</td>
</tr>
<tr>
<td><strong>EARLY CHILDHOOD EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>Evaluation of Delaware Stars for Early Success: Year 2 Report</td>
<td>RR-1026-DOEL</td>
</tr>
<tr>
<td>Examining the Associations Between Daily Caregiving Discontinuity and</td>
<td>EP-50701</td>
</tr>
<tr>
<td>Children's Social-Emotional Outcomes</td>
<td></td>
</tr>
<tr>
<td>Final Report on the Hawai‘i P–3 Evaluation</td>
<td>RR-1100-PPE</td>
</tr>
<tr>
<td>Off to a Good Start: Social and Emotional Development of Memphis'</td>
<td>TL-161-TUCI</td>
</tr>
<tr>
<td>The Hawai‘i Preschool-Third Grade Education Reform Initiative:</td>
<td>RB-9866-PPE</td>
</tr>
<tr>
<td><strong>EAST AFRICA</strong></td>
<td></td>
</tr>
<tr>
<td>The International AIDS Vaccine Initiative's capacity building</td>
<td>RR-1147-IAVI</td>
</tr>
<tr>
<td>activities in East Africa: Evaluating progress and impacts in</td>
<td></td>
</tr>
<tr>
<td>Kenya, Uganda and Rwanda</td>
<td></td>
</tr>
<tr>
<td><strong>EAST ASIA</strong></td>
<td></td>
</tr>
<tr>
<td>America’s Security Deficit: Addressing the Imbalance Between</td>
<td>RR-1223-RC</td>
</tr>
<tr>
<td>Strategy and Resources in a Turbulent World: Strategic Rethink</td>
<td></td>
</tr>
<tr>
<td>Choices for America in a Turbulent World: Strategic Rethink</td>
<td>RR-1114-RC</td>
</tr>
<tr>
<td>Sustaining U.S. Leadership in the Asia-Pacific Region: Why a</td>
<td></td>
</tr>
<tr>
<td>Strategy of Direct Defense Against Antiaccess and Area Denial</td>
<td>PE-142-OSD</td>
</tr>
<tr>
<td>Threats Is Desirable and Feasible</td>
<td></td>
</tr>
<tr>
<td><strong>ECONOMETRIC MODELS</strong></td>
<td></td>
</tr>
<tr>
<td>Health, wellbeing and productivity in the workplace: A</td>
<td>RR-1084-VH</td>
</tr>
<tr>
<td>Britain's Healthiest Company summary report</td>
<td></td>
</tr>
<tr>
<td><strong>ECONOMIC ANALYSIS METHODOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>Alternatives to the ACA's Affordability Firewall</td>
<td>RR-1296-RC</td>
</tr>
</tbody>
</table>
Costs of the Conflict Calculator
TL-178-DCR

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition
RR-701-A

Employability of the Poor
RR-793-WB

Fast Methods for Jackknifing Inequality Indices
EP-50660

The Army's Local Economic Effects
RR-1119-A

The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota
RR-1119/1-A

The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming
RR-1119/2-A

The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)
RR-740/3-DCR

ECONOMIC BURDEN OF HEALTH CARE
Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

The Economic Incidence of Health Care Spending in Vermont
RR-901-SVJFO

Valuing the Care We Provide Our Elders
RB-9817

ECONOMIC DEVELOPMENT
Conditional Cash Transfers, Civil Conflict and Insurgent Influence: Experimental Evidence from the Philippines
EP-50954
Employability of the Poor
RR-793-WB

Making an Impact in the Kurdistan Region—
Iraq: Summary of Four Studies to Assess the
Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

One Place, One Budget? Approaches to pooling resources for public service transformation
RR-1017-LGA

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

Strategic Impact Evaluation Fund Mid Term Review: Final Report
RR-1137-DFID

The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota
RR-1119/1-A

The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming
RR-1119/2-A

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden
RR-1036-AUS

The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries
EP-50918

ECONOMIC POLICY
Reforming Policies for Small and Medium-Sized Enterprises in Indonesia
RR-1096-PRSF

ECONOMICS
Disability Insurance and the Great Recession
EP-50724

Disability Insurance and the Great Recession
EP-50724

EDUCATION AND THE ARTS
Assessing impact submissions for REF 2014:
An evaluation
RB-9834-HEFCE
Assessing impact submissions for REF2014: An evaluation
RR-1032-HEFCE

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

Assessing the Feasibility of International Branch Campuses: Factors Universities Consider when Establishing Campuses Abroad
RGSD-354

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-1-CFAT

Hello, Goodbye: Three Perspectives on Public School District Staff Turnover
RGSD-357

Development of a K–12 Financial Education Curriculum Assessment Rubric
RR-1142-CFPB

Positive Youth Development in a School-Based Setting: A Study of the Los Angeles Police Academy Magnet School Program
RGSD-346

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills
RR-812-NETL

Preparing impact submissions for REF 2014: An evaluation: Approach and Evidence
RR-726-HEFCE

Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636

Preparing impact submissions for REF 2014: An evaluation: Findings and observations
RR-727-HEFCE

Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636

Preparing impact submissions for REF 2014: An evaluation
RB-9833-HEFCE

Supporting Sustainability: Teachers' Advice Networks and Ambitious Instructional Reform
EP-50635

EDUCATION CURRICULUM
A Tool for Reviewing K-12 Financial Education Curricula
TL-181-CFPB

Supporting Sustainability: Teachers' Advice Networks and Ambitious Instructional Reform
EP-50635
Continued Progress: Promising Evidence on Personalized Learning
RR-1365-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Executive Summary
RR-1365/1-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum
RR-1365/2-BMGF

Higher Education Entrance Qualifications and Exams in Europe: A Comparison
RR-574-EP

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education
PE-160-CFAT

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education
PE-160-1-CFAT

The Hawai‘i Preschool-Third Grade Education Reform Initiative: How Well Did P–3 Work?
RB-9866-PPE

Evaluating Education Programs That Have Lotteried Admission and Selective Attrition
EP-50999

First Outcomes from the National Summer Learning Study
RB-9819-WF

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

What Are Teachers’ and School Leaders’ Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
RR-1294

Evaluating Education Programs That Have Lotteried Admission and Selective Attrition
EP-50999
Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey
RB-9856-CA

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

**Educational Facilities**
Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

**Educational Institutions**
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills
RR-812-NETL

Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid
PE-157-RC

United States Service Academy Admissions: Selecting for Success at the Military Academy/ West Point and as an Officer
RR-723-OSD

**Educational Program Evaluation**
A Tool for Reviewing K-12 Financial Education Curriculat
TL-181-CFPB

Bounding the Impact of a Gifted Program on Student Retention Using a Modified Regression Discontinuity Design
EP-51000

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-1-CFAT

Continued Progress: Promising Evidence on Personalized Learning
RR-1365-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Executive Summary
RR-1365/1-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum
RR-1365/2-BMGF

Developing a research impact performance management system for The Research Council, Oman: Final Report
RR-833/1-TRC
Development of a K–12 Financial Education Curriculum Assessment Rubric
RR-1142-CFPB

District-Union Collaboration on Teacher Evaluation Reforms: Case Studies of Three School Districts in California
RGSD-358

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention
RR-1225-LED

Fifty Ways to Leave a Child Behind: Idiosyncrasies and Discrepancies in States' Implementation of NCLB
EP-50926

Final Report on the Hawai‘i P–3 Evaluation
RR-1100-PPE

First Outcomes from the National Summer Learning Study
RB-9819-WF

The Feasibility of Developing a Repository of Assessments of Hard-to-Measure Competencies
RR-1204-WFHF

The Hawai‘i Preschool-Third Grade Education Reform Initiative: How Well Did P–3 Work?
RB-9866-PPE

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise
EP-50996

EL SALVADOR
Long Journey Home: Family Reunification Experiences of the Disappeared Children of El Salvador
EP-51892

Long Journey Home: Family Reunification Experiences of the Disappeared Children of El Salvador
EP-51892

ELECTRONIC COMMERCE
National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD
**Electronic Medical Records**

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657

RR-1191-PCORI

**Elementary Education**

California K–12 and Community Collaborations: Facilitators, Challenges, and Impact on Student Mental Health
RR-956-CMHSA

Evaluation of California's Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA

Mental Health Trainings in California's K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-953-CMHSA

**Emergency Medical Services**

What Are Teachers' and School Leaders' Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
RR-1294

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

Emergency Physicians' Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703
Emergency Physicians’ Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices
EP-50952

**EMERGENCY MEDICAL TECHNICIANS**
Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

Emergency Physicians’ Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Emergency Physicians’ Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Emergency Physicians’ Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

**EMERGENCY PREPAREDNESS**
PE-148-RC

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project
EP-50859

Improving DoD Support to FEMA’s All-Hazards Plans
RR-1301-OSD

PE-147-RC

PE-146-RC
Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project
EP-50860

Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience
EP-50939

**EMERGENCY RESPONDERS**
Exploring the Effect of the Diffusion of Geotargeted Emergency Alerts: The Application of Agent-Based Modeling to Understanding the Spread of Messages from the Wireless Emergency Alerts System
EP-50878

Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters
RR-687-LAFD

**EMERGING TECHNOLOGIES**
Additive manufacturing and obsolescence management in the defence context
PE-171-AST

Foresight Services to support strategic programming within Horizon 2020: Foresight report (D3)
RR-900-EC

Improving Information-Sharing Across Law Enforcement: Why Can't We Know?
RR-645-NIJ

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective
RB-9842-DOL

Innovation models for defence
RB-9808-MOD

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology
RR-840-MOD

RR-908-NIJ

Workplace Wellness Programs: Services Offered, Participation, and Incentives
RR-724-DOL

**EMPLOYER SPONSORED HEALTH INSURANCE**
Alternatives to the ACA's Affordability Firewall
RR-1296-RC
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies
EP-50982

Insurance Transitions Following the First ACA Open Enrollment Period
RR-948-RC

Methodology of the RAND Health Reform Opinion Study
RR-947-RC

**EMPLOYMENT AND UNEMPLOYMENT**

Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA
RR-784-OSD

An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs
RR-965-OSD

Disability Insurance and the Great Recession
EP-50724

Disability Insurance and the Great Recession
EP-50724

Employability of the Poor
RR-793-WB

Essential Skills Veterans Gain During Professional Military Training: A Resource for Leaders and Hiring Managers
TL-160/2-OSD

Evaluation of the Military Spouse Employment Partnership: Progress Report on First Stage of Analysis
RR-1349-OSD

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

One Place, One Budget? Approaches to pooling resources for public service transformation
RR-1017-LGA

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs</td>
<td>RB-9832-CFAT</td>
</tr>
<tr>
<td>Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems</td>
<td>RB-9793-DWP</td>
</tr>
<tr>
<td>Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males</td>
<td>EP-50691</td>
</tr>
<tr>
<td>Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males</td>
<td>EP-50691</td>
</tr>
<tr>
<td>The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries</td>
<td>EP-50918</td>
</tr>
<tr>
<td>Translating Veterans' Training into Civilian Job Skills</td>
<td>IG-124</td>
</tr>
<tr>
<td>Using Workforce Information for Degree Program Planning in Texas</td>
<td>RR-1011-CFAT</td>
</tr>
<tr>
<td>What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Private-Sector Employers Understand the Nontechnical Skills Taught in the Military</td>
<td>TL-160-OSD</td>
</tr>
<tr>
<td>What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Veterans Communicate to Private-Sector Employers About the Nontechnical Skills Taught in the Military</td>
<td>TL-160/1-OSD</td>
</tr>
<tr>
<td>Employment Legislation</td>
<td>Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense</td>
</tr>
<tr>
<td>Male Labor Force Participation and Social Security in Mexico</td>
<td>EP-66246</td>
</tr>
<tr>
<td>Policy Variation, Labor Supply Elasticities, and a Structural Model of Retirement</td>
<td>EP-50883</td>
</tr>
</tbody>
</table>
The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

END OF LIFE CARE
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Measuring Experience with End-of-Life Care: A Systematic Literature Review
EP-50622

Measuring Experience with End-of-Life Care: A Systematic Literature Review
EP-50622

The Opportunity Cost of Futile Treatment in the ICU
EP-50680

The Opportunity Cost of Futile Treatment in the ICU
EP-50680

ENERGY
Aligning Education and Training to Meet Energy Workforce Needs
RB-9810-NETL

RGSD-344

Energy-Sector Workforce Development in Southwestern Pennsylvania: Aligning Education and Training with Innovation and Needed Skills
RR-807-NETL

ENERGY AND ENVIRONMENT
Critical Materials, U.S. Import Dependence, and Recommended Actions
CT-432

Critical Materials, U.S. Import Dependence, and Recommended Actions: Addendum
CT-432/1
Federal Funding and Academic Productivity: Assessing Policy Levers for Sustainable Energy Researchers
RGSD-349

Overcoming Obstacles to Advanced Reactor Technologies
PE-156-TSF

**Energy Conservation**
Fuel Reduction for the Mobility Air Forces
RR-757-AF

Fuel Reduction for the Mobility Air Forces: Executive Summary
RR-757/1-AF

RR-837-AF

**Energy Consumption**
Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

RR-837-AF

The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities
RR-717-EMKF

**Energy Distribution**
Measuring the Resilience of Energy Distribution Systems
RR-883-DOE

Improving Energy Security for Air Force Installations
RGSD-361

Measuring the Resilience of Energy Distribution Systems
RR-883-DOE

**Enlisted Personnel**
An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

**Entrepreneurship**

The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities
RR-717-EMKF

**Environmental and Natural Resource Management**
An Open Source Framework for Many-Objective Robust Decision Making
EP-50905
**Environmental Legislation**
The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways
EP-50876

**Environmental Pollution**
Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPA's National Water Program
RR-720-EPA

**Environmental Quality**
Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

**Environmental Regulation**
Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

**Environmental Science and Technology**
An Open Source Framework for Many-Objective Robust Decision Making
EP-50905

**Epidemiology**
Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam
EP-50944

**Epidemic**
Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

**Europe**
AF-related stroke prevention: today and the future: Summary for healthcare professionals
RB-9846/2-UKRF

AF-related stroke prevention: today and the future: Summary for patients
RB-9846/1-UKRF

America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World
RB-9870-RC

America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink
RR-1223-RC

**Epidemiology**
Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update
RB-9584/1
Choices for America in a Turbulent World: Strategic Rethink  
RR-1114-RC

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing  
EP-50688

Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures  
RB-9843/2-EC

Privacy of health records: Europeans’ preferences on electronic health data storage and sharing  
RB-9843/3-EC

Privacy vs security: Europeans’ preferences on transport security and surveillance measures  
RB-9843/1-EC

Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT’s pan-European Survey  
RR-704-EC

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing  
EP-50687

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing  
EP-50687

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future: Annexes  
RR-1053/1-UKRF

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future  
RR-1053-UKRF
IG-122-UKRF

The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army
RR-903-A

European Union
Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses
RR-1354-EP

Scoping the impact of UK membership of the EU on UK health research
RR-565-DH

Evidence Based Health Practice
Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review
RR-1066-NICE

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

Factors Associated with Premature Exits from Supported Housing
EP-50922

Knowledge Translation and Barriers to Imaging Optimization in the Emergency Department: A Research Agenda
EP-50971

RR-1191-PCORI

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Expert Evidence
The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-1-NIJ

Families
Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721
Early Adult Obesity and U. S. Women's Lifetime Childbearing Experiences
EP-50659

Long Journey Home: Family Reunification Experiences of the Disappeared Children of El Salvador
EP-51892

FAMILY PLANNING
Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

FEE-FOR-SERVICE FOR HEALTH CARE
Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Home Health Care for California's Injured Workers: Options for Implementing a Fee Schedule
RR-603-DIR

Medicare's Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Medicare's Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report
RR-799-CMS

FEMALE POPULATIONS
Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial
EP-50936

Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters
RR-687-LAFD
Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach
EP-50725

Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach
EP-50725

**FIGHTER AIRCRAFT**
Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

RB-9858/1-AF

**FINANCE**
Evaluating conditional cash transfer programmes: The case of Bolsa Familia
RB-9837-RE

Understanding the factors that matter in the implementation of Bolsa Familia: Using an analysis of federal datasets to look inside the programme’s ‘black box’
RR-705-RE

**FINANCIAL DECISION MAKING**
A Tool for Reviewing K-12 Financial Education Curricula
TL-181-CFPB

Development of a K-12 Financial Education Curriculum Assessment Rubric
RR-1142-CFPB

Effective Disclosures in Financial Decision-making
RR-1270-DOL

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement’s Effects on Program Participation and Employment
PT-140

PT-136

**FIREARMS**
From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing
EP-50687
<table>
<thead>
<tr>
<th>Topic</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing</td>
<td>EP-50687</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
</tr>
<tr>
<td>Forced Migration</td>
<td></td>
</tr>
<tr>
<td>Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan</td>
<td>RR-859-CMEPP</td>
</tr>
<tr>
<td>Forecasting Methodology</td>
<td></td>
</tr>
<tr>
<td>A growing and ageing population: Global societal trends to 2030: Thematic report 1</td>
<td>RR-920/1-EC</td>
</tr>
<tr>
<td>Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs</td>
<td>RR-1165/1-VA</td>
</tr>
<tr>
<td>Education, technology and connectedness:</td>
<td></td>
</tr>
<tr>
<td>Global societal trends to 2030: Thematic report 2</td>
<td>RR-920/2-EC</td>
</tr>
<tr>
<td>Employment and the changing labour market:</td>
<td></td>
</tr>
<tr>
<td>Global societal trends to 2030: Thematic report 5</td>
<td>RR-920/5-EC</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
</tr>
<tr>
<td>The rise of a global middle class: Global societal trends to 2030: Thematic report 6</td>
<td>RR-920/6-EC</td>
</tr>
<tr>
<td>The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging</td>
<td>RR-488-IPMO</td>
</tr>
<tr>
<td>France</td>
<td></td>
</tr>
<tr>
<td>Intake of Water and Different Beverages in Adults Across 13 Countries</td>
<td>EP-51878</td>
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<tr>
<td>Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs</td>
<td>RR-1165/1-VA</td>
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<td>Education, technology and connectedness:</td>
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<tr>
<td>Global societal trends to 2030: Thematic report 2</td>
<td>RR-920/2-EC</td>
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<td>Employment and the changing labour market:</td>
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<td>Global societal trends to 2030: Thematic report 5</td>
<td>RR-920/5-EC</td>
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<td>EP-51878</td>
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<td>RR-1165/1-VA</td>
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<td>RR-920/2-EC</td>
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<tr>
<td>Employment and the changing labour market:</td>
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<tr>
<td>Global societal trends to 2030: Thematic report 5</td>
<td>RR-920/5-EC</td>
</tr>
<tr>
<td>France</td>
<td></td>
</tr>
<tr>
<td>Precision and Purpose: Airpower in the Libyan Civil War</td>
<td>RR-676-AF</td>
</tr>
<tr>
<td>Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide</td>
<td>EP-51879</td>
</tr>
</tbody>
</table>
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

FUNCTIONAL STATUS
Home Health Care for California's Injured Workers: Options for Implementing a Fee Schedule
RR-603-DIR

Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort
EP-51900

GAME THEORY
Higher Dimensional Core Arrays for Machine Memories
D-2495

Some Games and Machines for Playing Them
D-1164

Some War Games
D-1379

The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways
EP-50876

GASTROINTESTINAL DISORDERS
Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis
EP-50841

Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis
EP-50841

GAY, LESBIAN, BISEXUAL, AND TRANSGENDER POPULATIONS
Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon
EP-50889

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

**Gerontology**
The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging
RR-488-IPMO

**Global Climate Change**
Choices for America in a Turbulent World: Strategic Rethink
RR-1114-RC

Developing Robust Strategies for Climate Change and Other Risks: A Water Utility Framework
RR-977-WRF

**Global Health**
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers
EP-50973

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil
EP-50885

EP-50949

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPAs National Water Program
RR-720-EPA

Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima’s Long-Term Water Resources Master Plan
EP-50929

The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways
EP-50876
<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England</td>
<td>EP-50974</td>
</tr>
<tr>
<td>Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi</td>
<td>EP-50934</td>
</tr>
<tr>
<td>Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial</td>
<td>EP-50988</td>
</tr>
<tr>
<td>Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam</td>
<td>EP-50944</td>
</tr>
<tr>
<td>Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico</td>
<td>EP-50914</td>
</tr>
<tr>
<td>Revisiting the Use of Condoms in Brazil</td>
<td>EP-50970</td>
</tr>
<tr>
<td>Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers</td>
<td>EP-50930</td>
</tr>
<tr>
<td>Substance Use and Cumulative Exposure to American Society: Findings from Both Sides of the US-Mexico Border Region</td>
<td>EP-50963</td>
</tr>
<tr>
<td><strong>GLOBAL HEALTH ENVIRONMENT</strong></td>
<td></td>
</tr>
<tr>
<td>A Cost-Effectiveness Analysis of Community Health Workers in Mozambique</td>
<td>EP-50840</td>
</tr>
<tr>
<td>A Cost-Effectiveness Analysis of Community Health Workers in Mozambique</td>
<td>EP-50840</td>
</tr>
<tr>
<td>An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon</td>
<td>EP-50707</td>
</tr>
</tbody>
</table>
An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

PE-147-RC

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654
PE-146-RC

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making
EP-66253

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

GLOBAL SECURITY
A Peace Plan for Syria
PE-182-RC

Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity
EP-50711

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity
EP-50711

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688

Limiting Regret: Building the Army We Will Need
RR-1320-RC
<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look East, Cross Black Waters: India’s Interest in Southeast Asia</td>
<td>RR-1021-AF</td>
</tr>
<tr>
<td>National Security Implications of Virtual Currency: Examining the</td>
<td>RR-1231-OSD</td>
</tr>
<tr>
<td>Potential for Non-state Actor Deployment</td>
<td></td>
</tr>
<tr>
<td>NATO Needs a Comprehensive Strategy for Russia</td>
<td>PE-143-OSD</td>
</tr>
<tr>
<td>Russian Foreign Policy in Historical and Current Context: A</td>
<td>PE-144-A</td>
</tr>
<tr>
<td>Reassessment</td>
<td></td>
</tr>
<tr>
<td>Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing</td>
<td>EP-50687</td>
</tr>
<tr>
<td>Three Studies in Conflict</td>
<td>RGSD-353</td>
</tr>
<tr>
<td>GLOBAL SECURITY ENVIRONMENT</td>
<td></td>
</tr>
<tr>
<td>Achieving Peace in Northern Mali: Past Agreements, Local Conflicts,</td>
<td>RR-892-OSD</td>
</tr>
<tr>
<td>and the Prospects for a Durable Settlement</td>
<td></td>
</tr>
<tr>
<td>Air Base Attacks and Defensive Counters: Historical Lessons and</td>
<td>RR-968-AF</td>
</tr>
<tr>
<td>Future Challenges</td>
<td></td>
</tr>
<tr>
<td>China’s Incomplete Military Transformation: Assessing the Weaknesses</td>
<td>RR-893-USCC</td>
</tr>
<tr>
<td>of the People’s Liberation Army (PLA)</td>
<td></td>
</tr>
<tr>
<td>Emerging Trends in China’s Development of Unmanned Systems</td>
<td>RR-990-OSD</td>
</tr>
<tr>
<td>The Ukrainian Crisis and European Security: Implications for the</td>
<td>RR-903-A</td>
</tr>
<tr>
<td>United States and U.S. Army</td>
<td></td>
</tr>
<tr>
<td>GUATEMALA</td>
<td></td>
</tr>
<tr>
<td>Building the Guatemalan Interagency Task Force Tecún Umán: Lessons</td>
<td>RR-885-OSD</td>
</tr>
<tr>
<td>Identified</td>
<td></td>
</tr>
<tr>
<td>Challenges of Implementing Mhealth Interventions for Lifestyle</td>
<td>EP-50632</td>
</tr>
<tr>
<td>Modification in Prehypertensive Subjects in Argentina, Guatemala,</td>
<td></td>
</tr>
<tr>
<td>and Peru</td>
<td></td>
</tr>
</tbody>
</table>
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

**Gynecology**
Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

**H1N1 influenza**
Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

**Hawaii**
The Hawai'i Preschool-Third Grade Education Reform Initiative: How Well Did P–3 Work?
RB-9866-PPE

**Health and Health Care**
A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary
RR-1189-CAMUNI

A Critical Review of the "Learn-While-You-Sleep" Studies
P-534

A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare
EP-50683

A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare
EP-50683

Best practice: Medical training from an international perspective
RR-622-KBV

Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (German Translation)
RR-622/1-KBV

Bibliometric analysis of highly cited publications of biomedical and health research in England, 2004–2013
RR-1363-DH

China’s Health Insurance Reform and Disparities in Healthcare Utilization and Costs: A Longitudinal Analysis
RGSD-345
Controlling Tuberculosis Among High Risk Populations in Los Angeles: Three Essays
RGSD-356

Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety
RR-1057-BOSE

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD

Go Gentle into That Good Night: The Past, Present, and Future of End-of-Life Care
RGSD-355

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports
RR-1181-HEE

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems
RB-9793-DWP

Scoping the impact of UK membership of the EU on UK health research
RR-565-DH

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

RB-9864

The Role of Social Relationships in the Transmission and Prevention of HIV Among Homeless Youth and Male Sex Workers: Three Essays
RGSD-352

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

When and How Are We Engaging Stakeholders in Health Care Research?
RB-9820

HEALTH AND WELLNESS PROMOTION
A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

Can Big Tobacco’s Power Wall Be Breached?
RB-9879

Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being
RR-101-AF

Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support
RR-931-RC
Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature  
RR-1002-OSD

Health, wellbeing and productivity in the workplace: A Britain's Healthiest Company summary report  
RR-1084-VH

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs  
RR-393-AHIPF

Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico  
EP-50914

Putting the Brakes on the Obesity Epidemic  
RB-9873

Unmet Health Care Need in US Adolescents and Adult Health Outcomes  
EP-50853

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network  
EP-50653

US Religious Congregations’ Programming to Support Veterans: A Mixed Methods Study  
EP-50931

HEALTH BEHAVIORS
Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review  
RR-1066-NICE

Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being  
RR-101-AF

Health, wellbeing and productivity in the workplace: A Britain's Healthiest Company summary report  
RR-1084-VH

Intake of Water and Different Beverages in Adults Across 13 Countries  
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries  
EP-51878

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide  
EP-51879
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

**Health Care Access**
Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Connecting Consumers to Care
RB-9880-CMS

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

Introduction to the Special Issue on the Studies on the Implementation of Integrated Models of Alcohol, Tobacco, And/Or Drug Use Interventions and Medical Care
EP-50989

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?
RR-994-NYSHF/MTF

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme
RR-1215-3IE

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio
RR-848-OAAPN

**Health Care Accountable Care Organizations**
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies
RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary
RR-1101/1-DH

HEALTH CARE COSTS
A Difference-In-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot
EP-50924

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare
EP-50987

Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications
EP-50873

Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs
RR-1165/3-VA

Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap? Methods and Results
RR-1321-NIHCR

Dementia Care Management in an Underserved Community: The Comparative Effectiveness of Two Different Approaches
EP-66254

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care
EP-50719

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care
EP-50719
Medicare’s Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies
EP-50658

Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869

Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis
EP-50841

Paths to Sustainability for Innovative Delivery System Programs
RR-1090-BCMASS

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care
EP-50682

The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio
RR-848-OAAPN

Understanding Differences Between High- and Low-Price Hospitals: Implications for Efforts to Rein in Costs
EP-50968
Valuing the Care We Provide Our Elders
RB-9817

**Health Care Delivery Approaches**
EP-51906

EP-51906

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs
RR-1165/3-VA

Effects of Health Care Payment Models on Physician Practice in the United States
RR-869-AMA

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports
RR-1181-HEE

Opportunity Costs of Ambulatory Medical Care in the United States
EP-50855

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910
Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program
RR-435-OSD

HEALTH CARE EDUCATION AND TRAINING
Assessing the Impact of Academic-Practice Partnerships on Nursing Staff
EP-50634

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

Assessing the Impact of Academic-Practice Partnerships on Nursing Staff
EP-50634

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies
EP-50658

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies
EP-50658

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program
RR-730-AACN

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies
EP-50658

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program
RR-730-AACN
HEALTH CARE FACILITIES
Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

Transitions of Care for Stroke Patients Opportunities to Improve Outcomes
EP-50955

HEALTH CARE FINANCING
Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs
RR-1165/3-VA

Borrowing for the Cure: Debt Financing of Breakthrough Treatments
PE-141-RC

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Learning for the NHS on Procurement and Supply Chain Management: A Rapid Evidence Assessment
EP-50919

Policy Options to Expand Medicare's Low-Income Provisions to Improve Access and Affordability
EP-50984

The Economic Incidence of Health Care Spending in Vermont
RR-901-SVJFO

The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care
EP-50983

HEALTH CARE ORGANIZATION AND ADMINISTRATION
Best practice: Medical training from an international perspective
RR-622-KBV

Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (German Translation)
RR-622/1-KBV

Beyond the Ecological Fallacy: Potential Problems When Studying Healthcare Organisations
EP-50911

Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
EP-50969

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978
Introduction to the Special Issue on the Studies on the Implementation of Integrated Models of Alcohol, Tobacco, And/Or Drug Use Interventions and Medical Care
EP-50989

Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits
EP-50981

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports
RR-1181-HEE

Paths to Sustainability for Innovative Delivery System Programs
RR-1090-BCMASS

Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making
EP-66253

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722

HEALTH CARE PAY FOR PERFORMANCE
An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report
EP-50625

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report
EP-50625

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report
EP-50625

HEALTH CARE PAYMENT APPROACHES
Effects of Health Care Payment Models on Physician Practice in the United States
RR-869-AMA

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology
Model Design Report
RR-831-CMS
Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

HEALTH CARE PROGRAM EVALUATION
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies
RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary
RR-1101/1-DH

HEALTH CARE QUALITY
A Difference-In-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot
EP-50924

EP-51906

EP-51906

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893
Appropriateness of Advanced Diagnostic Imaging Ordering Before and After Implementation of Clinical Decision Support Systems
EP-51880

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications
EP-50980

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures
EP-50686

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist
EP-50871

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures
EP-50686

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646

Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications
EP-50980

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist
EP-50871

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures
EP-50686

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646
Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care
EP-50719

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Emergency Physicians’ Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs
RR-393-AHIPF

Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report
RR-886-CMS

Interdisciplinary Priorities for Dissemination, Implementation, and Improvement Science: Frameworks, Mechanics, and Measures
EP-50956

Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey
RB-9856-CA

Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Post-traumatic Stress Disorder and Major Depressive Disorder
RR-464-OSD
Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits
EP-50981

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Paths to Sustainability for Innovative Delivery System Programs
RR-1090-BCMASS

Possibilities for Shortening the CAHPS Clinician and Group Survey
EP-50959

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect
RB-9831

Quality of Acute Care for Patients with Urinary Stones in the United States
EP-50870

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care
EP-50682

The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care
EP-50682
The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio
RR-848-OAAPN

The Medical Home and Hospital Readmissions
EP-50940

The Opportunity Cost of Futile Treatment in the ICU
EP-50680

The Opportunity Cost of Futile Treatment in the ICU
EP-50680

Transitions of Care for Stroke Patients Opportunities to Improve Outcomes
EP-50955

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Understanding Differences Between High- and Low-Price Hospitals: Implications for Efforts to Rein in Costs
EP-50968

Unmet Health Care Need in US Adolescents and Adult Health Outcomes
EP-50853

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666
Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

HEALTH CARE QUALITY MEASUREMENT
A Methodological Critique of the ProPublica Surgeon Scorecard
PE-170

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
EP-50969

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools’ Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

How Patient Comments Affect Consumers' Use of Physician Performance Measures
EP-50961

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

Measuring Experience with End-of-Life Care: A Systematic Literature Review
EP-50622
Measuring Performance in Psychiatry: A Call to Action

EP-50670

Measuring Performance in Psychiatry: A Call to Action

EP-50670

Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations

TL-179-NIDA

Response to ProPublica's Rebuttal of Our Critique of the Surgeon Scorecard

PE-170/1

The Minimum Quality Criteria Set (QI-MQCS) for Critical Appraisal: Advancing the Science of Quality Improvement

EP-50887

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey

EP-50662

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey

EP-50662

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes

RB-9816

Health Care Reform

Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap?

Methods and Results

RR-1321-NIHCR

Effects of Health Care Payment Models on Physician Practice in the United States

RR-869-AMA

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging

EP-50626

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging

EP-50626

Emergency Physician Perceptions of Shared Decision-Making

EP-50656

Emergency Physician Perceptions of Shared Decision-Making

EP-50656

How Do ACA Tax Subsidies Affect Premiums and Enrollment?

RB-9812/1

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?

RB-9812/2
How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/4

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?
RB-9812/3

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978

Insurance Transitions Following the First ACA Open Enrollment Period
RR-948-RC

Methodology of the RAND Health Reform Opinion Study
RR-947-RC

Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries
RR-889-AETNA

The Effect of Eliminating the Affordable Care Act's Tax Credits in Federally Facilitated Marketplaces
RR-980-RC

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Health Care Services Capacity
Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

Introduction to the Special Issue on the Studies on the Implementation of Integrated Models of Alcohol, Tobacco, And/Or Drug Use Interventions and Medical Care
EP-50989

Knowledge Translation and Barriers to Imaging Optimization in the Emergency Department: A Research Agenda
EP-50971

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

Transitions of Care for Stroke Patients Opportunities to Improve Outcomes
EP-50955

Valuing the Care We Provide Our Elders
RB-9817
HEALTH CARE TECHNOLOGY
AF-related stroke prevention: today and the future: Summary for healthcare professionals
RB-9846/2-UKRF

AF-related stroke prevention: today and the future: Summary for patients
RB-9846/1-UKRF

How Long Does Biomedical Research Take?
Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice
EP-50732

Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force
RR-1054-AF

Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies
RR-1163-DH

Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies
TL-157-GF

RR-1191-PCORI

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future: Annexes
RR-1053/1-UKRF

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future
RR-1053-UKRF

IG-122-UKRF

RB-9864

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies
RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary
RR-1101/1-DH
HEALTH CARE WORKFORCE
EP-51906

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?
EP-50650

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement
EP-50967

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices
EP-50952

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports
RR-1181-HEE

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme
RR-1215-3IE
The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

**HEALTH CARE WORKFORCE CERTIFICATION**
Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

**HEALTH DISPARITIES**
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011
EP-51913

Change Talk in a Group Motivational Interviewing Setting and Risk Reduction Among Homeless Young Adults
RGSD-362

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England
EP-50974

Access and Quality of Care in Direct-To-Consumer Telemedicine
EP-50937

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children's Centres
EP-50868

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667
Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
EP-50694

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

EP-50831

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

Early Life Adversity and Adult Biological Risk Profiles
EP-66255
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk  
EP-50631

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups  
EP-51891

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use  
EP-50713

Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon  
EP-50889

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk  
EP-50631

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data  
EP-50657

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey  
EP-50705

Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth  
EP-50856

Less Use of Extreme Response Options by Asians to Standardized Care Scenarios May Explain Some Racial/Ethnic Differences in CAHPS Scores  
EP-50993

Health Implications of Social Networks for Children Living in Public Housing  
EP-50975
Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-51911

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial
EP-50936

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment
EP-50951

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain
EP-50829

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Unraveling the Aging Skein: Disentangling Sensory and Cognitive Predictors of Age-Related Differences in Decision Making
EP-50991

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

Health Economics
Health, wellbeing and productivity in the workplace: A Britain's Healthiest Company summary report
RR-1084-VH

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs
RR-393-AHIPF

Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies
RR-1163-DH

Learning for the NHS on Procurement and Supply Chain Management: A Rapid Evidence Assessment
EP-50919

Paths to Sustainability for Innovative Delivery System Programs
RR-1090-BCMASS

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the Knowledge Base of Health Services Research to Redefine Health Care Systems</td>
<td>EP-50666</td>
</tr>
<tr>
<td>Valuing the Care We Provide Our Elders</td>
<td>RB-9817</td>
</tr>
<tr>
<td><strong>HEALTH INFORMATION PRIVACY</strong></td>
<td></td>
</tr>
<tr>
<td>Information Sharing Preferences of Older Patients and Their Families</td>
<td>EP-51883</td>
</tr>
<tr>
<td><strong>HEALTH INFORMATION TECHNOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care</td>
<td>EP-51893</td>
</tr>
<tr>
<td>A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care</td>
<td>EP-51893</td>
</tr>
<tr>
<td>Access and Quality of Care in Direct-To-Consumer Telemedicine</td>
<td>EP-50937</td>
</tr>
<tr>
<td>Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.</td>
<td>RR-578-OSD</td>
</tr>
<tr>
<td>Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru</td>
<td>EP-50632</td>
</tr>
</tbody>
</table>

**HEALTH INFORMATION PRIVACY**

Information Sharing Preferences of Older Patients and Their Families

EP-51883

Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures

RB-9843/2-EC

Privacy of health records: Europeans’ preferences on electronic health data storage and sharing

RB-9843/3-EC

Privacy vs security: Europeans’ preferences on transport security and surveillance measures

RB-9843/1-EC

Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT’s pan-European Survey

RR-704-EC
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Effects of Health Care Payment Models on Physician Practice in the United States
RR-869-AMA

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Improving Access to Behavioral Health Care for Remote Service Members and Their Families: Executive Summary
RR-578/1-OSD

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657

Information Sharing Preferences of Older Patients and Their Families
EP-51883

Information Sharing Preferences of Older Patients and Their Families
EP-51883

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries
RR-889-AETNA
Radiologists’ Perceptions of Computerized Decision Support: A Focus Group Study from the Medicare Imaging Demonstration Project
EP-50942

Taking Patients’ Narratives About Clinicians from Anecdote to Science
EP-50845

HEALTH INFORMATION TECHNOLOGY INTEROPERABILITY
RR-1191-PCORI

HEALTH INSURANCE
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Connecting Consumers to Care
RB-9880-CMS

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One’s Contract?
EP-50646

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

The Economic Incidence of Health Care Spending in Vermont
RR-901-SVJFO

Trends in Health Insurance Enrollment, 2013-15
EP-50692

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes
RB-9816
HEALTH INSURANCE BENEFIT DESIGN
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/1

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?
RB-9812/2

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/4

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?
RB-9812/3

Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies
EP-50982

HEALTH INSURANCE MANDATES
Harnessing Private-Sector Innovation to Improve Health Insurance Exchanges
PE-152-AETNA

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/1

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?
RB-9812/2

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/4

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

HEALTH INSURANCE MARKETS
Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap?
Methods and Results
RR-1321-NIHCR
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Harnessing Private-Sector Innovation to Improve Health Insurance Exchanges
PE-152-AETNA

Methodology of the RAND Health Reform Opinion Study
RR-947-RC

The Effect of Eliminating the Affordable Care Act's Tax Credits in Federally Facilitated Marketplaces
RR-980-RC

HEALTH INTERVENTIONS
A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

Acupuncture for Major Depressive Disorder: A Systematic Review
RR-1135-OSD

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/1

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?
RB-9812/2

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/4

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?
RB-9812/3

Insurance Transitions Following the First ACA Open Enrollment Period
RR-948-RC
Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies
EP-50849

Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events
EP-50854

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Evidence Map of Mindfulness
EP-50729

Factors Associated with Premature Exits from Supported Housing
EP-50922

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985

Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review
RR-1031-OSD

Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)
TL-144-CDC

RR-1191-PCORI

Needle Acupuncture for Substance Use Disorders: A Systematic Review
RR-1030-OSD

Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review
RR-1079-OSD
Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults  
EP-50947

St. John's Wort for Major Depressive Disorder: A Systematic Review  
RR-1048-OSD

Systematic Review of School-Based Interventions to Prevent Smoking for Girls  
EP-50861

The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme  
RR-1215-3IE

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme  
RB-9857-3IE

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies  
RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary  
RR-1101/1-DH

**Health Legislation**

Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs  
RR-1165/3-VA

**Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap?**

Methods and Results  
RR-1321-NIHCR

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru  
EP-50737

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru  
EP-50737

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

How Long Does Biomedical Research Take? Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice  
EP-50732
How Long Does Biomedical Research Take? Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice
EP-50732

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

Putting the Brakes on the Obesity Epidemic
RB-9873

The Impact of Tobacco Taxes on Mortality in the USA, 1970–2005
EP-66245

Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties
EP-50865

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes
RB-9816

HEALTH LITERACY
Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review
RR-1066-NICE

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Connecting Consumers to Care
RB-9880-CMS

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

HEALTH RISK BEHAVIORS
An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707
Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use
EP-50908

Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers
EP-50973

Greater Decision-Making Competence Is Associated with Greater Expected-Value Sensitivity, but Not Overall Risk Taking: An Examination of Concurrent Validity
EP-50714

Greater Decision-Making Competence Is Associated with Greater Expected-Value Sensitivity, but Not Overall Risk Taking: An Examination of Concurrent Validity
EP-50714

Hiding the Tobacco Power Wall Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale
EP-50972

It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi
EP-50839

Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use
EP-50976

Revisiting the Use of Condoms in Brazil
EP-50970

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848
HEALTH SCREENING
Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare
EP-50987

An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Cancer Models and Real-World Data: Better Together
EP-50958

Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making
EP-50884

Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process
EP-51901

Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process
EP-51901

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening
EP-50689

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885
Prevalence of Colonoscopy Before Age 50
EP-66257

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression
RR-505-OSD

Validation and Modification of Dried Blood Spot-Based Glycosylated Hemoglobin Assay for the Longitudinal Aging Study in India
EP-51902

Validation and Modification of Dried Blood Spot-Based Glycosylated Hemoglobin Assay for the Longitudinal Aging Study in India
EP-51902

HEALTH-RELATED QUALITY OF LIFE
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

Acupuncture for Major Depressive Disorder: A Systematic Review
RR-1135-OSD

Chronic Stress Is Prospectively Associated with Sleep in Midlife Women: The SWAN Sleep Study
EP-50910

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

Evidence Map of Tai Chi
EP-50728

How Much Do Cancer-Related Symptoms Contribute to Health-Related Quality of Life in Lung and Colorectal Cancer Patients? A Report from the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium
EP-50846

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705
Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review
RR-1079-OSD

St. John’s Wort for Major Depressive Disorder: A Systematic Review
RR-1048-OSD

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Unmet Health Care Need in US Adolescents and Adult Health Outcomes
EP-50853

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

HEPATITIS C
Borrowing for the Cure: Debt Financing of Breakthrough Treatments
PE-141-RC

HIGHWAY TRANSPORTATION
The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas
RR-969-CTRMA

HISPANIC POPULATIONS
Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One’s Contract?
EP-50646

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One’s Contract?
EP-50646

Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial EP-50988

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women EP-51867

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women EP-51867

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults EP-50712

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants EP-51911

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants EP-51911

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial EP-50936

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study EP-51890

Strategies to Build Trust and Recruit African American and Latino CommunityResidents for Health Research: A Cohort Study EP-51890

Substance Use and Cumulative Exposure to American Society: Findings from Both Sides of the US-Mexico Border Region EP-50963

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups  
EP-50704

**HIV AND AIDS**
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras  
EP-50920

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants  
EP-51911

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants  
EP-51911

Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers  
EP-50930

The International AIDS Vaccine Initiative’s capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda  
RR-1147-IAVI

**HIV TRANSMISSION**
An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon  
EP-50707

Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers  
EP-50973

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil  
EP-50885

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners  
EP-51874

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners  
EP-51874

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members  
EP-50694

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members  
EP-50694
Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

The Role of Social Relationships in the Transmission and Prevention of HIV Among Homeless Youth and Male Sex Workers: Three Essays
RGSD-352

**HIV Treatment**

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil
EP-50885

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies
TL-157-GF

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment
EP-50951

**HIV, STDs, and Sexual Behavior**

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
EP-50694

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
EP-50694
**Homeless Populations**

A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

Factors Associated with Premature Exits from Supported Housing
EP-50922

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Reducing Cigarette Smoking Among Unaccompanied Homeless Youth
RB-9828

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

**Homelessness**

A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

Factors Associated with Premature Exits from Supported Housing
EP-50922

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

**Honduras**

A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920
HOSPICE CARE
Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

HOSPITALS
Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting
EP-50676

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Central Line-associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Central Line-associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?
EP-50837
Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?  
EP-50837

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement  
EP-51866

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement  
EP-51866

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies  
EP-50658

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies  
EP-50658

Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making  
EP-66253

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review  
EP-50727

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review  
EP-50727

Surgical Resident Education in Patient Safety: Where Can We Improve?  
EP-50875

The Association of Patient Complexities with Antibiotic Ordering  
EP-51887

The Association of Patient Complexities with Antibiotic Ordering  
EP-51887

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®  
EP-50733

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®  
EP-50733

The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care  
EP-50682

The Frequency and Cost of Treatment Perceived to Be Futile in Critical Care  
EP-50682

The Medical Home and Hospital Readmissions  
EP-50940
The Opportunity Cost of Futile Treatment in the ICU
EP-50680

Understanding Differences Between High- and Low-Price Hospitals: Implications for Efforts to Rein in Costs
EP-50968

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722

**Households**

Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?
EP-50923

**Human Capital Investments**

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery
RR-664-OSD

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program
RR-730-AACN

**Hurricanes**

Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

**Hypertension**

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England
EP-50974

Older Ethnic Minority Women's Perceptions of Stroke Prevention and Walking
EP-50909
Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico
EP-50914

Illegal Drugs
Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified
RR-885-OSD

Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

The Marijuana Legalization Debate: Insights for Vermont
RB-9825

Illegal Drugs
Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Dealing with Cocaine and Heroin in Italy: Business Strategies and Operations
EP-50624

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training
EP-66244

Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669
Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-51911

Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

EP-50665

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPAs National Water Program
RR-720-EPA

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Substance Use and Cumulative Exposure to American Society: Findings from Both Sides of the US-Mexico Border Region
EP-50963

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672
Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

**IMPOVERISHED POPULATIONS**
A Social Network Comparison of Low-Income Black and White Newlywed Couples
EP-50928

Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children's Centres
EP-50868

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

**INCARCERATION**
Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

The Marijuana Legalization Debate: Insights for Vermont
RB-9825

**INDIA**
Automobility in Brazil, Russia, India, and China: Quo Vadis?
EP-50886

Look East, Cross Black Waters: India's Interest in Southeast Asia
RR-1021-AF

**INDONESIA**
Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Reforming Policies for Small and Medium-Sized Enterprises in Indonesia
RR-1096-PRSF

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

**US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study**
EP-50931
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Infants
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
EP-50934

Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Central Line–associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Central Line–associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Controlling Tuberculosis Among High Risk Populations in Los Angeles: Three Essays
RGSD-356

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin


Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect

The Association of Patient Complexities with Antibiotic Ordering

The Association of Patient Complexities with Antibiotic Ordering

inFluenzA Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam

INFORMATION OPERATIONS
Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners


Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness
Integrating Apples, Oranges, Pianos, Volkswagens, and Skyscrapers: On the Relationships Between Information-Related Capabilities and Other Lines of Operation
EP-66251

Prediction of Political Action by Means of Propaganda Analysis
EP-51174

Prediction of Political Action by Means of Propaganda Analysis
EP-51174

**INFORMATION PRIVACY**
Electronic Surveillance of Mobile Devices: Understanding the Mobile Ecosystem and Applicable Surveillance Law
RR-800-NIJ

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD

Online privacy vs surveillance: Europeans' preferences on internet surveillance and security measures
RB-9843/2-EC

Privacy of health records: Europeans' preferences on electronic health data storage and sharing
RB-9843/3-EC

Privacy vs security: Europeans' preferences on transport security and surveillance measures
RB-9843/1-EC

Public Perception of Security and Privacy: Results of the comprehensive analysis of PACT's pan-European Survey
RR-704-EC

The Digital Catapult and productivity: A framework for productivity growth from sharing closed data
RR-1284-DC

**INFORMATION SECURITY**
Cloud-Trust—a Security Assessment Model for Infrastructure as a Service (IaaS) Clouds
EP-50907

Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?
RR-847-AF

RB-9835-AF

Deterrence, Influence, Cyber Attack, and Cyberwar
EP-50950

RR-620-AF
Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles
RR-1007-AF

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary
RR-880/1-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice
RR-880-OSD

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD

The Defender’s Dilemma: Charting a Course Toward Cybersecurity
RR-1024-JNI

**Infrastructure and Transportation**

Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures
RB-9843/2-EC

Privacy of health records: Europeans’ preferences on electronic health data storage and sharing
RB-9843/3-EC

Privacy vs security: Europeans’ preferences on transport security and surveillance measures
RB-9843/1-EC

Public Perception of Security and Privacy:
Results of the comprehensive analysis of PACT’s pan-European Survey
RR-704-EC

**Integrative Medicine**

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

**Intelligence Analysis**

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-50917

Prediction of Political Action by Means of Propaganda Analysis
EP-51174

Prediction of Political Action by Means of Propaganda Analysis
EP-51174

Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists
EP-50992

**Intelligence Collection**

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC
### INTERNATIONAL AFFAIRS

An Assessment of the Counter-ISIL Campaign: One Year after Mosul  
CT-435

An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum  
CT-435/1

China’s Great Leap Outward: Hard and Soft Dimensions of a Rising Power  
CB-542

Choices for America in a Turbulent World: Strategic Rethink  
RR-1114-RC

Employability of the Poor  
RR-793-WB

Historical Lessons for the Wars in Iraq and Syria  
CT-431

Russian Foreign Policy in Historical and Current Context: A Reassessment  
PE-144-A

Terrorism, Inc.: The Financing of Terrorism, Insurgency and Irregular Warfare  
CB-545

The Dynamics of the Conflicts in Syria and Iraq and the Threat Posed by Homegrown Terrorists and Returning Western Fighters  
CT-443

The Growing Strategic Threat of Radical Islamist Ideology  
CT-422

The Implications of the Paris Terrorist Attack for American Strategy in Syria and Homeland Security  
CT-445

The Syrian Refugee Crisis and U.S. National Security  
CT-444

The Terrorism Threat to the United States and Implications for Refugees  
CT-433

INTERNATIONAL DIPLOMACY

A Peace Plan for Syria  
PE-182-RC

China’s Expanding African Relations: Implications for U.S. National Security  
RR-905-A

How the Current Conflicts Are Shaping the Future of Syria and Iraq  
PE-163-RC
NATO Needs a Comprehensive Strategy for Russia
   PE-143-OSD

The Days After a Deal with Iran: Congress’s Role in Implementing a Nuclear Agreement
   PE-139-OSD

The Days After a Deal with Iran: Implications for the Air Force
   PE-137-RC

The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime
   PE-135-RC

INTERNATIONAL ECONOMIC RELATIONS

Puzzles, Paradoxes, Controversies, and the Global Economy
   CB-544

INTERNATIONAL EDUCATION

Assessing the Feasibility of International Branch Campuses: Factors Universities Consider when Establishing Campuses Abroad
   RGSD-354

Higher Education Entrance Qualifications and Exams in Europe: A Comparison
   RR-574-EP

INTERNATIONAL HUMANITARIAN ASSISTANCE

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
   RR-859-CMEPP

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan’s Outlook
   RR-1069-MCIA

How the Current Conflicts Are Shaping the Future of Syria and Iraq
   PE-163-RC

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises
   PE-166-OSD

INTERNATIONAL HUMANITARIAN LAW

The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military
   RR-1122-OSD

INTERNATIONAL LAW

The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military
   RR-1122-OSD

INTERNATIONAL TRADE

China’s Expanding African Relations: Implications for U.S. National Security
   RR-905-A

INTERNATIONAL TRADE LAW

Connecting Veterans and Employers
   RB-9829
**IRAN**

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Iran's Role in Iraq: Room for Cooperation?
PE-151-OSD

The Days After a Deal with Iran: Congress's Role in Implementing a Nuclear Agreement
PE-139-OSD

The Days After a Deal with Iran: Implications for the Air Force
PE-137-RC

The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime
PE-135-RC

The Iranian Missile Threat to Air Bases: A Distant Second to China's Conventional Deterrent
EP-50738

**IRAQ**

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

EP-50997

Cost-Effective Helicopter Options for Partner Nations
RR-141/1-OSD

How the Current Conflicts Are Shaping the Future of Syria and Iraq
PE-163-RC
Iran's Role in Iraq: Room for Cooperation?  
PE-151-OSD

The Islamic State We Knew: Insights Before the Resurgence and Their Implications  
RR-1267-OSD

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq  
PE-130-1-RC

ISIL  
Terrorism, Inc.: The Financing of Terrorism, Insurgency and Irregular Warfare  
CB-545

ISIS  
Iran's Role in Iraq: Room for Cooperation?  
PE-151-OSD

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq  
PE-130-1-RC

ISRAEL  
A Surprise Out of Zion? Case Studies in Israel's Decisions on Whether to Alert the United States to Preemptive and Preventive Strikes, from Suez to the Syrian Nuclear Reactor  
RR-498-ARA

Costs of the Conflict Calculator  
TL-178-DCR

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review  
EP-50941

The Costs of the Israeli-Palestinian Conflict  
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict  
RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary  
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)  
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)  
RR-740/3-DCR

The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging  
RR-488-IPMO

CF-334-CMEPP
ITALY
Dealing with Cocaine and Heroin in Italy: Business Strategies and Operations
EP-50624

Dealing with Cocaine and Heroin in Italy: Business Strategies and Operations
EP-50624

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

JAPAN
Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

U.S.–Japan Alliance Conference Series Proceedings
PT-138

JOINT OPERATIONS
Sustaining U.S. Leadership in the Asia-Pacific Region: Why a Strategy of Direct Defense Against Antiaccess and Area Denial Threats Is Desirable and Feasible
PE-142-OSD

JORDAN
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
RR-1069-MCIA

JUVENILE DELINQUENCY
RR-1023-LACPD

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889

Test of "Facilitation" Vs. "Proximal Process" Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem
EP-51896
Test of "Facilitation" Vs. "Proximal Process"
Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem
EP-51896

Kidney Diseases
Quality of Acute Care for Patients with Urinary Stones in the United States
EP-50870

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Labor Markets
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA
RR-784-OSD

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment
EP-50927

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs
RB-9832-CFAT

Policy Variation, Labor Supply Elasticities, and a Structural Model of Retirement
EP-50883

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Using Workforce Information for Degree Program Planning in Texas
RR-1011-CFAT

Laos
Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making
EP-66253
LATIN AMERICA AND THE CARIBBEAN
Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

LATINO POPULATIONS
Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil
EP-50885

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

EP-50831

EP-50831

Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial
EP-50988

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-51911

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-51911

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691
Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

Substance Use and Cumulative Exposure to American Society: Findings from Both Sides of the US-Mexico Border Region
EP-50963

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

LAW ENFORCEMENT
Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence
RR-890-NIJ

Electronic Surveillance of Mobile Devices: Understanding the Mobile Ecosystem and Applicable Surveillance Law
RR-800-NIJ

High-Priority Information Technology Needs for Law Enforcement
RR-737-NIJ

Improving Information-Sharing Across Law Enforcement: Why Can't We Know?
RR-645-NIJ

Interactive Tool for Ranking Digital Evidence Needs
TL-175-NIJ

Making and Breaking Barriers: Assessing the value of mounted police units in the UK
RR-830-ACPO

Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices
RR-830/2-ACPO

Performance Metrics to Improve Police-Community Relations
CT-423

Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency
PE-154-RC
Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes
EP-50866

The Defender’s Dilemma: Charting a Course Toward Cybersecurity
RR-1024-JNI

RR-908-NIJ

**LAW OF WAR**
The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military
RR-1122-OSD

**LEBANON**
An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon
EP-50889

**LEGAL CASE AND COURT MANAGEMENT**
Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases
EP-50867

**LIBYA**
Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

**LOGISTICS MANAGEMENT**
A Fruitful Application of Static Marginal Analysis
EP-66256

Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense
RR-1178-OSD

**LOS ANGELES**
A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense
EP-50890

EP-51906
EP-51906

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project
EP-50859

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
EP-50694

Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members
EP-50694
Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned
EP-51907

Low-intensity Conflict
Conditional Cash Transfers, Civil Conflict and Insurgent Influence: Experimental Evidence from the Philippines
EP-50954

The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict
RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-1-DCR

The Costs of the Israeli-Palestinian Conflict: (Arabic translation)
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: (Hebrew translation)
RR-740/3-DCR

Lower-back Pain
Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869
**Lung Cancer**
How Much Do Cancer-Related Symptoms Contribute to Health-Related Quality of Life in Lung and Colorectal Cancer Patients? A Report from the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium
EP-50846

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

**Macroeconomics**
The Army's Local Economic Effects
RR-1119-A

The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota
RR-1119/1-A

The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming
RR-1119/2-A

**Maintenance, Repair, and Overhaul**
Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY

**Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs**
PE-138-A

**Major Combat Operations**
RR-879-OSD

**Male Populations**
Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

Male Labor Force Participation and Social Security in Mexico
EP-66246

**Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach**
EP-50725
Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach
EP-50725

Achieving Peace in Northern Mali: Past Agreements, Local Conflicts, and the Prospects for a Durable Settlement
RR-892-OSD

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs
RR-393-AHIPF

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Evaluating conditional cash transfer programmes: The case of Bolsa Familia
RB-9837-RE

Understanding the factors that matter in the implementation of Bolsa Familia: Using an analysis of federal datasets to look inside the programme's 'black box'
RR-705-RE

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
EP-50833
Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713

Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School
EP-50717

How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training
EP-66244

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
EP-51905

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
EP-51905

Options and Issues Regarding Marijuana Legalization
PE-149-RC

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School
EP-50717

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

The Marijuana Legalization Debate: Insights for Vermont
RB-9825

Market Regulation
Borrowing for the Cure: Debt Financing of Breakthrough Treatments
PE-141-RC

Hiding the Tobacco Power Wall Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale
EP-50972
MARKETS
Dealing with Cocaine and Heroin in Italy: Business Strategies and Operations
EP-50624

Dealing with Cocaine and Heroin in Italy: Business Strategies and Operations
EP-50624

The Defender’s Dilemma: Charting a Course Toward Cybersecurity
RR-1024-JNI

MATRIMONY
A Social Network Comparison of Low-Income Black and White Newlywed Couples
EP-50928

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

MARYLAND
Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPAs National Water Program
RR-720-EPA

MATERNAL HEALTH
Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis
EP-50880

Off to a Good Start: Social and Emotional Development of Memphis’ Children
TL-161-TUCI

The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme
RR-1215-3IE

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

MATHEMATICS
Higher Dimensional Core Arrays for Machine Memories
D-2495

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective
RB-9842-DOL

Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636
Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636

Rational Non-Linear Utility
D-793

Some Games and Machines for Playing Them
D-1164

Some War Games
D-1379

Workplace Wellness Programs: Services Offered, Participation, and Incentives
RR-724-DOL

MEASURING HEALTH CARE COSTS
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida
RR-1342-TELET

Opportunity Costs of Ambulatory Medical Care in the United States
EP-50855

MEDICAID
Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report
RR-886-CMS

Evaluation of CMS’s Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS
Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report
RR-763-CMS

The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care
EP-50983

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

Availability of Primary Care Team Members Can Improve Teamwork and Readiness for Change
EP-50915

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care
EP-50719

Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report
RR-886-CMS

Evaluation of CMS’s Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices
EP-50952
The Medical Home and Hospital Readmissions  
EP-50940

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation  
EP-50699

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation  
EP-50699

**MEDICAL MALPRACTICE**  
Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging  
EP-50626

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging  
EP-50626

Emergency Physician Perceptions of Shared Decision-Making  
EP-50656

Emergency Physician Perceptions of Shared Decision-Making  
EP-50656

**MEDICAL PROFESSIONALS**  
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique  
EP-50840

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique  
EP-50840

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist  
EP-50871

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist  
EP-50871

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research  
RR-1258-NCMICF

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research  
RR-1258-NCMICF

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?  
EP-50652

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?  
EP-50652

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect  
RB-9831

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect  
RB-9831

Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment  
EP-50872

Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment  
EP-50872
The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation
EP-50699

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646

Medicare
Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare
EP-50987

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646

Appropriateness of Advanced Diagnostic Imaging Ordering Before and After Implementation of Clinical Decision Support Systems
EP-51880

Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report
RR-886-CMS

Appropriateness of Advanced Diagnostic Imaging Ordering Before and After Implementation of Clinical Decision Support Systems
EP-51880

Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service
EP-50882

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671
Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?
EP-50837

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits
EP-50981

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Medicare's Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Policy Options to Expand Medicare's Low-Income Provisions to Improve Access and Affordability
EP-50984

Radiologists' Perceptions of Computerized Decision Support: A Focus Group Study from the Medicare Imaging Demonstration Project
EP-50942

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report
RR-831-CMS
Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report  
RR-763-CMS

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report  
RR-799-CMS

The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care  
EP-50983

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States  
EP-51888

Mental Health and Illness  
RR-849-AF

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom  
RR-1186-ALZSOC

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom: Extended Summary  
RR-1186/1-ALZSOC

Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.  
RR-578-OSD

Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign  
RR-1134-CMHSA

Analysis of the Benefits and Costs of CalM-HSA's Investment in Applied Suicide Intervention Skills Training (ASIST)  
RR-1115-CMHSA

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?  
EP-50650

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?  
EP-50650

California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health  
RR-955-CMHSA

California K–12 and Community Collaborations: Facilitators, Challenges, and Impact on Student Mental Health  
RR-956-CMHSA
CalMHSA Stigma and Discrimination Reduction Online Resources: Highlights from an Evaluation of Web Analytic Data
RR-1237-CMHSA

Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury
RR-653-OSD

Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative
RR-1139-CMHSA

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings
RR-1073-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of NAMI’s Ending the Silence
RR-1240-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of the National Alliance on Mental Illness Adult Programs
RR-1247-CMHSA

Effects of the Integrated Behavioral Health Project’s Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority
RR-1281-CMHSA

Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD
Evidence Map of Tai Chi
EP-50728

Evidence Map of Tai Chi
EP-50728

Examining the Associations Between Daily Caregiving Discontinuity and Children’s Social-Emotional Outcomes
EP-50701

Examining the Associations Between Daily Caregiving Discontinuity and Children’s Social-Emotional Outcomes
EP-50701

Factors Associated with Premature Exits from Supported Housing
EP-50922

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature
RR-1002-OSD

Health Implications of Social Networks for Children Living in Public Housing
EP-50975

Improving Access to Behavioral Health Care for Remote Service Members and Their Families: Executive Summary
RR-578/1-OSD

Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-954-CMHSA

Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-953-CMHSA

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712
Noncommissioned Officers’ Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Payoffs for California College Students and Taxpayers from Investing in Student Mental Health
RR-1370-CMHSA

Psychiatric Disorders Prior to Dating Initiation and Physical Dating Violence Before Age 21: Findings from the National Comorbidity Survey Replication (NCS-R)
EP-50945

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems
RB-9793-DWP

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?
RR-994-NYSHF/MTF
The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders
EP-50946

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

The Marijuana Legalization Debate: Insights for Vermont
RB-9825

California's Statewide Mental Health Prevention and Early Intervention Initiatives Show Promising Early Results But Sustained Investment Is Needed
RB-9863-CMHSA

The Mental Health Association of San Francisco Partner Organizations Meet Their Goals in Stigma Reduction Efforts: Results of a Qualitative Evaluation of the Technical Assistance Process
RR-1245-CMHSA

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

Use of Concept Mapping to Characterize Relationships Among Implementation Strategies and Assess Their Feasibility and Importance: Results from the Expert Recommendations for Implementing Change (ERIC) Study
EP-50850

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

MENTAL HEALTH TREATMENT

Acupuncture for Major Depressive Disorder: A Systematic Review
RR-1135-OSD

Course of Symptom Change During Anxiety Treatment: Reductions in Anxiety and Depression in Patients Completing the Coordinated Anxiety Learning and Management Program
EP-50851

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies
EP-50849
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)</td>
<td>RR-588-OSD</td>
</tr>
<tr>
<td>Evidence Map of Mindfulness</td>
<td>EP-50729</td>
</tr>
<tr>
<td>Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans</td>
<td>EP-51881</td>
</tr>
<tr>
<td>Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans</td>
<td>EP-51881</td>
</tr>
<tr>
<td>Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study</td>
<td>EP-50690</td>
</tr>
<tr>
<td>Measuring Performance in Psychiatry: A Call to Action</td>
<td>EP-50670</td>
</tr>
<tr>
<td>Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program</td>
<td>RR-435-OSD</td>
</tr>
<tr>
<td>Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force</td>
<td>RR-1054-AF</td>
</tr>
<tr>
<td>Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes</td>
<td>EP-50628</td>
</tr>
<tr>
<td>Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes</td>
<td>EP-50628</td>
</tr>
<tr>
<td>Linkages Between Mental Health Need and Help-Seeking Behavior Among Adolescents: Modifying Role of Ethnicity and Cultural Values</td>
<td>EP-50953</td>
</tr>
<tr>
<td>Measuring Performance in Psychiatry: A Call to Action</td>
<td>EP-50670</td>
</tr>
</tbody>
</table>
Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review
RR-1079-OSD

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Participation in Training for Depression Care: Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Participation in Training for Depression Care: Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment
EP-50872

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

St. John's Wort for Major Depressive Disorder: A Systematic Review
RR-1048-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors
RR-586-OSD

The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness
EP-50977
The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans
EP-50966

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study
EP-50931

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848

**METHODODOLOGY**

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

A Systematic Review and Critical Appraisal of Qualitative Metasynthetic Practice in Public Health to Develop a Taxonomy of Operations of Reciprocal Translation
EP-51912

Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies
EP-50849

Cancer Models and Real-World Data: Better Together
EP-50958

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Chronic Stroke Outcome Measures for Motor Function Intervention Trials: Expert Panel Recommendations
EP-50957

Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making
EP-50884

Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications
EP-50980

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684
DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms  
EP-50684

Estimating the value of mobile telephony in mobile network not-spots  
RR-641-DEFRA

Estimating the value of mobile telephony in mobile network not-spots: Summary  
RR-641/1-DEFRA

From Subject to Participant: Ethics and the Evolving Role of Community in Health Research  
EP-50651

From Subject to Participant: Ethics and the Evolving Role of Community in Health Research  
EP-50651

Interdisciplinary Priorities for Dissemination, Implementation, and Improvement Science: Frameworks, Mechanics, and Measures  
EP-50956

Knowledge Translation and Barriers to Imaging Optimization in the Emergency Department: A Research Agenda  
EP-50971

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors  
EP-51873

PT-136

Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults  
EP-50947

Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers  
EP-50930

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups  
EP-50704

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups  
EP-50704

The Minimum Quality Criteria Set (QI-MQCS) for Critical Appraisal: Advancing the Science of Quality Improvement  
EP-50887
Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Mexico
Developing and Testing Informed-Consent Methods in a Study of the Elderly in Mexico
TR-1288/8-SOY-NIA

How Do Management Fees Affect Retirement Wealth Under Mexico’s Personal Retirement Accounts System?
EP-66247

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Male Labor Force Participation and Social Security in Mexico
EP-66246

Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico
EP-50914

Pobreza Y Vulnerabilidad En México: El Caso De Los Jóvenes Que No Estudian Ni Trabajan
EP-50693

Pobreza Y Vulnerabilidad En México: El Caso De Los Jóvenes Que No Estudian Ni Trabajan
EP-50693

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877
Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
                                     EP-51877

MIDDLE EAST
America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World
                                     RB-9870-RC

America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink
                                     RR-1223-RC

Choices for America in a Turbulent World: Strategic Rethink
                                     RR-1114-RC

Costs of the Conflict Calculator
                                     TL-178-DCR

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
                                     RR-992-WODC

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
                                     RR-1069-MCIA

The Costs of the Israeli-Palestinian Conflict
                                     RR-740-DCR

The Costs of the Israeli-Palestinian Conflict
                                     RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
                                     RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
                                     RR-740/1-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
                                     RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)
                                     RR-740/3-DCR

MIGRATION
Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs
                                     RR-1165/1-VA

Evolving patterns and impacts of migration: Global societal trends to 2030: Thematic report 4
                                     RR-920/4-EC

MILITARY ACQUISITION AND PROCUREMENT
A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution
                                     RR-1025-AF
Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges  
MG-1171/7-OSD

Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles  
RR-1007-AF

Australia's Naval Shipbuilding Enterprise: Executive Summary  
RR-1093/1-AUS

Innovation models for defence  
RB-9808-MOD

Australia's Naval Shipbuilding Enterprise: Preparing for the 21st Century  
RR-1093-AUS

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology  
RR-840-MOD

EP-50997

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary  
RR-880/1-OSD

RB-9835-AF

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice  
RR-880-OSD

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition  
RR-701-A

Joint Precision Approach and Landing System Nunn-McCurdy Breach Root Cause Analysis and Portfolio Assessment Metrics for DoD Weapons Systems, Volume 8  
MG-1171/8-OSD

Extreme Cost Growth: Themes from Six U.S. Air Force Major Defense Acquisition Programs  
RR-630-AF

Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code  
RR-902-A

Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow  
RR-822-OSD
Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense
RR-1178-OSD

Retention and Promotion of High-Quality Civil Service Workers in the Department of Defense Acquisition Workforce
RR-748-OSD

Tailoring the Acquisition Process in the U.S. Department of Defense
RR-966-OSD

The Army's Local Economic Effects
RR-1119-A

The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota
RR-1119/1-A

The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming
RR-1119/2-A

**Military Affairs**
Key Skills and Competences for Defence: Appendix B
RR-1226/1-EDA

Key Skills and Competences for Defence: Annex C
RR-1226/2-EDA

Key Skills and Competences for Defence: Annex D
RR-1226/3-EDA

Key Skills and Competences for Defence: Annex E
RR-1226/4-EDA

Key Skills and Competences for Defence: Executive Summary
RR-1226-EDA

**Military Aircraft**
Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies
RR-716-A

Fuel Reduction for the Mobility Air Forces
RR-757-AF

Fuel Reduction for the Mobility Air Forces: Executive Summary
RR-757/1-AF

Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study
RGSD-364

Proclaiming Airpower: Air Force Narratives and American Public Opinion from 1917 to 2014
RR-1044-AF
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MILITARY Airlift</strong></td>
<td></td>
</tr>
<tr>
<td>Precision and Purpose: Airpower in the Libyan Civil War</td>
<td>RR-676-AF</td>
</tr>
<tr>
<td><strong>MILITARY BUDGETS AND DEFENSE SPENDING</strong></td>
<td></td>
</tr>
<tr>
<td>Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges</td>
<td>MG-1171/7-OSD</td>
</tr>
<tr>
<td>America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World</td>
<td>RB-9870-RC</td>
</tr>
<tr>
<td>America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink</td>
<td>RR-1223-RC</td>
</tr>
<tr>
<td>Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List</td>
<td>RR-809/3-OSD</td>
</tr>
<tr>
<td>Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference</td>
<td>RR-809/1-OSD</td>
</tr>
<tr>
<td>Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners</td>
<td>RR-809/2-OSD</td>
</tr>
<tr>
<td>Assessment of Surface Ship Maintenance Requirements</td>
<td>RR-1155-NAVY</td>
</tr>
<tr>
<td>Extreme Cost Growth: Themes from Six U.S. Air Force Major Defense Acquisition Programs</td>
<td>RR-630-AF</td>
</tr>
</tbody>
</table>
Innovation models for defence
RB-9808-MOD

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology
RR-840-MOD

Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs
PE-138-A

Joint Precision Approach and Landing System
Nunn-McCurdy Breach Root Cause Analysis and Portfolio Assessment Metrics for DoD Weapons Systems, Volume 8
MG-1171/8-OSD

Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code
RR-902-A

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense
RR-1178-OSD

The Army’s Local Economic Effects
RR-1119-A

The Army’s Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota
RR-1119/1-A

The Army’s Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming
RR-1119/2-A

The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature
RR-835-OSD

**Military Career Field Management**

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demographic Diversity
RR-9859-OSD

Implications of Integrating Women into the Marine Corps Infantry
RR-1103-USMC

Implications of Integrating Women into USMC Infantry
RB-9878-USMC

Improving Development Teams to Support Deliberate Development of Air Force Officers
RR-1010-AF

Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

**Military Compensation**

Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission
RR-1022-MCRMC
**MILITARY DOCTRINE**
A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution
RR-1025-AF

Demystifying the Citizen Soldier
RR-1141-AF

The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military
RR-1122-OSD

**MILITARY EDUCATION AND TRAINING**
A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training
RR-738-A

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

Enhancing the Assessment of the Costs and Benefits of International Pilot Training (IPT) Within the U.S. Air Force: Is It Worth It?
RGSD-350

Essential Skills Veterans Gain During Professional Military Training: A Resource for Leaders and Hiring Managers
TL-160/2-OSD

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery
RR-664-OSD

Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice
RR-941-OSD

Improving Development Teams to Support Deliberate Development of Air Force Officers
RR-1010-AF

Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study
RGSD-364

Training Cyber Warriors: What Can Be Learned from Defense Language Training?
RR-476-OSD

Translating Veterans’ Training into Civilian Job Skills
IG-124
United States Service Academy Admissions: Selecting for Success at the Military Academy/West Point and as an Officer
RR-723-OSD

What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Private-Sector Employers Understand the Nontechnical Skills Taught in the Military
TL-160-OSD

What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Veterans Communicate to Private-Sector Employers About the Nontechnical Skills Taught in the Military
TL-160/1-OSD

What Works Best When Building Partner Capacity in Challenging Contexts?
RR-937-OSD

MILITARY EQUIPMENT
Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges
MG-1171/7-OSD

Allocating Marine Expeditionary Unit Equipment to Minimize Shortfalls: Third Edition
TL-167-OSD

Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY

Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies
RR-716-A

Cost-Effective Helicopter Options for Partner Nations
RR-141/1-OSD

Developing a Repeatable Methodology to Calculate Retrograde Planning Factors
RR-993-A

Fuel Reduction for the Mobility Air Forces
RR-757-AF

Fuel Reduction for the Mobility Air Forces: Executive Summary
RR-757/1-AF

Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs
PE-138-A

Joint Precision Approach and Landing System Nunn-McCurdy Breach Root Cause Analysis and Portfolio Assessment Metrics for DoD Weapons Systems, Volume 8
MG-1171/8-OSD

Key Skills and Competences for Defence: Annex B
RR-1226/1-EDA
Key Skills and Competences for Defence: Annex C  
RR-1226/2-EDA

Key Skills and Competences for Defence: Annex D  
RR-1226/3-EDA

Key Skills and Competences for Defence: Annex E  
RR-1226/4-EDA

Key Skills and Competences for Defence: Executive Summary  
RR-1226-EDA

Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code  
RR-902-A

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense  
RR-1178-OSD

Army Global Basing Posture: An Analytic Framework for Maximizing Responsiveness and Effectiveness  
RR-158-A

Improving Energy Security for Air Force Installations  
RGSD-361

**MILITARY FAMILIES**  
Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.  
RR-578-OSD

Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA  
RR-784-OSD

Evaluation of the Military Spouse Employment Partnership: Progress Report on First Stage of Analysis  
RR-1349-OSD

Family Resilience in the Military: Definitions, Models, and Policies  
RR-470-OSD

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families  
RB-9790-OSD

**MILITARY FACILITIES**  
Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges  
RR-968-AF
Improving Access to Behavioral Health Care for Remote Service Members and Their Families:
Executive Summary
RR-578/1-OSD

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

**Military Force Planning**
A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept’s Implications for Army Personnel Management
RR-1065-A

Considerations for Integrating Women into Closed Occupations in the U.S. Special Operations Forces
RR-1058-USSOCOM

Demystifying the Citizen Soldier
RR-1141-AF

**Military Force Deployment**
Army Global Basing Posture: An Analytic Framework for Maximizing Responsiveness and Effectiveness
RR-158-A

Developing a Repeatable Methodology to Calculate Retrograde Planning Factors
RR-993-A

Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

**Military Force Planning**
A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept’s Implications for Army Personnel Management
RR-1065-A

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Limiting Regret: Building the Army We Will Need
RR-1320-RC

Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD
Rescuing Downed Aircrews: The Value of Time
RR-1106-AF

The Days After a Deal with Iran: Implications for the Air Force
PE-137-RC

Military Health and Health Care
A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.
RR-578-OSD

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury
RR-653-OSD

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

Improving Access to Behavioral Health Care for Remote Service Members and Their Families: Executive Summary
RR-578/1-OSD

Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program
RR-435-OSD
Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD

Improving Utilization of and Adherence to Treatment for Post-Traumatic Stress Disorder Among U.S. Servicemembers and Veterans
RGSD-360

Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Posttraumatic Stress Disorder and Major Depressive Disorder
RR-464-OSD

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression
RR-505-OSD

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors
RR-586-OSD

The Relationship Between Post Traumatic Stress Disorder (PTSD) Symptoms and Career Outcomes of Army Enlisted Servicemembers
RGSD-343

**MILITARY INFORMATION TECHNOLOGY SYSTEMS**
Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?
RR-847-AF
RR-620-AF

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary
RR-880/1-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice
RR-880-OSD

**MILITARY INTELLIGENCE**
Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-50917

**MILITARY JUSTICE**
Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 2. Tabular Results from the 2014 RAND Military Workplace Study for Department of Defense Service Members
RR-870/3-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 3. Tabular Results from the 2014 RAND Military Workplace Study for Coast Guard Service Members
RR-870/5-USCG

Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study
RB-9841-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study
RR-870/2-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 3. Estimates for Coast Guard Service Members from the 2014 RAND Military Workplace Study
RR-870/4-USCG

**MILITARY LOGISTICS**
Additive manufacturing and obsolescence management in the defence context
PE-171-AST

Allocating Marine Expeditionary Unit Equipment to Minimize Shortfalls: Third Edition
TL-167-OSD

Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY

RR-866-OSD

Developing a Repeatable Methodology to Calculate Retrograde Planning Factors
RR-993-A
Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow
RR-822-OSD

Improving Standoff Bombing Capacity in the Face of Anti-Access Area Denial Threats
RGSD-363

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense
RR-1178-OSD

Military Mobilization
Active Component Responsibility in Reserve Component Pre- and Postmobilization Training
RR-738-A

Military Officers
Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Improving Development Teams to Support Deliberate Development of Air Force Officers
RR-1010-AF

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Implications of Integrating Women into the Marine Corps Infantry
RR-1103-USMC

United States Service Academy Admissions: Selecting for Success at the Military Academy/West Point and as an Officer
RR-723-OSD

Military Personnel
360-Degree Assessments: Are They the Right Tool for the U.S. Military?
RR-998-OSD

A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept’s Implications for Army Personnel Management
RR-1065-A

An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs
RR-965-OSD

Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being
RR-101-AF

Implications of Integrating Women into the Marine Corps Infantry
RB-9878-USMC
Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD

Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study
RGSD-364

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Rescuing Downed Aircrews: The Value of Time
RR-1106-AF

Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 2. Tabular Results from the 2014 RAND Military Workplace Study for Department of Defense Service Members
RR-870/3-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 3. Tabular Results from the 2014 RAND Military Workplace Study for Coast Guard Service Members
RR-870/5-USCG

Sexual Assault and Sexual Harassment in the U.S. Military: Findings from the RAND Military Workplace Study
PT-148-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study
RB-9841-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study
RR-870/2-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 3. Estimates for Coast Guard Service Members from the 2014 RAND Military Workplace Study
RR-870/4-USCG

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression
RR-505-OSD

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD
Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature
RR-835-OSD

Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

MILITARY PERSONNEL RETENTION
Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Implications of Integrating Women into the Marine Corps Infantry
RR-1103-USMC

Implications of Integrating Women into USMC Infantry
RB-9878-USMC

MILITARY RESERVES
Active Component Responsibility in Reserve Component Pre- and Postmobilization Training
RR-738-A

Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges
RR-1016-OSD

Predicting Active Duty Air Force Pilot Attrition Given an Anticipated Increase in Major Airline Pilot Hiring
RGSD-338

Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission
RR-1022-MCRMC

MILITARY PROFESSIONS
Air Transport Pilot Supply and Demand: Current State and Effects of Recent Legislation
RGSD-351

Implications of Integrating Women into the Marine Corps Infantry
RR-1103-USMC

Implications of Integrating Women into USMC Infantry
RB-9878-USMC

An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs
RR-965-OSD
Demystifying the Citizen Soldier
RR-1141-AF

Force Drawdowns and Demographic Diversity:
Investigating the Impact of Force Reductions on
the Demographic Diversity of the U.S. Military
RR-1008-OSD

Implications of Force Drawdowns for Demo-
graphic Diversity
RB-9859-OSD

**MILITARY SHIPS AND NAVAL VESSELS**
Australia's Naval Shipbuilding Enterprise: Ex-
ecutive Summary
RR-1093/1-AUS

Australia's Naval Shipbuilding Enterprise: Pre-
paring for the 21st Century
RR-1093-AUS

Tallying the U.S.-China Military Scorecard:
Relative Capabilities and the Evolving Balance of
Power, 1996–2017
RB-9858/1-AF

The Economic Consequences of Investing in
Shipbuilding: Case Studies in the United States
and Sweden
RR-1036-AUS

**MILITARY STRATEGY**
America's Security Deficit: Addressing the
Imbalance Between Strategy and Resources in a
Turbulent World
RB-9870-RC

America's Security Deficit: Addressing the
Imbalance Between Strategy and Resources in a
Turbulent World: Strategic Rethink
RR-1223-RC

Assessing the Effectiveness of Layered Se-
curity for Protecting the Aviation System Against
Adaptive Adversaries
EP-50879

Deterring Without Dominance: Discouraging
Chinese Adventurism Under Austerity
EP-50711

Deterring Without Dominance: Discouraging
Chinese Adventurism Under Austerity
EP-50711

Limiting Regret: Building the Army We Will
Need
RR-1320-RC

People's Liberation Army Trajectories: Interna-
tional Drivers
EP-51909

People's Liberation Army Trajectories: Interna-
tional Drivers
EP-51909

Precision and Purpose: Airpower in the Libyan
Civil War
RR-676-AF
Revisioning Strategic Communication Through Rhetoric and Discourse Analysis  
EP-66252

Stop Putin's Next Invasion Before It Starts  
EP-50627

Stop Putin's Next Invasion Before It Starts  
EP-50627

Sustaining U.S. Leadership in the Asia-Pacific Region: Why a Strategy of Direct Defense Against Antiaccess and Area Denial Threats Is Desirable and Feasible  
PE-142-OSD

The Crawl, Walk, Run Progression for the Integration and Conduct of Efforts to Inform, Influence, and Persuade  
EP-66250

The United States' European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent  
RR-957-TSF

Stop Putin's Next Invasion Before It Starts  
EP-50627

Stop Putin's Next Invasion Before It Starts  
EP-50627

**Military Technology**  
Additive manufacturing and obsolescence management in the defence context  
PE-171-AST

Assessment of Surface Ship Maintenance Requirements  
RR-1155-NAVY

Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies  
RR-716-A

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense  
RR-1178-OSD

**Military Vehicles**  
Assessing Conventional Army Demands and Requirements for Ultra-Light Tactical Mobility  
RR-718-A

Emerging Trends in China's Development of Unmanned Systems  
RR-990-OSD

RR-879-OSD

**Military Tactics**  
Assessing the Effectiveness of Layered Security for Protecting the Aviation System Against Adaptive Adversaries  
EP-50879
**Military Veterans**
An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs  
RR-965-OSD

Essential Skills Veterans Gain During Professional Military Training: A Resource for Leaders and Hiring Managers  
TL-160/2-OSD

Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support  
RR-931-RC

Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force's Wounded Warriors  
RR-599-AF

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?  
RR-994-NYSHF/MTF

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward  
RR-963-WWP

Translating Veterans' Training into Civilian Job Skills  
IG-124

What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Private-Sector Employers Understand the Nontechnical Skills Taught in the Military  
TL-160-OSD

What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Veterans Communicate to Private-Sector Employers About the Nontechnical Skills Taught in the Military  
TL-160/1-OSD

**Minnesota**
Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls  
EP-50630

**Minority Populations**
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results  
EP-50663

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?  
EP-50646
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One's Contract?
EP-50646

EP-50831

Linkages Between Mental Health Need and Help-Seeking Behavior Among Adolescents: Moderating Role of Ethnicity and Cultural Values
EP-50953

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Older Ethnic Minority Women's Perceptions of Stroke Prevention and Walking
EP-50909

Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters
RR-687-LAFD

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

MINORITY STUDENT PARTICIPATION Higher Education Entrance Qualifications and Exams in Europe: A Comparison
RR-574-EP

MINORITY STUDENTS A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU
Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative
RR-1150-HE

The Economic Impact of Achievement Gaps in Pennsylvania's Public Schools
RR-1159-TEU

**MISSILE DEFENSE**
Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies
RR-716-A

The Iranian Missile Threat to Air Bases: A Distant Second to China's Conventional Deterrent
EP-50738

The Iranian Missile Threat to Air Bases: A Distant Second to China's Conventional Deterrent
EP-50738

**MISSISSIPPI**

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis
EP-50828

**MODELING AND SIMULATION**
A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare
EP-50683

A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare
EP-50683

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition
RR-701-A

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project
EP-50859

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Enhancing U.S. Coast Guard Metrics
RR-1173-USCG

Estimating the value of mobile telephony in mobile network not-spots
RR-641-DEFRA

Estimating the value of mobile telephony in mobile network not-spots: Summary
RR-641/1-DEFRA

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657
Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data
EP-50657

RR-879-OSD

Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission
RR-1022-MCRMC

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report
RR-799-CMS

MONGOLIA
Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

MORTALITY
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
EP-50934

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

The Impact of Tobacco Taxes on Mortality in the USA, 1970–2005
EP-66245

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

MOZAMBIQUE
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

MUSCULOSKELETAL DISORDERS
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888
Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888

**NANOTECHNOLOGY**

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective
RB-9842-DOL

Nanomaterial Safety in the Workplace: Pilot Project for Assessing the Impact of the NIOSH Nanotechnology Research Center
RR-1108-NIOSH

Workplace Wellness Programs: Services Offered, Participation, and Incentives
RR-724-DOL

**NATION BUILDING**

Advising the Command: Best Practices from the Special Operations Advisory Experience in Afghanistan
RR-949-OSD

Crisis and conflict prevention strategies: An international comparison
RR-959-FMOD

The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)
RR-740/3-DCR

**NATIONAL SECURITY**

An Assessment of the Counter-ISIL Campaign: One Year after Mosul
CT-435

An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum
CT-435/1

Choices for America in a Turbulent World: Strategic Rethink
RR-1114-RC

Inspiration, Not Infiltration: Jihadist Conspirators in the United States
CT-447
Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening  
EP-50689

RR-392-AF

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening  
EP-50689

RB-9858/3-AF

Natural Gas  
Costs of Selected Policies to Address Air Pollution in China  
RR-861-TI

Neighborhood Influences on Health  
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results  
EP-50663

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills  
RR-812-NETL

A New Supermarket in a Food Desert: Is Better Health in Store?  
RB-9874

Naval Warfare  
Australia's Naval Shipbuilding Enterprise: Executive Summary  
RR-1093/1-AUS

Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use  
EP-50908

Australia's Naval Shipbuilding Enterprise: Preparing for the 21st Century  
RR-1093-AUS

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011  
EP-51913

Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017  
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017  
RB-9858/4-AF

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011  
EP-51913
Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth
EP-50856

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Putting the Brakes on the Obesity Epidemic
RB-9873

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881
Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis
EP-50841

RR-620-AF

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
RR-992-WODC

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700
Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

NEW ORLEANS
School Choice, Student Mobility, and School Quality: Evidence from Post-Katrina New Orleans
EP-50925

NEW YORK
Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

NIGER
Achieving Peace in Northern Mali: Past Agreements, Local Conflicts, and the Prospects for a Durable Settlement
RR-892-OSD

NIGERIA
The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme
RR-1215-3IE

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

NO CHILD LEFT BEHIND ACT OF 2001
Fifty Ways to Leave a Child Behind: Idiosyncrasies and Discrepancies in States’ Implementation of NCLB
EP-50926

The Effect of Attending Full-Day Kindergarten on English Learner Students
EP-51899

The Effect of Attending Full-Day Kindergarten on English Learner Students
EP-51899

NONFORMAL EDUCATION
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

NORTH ATLANTIC TREATY ORGANIZATION
NATO Needs a Comprehensive Strategy for Russia
PE-143-OSD

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Russian Foreign Policy in Historical and Current Context: A Reassessment
PE-144-A

NORTH CAROLINA
A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832

Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649
Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

NORTH KOREA
U.S.–Japan Alliance Conference Series Proceedings
PT-138

NORWAY
Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

NUCLEAR DETERRENCE
A Surprise Out of Zion? Case Studies in Israel’s Decisions on Whether to Alert the United States to Preemptive and Preventive Strikes, from Suez to the Syrian Nuclear Reactor
RR-498-ARA

America’s Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World
RB-9870-RC

America’s Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink
RR-1223-RC

Limiting Regret: Building the Army We Will Need
RR-1320-RC

The Days After a Deal with Iran: Congress’s Role in Implementing a Nuclear Agreement
PE-139-OSD

The Days After a Deal with Iran: Implications for the Air Force
PE-137-RC

The United States’ European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent
RR-957-TSF

NUCLEAR DISARMAMENT
The Days After a Deal with Iran: Congress’s Role in Implementing a Nuclear Agreement
PE-139-OSD

NUCLEAR ENERGY
Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

Overcoming Obstacles to Advanced Reactor Technologies
PE-156-TSF

NUCLEAR WEAPONS AND WARFARE
Confronting Emergent Nuclear-Armed Regional Adversaries: Prospects for Neutralization, Strategies for Escalation Management
RR-974-AF

RB-9858/1-AF

The United States’ European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent
RR-957-TSF
NURSES AND NURSING
Assessing the Impact of Academic-Practice Partnerships on Nursing Staff
EP-50634

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications
EP-50873

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program
RR-730-AACN

NURSING HOMES
Cost-effectiveness of Nutrition Intervention in Long-Term Care
EP-50948

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

Cost-effectiveness of Nutrition Intervention in Long-Term Care
EP-50948

NUTRITION
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

Cost-effectiveness of Nutrition Intervention in Long-Term Care
EP-50948

NUTRITION EDUCATION
A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

Putting the Brakes on the Obesity Epidemic
RB-9873
NUTRITION POLICY
Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Obesity
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Early Adult Obesity and U. S. Women's Lifetime Childbearing Experiences
EP-50659

Early Adult Obesity and U. S. Women's Lifetime Childbearing Experiences
EP-50659

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women
EP-50994
Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women  
EP-50994

Putting the Brakes on the Obesity Epidemic  
RB-9873

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward  
RR-963-WWP

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults  
EP-50695

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults  
EP-50695

Occupational Health and Safety  
Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety  
RR-1057-BOSE

Home Health Care for California's Injured Workers: Options for Implementing a Fee Schedule  
RR-603-DIR

Nanomaterial Safety in the Workplace: Pilot Project for Assessing the Impact of the NIOSH Nanotechnology Research Center  
RR-1108-NIOSH

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems  
RB-9793-DWP

CF-333-NIOSH

Workplace Accidents in Brazil Are Significantly Underreported: Inspection issues and informal workplaces make it difficult to determine true safety levels  
RB-9851-ALCF

Occupational Training  
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA  
RR-784-OSD

Aligning Education and Training to Meet Energy Workforce Needs  
RB-9810-NETL

Assessing the Impact of Academic-Practice Partnerships on Nursing Staff  
EP-50634

Assessing the Impact of Academic-Practice Partnerships on Nursing Staff  
EP-50634
Energy-Sector Workforce Development in Southwestern Pennsylvania: Aligning Education and Training with Innovation and Needed Skills  
RR-807-NETL

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program  
RR-730-AACN

**Occupations**

Key Skills and Competences for Defence: Annex B  
RR-1226/1-EDA

Key Skills and Competences for Defence: Annex C  
RR-1226/2-EDA

Key Skills and Competences for Defence: Annex D  
RR-1226/3-EDA

Key Skills and Competences for Defence: Annex E  
RR-1226/4-EDA

Key Skills and Competences for Defence: Executive Summary  
RR-1226-EDA

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity  
RR-873-KRG

Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs  
RB-9832-CFAT

Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters  
RR-687-LAFD

Using Workforce Information for Degree Program Planning in Texas  
RR-1011-CFAT

**Operational Readiness**

A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution  
RR-1025-AF

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training  
RR-738-A

Assessment of Surface Ship Maintenance Requirements  
RR-1155-NAVY

Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code  
RR-902-A

**Operations Research**

Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017  
RB-9858/2-AF
Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

RR-392-AF

RB-9858/3-AF

**Opioids**

Policies Related to Opioid Agonist Therapy for Opioid Use Disorders: The Evolution of State Policies from 2004 to 2013
EP-50960

Policies Related to Opioid Agonist Therapy for Opioid Use Disorders: The Evolution of State Policies from 2004 to 2013
EP-50960

The Price Elasticity of Demand for Heroin: Matched Longitudinal and Experimental Evidence
EP-50965

**Order Fulfillment Process**

Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow
RR-822-OSD

**Organizational Leadership**

How to Succeed in Business by Not Trying So Hard: Ethics and the Prisoner's Dilemma
EP-50916

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

The Federal Voting Assistance Program and the Road Ahead: Achieving Institutional Change Through Analysis and Collaboration
RR-882-OSD

The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead
RB-9862-OSD

Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

**Organizational Leadership Development**

360-Degree Assessments: Are They the Right Tool for the U.S. Military?
RR-998-OSD

**Organizational Leadership Performance**

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

**Osteoarthritis**

Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
EP-50969

**Pain Management**

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

PALESTINIAN TERRITORIES
 Costs of the Conflict Calculator
 TL-178-DCR

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review
EP-50941

The Costs of the Israeli-Palestinian Conflict
RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)
RR-740/3-DCR

What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank
RR-1118-CMEPP
PALESTINIAN TERRITORY
The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

PALLIATIVE CARE
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Factors Associated with Palliative Withdrawal of Mechanical Ventilation and Time to Death After Withdrawal
EP-50681

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

PANIC DISORDER AND ANXIETY
Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events
EP-50854

Course of Symptom Change During Anxiety Treatment: Reductions in Anxiety and Depression in Patients Completing the Coordinated Anxiety Learning and Management Program
EP-50851

PARENTING
Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889
Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health
EP-51889

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Test of "Facilitation" Vs. "Proximal Process" Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem
EP-51896

Test of "Facilitation" Vs. "Proximal Process" Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem
EP-51896

PATIENT EXPERIENCE
Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting
EP-50676

Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting
EP-50676

CAHPS Surveys: Valid and Valuable Measures of Patient Experience
EP-50964

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service
EP-50882

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

Do Differential Response Rates to Patient Surveys Between Organizations Lead to Unfair Performance Comparisons? Evidence from the English Cancer Patient Experience Survey
EP-50990
How Patient Comments Affect Consumers’ Use of Physician Performance Measures
EP-50961

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Impact of Consideration of Transplantation on End-of-Life Care for Patients During a Terminal Hospitalization
EP-50685

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Taking Patients' Narratives About Clinicians from Anecdote to Science
EP-50845

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662
PATIENT PROTECTION AND AFFORDABLE CARE ACT
How Do ACA Tax Subsidies Affect Premiums and Enrollment?  
RB-9812/1

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?  
RB-9812/2

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?  
RB-9812/4

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?  
RB-9812/3

The Economic Incidence of Health Care Spending in Vermont  
RR-901-SVJFO

The Effect of Eliminating the Affordable Care Act’s Tax Credits in Federally Facilitated Marketplaces  
RR-980-RC

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes  
RB-9816

PATIENT SAFETY
Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis  
EP-51908

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis  
EP-51908

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit  
EP-50679

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit  
EP-50679

EP-50831

EP-50831

Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi  
EP-50934

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging  
EP-50626
Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review
EP-50727

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update
RB-9584/1

Emergency Physician Perceptions of Shared Decision-Making
EP-50656

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications
EP-50873

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Surgical Resident Education in Patient Safety: Where Can We Improve?
EP-50875

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

The Association of Patient Complexities with Antibiotic Ordering
EP-51887

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review
EP-50727

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722
Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events
EP-50722

PEACEKEEPING AND STABILITY OPERATIONS
A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

China’s Expanding African Relations: Implications for U.S. National Security
RR-905-A

Crisis and conflict prevention strategies: An international comparison
RR-959-FMOD

Determining U.S. Commitments in Afghanistan
EP-51175

Determining U.S. Commitments in Afghanistan
EP-51175

NATO Needs a Comprehensive Strategy for Russia
PE-143-OSD

Rapid Regeneration of Irregular Warfare Capacity
EP-51895

Rapid Regeneration of Irregular Warfare Capacity
EP-51895

What Works Best When Building Partner Capacity in Challenging Contexts?
RR-937-OSD

PEdiATRIC MEDiCINE
A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

Beyond the Ecological Fallacy: Potential Problems When Studying Healthcare Organisations
EP-50911

Central Line-associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Central Line-associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706
Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children  
EP-50706

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned  
EP-51907

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned  
EP-51907

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals  
EP-50734

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals  
EP-50734

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®  
EP-50733

Pennsylvania  
A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania  
RB-9872-TEU

Aligning Education and Training to Meet Energy Workforce Needs  
RB-9810-NETL

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care  
EP-50719

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care  
EP-50719

Energy-Sector Workforce Development in Southwestern Pennsylvania: Aligning Education and Training with Innovation and Needed Skills  
RR-807-NETL

The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools  
RR-1159-TEU

Performance Measurement  
360-Degree Assessments: Are They the Right Tool for the U.S. Military?  
RR-998-OSD
A Methodological Critique of the ProPublica Surgeon Scorecard  
PE-170

Assessing DHS’s Performance: Watchdog Recommendations to Improve Homeland Security  
CT-424

Enhancing U.S. Coast Guard Metrics  
RR-1173-USCG

Response to ProPublica’s Rebuttal of Our Critique of the Surgeon Scorecard  
PE-170/1

**Persian Gulf Region**  
Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries  
RR-889-AETNA

**Personal Finance**  
A Tool for Reviewing K-12 Financial Education Curricula  
TL-181-CFPB

Development of a K–12 Financial Education Curriculum Assessment Rubric  
RR-1142-CFPB

Do Financial Advisers Influence Savings Behavior?  
RR-1289-DOL

Effective Disclosures in Financial Decision-making  
RR-1270-DOL

RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement’s Effects on Program Participation and Employment  
PT-140

PT-136

**Personal Responsibility and Work Opportunity Reconciliation Act of 1996**  
Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design  
RR-919-CDSS

**Personal Savings**  
Do Financial Advisers Influence Savings Behavior?  
RR-1289-DOL

**Personal Wealth**  
How Do Management Fees Affect Retirement Wealth Under Mexico’s Personal Retirement Accounts System?  
EP-66247

Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases  
EP-50867
Peru
Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru
EP-50737

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru
EP-50737

Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima's Long-Term Water Resources Master Plan
EP-50929

Pharmaceutical Drugs
A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?
EP-50650

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?
EP-50650

Borrowing for the Cure: Debt Financing of Breakthrough Treatments
PE-141-RC

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies
RR-1163-DH
Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect
RB-9831

Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment
EP-50872

The Association of Patient Complexities with Antibiotic Ordering
EP-51887

The Association of Patient Complexities with Antibiotic Ordering
EP-51887

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

PHILIPPINES
Conditional Cash Transfers, Civil Conflict and Insurgent Influence: Experimental Evidence from the Philippines
EP-50954

PHYSICAL EXERCISE
Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents
EP-50847

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

Older Ethnic Minority Women's Perceptions of Stroke Prevention and Walking
EP-50909

Racial-ethnic Variation in Park Use and Physical Activity in the City of Los Angeles
EP-50921

PHYSICIANS
A Methodological Critique of the ProPublica Surgeon Scorecard
PE-170
Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?  
EP-50650

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children  
EP-50706

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule  
RR-662-CMS

Effects of Health Care Payment Models on Physician Practice in the United States  
RR-869-AMA

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging  
EP-50626

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?  
EP-50837
Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Radiologists' Perceptions of Computerized Decision Support: A Focus Group Study from the Medicare Imaging Demonstration Project
EP-50942

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS

Response to ProPublica's Rebuttal of Our Critique of the Surgeon Scorecard
PE-170/1

Surgical Resident Education in Patient Safety: Where Can We Improve?
EP-50875

Taking Patients' Narratives About Clinicians from Anecdote to Science
EP-50845

When and How Are We Engaging Stakeholders in Health Care Research?
RB-9820

Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties
EP-50865

Pittsburgh: A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

Can Big Tobacco's Power Wall Be Breached?
RB-9879

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935
Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise
EP-50996

POLAND
Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

POLICE-COMMUNITY RELATIONS
Making and Breaking Barriers: Assessing the value of mounted police units in the UK
RR-830-ACPO

Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices
RR-830/2-ACPO

Performance Metrics to Improve Police-Community Relations
CT-423

Policing Integration: The Sociology of Police Coordination Work
CB-547

Policing, Boundaries and the State: The Changing Landscape of Sovereignty and Security
EP-51914

Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency
PE-154-RC

Strengthening Trust Between Police and the Public in an Era of Increasing Transparency
CT-440

POLICING AND LAW ENFORCEMENT
Policing, Boundaries and the State: The Changing Landscape of Sovereignty and Security
EP-51914
**Politics and Government**
Evaluating conditional cash transfer programmes: The case of Bolsa Familia
RB-9837-RE

The Days After a Deal with Iran: Congress’s Role in Implementing a Nuclear Agreement
PE-139-OSD

Understanding the factors that matter in the implementation of Bolsa Familia: Using an analysis of federal datasets to look inside the programme’s ‘black box’
RR-705-RE

**Population and Aging**
A growing and ageing population: Global societal trends to 2030: Thematic report 1
RR-920/1-EC

Cost-effectiveness of Nutrition Intervention in Long-Term Care
EP-50948

Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs
RR-1165/1-VA

Go Gentle into That Good Night: The Past, Present, and Future of End-of-Life Care
RGSD-355

Information Sharing Preferences of Older Patients and Their Families
EP-51883

**Post-Traumatic Stress Disorder**
Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events
EP-50854

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD

Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD
Improving Utilization of and Adherence to Treatment for Post-Traumatic Stress Disorder Among U.S. Servicemembers and Veterans
RGSD-360

Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force
RR-1054-AF

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Preventing Secondary Traumatic Stress in Educators
EP-50664

Preventing Secondary Traumatic Stress in Educators
EP-50664

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression
RR-505-OSD

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

The Relationship Between Post Traumatic Stress Disorder (PTSD) Symptoms and Career Outcomes of Army Enlisted Servicemembers
RGSD-343

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848

POSTSECONDARY EDUCATION PROGRAMS
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA
RR-784-OSD
Aligning Education and Training to Meet Energy Workforce Needs  
RB-9810-NETL

California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health  
RR-955-CMHSA

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment  
EP-50927

Early Life Adversity and Adult Biological Risk Profiles  
EP-66255

Energy-Sector Workforce Development in Southwestern Pennsylvania: Aligning Education and Training with Innovation and Needed Skills  
RR-807-NETL

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills  
RR-812-NETL

Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings  
RR-971-CMHSA

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery  
RR-664-OSD

Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid  
PE-157-RC

Governing Education and Training Systems in England: Some Lessons from the United States  
EP-66248

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education  
PE-160-CFAT

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education  
PE-160-1-CFAT

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity  
RR-873-KRG

Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students  
RR-954-CMHSA
Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs
RB-9832-CFAT

United States Service Academy Admissions: Selecting for Success at the Military Academy/ West Point and as an Officer
RR-723-OSD

Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise
EP-50996

Using Workforce Information for Degree Program Planning in Texas
RR-1011-CFAT

**Poverty**
Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

Pobreza Y Vulnerabilidad En México: El Caso De Los Jóvenes Que No Estudian Ni Trabajan
EP-50693

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

**Pregnancy**
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
EP-50934

The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description
RR-1336-TUCI

**Prenatal Health Care**
The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description
RR-1336-TUCI
**Preschool Children**
Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

**Final Report on the Hawai‘i P–3 Evaluation**
RR-1100-PPE

**Off to a Good Start: Social and Emotional Development of Memphis’ Children**
TL-161-TUCI

**The Hawai‘i Preschool-Third Grade Education Reform Initiative: How Well Did P–3 Work?**
RB-9866-PPE

**Prescription Drug Abuse**
Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

**Predictors and Consequences of Prescription Drug Misuse During Middle School**
EP-50912

**Prescription Drug Benefits**
Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

**Preventive Health Care**
Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force
RR-1054-AF

**Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use**
EP-50976

**The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness**
EP-50977

**Primary Care**
An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

**An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol**
EP-50709

**Availability of Primary Care Team Members Can Improve Teamwork and Readiness for Change**
EP-50915
Best practice: Medical training from an international perspective
RR-622-KBV

Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (GermanTranslation)
RR-622/1-KBV

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Connecting Consumers to Care
RB-9880-CMS

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

Evaluation of CMS' FQHC APCP Demonstration: Final First Annual Report
RR-886-CMS

Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices
EP-50952

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports
RR-1181-HEE

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884
Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Taking Patients' Narratives About Clinicians from Anecdote to Science
EP-50845

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation
EP-50699

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation
EP-50699

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

Student Mental Health in California's K-12 Schools: School Principal Reports of Common Problems and Activities to Address Them
RR-1129-CMHSA

Teach for America Gets Mostly High Marks from Principal Survey
RB-9865-TFA

What Are Teachers' and School Leaders' Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
RR-1294

PRISON REFORM
Public Safety Realignment in Twelve California Counties
RR-872-ROSFO

Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views
RR-916-MOJ

PRISONER REENTRY
Corrections Technology and Practice Taxonomy
TL-158-NIJ

Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector
RR-820-NIJ

PRINCIPALS
Results from the Teach For America 2015 National Principal Survey
RR-1116-TFA
Interactive Tool for Ranking Corrections Innovation Needs
TL-159-NIJ

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

Public Safety Realignment in Twelve California Counties
RR-872-ROSFO

PROBATION
RR-1023-LACPD

PROGRAM EVALUATION
A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary
RR-1189-CAMUNI

A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List
RR-809/3-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference
RR-809/1-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners
RR-809/2-OSD

Assessing impact submissions for REF 2014: An evaluation
RB-9834-HEFCE

Assessing impact submissions for REF 2014: An evaluation
RR-1032-HEFCE

CalMHSA Stigma and Discrimination Reduction Online Resources: Highlights from an Evaluation of Web Analytic Data
RR-1237-CMHSA
Developing a research impact performance management system for The Research Council, Oman: Final Report
RR-833/1-TRC

Effects of Stigma and Discrimination Reduction Programs Conducted Under the California Mental Health Services Authority: An Evaluation of Runyon Saltzman Einhorn, Inc., Documentary Screening Events
RR-1257-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings
RR-1073-CMHSA

Effects of the Integrated Behavioral Health Project's Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority
RR-1281-CMHSA

Evaluation of California's Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA

Evaluation of the Military Spouse Employment Partnership: Progress Report on First Stage of Analysis
RR-1349-OSD

Foundations for Assessment: The Hierarchy of Evaluation and the Importance of Articulating a Theory of Change
EP-66249

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

Payoffs for California College Students and Taxpayers from Investing in Student Mental Health
RR-1370-CMHSA

Performance Metrics to Improve Police-Community Relations
CT-423

Preparing impact submissions for REF 2014: An evaluation: Approach and Evidence
RR-726-HEFCE

Preparing impact submissions for REF 2014: An evaluation: Findings and observations
RR-727-HEFCE

Preparing impact submissions for REF 2014: An evaluation
RB-9833-HEFCE
Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?
RR-972-CMHSA

Strategic Impact Evaluation Fund Mid Term Review: Final Report
RR-1137-DFID

Tailoring the Acquisition Process in the U.S. Department of Defense
RR-966-OSD

The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme
RR-1215-3IE

The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme
RB-9857-3IE

The International AIDS Vaccine Initiative's capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda
RR-1147-IAVI

Use of Concept Mapping to Characterize Relationships Among Implementation Strategies and Assess Their Feasibility and Importance: Results from the Expert Recommendations for Implementing Change (ERIC) Study
EP-50850

**Psychological Warfare**
Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List
RR-809/3-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference
RR-809/1-OSD

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners
RR-809/2-OSD

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-51876

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-51876

Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness
PE-128-OSD

Prediction of Political Action by Means of Propaganda Analysis
EP-51714
Prediction of Political Action by Means of Propaganda Analysis
EP-51174

**Public Health**
A Systematic Review and Critical Appraisal of Qualitative Metasynthetic Practice in Public Health to Develop a Taxonomy of Operations of Reciprocal Translation
EP-51912

Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review
RR-1066-NICE

How to Get the Biggest Impact from an Increase in Spending on Traffic Safety
RB-9855

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Predictors and Consequences of Prescription Drug Misuse During Middle School
EP-50912

Should Traffic Crash Interventions Be Selected Nationally or State by State?
RB-9860

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835

Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety
RR-1224-RWJ

Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

**Public Health Preparedness**
PE-148-RC

Community Resilience: Learn and Tell Toolkit
TL-163-DCDH

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project
EP-50859
EP-50878

PE-147-RC

PE-146-RC

Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

The Hungrier Games: Disaster Resilience Skills for Youth
TL-164-DCDH

Wearing Many Hats: Lessons About Emergency Preparedness and Routine Public Health from the H1N1 Response
EP-50655

PUBLIC SAFETY
Costs and Effectiveness of Interventions to Reduce Motor Vehicle–Related Injuries and Deaths: Project Report and Online-Tool Documentation
TL-144/1-CDC

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)
TL-144-CDC

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review
EP-50941

Strengthening Trust Between Police and the Public in an Era of Increasing Transparency
CT-440

PUBLIC SAFETY LEGISLATION
Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
PE-162-RC

PUBLIC SECTOR GOVERNANCE
Evaluating conditional cash transfer programmes: The case of Bolsa Familia
RB-9837-RE
One Place, One Budget? Approaches to pooling resources for public service transformation  
RR-1017-LGA

One Place, One Budget? Approaches to pooling resources to transform public services  
RB-9836-LGA

Understanding the factors that matter in the implementation of Bolsa Família: Using an analysis of federal datasets to look inside the programme's 'black box'  
RR-705-RE

**Public Sector Pay for Performance**  
An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report  
EP-50625

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report  
EP-50625

**Public Utilities**  
The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities  
RR-717-EMKF

Qatar  
Precision and Purpose: Airpower in the Libyan Civil War  
RR-676-AF

**Recidivism**  
RR-1023-LACPD

**Refugees**  
Characterizing the Mental Health Care of U.S.Cambodian Refugees  
EP-50637

Characterizing the Mental Health Care of U.S.Cambodian Refugees  
EP-50637

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan  
RR-859-CMEPP

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook  
RR-1069-MCIA

How the Current Conflicts Are Shaping the Future of Syria and Iraq  
PE-163-RC

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises  
PE-166-OSD

**Regression Analysis**  
A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures  
EP-50832

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures  
EP-50832
Are Changing Constituencies Driving Rising Polarization in the U.S. House of Representatives?
RR-896-RC

Health, wellbeing and productivity in the workplace: A Britain's Healthiest Company summary report
RR-1084-VH

United States Service Academy Admissions: Selecting for Success at the Military Academy/ West Point and as an Officer
RR-723-OSD

RELIGION
Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support
RR-931-RC

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
RR-992-WODC

US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study
EP-50931

RESIDENTIAL HOUSING
Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?
EP-50923

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey
RB-9856-CA

Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

RESPIRATORY DISEASES AND DISORDERS
Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect
RB-9831

RETIREMENT AND RETIREMENT BENEFITS
Do Financial Advisers Influence Savings Behavior?
RR-1289-DOL

Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission
RR-1022-MCRMC

RHEUMATOID ARTHRITIS
Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process
EP-51901
Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process
EP-51901

Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
EP-50969

**ROBUST DECISION MAKING**

Changing Midstream: Providing Decision Support for Adaptive Strategies using Robust Decision Making: Applications in the Colorado River Basin
RGSD-348

Developing Robust Strategies for Climate Change and Other Risks: A Water Utility Framework
RR-977-WRF

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPA’s National Water Program
RR-720-EPA

Project AIR FORCE Modeling Capabilities for Support of Combat Operations in Denied Environments
RR-427-AF

Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima’s Long-Term Water Resources Master Plan
EP-50929

**RUSSIA**

Automobility in Brazil, Russia, India, and China: Quo Vadis?
EP-50886

NATO Needs a Comprehensive Strategy for Russia
PE-143-OSD

Russian Foreign Policy in Historical and Current Context: A Reassessment
PE-144-A

Stop Putin’s Next Invasion Before It Starts
EP-50627

Stop Putin’s Next Invasion Before It Starts
EP-50627

The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army
RR-903-A

The United States’ European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent
RR-957-TSF

**SCHIZOPHRENIA**

The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans
EP-50966
Where You Live Matters: Quality and Racial/Ethnic Disparities in Schizophrenia Care in Four State Medicaid Programs
EP-50649

School Violence
The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders
EP-50946

School-Based Health Care
Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

Systematic Review of School-Based Interventions to Prevent Smoking for Girls
EP-50861

School-Based Health Care Program Evaluation
Lunchtime School Water Availability and Water Consumption Among California Adolescents
EP-50962

School-to-Work Transitions
Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills
RR-812-NETL

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

Science and Technology
Developing a research impact performance management system for The Research Council, Oman: Final Report
RR-833/1-TRC

Workplace Wellness Programs: Services Offered, Participation, and Incentives
RR-724-DOL

Science, Technology, and Innovation Policy
Additive manufacturing and obsolescence management in the defence context
PE-171-AST

Analysing the economic impact of the Health Technology Assessment programme
RB-9800-DH
Corrections Technology and Practice Taxonomy

TL-158-NIJ

Developing a research impact performance management system for The Research Council, Oman: Final Report

RR-833/1-TRC

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures

EP-50686

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures

EP-50686

Foresight Services to support strategic programming within Horizon 2020: Foresight report (D3)

RR-900-EC

Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector

RR-820-NIJ

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective

RB-9842-DOL

Innovation models for defence

RB-9808-MOD

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology

RR-840-MOD

Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies

RR-1163-DH

Interactive Tool for Ranking Corrections Innovation Needs

TL-159-NIJ

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals

RR-1151-DOS

Overcoming Obstacles to Advanced Reactor Technologies

PE-156-TSF

Patenting and Innovation in China: Incentives, Policy, and Outcomes

RGSD-347

Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency

PE-154-RC
Returns on research funded under the NIHR Health Technology Assessment (HTA) Programme: Economic analysis and case studies
RR-666-DH

Scoping the impact of UK membership of the EU on UK health research
RR-565-DH

The Digital Catapult and productivity: A framework for productivity growth from sharing closed data
RR-1284-DC

RB-9864

The International AIDS Vaccine Initiative's capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda
RR-1147-IAVI

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

SECONDARY EDUCATION
A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU

A Value-Added Study of Teacher Spillover Effects Across Four Core Subjects in Middle Schools
EP-50675

Bounding the Impact of a Gifted Program on Student Retention Using a Modified Regression Discontinuity Design
EP-51000

California K–12 and Community Collaborations: Facilitators, Challenges, and Impact on Student Mental Health
RR-956-CMHSA

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-1-CFAT

Evaluating Education Programs That Have Lotteried Admission and Selective Attrition
EP-50999

Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA
Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG

Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-953-CMHSA

School Choice, Student Mobility, and School Quality: Evidence from Post-Katrina New Orleans
EP-50925

The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools
RR-1159-TEU

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

Security Cooperation
A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

Advising the Command: Best Practices from the Special Operations Advisory Experience in Afghanistan
RR-949-OSD

Army Global Basing Posture: An Analytic Framework for Maximizing Responsiveness and Effectiveness
RR-158-A

Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified
RR-885-OSD

Cost-Effective Helicopter Options for Partner Nations
RR-141/1-OSD

Crisis and conflict prevention strategies: An international comparison
RR-959-FMOD

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
RR-1069-MCIA

Identifying and Mitigating Risks in Security Sector Assistance for Africa's Fragile States
RR-808-A

Limiting Regret: Building the Army We Will Need
RR-1320-RC
Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers  
EP-50973

Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon  
EP-50889

It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi  
EP-50839

Revisiting the Use of Condoms in Brazil  
EP-50970

**Sleep**  
Chronic Stress Is Prospectively Associated with Sleep in Midlife Women: The SWAN Sleep Study  
EP-50910

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use  
EP-50713

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use  
EP-50713

Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations  
RB-9824-OSD

Say "GDNT": Frequency of Adolescent Texting at Night  
EP-50938

Sleep Concordance in Couples Is Associated with Relationship Characteristics  
EP-50839

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers  
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey  
RB-9823-OSD

Sexually Transmitted Diseases  
It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi  
EP-50839

It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi  
EP-50839
The Abbreviated Dimensions of Temperament Survey: Factor Structure and Construct Validity Across Three Racial/Ethnic Groups
EP-50704

Social Determinants of Health
Early Life Adversity and Adult Biological Risk Profiles
EP-66255

Small Businesses
Reforming Policies for Small and Medium-Sized Enterprises in Indonesia
RR-1096-PRSF

Smoking Cessation
Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru
EP-50737

Social Security
How Do Management Fees Affect Retirement Wealth Under Mexico’s Personal Retirement Accounts System?
EP-66247

SMALL BUSINESSES
Reforming Policies for Small and Medium-Sized Enterprises in Indonesia
RR-1096-PRSF

SMOKING CESSATION
Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers
EP-51903

Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon
EP-50889

The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness
EP-50977

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734

The Impact of Tobacco Taxes on Mortality in the USA, 1970–2005
EP-66245

Reducing Cigarette Smoking Among Unaccompanied Homeless Youth
RB-9828

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734
Male Labor Force Participation and Social Security in Mexico
EP-66246

Policy Variation, Labor Supply Elasticities, and a Structural Model of Retirement
EP-50883

RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement's Effects on Program Participation and Employment
PT-140

PT-136

**Socioeconomic Status**
Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

**Social Services and Welfare**
An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report
EP-50625

Factors Associated with Premature Exits from Supported Housing
EP-50922

Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force's Wounded Warriors
RR-599-AF

One Place, One Budget? Approaches to pooling resources for public service transformation
RR-1017-LGA

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems
RB-9793-DWP

Evaluation of the SB 1041 Reforms to California's CalWORKs Program: Background and Study Design
RR-919-CDSS
Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?  
EP-50721

Fast Methods for Jackknifing Inequality Indices  
EP-50660

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth  
RR-1092-ILS

Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis  
EP-50880

**Solar Energy**  
Costs of Selected Policies to Address Air Pollution in China  
RR-861-TI

**South Asia**  
Choices for America in a Turbulent World: Strategic Rethink  
RR-1114-RC

**Southeast Asia**  
America’s Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink  
RR-1223-RC

Look East, Cross Black Waters: India’s Interest in Southeast Asia  
RR-1021-AF

**Space Science and Technology**  
Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges  
MG-1171/7-OSD

**Spain**  
Intake of Water and Different Beverages in Adults Across 13 Countries  
EP-51878

Intake of Water and Different Beverages in Adults Across 13 Countries  
EP-51878

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide  
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide  
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide  
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide  
EP-51877
**SPECIAL NEEDS POPULATIONS**
A Cluster Randomized Hybrid Type III Trial
Testing an Implementation Support Strategy to
Facilitate the Use of an Evidence-Based Practice
in VA Homeless Programs
EP-50715

Peer Mentoring for Male Parolees: A CBPR
Pilot Study
EP-51868

**SPECIAL OPERATIONS FORCES**
Advising the Command: Best Practices from
the Special Operations Advisory Experience in
Afghanistan
RR-949-OSD

Building Special Operations Partnerships in
Afghanistan and Beyond: Challenges and Best
Practices from Afghanistan, Iraq, and Colombia
RR-713-OSD

Considerations for Integrating Women into
Closed Occupations in the U.S. Special Opera-
tions Forces
RR-1058-USSOCOM

**SPRATLY ISLANDS**
Chinese Attacks on U.S. Air Bases in Asia: An
Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An As-
se ssment of Relative Capabilities, 1996–2017
RB-9858/4-AF

Factors Associated with Premature Exits from
Supported Housing
EP-50922

Information Sharing Preferences of Older Pa-
tients and Their Families
EP-51883

Information Sharing Preferences of Older Pa-
tients and Their Families
EP-51883

Medical Complexity Among Children with Spe-
cial Health Care Needs: A Two-Dimensional View
EP-50985

Peer Mentoring for Male Parolees: A CBPR
Pilot Study
EP-51868

The Private Sector and Youth Skills and Em-
ployment Programs in Low- and Middle-Income
Countries
EP-50918

US Religious Congregations’ Programming to
Support Veterans: A Mixed Methods Study
EP-50931

The Private Sector and Youth Skills and Em-
ployment Programs in Low- and Middle-Income
Countries
EP-50918

US Religious Congregations’ Programming to
Support Veterans: A Mixed Methods Study
EP-50931
RR-392-AF

RB-9858/3-AF

STANDARDS-BASED EDUCATION REFORM
Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

STATISTICAL ANALYSIS METHODOLOGY
A Fruitful Application of Static Marginal Analysis
EP-66256

Beyond the Ecological Fallacy: Potential Problems When Studying Healthcare Organisations
EP-50911

Connecting Veterans and Employers
RB-9829

Propensity Scores for Multiple Treatments: A Tutorial for the MNPS Macro in the TWANG SAS Macros
TL-169/1-NIDA

Robust Estimation of the Proportion of Treatment Effect Explained by Surrogate Marker Information
EP-50986

Toolkit for Weighting and Analysis of Non-equivalent Groups: A Tutorial on the TWANG Commands for Stata
TL-170-NIDA

TWANG Short Course/Educational Videos: Three Videos—Introduction, Propensity Score Weighted Analyses with 2 Groups, and Propensity Score Weighted Analyses with More Than 2 Groups
PT-147

RR-908-NIJ

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

STUDENTS
A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-50917

Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use
EP-50908

Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers
EP-50973

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011
EP-51913

Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications
EP-50980

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment
EP-50927

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Emergency Physician Perceptions of Medically Unnecessary Advanced Diagnostic Imaging
EP-50626

Friendship and Romantic Relationships Among Emerging Adults with and Without Type 1 Diabetes
EP-50834

Friendship and Romantic Relationships Among Emerging Adults with and Without Type 1 Diabetes
EP-50834
Health Implications of Social Networks for Children Living in Public Housing  
EP-50975

Higher Education Entrance Qualifications and Exams in Europe: A Comparison  
RR-574-EP

Learning gain in higher education  
RR-996-HEFCE

Measuring Experience with End-of-Life Care: A Systematic Literature Review  
EP-50622

Measuring Experience with End-of-Life Care: A Systematic Literature Review  
EP-50622

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers  
EP-51903

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers  
EP-51903

Payoffs for California College Students and Taxpayers from Investing in Student Mental Health  
RR-1370-CMHSA

Pobreza Y Vulnerabilidad En México: El Caso De Los Jóvenes Que No Estudian Ni Trabajan  
EP-50693

Preventing Secondary Traumatic Stress in Educators  
EP-50664

Preventing Secondary Traumatic Stress in Educators  
EP-50664

Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers  
EP-50930

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program  
EP-50668

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program  
EP-50668

The Impact of Tobacco Taxes on Mortality in the USA, 1970–2005  
EP-66245
The Minimum Quality Criteria Set (QI-MQCS) for Critical Appraisal: Advancing the Science of Quality Improvement
EP-50887

The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries
EP-50918

Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists
EP-50992

What Are Teachers' and School Leaders' Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
RR-1294

**Substance Abuse**
Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848

**Substance Abuse Prevention**
A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense
EP-50890

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review
RR-1031-OSD

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use
EP-50976
Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program  
EP-50668

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11  
EP-50718

Systematic Review of School-Based Interventions to Prevent Smoking for Girls  
EP-50861

How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training  
EP-66244

SUBSTANCE ABUSE TREATMENT

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol  
EP-50709

Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program  
RR-435-OSD

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol  
EP-50709

Introduction to the Special Issue on the Studies on the Implementation of Integrated Models of Alcohol, Tobacco, And/Or Drug Use Interventions and Medical Care  
EP-50989

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report  
EP-50708

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review  
RR-1031-OSD

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report  
EP-50708

Needle Acupuncture for Substance Use Disorders: A Systematic Review  
RR-1030-OSD
Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties
EP-50865

Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes
RB-9816

Driving Under the Influence of Alcohol: Could California Do More to Prevent It?
PE-162-RC

Ecological Momentary Assessment of the Association Between Exposure to Alcohol Advertising and Early Adolescents' Beliefs About Alcohol
EP-50932

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review
RR-1031-OSD

Needle Acupuncture for Substance Use Disorders: A Systematic Review
RR-1030-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP

Substance Use and Cumulative Exposure to American Society: Findings from Both Sides of the US-Mexico Border Region
EP-50963

SUBSTANCE USE
An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol
EP-50709
**Substance Use Disorders**
Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.
RR-578-OSD

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

Improving Access to Behavioral Health Care for Remote Service Members and Their Families:
Executive Summary
RR-578/1-OSD

**Substance Use Harm Reduction**
RR-849-AF

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures
EP-50836

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies
EP-51898

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies
EP-51898

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review
RR-1031-OSD

Needle Acupuncture for Substance Use Disorders: A Systematic Review
RR-1030-OSD

**Suicide**
Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training (ASIST)
RR-1115-CMHSA
Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature
RR-1002-OSD

Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement
EP-50967

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

RAND's Silent Monitoring Protocol for Assessing Suicide Crisis Line Call Content and Quality
TL-150-CMHSA

Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views
RR-916-MOJ

Should California Continue to Invest in Applied Suicide Intervention Skills Training (ASIST)? ASIST Could Save Lives and Wages and Reduce Medical Costs
RB-9849-CMHSA

Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors
RR-586-OSD

SUMMER LEARNING
First Outcomes from the National Summer Learning Study
RB-9819-WF

SUPPLY CHAIN MANAGEMENT
Critical Rare Earths, National Security, and U.S.-China Interactions: A Portfolio Approach to Dysprosium Policy Design
RGSD-337

Identifying and Managing Acquisition and Sustainment Supply Chain Risks
RR-549-AF

Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow
RR-822-OSD
**Surface Traffic Models**
STM3 2011 base frequency, mode-destination and car ownership models
RR-1125-BTS

STM3 2011 base: Model parameters and overview
RR-1133-BTS

STM3 modelling school days only
RR-1124-BTS

Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models
RR-1131-BTS

Sydney Strategic Model Re-estimation: Mode-Destination Model
RR-1130-BTS

Time period choice modelling – review of practice
RR-1127-BTS

**Surface Transportation**
Automobility in Brazil, Russia, India, and China: Quo Vadis?
EP-50886

Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety
RR-1057-BOSE

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey
RB-9856-CA

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

**Survey Research Methodology**
Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign
RR-1134-CMHSA

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

CAHPS Surveys: Valid and Valuable Measures of Patient Experience
EP-50964

Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative
RR-1139-CMHSA

Considerations for Integrating Women into Closed Occupations in the U.S. Special Operations Forces
RR-1058-USSOCOM
Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report
EP-50708

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report
EP-50708

Developing and Testing Informed-Consent Methods in a Study of the Elderly in Mexico
TR-1288/8-SOY-NIA

Do Differential Response Rates to Patient Surveys Between Organizations Lead to Unfair Performance Comparisons? Evidence from the English Cancer Patient Experience Survey
EP-50990

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of NAMI’s Ending the Silence
RR-1240-CMHSA

Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of the National Alliance on Mental Illness Adult Programs
RR-1247-CMHSA

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

Evaluation of Bias in Estimates of Early Childhood Obesity from Parent-Reported Heights and Weights
EP-50661

Evaluation of Bias in Estimates of Early Childhood Obesity from Parent-Reported Heights and Weights
EP-50661

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

Less Use of Extreme Response Options by Asians to Standardized Care Scenarios May Explain Some Racial/Ethnic Differences in CAHPS Scores
EP-50993

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity
RR-873-KRG
Possibilities for Shortening the CAHPS Clinician and Group Survey
EP-50959

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

Stigma, Discrimination, and Well-Being Among California Adults Experiencing Mental Health Challenges
RR-1074-CMHSA

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study
EP-51890

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Mental Health Association of San Francisco Partner Organizations Meet Their Goals in Stigma Reduction Efforts: Results of a Qualitative Evaluation of the Technical Assistance Process
RR-1245-CMHSA

The Psychometric Performance of the PRO-MIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration
EP-50673

The Psychometric Performance of the PRO-MIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration
EP-50673

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678
Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank
RR-1118-CMEPP

**SWEDEN**

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden
RR-1036-AUS

**SYRIA**

A Peace Plan for Syria
PE-182-RC

Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
RR-1069-MCIA

How the Current Conflicts Are Shaping the Future of Syria and Iraq
PE-163-RC

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises
PE-166-OSD

The Islamic State We Knew: Insights Before the Resurgence and Their Implications
RR-1267-OSD

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC

**TAIWAN**

Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

RR-392-AF

RB-9858/3-AF

**TAJIKISTAN**

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731
Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan
EP-50731

**Teacher Effectiveness**
A Value-Added Study of Teacher Spillover Effects Across Four Core Subjects in Middle Schools
EP-50675

A Value-Added Study of Teacher Spillover Effects Across Four Core Subjects in Middle Schools
EP-50675

Continued Progress: Promising Evidence on Personalized Learning
RR-1365-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Executive Summary
RR-1365/1-BMGF

Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum
RR-1365/2-BMGF

Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention
RR-1225-LED

Implementing Measures of Teacher Effectiveness
EP-66242

Supporting Sustainability: Teachers' Advice Networks and Ambitious Instructional Reform
EP-50635

Supporting Sustainability: Teachers' Advice Networks and Ambitious Instructional Reform
EP-50635

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

What Are Teachers' and School Leaders' Major Concerns About New K–12 State Tests? Findings from the American Teacher and American School Leader Panels
RR-1294

**Teacher Training**
Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention
RR-1225-LED

Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636
Mathematics Teacher Development in the Context of District Managed Curriculum
EP-50636

**Teachers and Teaching**
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-1-CFAT

**Continued Progress: Promising Evidence on Personalized Learning**
RR-1365-BMGF

**Continued Progress: Promising Evidence on Personalized Learning: Executive Summary**
RR-1365/1-BMGF

**Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum**
RR-1365/2-BMGF

District-Union Collaboration on Teacher Evaluation Reforms: Case Studies of Three School Districts in California
RGSD-358

Learning gain in higher education
RR-996-HEFCE

Preventing Secondary Traumatic Stress in Educators
EP-50664

**Results from the Teach For America 2015 National Principal Survey**
RR-1116-TFA

**Teach for America Gets Mostly High Marks from Principal Survey**
RB-9865-TFA

**Teaching English as a Second Language**
The Effect of Attending Full-Day Kindergarten on English Learner Students
EP-51899

**The Effect of Attending Full-Day Kindergarten on English Learner Students**
EP-51899

**Teenage Parents**
Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis
EP-50880

**Telecommunications**
Prediction of Political Action by Means of Propaganda Analysis
EP-51174
Prediction of Political Action by Means of Pro-paganda Analysis
EP-51174

TELEMEDICINE
Access and Quality of Care in Direct-To-Consumer Telemedicine
EP-50937

Dementia Care Management in an Under-served Community: The Comparative Effectiveness of Two Different Approaches
EP-66254

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America
EP-50667

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians
EP-51910

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design
RR-919-CDSS

TERRORISM
The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict
RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
RR-740/2-DCR

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned
EP-51907

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned
EP-51907
The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation) RR-740/3-DCR


What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank RR-1118-CMEPP

**TERRORISM AND HOMELAND SECURITY**
A Survey of Terrorist Financing: Addendum CT-430/1

An Assessment of the Counter-ISIL Campaign: One Year after Mosul CT-435

An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum CT-435/1

Assessing DHS’s Performance: Watchdog Recommendations to Improve Homeland Security CT-424

Breaking the Bank: Undermining Terrorist Financing CT-430

Containing Middle East Terror: Measures to Reduce the Threat Posed By Foreign Fighters Returning from Syria and Iraq CT-427

Inspiration, Not Infiltration: Jihadist Conspirators in the United States CT-447


Perspective on 2015 DoD Cyber Strategy CT-439

Sharing Information About Threats Is Not a Cybersecurity Panacea CT-425

Strategies for Defending U.S. Government Networks in Cyberspace CT-436

Strategies for Defending U.S. Government Networks in Cyberspace: Addendum CT-436/1

The Continuing Lure of Violent Jihad CT-429

The Dynamics of the Conflicts in Syria and Iraq and the Threat Posed by Homegrown Terrorists and Returning Western Fighters CT-443
The Implications of the Paris Terrorist Attack for American Strategy in Syria and Homeland Security
CT-445

The Role of Oil in ISIL Finances
CT-448

The Syrian Refugee Crisis and U.S. National Security
CT-444

The Terrorism Threat to the United States and Implications for Refugees
CT-433

There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq
CT-426

Terrorism, Inc.: The Financing of Terrorism, Insurgency and Irregular Warfare
CB-545

The Islamic State We Knew: Insights Before the Resurgence and Their Implications
RR-1267-OSD

TERRORISM THREAT ASSESSMENT
Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises
PE-166-OSD

Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists
EP-50992

When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC

TERRORIST BOMBINGS
When Jihadis Come Marching Home: The Terrorist Threat Posed by Westerners Returning from Syria and Iraq
PE-130-1-RC

TERRORIST ORGANIZATIONS
Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists
EP-50992

TEST-BASED PROMOTION
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

TERRORISM FINANCING
Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
RR-992-WODC

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment
RR-1231-OSD
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-1-CFAT

**TEXAS**
Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs
RB-9832-CFAT

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Using Workforce Information for Degree Program Planning in Texas
RR-1011-CFAT

**THAILAND**
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin
EP-50654

**THE ELDERLY**
Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service
EP-50882

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England
EP-50974

Developing and Testing Informed-Consent Methods in a Study of the Elderly in Mexico
TR-1288/8-SOY-NIA

Evidence Map of Tai Chi
EP-50728

Evidence Map of Tai Chi
EP-50728

Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?
EP-50923

Information Sharing Preferences of Older Patients and Their Families
EP-51883

Information Sharing Preferences of Older Patients and Their Families
EP-51883

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628
Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

Male Labor Force Participation and Social Security in Mexico
EP-66246

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Valuing the Care We Provide Our Elders
RB-9817

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

THE INTERNET
RR-849-AF

Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort
EP-51900

Cloud-Trust—a Security Assessment Model for Infrastructure as a Service (IaaS) Clouds
EP-50907
National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment  
RR-1231-OSD

The Defender’s Dilemma: Charting a Course Toward Cybersecurity  
RR-1024-JNI

THE ISLAMIC STATE (TERRORIST ORGANIZATION)  
Authorities for Military Operations Against Terrorist Groups: The State of the Debate and Options for Congress  
RR-1145-OSD

How the Current Conflicts Are Shaping the Future of Syria and Iraq  
PE-163-RC

Iran’s Role in Iraq: Room for Cooperation?  
PE-151-OSD

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises  
PE-166-OSD

The Islamic State We Knew: Insights Before the Resurgence and Their Implications  
RR-1267-OSD

THE KURDISTAN REGION - IRAQ  
Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity  
RR-873-KRG

THE POST-9/11 VETERANS EDUCATIONAL ASSISTANCE ACT OF 2008  
Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery  
RR-664-OSD

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward  
RR-963-WWP

THREAT ASSESSMENT  
Improving Standoff Bombing Capacity in the Face of Anti-Access Area Denial Threats  
RGSD-363

TOBACCO AND SMOKING  
Can Big Tobacco’s Power Wall Be Breached?  
RB-9879

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups  
EP-50833

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups  
EP-50833

Hiding the Tobacco Power Wall Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale  
EP-50972

Sniping and Other High-Risk Smoking Practices Among Homeless Youth  
EP-51886
Sniping and Other High-Risk Smoking Practices Among Homeless Youth  
EP-51886

Systematic Review of School-Based Interventions to Prevent Smoking for Girls  
EP-50861

The Impact of Tobacco Taxes on Mortality in the USA, 1970–2005  
EP-66245

The Psychometric Performance of the PROMIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration  
EP-50673

The Psychometric Performance of the PROMIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration  
EP-50673

Toddlers  
Evaluation of Delaware Stars for Early Success: Year 2 Report  
RR-1026-DOEL

Off to a Good Start: Social and Emotional Development of Memphis’ Children  
TL-161-TUCI

Tort Reform  
How Does Tort Law Affect Consumer Auto Insurance Costs?  
EP-50877

Traffic Accidents  
A New Tool to Help Decisionmakers Select Interventions to Reduce Traffic Crash Deaths and Injuries  
RB-9827

Costs and Effectiveness of Interventions to Reduce Motor Vehicle–Related Injuries and Deaths: Project Report and Online-Tool Documentation  
TL-144/1-CDC

Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety  
RR-1057-BOSE

How to Get the Biggest Impact from an Increase in Spending on Traffic Safety  
RB-9855

Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)  
TL-144-CDC

Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes  
EP-50866

Should Traffic Crash Interventions Be Selected Nationally or State by State?  
RB-9860
Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety  
RR-1224-RWJ

Which Behavioral Interventions Are Most Cost-Effective in Reducing Drunk Driving?  
RB-9826

Traffic Patterns  
STM3 2011 base frequency, mode-destination and car ownership models  
RR-1125-BTS

STM3 2011 base: Model parameters and overview  
RR-1133-BTS

STM3 modelling school days only  
RR-1124-BTS

Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models  
RR-1131-BTS

Sydney Strategic Model Re-estimation: Mode-Destination Model  
RR-1130-BTS

Time period choice modelling – review of practice  
RR-1127-BTS

Transportation Evidence review of car traffic levels in Britain: A rapid evidence assessment  
RR-887-DFT

Road traffic demand elasticities: A rapid evidence assessment  
RR-888-DFT

Transportation Economics  
The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas  
RR-969-CTRMA

Transportation Modeling  
STM3 2011 base frequency, mode-destination and car ownership models  
RR-1125-BTS

STM3 2011 base: Model parameters and overview  
RR-1133-BTS

STM3 modelling school days only  
RR-1124-BTS

Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models  
RR-1131-BTS

Sydney Strategic Model Re-estimation: Mode-Destination Model  
RR-1130-BTS

The Future of Mobility: Scenarios for China in 2030  
RR-991-IMFO
Time period choice modelling – review of practice

**TRANSPORTATION PERFORMANCE MEASURES**
 Assessing Conventional Army Demands and Requirements for Ultra-Light Tactical Mobility

**TRANSPORTATION PLANNING**
 Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta

**TRANSPORTATION SAFETY**
 A New Tool to Help Decisionmakers Select Interventions to Reduce Traffic Crash Deaths and Injuries

Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety

How to Get the Biggest Impact from an Increase in Spending on Traffic Safety

Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes

**Should Traffic Crash Interventions Be Selected Nationally or State by State?**

**Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety**

**Which Behavioral Interventions Are Most Cost-Effective in Reducing Drunk Driving?**

**TRANSPORTATION TECHNOLOGY**
 Assessing Conventional Army Demands and Requirements for Ultra-Light Tactical Mobility

**TRAUMA**
 Preventing Secondary Traumatic Stress in Educators

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review

**TRAUMATIC BRAIN INJURY**
 Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury
Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations
RB-9824-OSD

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

TRICARE
Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.
RR-578-OSD

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

TURKEY
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan
RR-859-CMEPP

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
RR-992-WODC

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

U.S.-EUROPEAN RELATIONS
NATO Needs a Comprehensive Strategy for Russia
PE-143-OSD

UGANDA
Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers
EP-50973
<table>
<thead>
<tr>
<th><strong>UKRAINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>NATO Needs a Comprehensive Strategy for Russia</td>
</tr>
<tr>
<td>PE-143-OSD</td>
</tr>
</tbody>
</table>

| **Russian Foreign Policy in Historical and Current Context: A Reassessment** |
| PE-144-A |

| **The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army** |
| RR-903-A |

<table>
<thead>
<tr>
<th><strong>UNDERAGE SUBSTANCE USE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use</td>
</tr>
<tr>
<td>EP-50908</td>
</tr>
</tbody>
</table>

| **Can Big Tobacco's Power Wall Be Breached?** |
| RB-9879 |

| **Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report** |
| EP-50708 |

| **Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups** |
| EP-50833 |

| **Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use** |
| EP-50713 |

| **Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use** |
| EP-50713 |

| **How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training** |
| EP-66244 |

| **Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys** |
| EP-51905 |

| **Predictors and Consequences of Prescription Drug Misuse During Middle School** |
| EP-50912 |

| **Reducing Cigarette Smoking Among Unaccompanied Homeless Youth** |
| RB-9828 |
**Underage Substance Use Prevention**

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use  
EP-50647

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program  
EP-50668

**United Arab Emirates**

Precision and Purpose: Airpower in the Libyan Civil War  
RR-676-AF

**United Kingdom**

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom  
RR-1186-ALZSOC

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom: Extended Summary  
RR-1186/1-ALZSOC

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report  
EP-50625

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report  
EP-50625

Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children's Centres  
EP-50868

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England  
EP-50974

**Gateway to Curiosity**

Medical Marijuana Ads and Intention and Use During Middle School  
EP-50717

**Hiding the Tobacco Power Wall**

Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale  
EP-50972

**Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth**  
EP-50856

**Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use**  
EP-50976
Do Differential Response Rates to Patient Surveys Between Organizations Lead to Unfair Performance Comparisons? Evidence from the English Cancer Patient Experience Survey
EP-50990

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Sub-groups
EP-51891

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

Making and Breaking Barriers: Assessing the value of mounted police units in the UK
RR-830-ACPO

Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices
RR-830/2-ACPO

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

Making and Breaking Barriers: Assessing the value of mounted police units in the UK
RR-830-ACPO

Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices
RR-830/2-ACPO

One Place, One Budget? Approaches to pooling resources to transform public services
RB-9836-LGA

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739
Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views
RR-916-MOJ

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies
RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary
RR-1101/1-DH

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Web-based Textual Analysis of Free-Text Patient Experience Comments from a Survey in Primary Care
EP-50702

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey
EP-50662

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688
From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises
PE-166-OSD

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing
EP-50687

Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing
EP-50687

UNITED STATES
A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU

Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting
EP-50676

Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting
EP-50676

Central Line–associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Central Line–associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Characterizing the Mental Health Care of U.S. Cambodian Refugees
EP-50637
Characterizing the Mental Health Care of U.S. Cambodian Refugees  
EP-50637

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England  
EP-50974

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies  
EP-51898

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies  
EP-51898

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis  
EP-51908

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis  
EP-51908

Determining U.S. Commitments in Afghanistan  
EP-51175

Determining U.S. Commitments in Afghanistan  
EP-51175

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity  
EP-50711

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity  
EP-50711

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule  
RR-662-CMS

Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process  
EP-51901

Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process  
EP-51901

Disability Insurance and the Great Recession  
EP-50724

Disability Insurance and the Great Recession  
EP-50724

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment  
EP-50927
Early Adult Obesity and U. S. Women's Lifetime Childbearing Experiences
EP-50659

Early Adult Obesity and U. S. Women's Lifetime Childbearing Experiences
EP-50659

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees: Marketplaces Pooled Risk
EP-50631

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Effects of 21st Birthday Brief Interventions on College Student Celebratory Drinking: A Systematic Review and Meta-Analysis
EP-51872

Emergency Physicians' Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Emergency Physicians' Perceptions and Decision-Making Processes Regarding Patients Presenting with Palpitations
EP-50703

Governing Education and Training Systems in England: Some Lessons from the United States
EP-66248

Governing Education and Training Systems in England: Some Lessons from the United States
EP-66248

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/1
How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?
RB-9812/2

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/4

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?
RB-9812/3

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases
EP-50867

Measuring Performance in Psychiatry: A Call to Action
EP-50670

Measuring Performance in Psychiatry: A Call to Action
EP-50670

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Look East, Cross Black Waters: India's Interest in Southeast Asia
RR-1021-AF

Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies
TL-157-GF

Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985
Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Medicare's Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Medicare's Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals
EP-50734

RR-1191-PCORI

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults
EP-50712

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide
EP-51897

Opportunity Costs of Ambulatory Medical Care in the United States
EP-50855

Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869
Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

People's Liberation Army Trajectories: International Drivers
EP-51909

People's Liberation Army Trajectories: International Drivers
EP-51909

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

Prevalence of Colonoscopy Before Age 50
EP-66257

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Putting the Brakes on the Obesity Epidemic
RB-9873

Quality of Acute Care for Patients with Urinary Stones in the United States
EP-50870

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS

Rapid Regeneration of Irregular Warfare Capacity
EP-51895

Rapid Regeneration of Irregular Warfare Capacity
EP-51895
Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort
EP-51900

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males
EP-50691

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report
RR-831-CMS

Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report
RR-763-CMS

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report
RR-799-CMS

Stop Putin's Next Invasion Before It Starts
EP-50627

Stop Putin's Next Invasion Before It Starts
EP-50627

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden
RR-1036-AUS

The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools
RR-1159-TEU

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738
The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature
RR-835-OSD

The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain
EP-50829

Training Cyber Warriors: What Can Be Learned from Defense Language Training?
RR-476-OSD

Trends in Health Insurance Enrollment, 2013-15
EP-50692

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888

Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach
EP-50725

RR-908-NIJ

When and How Are We Engaging Stakeholders in Health Care Research?
RB-9820

Where Is Buprenorphine Dispensed to Treat Opioid Use Disorders? The Role of Private Offices, Opioid Treatment Programs, and Substance Abuse Treatment Facilities in Urban and Rural Counties
EP-50865

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835
Without Quality Measures, Increasing Access to Substance Use Treatment May Not Improve Patient Outcomes
RB-9816

UNITED STATES AIR FORCE
A Fruitful Application of Static Marginal Analysis
EP-66256

A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors
RR-1082-AF

Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges
RR-968-AF

Air Force Commander's Guide to Diversity and Inclusion
TL-189-AF

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

Confronting Emergent Nuclear-Armed Regional Adversaries: Prospects for Neutralization, Strategies for Escalation Management
RR-974-AF

RB-9835-AF

Enhancing the Assessment of the Costs and Benefits of International Pilot Training (IPT) Within the U.S. Air Force: Is It Worth It?
RGSD-350

Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being
RR-101-AF

Extreme Cost Growth: Themes from Six U.S. Air Force Major Defense Acquisition Programs
RR-630-AF

Identifying and Managing Acquisition and Sustainment Supply Chain Risks
RR-549-AF

Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles
RR-1007-AF

Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force
RR-1054-AF

Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?
RR-847-AF
Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense
RR-1178-OSD

Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force's Wounded Warriors
RR-599-AF

People's Liberation Army Trajectories: International Drivers
EP-51909

People's Liberation Army Trajectories: International Drivers
EP-51909

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Proclaiming Airpower: Air Force Narratives and American Public Opinion from 1917 to 2014
RR-1044-AF

Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

Rescuing Downed Aircrews: The Value of Time
RR-1106-AF

The Days After a Deal with Iran: Implications for the Air Force
PE-137-RC

Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

UNITED STATES ARMY
A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept's Implications for Army Personnel Management
RR-1065-A

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training
RR-738-A

Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs
PE-138-A

The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army
RR-903-A

UNITED STATES COAST GUARD
Enhancing U.S. Coast Guard Metrics
RR-1173-USCG

UNITED STATES DEPARTMENT OF DEFENSE
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA
RR-784-OSD

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF
Family Resilience in the Military: Definitions, Models, and Policies
RR-470-OSD

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery
RR-664-OSD

Improving DoD Support to FEMA’s All-Hazards Plans
RR-1301-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary
RR-880/1-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice
RR-880-OSD

Tailoring the Acquisition Process in the U.S. Department of Defense
RR-966-OSD

Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

UNMANNED AERIAL VEHICLES
Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges
RR-1016-OSD

Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies
RR-716-A

The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?
RGSD-359

URBAN PARKS AND RECREATIONAL FACILITIES
Racial-ethnic Variation in Park Use and Physical Activity in the City of Los Angeles
EP-50921

URBAN PLANNING
Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use
EP-50908

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta
RR-871-DHURDGP

UNITED STATES NAVY
Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY
The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas
RR-969-CTRMA

UROLOGIC DISORDERS
Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888

VACCINATION
Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial
EP-50936

VALUE-ADDED MODELING IN EDUCATION
A Value-Added Study of Teacher Spillover Effects Across Four Core Subjects in Middle Schools
EP-50675

VERMONT
The Economic Incidence of Health Care Spending in Vermont
RR-901-SVJFO

VETERAN HEALTH CARE
A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs
RR-1165/3-VA

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs
RR-1165/1-VA

Evidence Map of Acupuncture
EP-50723
Evidence Map of Acupuncture
EP-50723

Evidence Map of Mindfulness
EP-50729

Evidence Map of Mindfulness
EP-50729

Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support
RR-931-RC

Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature
RR-1002-OSD

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans
EP-51881

Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans
EP-51881

Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force's Wounded Warriors
RR-599-AF

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review
EP-50727

Prevention of Wrong Site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review
EP-50727

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?
RR-994-NYSHF/MTF

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward
RR-963-WWP
Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors  
RR-586-OSD

The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans  
EP-50966

The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans  
EP-50966

US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study  
EP-50931

US Religious Congregations' Programming to Support Veterans: A Mixed Methods Study  
EP-50931

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research  
EP-50848

Young Adult Veteran Perceptions of Peers' Drinking Behavior and Attitudes  
EP-50933

Young Adult Veteran Perceptions of Peers' Drinking Behavior and Attitudes  
EP-50933

VETERANS' EDUCATION  
Higher Education Benefits for Post-9/11 Military Service Members and Veterans  
CT-428

VIETNAM  
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin  
EP-50654

VIETNAM  
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin  
EP-50654

VIOLENCE  
A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors  
RR-1082-AF

VOCATIONAL EDUCATION  
Advancing the Careers of Military Spouses: An Assessment of Education and Employment Goals and Barriers Facing Military Spouses Eligible for MyCAA  
RR-784-OSD

Aligning Education and Training to Meet Energy Workforce Needs  
RB-9810-NETL

Energy-Sector Workforce Development in Southwestern Pennsylvania: Aligning Education and Training with Innovation and Needed Skills  
RR-807-NETL

Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills  
RR-812-NETL
Governing Education and Training Systems in England: Some Lessons from the United States
EP-66248

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries
EP-50918

WAGES AND COMPENSATION
A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU

The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools
RR-1159-TEU

WARFARE AND MILITARY OPERATIONS
A Peace Plan for Syria
PE-182-RC

Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges
RR-968-AF

Foundations for Assessment: The Hierarchy of Evaluation and the Importance of Articulating a Theory of Change
EP-66249

How the Current Conflicts Are Shaping the Future of Syria and Iraq
PE-163-RC

The Continued Evolution of U.S. Law of Armed Conflict Implementation: Implications for the U.S. Military
RR-1122-OSD

The Deterrence and Strategy of Total War, 1959-1961: A Method of Analysis
RM-2301

WATER RESOURCES MANAGEMENT
Developing Robust Strategies for Climate Change and Other Risks: A Water Utility Framework
RR-977-WRF

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
RR-1069-MCIA

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPA’s National Water Program
RR-720-EPA

Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima’s Long-Term Water Resources Master Plan
EP-50929
**WATER SUPPLY**
Developing Robust Strategies for Climate Change and Other Risks: A Water Utility Framework
RR-977-WRF

**WEAPONS OF MASS DESTRUCTION**
Limiting Regret: Building the Army We Will Need
RR-1320-RC

**WELFARE REFORM**
Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design
RR-919-CDSS

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth
RR-1092-ILS

**WEST VIRGINIA**
Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills
RR-812-NETL

**WIND POWER**
Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

**WOMEN’S HEALTH**
Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors
EP-50838

Chronic Stress Is Prospectively Associated with Sleep in Midlife Women: The SWAN Sleep Study
EP-50910

Early Adult Obesity and U. S. Women’s Lifetime Childbearing Experiences
EP-50659

Early Adult Obesity and U. S. Women’s Lifetime Childbearing Experiences
EP-50659

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630
Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation
EP-51885

Older Ethnic Minority Women's Perceptions of Stroke Prevention and Walking
EP-50909

Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women
EP-50994

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial
EP-50936

Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Workers' Compensation
Home Health Care for California's Injured Workers: Options for Implementing a Fee Schedule
RR-603-DIR

CF-333-NIOSH

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implications of Force Drawdowns for Demographic Diversity</td>
<td>RB-9859-OSD</td>
</tr>
<tr>
<td><strong>Workforce Management</strong></td>
<td></td>
</tr>
<tr>
<td>Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense</td>
<td>RR-680-OSD</td>
</tr>
<tr>
<td>Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity</td>
<td>RR-873-KRG</td>
</tr>
<tr>
<td><strong>Workplace Violence</strong></td>
<td></td>
</tr>
<tr>
<td>A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors</td>
<td>RR-1082-AF</td>
</tr>
<tr>
<td>An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training</td>
<td>RR-964-AF</td>
</tr>
<tr>
<td>Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice</td>
<td>RR-941-OSD</td>
</tr>
<tr>
<td>Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes</td>
<td>EP-50866</td>
</tr>
<tr>
<td><strong>Workplace Injury Prevention</strong></td>
<td></td>
</tr>
<tr>
<td>Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety</td>
<td>RR-1057-BOSE</td>
</tr>
<tr>
<td>Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice</td>
<td>RR-941-OSD</td>
</tr>
</tbody>
</table>
TITLE INDEX

2014 RAND Annual Report
CP-1 (2014)

360-Degree Assessments: Are They the Right Tool for the U.S. Military?
RR-998-OSD

A bibliometric analysis of research by the Cambridge Neuroscience Strategic Research Initiative: Extended Summary
RR-1189-CAMUNI

A Building Partner Capacity Assessment Framework: Tracking Inputs, Outputs, Outcomes, Disrupters, and Workarounds
RR-935-OSD

A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs
EP-50715

A Commander's Guide to Hazing Prevention
TL-168-OSD

A Conceptual Framework for More Effectively Integrating Combat Support Capabilities and Constraints into Contingency Planning and Execution
RR-1025-AF

A Cost-Effectiveness Analysis of Community Health Workers in Mozambique
EP-50840

A Costly Divide: The Economic Impact of Gaps in Student Performance in Pennsylvania
RB-9872-TEU

A Cross-Sectional Study of Provider and Patient Characteristics Associated with Outpatient Disclosures of Dietary Supplement Use
EP-50638

A Difference-In-Difference Analysis of Changes in Quality, Utilization and Cost Following the Colorado Multi-Payer Patient-Centered Medical Home Pilot
EP-50924

A Framework for Programming and Budgeting for Cybersecurity
TL-186-DHS

A Framework for Synthetic Control Methods with High-Dimensional, Micro-Level Data: Evaluating a Neighborhood-Specific Crime Intervention
WR-1080-NIJ

A growing and ageing population: Global societal trends to 2030: Thematic report 1
RR-920/1-EC

A Methodological Critique of the ProPublica Surgeon Scorecard
PE-170

A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs
EP-50995
A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results
EP-50663

A New Supermarket in a Food Desert: Is Better Health in Store?
RB-9874

A New Tool to Help Decisionmakers Select Interventions to Reduce Traffic Crash Deaths and Injuries
RB-9827

A Peace Plan for Syria
PE-182-RC

A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense
EP-50890

A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras
EP-50920

A Preliminary Assessment of the Regionally Aligned Forces (RAF) Concept's Implications for Army Personnel Management
RR-1065-A

EP-51906

RR-849-AF

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom
RR-1186-ALZSOC

A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom: Extended Summary
RR-1186/1-ALZSOC

A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors
RR-1082-AF

A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care
EP-51893

A Scoping Review of Classification Schemes of Interventions to Promote and Integrate Evidence Into Practice in Healthcare
EP-50683

PE-148-RC

A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures
EP-50832
A Surprise Out of Zion? Case Studies in Israel's Decisions on Whether to Alert the United States to Preemptive and Preventive Strikes, from Suez to the Syrian Nuclear Reactor
RR-498-ARA

A Survey of Terrorist Financing: Addendum CT-430/1

A Synthetic Control Approach to Evaluating Place-Based Crime Interventions EP-66277

A Systematic Review and Critical Appraisal of Qualitative Metasynthetic Practice in Public Health to Develop a Taxonomy of Operations of Reciprocal Translation EP-51912

A Theory of Education and Health WR-1094

A Tool for Reviewing K-12 Financial Education Curricula TL-181-CFPB

A Value-Added Study of Teacher Spillover Effects Across Four Core Subjects in Middle Schools EP-50675

Accelerating Improvement and Narrowing Gaps: Trends in Patients' Experiences with Hospital Care Reflected in HCAHPS Public Reporting EP-50676

Access and Quality of Care in Direct-To-Consumer Telemedicine EP-50937

Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S. RR-578-OSD

Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents EP-50847

Achieving Peace in Northern Mali: Past Agreements, Local Conflicts, and the Prospects for a Durable Settlement RR-892-OSD

Acquisition of Space Systems, Volume 7: Past Problems and Future Challenges MG-1171/7-OSD

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training RR-738-A

Acupuncture for Major Depressive Disorder: A Systematic Review RR-1135-OSD

Additive manufacturing and obsolescence management in the defence context PE-171-AST
Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign RR-1134-CMHSA


Advising the Command: Best Practices from the Special Operations Advisory Experience in Afghanistan RR-949-OSD

AF-related stroke prevention: today and the future: Summary for healthcare professionals RB-9846/2-UKRF

AF-related stroke prevention: today and the future: Summary for patients RB-9846/1-UKRF

Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare EP-50987

Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges RR-968-AF

Air Force Commander's Guide to Diversity and Inclusion TL-189-AF

Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges RR-1016-OSD

Air Transport Pilot Supply and Demand: Current State and Effects of Recent Legislation RGSD-351

Airman and Family Resilience: Lessons from the Scientific Literature RR-106-AF

Allocating Marine Expeditionary Unit Equipment to Minimize Shortfalls: Third Edition TL-167-OSD

Alternatives to the ACA's Affordability Firewall RR-1296-RC

America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World: Strategic Rethink RR-1223-RC

America's Security Deficit: Addressing the Imbalance Between Strategy and Resources in a Turbulent World RB-9870-RC

An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs RR-965-OSD

An Assessment of the Counter-ISIL Campaign: One Year after Mosul CT-435
An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum
CT-435/1

An Evaluation of Social Impact Bonds in Health and Social Care: Interim Report
EP-50625

An Exploratory Study of HIV Risk Behaviors and Testing Among Male Sex Workers in Beirut, Lebanon
EP-50707

An Integrated Survey System for Addressing Abuse and Misconduct Toward Air Force Trainees During Basic Military Training
RR-964-AF

An Open Source Framework for Many-Objective Robust Decision Making
EP-50905

Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review
RR-1066-NICE

Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?
EP-50650

Appropriateness of Advanced Diagnostic Imaging Ordering Before and After Implementation of Clinical Decision Support Systems
EP-51880

Are Changing Constituencies Driving Rising Polarization in the U.S. House of Representatives?
RR-896-RC

Are Settlements in Patent Litigation Collusive? Evidence from Paragraph IV Challenges
WR-1099-ICJ

Army Global Basing Posture: An Analytic Framework for Maximizing Responsiveness and Effectiveness
RR-158-A

Analysing the economic impact of the Health Technology Assessment programme
RB-9800-DH

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: An Annotated Reading List
RR-809/3-OSD

Analysis of the Benefits and Costs of CalMHSAs Investment in Applied Suicide Intervention Skills Training (ASIST)
RR-1115-CMHSA

Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference
RR-809/1-OSD
Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners
RR-809/2-OSD

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-51876

Assessing and Evaluating DoD Inform, Influence, and Persuade Efforts: Guidance for Practitioners
EP-50917

Assessing Conventional Army Demands and Requirements for Ultra-Light Tactical Mobility
RR-718-A

Assessing DHS’s Performance: Watchdog Recommendations to Improve Homeland Security
CT-424

Assessing impact submissions for REF 2014: An evaluation
RB-9834-HEFCE

Assessing impact submissions for REF2014: An evaluation
RR-1032-HEFCE

Assessing the Effectiveness of Layered Security for Protecting the Aviation System Against Adaptive Adversaries
EP-50879

Assessing the Feasibility of International Branch Campuses: Factors Universities Consider when Establishing Campuses Abroad
RGSD-354

Assessing the Impact of Academic-Practice Partnerships on Nursing Staff
EP-50634

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System
RR-759-OSD

Assessment of Surface Ship Maintenance Requirements
RR-1155-NAVY

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer
EP-51904

Associations Between Neighborhood Alcohol Availability and Young Adolescent Alcohol Use
EP-50908

Attitudes, Knowledge, and Correlates of Self-Efficacy for the Provision of Safer Conception Counseling Among Ugandan HIV Providers
EP-50973

Australia’s Naval Shipbuilding Enterprise: Preparing for the 21st Century
RR-1093-AUS
Authorities and Mechanisms for Purchased Care at the Department of Veterans Affairs
RR-1165/3-VA

Authorities for Military Operations Against Terrorist Groups: The State of the Debate and Options for Congress
RR-1145-OSD

Automatic Enrollment in Retirement Savings Vehicles: Evidence from the Health and Retirement Study
WR-1117

Availability of Primary Care Team Members Can Improve Teamwork and Readiness for Change
EP-50915

Bankruptcy Trusts Complicate the Outcomes of Asbestos Lawsuits
RB-9830-ICJ

Bankruptcy's Effect on Product Identification in Asbestos Personal Injury Cases
RR-907-ICJ

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil
EP-50885

Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children's Centres
EP-50868

Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies
EP-50849

Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use
EP-50647

Behavioral Health and Service Use Among Civilian Wives of Service Members and Veterans: Evidence from the National Survey of Drug Use and Health
RR-932-OSD

Benefits of PrEP as an Adjunctive Method of HIV Prevention During Attempted Conception Between HIV-uninfected Women and HIV-infected Male Partners
EP-51874

Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (German Translation)
RR-622/1-KBV

Better-than-average and Worse-Than-Average Hospitals May Not Significantly Differ from Average Hospitals: An Analysis of Medicare Hospital Compare Ratings
EP-66218

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities
EP-50696

Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009-2011
EP-51913
<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beyond Prevalence: Importance of Estimating Drug Consumption and Expenditures</td>
<td>EP-50836</td>
</tr>
<tr>
<td>Borrowing for the Cure: Debt Financing of Breakthrough Treatments</td>
<td>PE-141-RC</td>
</tr>
<tr>
<td>Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events</td>
<td>EP-50854</td>
</tr>
<tr>
<td>Breaking the Bank: Undermining Terrorist Financing</td>
<td>CT-430</td>
</tr>
<tr>
<td>Breast Cancer Screening Among Dominican Latinas: A Closer Look at Fatalism and Other Social and Cultural Factors</td>
<td>EP-50838</td>
</tr>
<tr>
<td>Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative</td>
<td>RR-1150-HE</td>
</tr>
<tr>
<td>Building Special Operations Partnerships in Afghanistan and Beyond: Challenges and Best Practices from Afghanistan, Iraq, and Colombia</td>
<td>RR-713-OSD</td>
</tr>
<tr>
<td>Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified</td>
<td>RR-885-OSD</td>
</tr>
<tr>
<td>CAHPS Surveys: Valid and Valuable Measures of Patient Experience</td>
<td>EP-50964</td>
</tr>
<tr>
<td>California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health</td>
<td>RR-955-CMHSA</td>
</tr>
<tr>
<td>California K–12 and Community Collaborations: Facilitators, Challenges, and Impact on Student Mental Health</td>
<td>RR-956-CMHSA</td>
</tr>
<tr>
<td>California's Statewide Mental Health Prevention and Early Intervention Initiatives Show Promising Early Results But Sustained Investment Is Needed</td>
<td>RB-9863-CMHSA</td>
</tr>
<tr>
<td>CalMHSA Stigma and Discrimination Reduction Online Resources: Highlights from an Evaluation of Web Analytic Data</td>
<td>RR-1237-CMHSA</td>
</tr>
<tr>
<td>Can Big Tobacco's Power Wall Be Breached?</td>
<td>RB-9879</td>
</tr>
</tbody>
</table>
Can Institutional Deliveries Reduce Newborn Mortality? Evidence from Rwanda
WR-1072

Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap? Methods and Results
RR-1321-NIHCR

Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury
RR-653-OSD

Causal Models and Exploratory Analysis in Heterogeneous Information Fusion for Detecting Potential Terrorists
WR-1124

Central Line–associated Blood Stream Infections in Pediatric Intensive Care Units: Longitudinal Trends and Compliance with Bundle Strategies
EP-50710

Challenges of Implementing Mhealth Interventions for Lifestyle Modification in Prehypertensive Subjects in Argentina, Guatemala, and Peru
EP-50632

Change Talk in a Group Motivational Interviewing Setting and Risk Reduction Among Homeless Young Adults
RGSD-362

Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative
RR-1139-CMHSA

Changing Midstream: Providing Decision Support for Adaptive Strategies using Robust Decision Making: Applications in the Colorado River Basin
RGSD-348

Characterization of Fertility Levels in Brazil, 1970–2010
WR-1091

Characterizing the Mental Health Care of U.S.Cambodian Refugees
EP-50637

Child and Adolescent Perceptions of Oral Health Over the Life Course
EP-50913

Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?
EP-50698

China’s Expanding African Relations: Implications for U.S. National Security
RR-905-A

China’s Health Insurance Reform and Disparities in Healthcare Utilization and Costs: A Longitudinal Analysis
RGSD-345

China’s Incomplete Military Transformation: Assessing the Weaknesses of the People’s Liberation Army (PLA)
RR-893-USCC
Chinese Attacks on U.S. Air Bases in Asia: An Assessment of Relative Capabilities, 1996–2017
RB-9858/2-AF

Chinese Threats to U.S. Surface Ships: An Assessment of Relative Capabilities, 1996–2017
RB-9858/4-AF

Choices for America in a Turbulent World: Strategic Rethink
RR-1114-RC

Chronic Stress Is Prospectively Associated with Sleep in Midlife Women: The SWAN Sleep Study
EP-50910

Chronic Stroke Outcome Measures for Motor Function Intervention Trials: Expert Panel Recommendations
EP-50957

Clinician Advice to Quit Smoking Among Seniors
EP-66239

Cloud-Trust—a Security Assessment Model for Infrastructure as a Service (IaaS) Clouds
EP-50907

Collective Intelligence Meets Medical Decision-Making: The Collective Outperforms the Best Radiologist
EP-50871

Common Patterns of Morbidity and Multi-Morbidity and Their Impact on Health-Related Quality of Life: Evidence from a National Survey
EP-66201

Common Versus Specific Correlates of Fifth-Grade Conduct Disorder and Oppositional Defiant Disorder Symptoms: Comparison of Three Racial/Ethnic Groups
EP-66233

Communication Practices and Antibiotic Use for Acute Respiratory Tract Infections in Children
EP-50706

Community Resilience: Learn and Tell Toolkit
TL-163-DCDH

Comorbid Depression and Substance Abuse Among Safety-Net Clients in Los Angeles: A Community Participatory Study
EP-66229

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service
EP-50882

Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies
RR-716-A

Comparison of Hypertension Healthcare Outcomes Among Older People in the USA and England
EP-50974
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education
RR-1239-CFAT

Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions
RR-864

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research
RR-1258-NCMICF

Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting
EP-50736

Confirmatory Factor Analysis of the Patient Reported Outcomes Measurement Information System (PROMIS) Adult Domain Framework Using Item Response Theory Scores
EP-66262

Containing Middle East Terror: Measures to Reduce the Threat Posed By Foreign Fighters Returning from Syria and Iraq
CT-427

Confronting Emergent Nuclear-Armed Regional Adversaries: Prospects for Neutralization, Strategies for Escalation Management
RR-974-AF

Continued Progress: Promising Evidence on Personalized Learning
RR-1365-BMGF

Connecting Consumers to Care
RB-9880-CMS

Continued Progress: Promising Evidence on Personalized Learning: Executive Summary
RR-1365/1-BMGF

Connecting Veterans and Employers
RB-9829

Continued Progress: Promising Evidence on Personalized Learning: Survey Results Addendum
RR-1365/2-BMGF

Considerations for Integrating Women into Closed Occupations in the U.S. Special Operations Forces
RR-1058-USSOCOM

Controlling Tuberculosis Among High Risk Populations in Los Angeles: Three Essays
RGSD-356
Corrections Technology and Practice Taxonomy
TL-158-NIJ

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies
EP-51898

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes
EP-50648

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis
EP-51908

Cost-Effective Helicopter Options for Partner Nations
RR-141/1-OSD

Cost-effectiveness of Nutrition Intervention in Long-Term Care
EP-50948

Cost-effectiveness of Strategies to Prevent Methicillin-Resistant Staphylococcus Aureus Transmission and Infection in an Intensive Care Unit
EP-50679

Costs and Effectiveness of Interventions to Reduce Motor Vehicle–Related Injuries and Deaths: Project Report and Online-Tool Documentation
TL-144/1-CDC

Costs of Selected Policies to Address Air Pollution in China
RR-861-TI

Costs of the Conflict Calculator
TL-178-DCR

Course of Symptom Change During Anxiety Treatment: Reductions in Anxiety and Depression in Patients Completing the Coordinated Anxiety Learning and Management Program
EP-50851

Crisis and conflict prevention strategies: An international comparison
RR-959-FMOD

Critical Materials, U.S. Import Dependence, and Recommended Actions
CT-432

Critical Materials, U.S. Import Dependence, and Recommended Actions: Addendum
CT-432/1

Critical Rare Earths, National Security, and U.S.-China Interactions: A Portfolio Approach to Dysprosium Policy Design
RGSD-337

Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs
RR-1165/1-VA
Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector?  
RR-847-AF

Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses  
RR-1354-EP

RB-9835-AF

Defaulting In and Cashing Out? The Impact of Retirement Plan Design on the Savings Accumulation of Separating Employees  
WR-1115

RR-866-OSD

Dementia Care Management in an Underserved Community: The Comparative Effectiveness of Two Different Approaches  
EP-66254

Demystifying the Citizen Soldier  
RR-1141-AF

Design and Multi-Country Validation of Text Messages for an mHealth Intervention for Primary Prevention of Progression to Hypertension in Latin America  
EP-50667

Determinants of Female Sterilization in Brazil, 2001–2007  
WR-1093

Determining U.S. Commitments in Afghanistan  
EP-51175

Deterring Without Dominance: Discouraging Chinese Adventurism Under Austerity  
EP-50711

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition  
RR-701-A

Developing a Repeatable Methodology to Calculate Retrograde Planning Factors  
RR-993-A

Developing a research impact performance management system for The Research Council, Oman: Final Report  
RR-833/1-TRC

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project  
EP-50859

Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report  
EP-50708

Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan  
EP-50731
Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making
EP-50884

Development of a K–12 Financial Education Curriculum Assessment Rubric
RR-1142-CFPB

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule
RR-662-CMS

Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule: Executive Summary
RR-662/1-CMS

Development of Cardiovascular Quality Indicators for Rheumatoid Arthritis: Results from an International Expert Panel Using a Novel Online Process
EP-51901

Development of Key Performance Indicators to Evaluate Centralized Intake for Patients with Osteoarthritis and Rheumatoid Arthritis
EP-50969

Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): A Tool for Critical Appraisal of Quality Improvement Intervention Publications
EP-50980

Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?
EP-50830

Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use
EP-50935

Differences in Substance Use and Substance Use Risk Factors by Asian Subgroups
EP-50833

Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence
RR-890-NIJ

Disability Insurance and the Great Recession
WR-1088

Disability Insurance and the Great Recession
EP-50724

DISC Predictive Scales (DPS): Factor Structure and Uniform Differential Item Functioning Across Gender and Three Racial/Ethnic Groups for ADHD, Conduct Disorder, and Oppositional Defiant Disorder Symptoms
EP-50684

Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures
EP-50686
District-Union Collaboration on Teacher Evaluation Reforms: Case Studies of Three School Districts in California
RGSD-358

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment
EP-50927

Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One’s Contract?
EP-50646

Do Financial Advisers Influence Savings Behavior?
WR-1111

Do Financial Advisers Influence Savings Behavior?
RR-1289-DOL

Do Medical Marijuana Laws Reduce Addiction and Deaths Related to Pain Killers?
WR-1130

Do People Know I’m Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans’ Social Network Members
EP-50694

EP-50831

Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?
EP-50721

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools’ Decisions to Offer a Doctor of Nursing Practice Degree
EP-50623

Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
WR-1073

Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
WR-1073-1

Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi
EP-50934

Does Delay Cause Decay? The Effect of Administrative Decision Time on the Labor Force Participation and Earnings of Disability Applicants
WR-1070

Does Targeting Higher Health Risk Employees or Increasing Intervention Intensity Yield Savings in a Workplace Wellness Program?
EP-66261

Drinking Behaviors and Life Course Socioeconomic Status During the Transition from Adolescence to Adulthood Among Whites and Blacks
EP-66238
<table>
<thead>
<tr>
<th>Title</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving Under the Influence of Alcohol: Could California Do More to Prevent It?</td>
<td>PE-162-RC</td>
</tr>
<tr>
<td>Early Life Adversity and Adult Biological Risk Profiles</td>
<td>EP-66255</td>
</tr>
<tr>
<td>Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan</td>
<td>RR-859-CMEPP</td>
</tr>
<tr>
<td>Education, technology and connectedness: Global societal trends to 2030: Thematic report 2</td>
<td>RR-920/2-EC</td>
</tr>
<tr>
<td>Effective Disclosures in Financial Decisionmaking</td>
<td>RR-1270-DOL</td>
</tr>
<tr>
<td>Effectiveness of an Mhealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial</td>
<td>EP-50988</td>
</tr>
<tr>
<td>Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care</td>
<td>EP-50719</td>
</tr>
<tr>
<td>Effects of Demographic and Educational Changes on the Labor Markets of Brazil and Mexico</td>
<td>WR-1089</td>
</tr>
<tr>
<td>Effects of Health Care Payment Models on Physician Practice in the United States</td>
<td>RR-869-AMA</td>
</tr>
<tr>
<td>Effects of Stigma and Discrimination Reduction Programs Conducted Under the California Mental Health Services Authority: An Evaluation of Runyon Saltzman Einhorn, Inc., Documentary Screening Events</td>
<td>RR-1257-CMHSA</td>
</tr>
<tr>
<td>Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings</td>
<td>RR-1073-CMHSA</td>
</tr>
<tr>
<td>Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of NAMI’s Ending the Silence</td>
<td>RR-1240-CMHSA</td>
</tr>
<tr>
<td>Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of the National Alliance on Mental Illness Adult Programs</td>
<td>RR-1247-CMHSA</td>
</tr>
<tr>
<td>Title</td>
<td>Reference</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Effects of the Integrated Behavioral Health Project's Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority</td>
<td>RR-1281-CMHSA</td>
</tr>
<tr>
<td>Electronic Surveillance of Mobile Devices: Understanding the Mobile Ecosystem and Applicable Surveillance Law</td>
<td>RR-800-NIJ</td>
</tr>
<tr>
<td>Emerging Trends in China's Development of Unmanned Systems</td>
<td>RR-990-OSD</td>
</tr>
<tr>
<td>Employability of the Poor</td>
<td>RR-793-WB</td>
</tr>
<tr>
<td>Employer, Insurer, and Industry Perspectives on Patient-Centered Comparative Effectiveness Research: Final Report</td>
<td>RR-1242-PCORI</td>
</tr>
<tr>
<td>Employment and the changing labour market: Global societal trends to 2030: Thematic report 5</td>
<td>RR-920/5-EC</td>
</tr>
<tr>
<td>Energy-Sector Workforce Development in West Virginia: Aligning Community College Education and Training with Needed Skills</td>
<td>RR-812-NETL</td>
</tr>
<tr>
<td>Enhancing the Assessment of the Costs and Benefits of International Pilot Training (IPT) Within the U.S. Air Force: Is It Worth It?</td>
<td>RGSD-350</td>
</tr>
<tr>
<td>Enhancing U.S. Coast Guard Metrics</td>
<td>RR-1173-USCG</td>
</tr>
<tr>
<td>Environmental Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being</td>
<td>RR-101-AF</td>
</tr>
<tr>
<td>Essential Skills Veterans Gain During Professional Military Training: A Resource for Leaders and Hiring Managers</td>
<td>TL-160/2-OSD</td>
</tr>
<tr>
<td>Estimating Effects of English Rule on Litigation Outcomes</td>
<td>WR-1098</td>
</tr>
<tr>
<td>Evaluating conditional cash transfer programmes: The case of Bolsa Familia</td>
<td>RB-9837-RE</td>
</tr>
</tbody>
</table>
Evaluating Consumer Preferences for Healthy Eating from Community Kitchens in Low-Income Urban Areas: A Discrete Choice Experiment of Comedores Populares in Peru
EP-50737

Evaluating Differential Item Functioning in the English General Practice Patient Survey: Comparison of South Asian and White British Subgroups
EP-51891

Evaluating the Impact of Whole-Body Vibration (WBV) on Fatigue and the Implications for Driver Safety
RR-1057-BOSE

Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil)
RR-588-OSD

Evaluation of a Female Sterilization Campaign in Peru: An Application of Propensity Score Reweighting Methods with Unobserved Participation Status
WR-1118

Evaluation of California's Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings
RR-971-CMHSA

Evaluation of CMS's Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration: Final Second Annual Report
RR-886/1-CMS

Evaluation of Delaware Stars for Early Success: Year 2 Report
RR-1026-DOEL

Evaluation of the Military Spouse Employment Partnership: Progress Report on First Stage of Analysis
RR-1349-OSD

Evaluation of the Operational Stress Control and Readiness (OSCAR) Program
RR-562-OSD

Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design
RR-919-CDSS

Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam
EP-50944

Evolving patterns and impacts of migration: Global societal trends to 2030: Thematic report 4
RR-920/4-EC

Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use
EP-50713
Examining the Associations Between Daily Caregiving Discontinuity and Children's Social-Emotional Outcomes
EP-50701

Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention
RR-1225-LED

Exploring the Effect of the Diffusion of Geofaceted Targeted Emergency Alerts: The Application of Agent-Based Modeling to Understanding the Spread of Messages from the Wireless Emergency Alerts System
EP-50878

Extreme Cost Growth: Themes from Six U.S. Air Force Major Defense Acquisition Programs
RR-630-AF

Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support
RR-931-RC

Family Resilience in the Military: Definitions, Models, and Policies
RR-470-OSD

Far from Care: Increasing Access to Behavioral Health Care for Remote Service Members and Their Families
RB-9790-OSD

Fast Methods for Jackknifing Inequality Indices
EP-50660

Federal Educational Assistance Programs Available to Service Members: Program Features and Recommendations for Improved Delivery
RR-664-OSD

Federal Funding and Academic Productivity: Assessing Policy Levers for Sustainable Energy Researchers
RGSD-349

Fifty Ways to Leave a Child Behind: Idiosyncrasies and Discrepancies in States' Implementation of NCLB
EP-50926

Final Report on the Hawaiʻi P–3 Evaluation
RR-1100-PPE

Financial Advice Markets: A Cross-Country Comparison
RR-1269-DOL

Financing Integrated Care for Adults with Serious Mental Illness in Community Mental Health Centers: An Overview of Program Components, Funding Environments, and Financing Barriers
WR-1084

First Outcomes from the National Summer Learning Study
RB-9819-WF

Force Drawdowns and Demographic Diversity: Investigating the Impact of Force Reductions on the Demographic Diversity of the U.S. Military
RR-1008-OSD

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis
RR-992-WODC
Forms of Safety and Their Impact on Health: An Exploration of HIV/AIDS-related Risk and Resilience Among Trans Women in Lebanon
EP-50889

Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector
RR-820-NIJ

Friendship and Romantic Relationships Among Emerging Adults with and Without Type 1 Diabetes
EP-50834

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System
PE-158-CMS

From Firearms to Weapon Systems: Challenges and Implications of Modular Design for Marking, Record-Keeping, and Tracing
EP-50688

From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook
RR-1069-MCIA

From Subject to Participant: Ethics and the Evolving Role of Community in Health Research
EP-50651

Fuel Reduction for the Mobility Air Forces: Executive Summary
RR-757/1-AF

Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?
EP-50923

Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature
RR-1002-OSD

Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School
EP-50717

Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid
PE-157-RC

Giving "sadness" a Name: The Need for Integrating Depression Treatment Into HIV Care in Uganda
EP-66212

Go Gentle into That Good Night: The Past, Present, and Future of End-of-Life Care
RGSD-355

Governing Education and Training Systems in England: Some Lessons from the United States
EP-66248
Greater Decision-Making Competence Is Associated with Greater Expected-Value Sensitivity, but Not Overall Risk Taking: An Examination of Concurrent Validity
EP-50714

Growth in Buprenorphine Waivers for Physicians Increased Potential Access to Opioid Agonist Treatment, 2002-11
EP-50718

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?
EP-50652

Harmonization of Cross-National Studies of Aging to the Health and Retirement Study: USER GUIDE, Health Behavior, Version A WR-861/8

Harnessing Private-Sector Innovation to Improve Health Insurance Exchanges PE-152-AETNA

Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice RR-941-OSD


Health Implications of Social Networks for Children Living in Public Housing EP-50975

Health IT and Ambulatory Care Quality WR-1131

Health, wellbeing and productivity in the workplace: A Britain’s Healthiest Company summary report RR-1084-VH

Hello, Goodbye: Three Perspectives on Public School District Staff Turnover RGSD-357

Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans EP-51881

Hiding the Tobacco Power Wall Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale EP-50972

High-Priority Information Technology Needs for Law Enforcement RR-737-NIJ

Higher Education Benefits for Post-9/11 Military Service Members and Veterans CT-428

Historical Lessons for the Wars in Iraq and Syria CT-431

Home Health Care for California’s Injured Workers: Options for Implementing a Fee Schedule RR-603-DIR
Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico
EP-50700

Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care
EP-50671

How Much Do Cancer-Related Symptoms Contribute to Health-Related Quality of Life in Lung and Colorectal Cancer Patients? A Report from the Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium
EP-50846

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/1

How Do ACA Tax Subsidies Affect Premiums and Enrollment?
RB-9812/2

How the Current Conflicts Are Shaping the Future of Syria and Iraq
PE-163-RC

How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?
RB-9812/4

How to Get the Biggest Impact from an Increase in Spending on Traffic Safety
RB-9855

How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?
RB-9812/3

How to Succeed in Business by Not Trying So Hard: Ethics and the Prisoner's Dilemma
EP-50916

How Does Tort Law Affect Consumer Auto Insurance Costs?
EP-50877

How Will Provider-Focused Payment Reform Impact Geographic Variation in Medicare Spending?
EP-66300

How Group Factors Affect Adolescent Change Talk and Substance Use Outcomes: Implications for Motivational Interviewing Training
EP-66244

How Would Alternative Subsidy Structures Affect Stability in the ACA Individual Market?
RB-9812/3

How Long Does Biomedical Research Take? Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice
EP-50732

Human Capital and Labor Informality in Chile: A Life-Cycle Approach
WR-1087

Identifying and Managing Acquisition and Sustainment Supply Chain Risks
RR-549-AF
Identifying and Mitigating Risks in Security Sector Assistance for Africa’s Fragile States
RR-808-A

Immigrant Latino Neighborhoods and Mortality Among Infants Born to Mexican-origin Latina Women
EP-51867

Impact of Food Support on Food Security and Body Weight Among HIV Antiretroviral Therapy Recipients in Honduras: A Pilot Intervention Trial
EP-66232

Impact of the Cincinnati Aligning Forces for Quality Multi-Payer Patient Centered Medical Home Pilot on Health Care Quality, Utilization, and Costs
EP-50978

Impacts of Conflicts of Interest in the Financial Services Industry
WR-1076

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study
EP-50690

Implementing Computerized Provider Order Entry in Acute Care Hospitals in the United States Could Generate Substantial Savings to Society: Methodological Appendix
WR-1108

Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement
EP-50967

Implications of Force Drawdowns for Demographic Diversity
RB-9859-OSD

Implications of Integrating Women into the Marine Corps Infantry
RR-1103-USMC

Implications of Integrating Women into USMC Infantry
RB-9878-USMC

Improving Access to Behavioral Health Care for Remote Service Members and Their Families: Executive Summary
RR-578/1-OSD

Improving Care for Chronic Conditions: Current Practices and Future Trends in Health Plan Programs
RR-393-AHIPF

Improving Care for Co-Occurring Psychological Health and Substance Use Disorders: An Implementation Evaluation of the Co-Occurring Disorders Clinician Training Program
RR-435-OSD

Improving Development Teams to Support Deliberate Development of Air Force Officers
RR-1010-AF

Improving DLA Supply Chain Agility: Lead Times, Order Quantities, and Information Flow
RR-822-OSD
Improving DoD Support to FEMA's All-Hazards Plans  
RR-1301-OSD

Improving Energy Security for Air Force Installations  
RGSD-361

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida  
RR-1342-TELET

Improving Information-Sharing Across Law Enforcement: Why Can't We Know?  
RR-645-NIJ

Improving QRISs Through the Use of Existing Data: A Virtual Pilot of the California QRIS  
EP-66240

Improving Sleep Health for U.S. Servicemembers: Policies, Programs, Barriers to Implementation, and Recommendations  
RB-9824-OSD

Improving Standoff Bombing Capacity in the Face of Anti-Access Area Denial Threats  
RGSD-363

Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies  
EP-50982

Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study  
RGSD-364

Improving the Cybersecurity of U.S. Air Force Military Systems Throughout Their Life Cycles  
RR-1007-AF

Improving the Mongolian Labor Market and Enhancing Opportunities for Youth  
RR-1092-ILS

Improving the Timeliness of Equal Employment Opportunity Complaint Processing in Department of Defense  
RR-680-OSD

Improving Utilization of and Adherence to Treatment for Post-Traumatic Stress Disorder Among U.S. Servicemembers and Veterans  
RGSD-360

Imputing Missing Race/Ethnicity in Pediatric Electronic Health Records: Reducing Bias with Use of U.S. Census Location and Surname Data  
EP-50657

Incentives for Workplace Wellness Programs: They Increase Employee Participation, But Building a Better Program Is Just as Effective  
RB-9842-DOL

Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?  
EP-50837

Individual empowerment: Global societal trends to 2030: Thematic report 3  
RR-920/3-EC
Influence of the Built Environment on Pedestrian Route Choices of Adolescent Girls
EP-50630

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey
EP-50705

Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force
RR-1054-AF

Information Operations: The Imperative of Doctrine Harmonization and Measures of Effectiveness
PE-128-OSD

Information Sharing Preferences of Older Patients and Their Families
EP-51883

Innovation models for defence
RB-9808-MOD

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology
RR-840-MOD

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices
EP-50952

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption
EP-51871

Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies
RR-1163-DH

Inspiration, Not Infiltration: Jihadist Conspirators in the United States
CT-447

Insurance Transitions Following the First ACA Open Enrollment Period
RR-948-RC

Intake of Water and Different Beverages in Adults Across 13 Countries
EP-51878

Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth
EP-50856

RR-879-OSD

Intended and Unintended Effects of the War on Poverty: What Research Tells Us and Implications for Policy
EP-50726

Interactive Database of the Army’s Local Economic Effects
TL-180-A
Interactive Tool for Ranking Corrections
Innovation Needs
TL-159-NIJ

Interactive Tool for Ranking Digital Evidence Needs
TL-175-NIJ

Interdisciplinary Priorities for Dissemination, Implementation, and Improvement Science: Frameworks, Mechanics, and Measures
EP-50956

Intergenerational Social Networks and Health Behaviors Among Children Living in Public Housing
EP-50881

Internet Freedom Software and Illicit Activity: Supporting Human Rights Without Enabling Criminals
RR-1151-DOS

PE-147-RC

Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs
PE-138-A

Iran's Role in Iraq: Room for Cooperation?
PE-151-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Executive Summary
RR-880/1-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice
RR-880-OSD

It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi
EP-50839

Job Insecurity, Unemployment Insurance and On-the-Job Search: Evidence from Older American Workers
WR-1085-1

Job Insecurity, Unemployment Insurance, and On-the-Job Search
WR-1085

Joint Precision Approach and Landing System Nunn-McCurdy Breach Root Cause Analysis and Portfolio Assessment Metrics for DoD Weapons Systems, Volume 8
MG-1171/8-OSD

Key Skills and Competences for Defence: Annex B
RR-1226/1-EDA

Key Skills and Competences for Defence: Annex C
RR-1226/2-EDA
Key Skills and Competences for Defence: Annex D
RR-1226/3-EDA

Key Skills and Competences for Defence: Annex E
RR-1226/4-EDA

Key Skills and Competences for Defence: Executive Summary
RR-1226-EDA

Knowledge Translation and Barriers to Imaging Optimization in the Emergency Department: A Research Agenda
EP-50971

Labor Supply Estimation Biases from Disregarding Non-Wage Benefits
WR-1079

Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes
EP-50628

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2)
RR-934-DH

Learning gain in higher education
RR-996-HEFCE

Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises
PE-166-OSD

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education
PE-160-CFAT

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey
RB-9856-CA

Life-Cycle Consumption Patterns at Older Ages in the US and the UK: Can Medical Expenditures Explain the Difference?
WR-1100

Limiting Regret: Building the Army We Will Need
CT-437

Limiting Regret: Building the Army We Will Need: Addendum
CT-437/1

Linkages Between Mental Health Need and Help-Seeking Behavior Among Adolescents: Moderating Role of Ethnicity and Cultural Values
EP-50953

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries
EP-50672
Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin  
EP-50654

Long Journey Home: Family Reunification Experiences of the Disappeared Children of El Salvador  
EP-51892

Longitudinal Family Effects on Substance Use Among an At-Risk Adolescent Sample  
EP-66202

Look East, Cross Black Waters: India’s Interest in Southeast Asia  
RR-1021-AF

RR-1023-LACPD

Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity  
RR-873-KRG

Making and Breaking Barriers: Assessing the value of mounted police units in the UK  
RR-830-ACPO

Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices  
RR-830/2-ACPO

Making DHS More Efficient: Industry Recommendations to Improve Homeland Security  
CT-438

Managing Water Quality in the Face of Uncertainty: A Robust Decision Making Demonstration for EPA’s National Water Program  
RR-720-EPA

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening  
EP-50689

Mapping Pathways Toolkit: Scenario Planning Exercises to Support Consideration of ARV-based HIV Prevention Strategies  
TL-157-GF

Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis  
EP-50880

Measuring and Managing Army Supply Chain Risk: A Quantitative Approach by Item Number and Commercial Entity Code  
RR-902-A

Measuring Experience with End-of-Life Care: A Systematic Literature Review  
EP-50622

Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases  
WR-1103-ICJ
Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases
EP-50867

Measuring Performance in Psychiatry: A Call to Action
EP-50670

Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Posttraumatic Stress Disorder and Major Depressive Disorder
RR-464-OSD

Measuring the Resilience of Energy Distribution Systems
RR-883-DOE

Media Violence Exposure and Physical Aggression in Fifth-Grade Children
EP-66234

Medicaid 1915(c) Home- and Community-Based Services Waivers for Children with Autism Spectrum Disorder
EP-50730

Medical Complexity Among Children with Special Health Care Needs: A Two-Dimensional View
EP-50985

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys
EP-51905

Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications
EP-50873

Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits
EP-50981

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement
EP-51866

Medicare’s Role in the Recent Health Care Spending Slowdown
WR-1078

Medicare’s Step Back from Global Payments: Unbundling Postoperative Care
EP-51894

Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder
RR-1138-OSD

Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-954-CMHSA

Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students
RR-953-CMHSA
Methodological Considerations When Studying the Association Between Patient-Reported Care Experiences and Mortality  
EP-66237

Methodology of the RAND Health Reform Opinion Study  
RR-947-RC

Metrics to Compare Aircraft Operating and Support Costs in the Department of Defense  
RR-1178-OSD

Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review  
RR-1031-OSD

Misclassification of Breast Imaging Reporting and Data System (BI-RADS) Mammographic Density and Implications for Breast Density Reporting Legislation  
EP-51885

PE-146-RC

Moderated Mediation Analysis: An Illustration Using the Association of Gender with Delinquency and Mental Health  
EP-51889

Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers  
EP-51903

Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS)  
TL-144-CDC

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned  
EP-51907

Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals  
EP-50734

Nanomaterial Safety in the Workplace: Pilot Project for Assessing the Impact of the NIOSH Nanotechnology Research Center  
RR-1108-NIOSH

RR-1191-PCORI

National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment  
RR-1231-OSD

NATO Needs a Comprehensive Strategy for Russia  
PE-143-OSD

Navigating the Road to Reintegration: Status and Continuing Support of the U.S. Air Force’s Wounded Warriors  
RR-599-AF
<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle Acupuncture for Substance Use Disorders: A Systematic Review</td>
<td>RR-1030-OSD</td>
</tr>
<tr>
<td>Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults</td>
<td>EP-50712</td>
</tr>
<tr>
<td>New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports</td>
<td>RR-1181-HEE</td>
</tr>
<tr>
<td>Noncommissioned Officers’ Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide</td>
<td>EP-51897</td>
</tr>
<tr>
<td>Nudging Physician Prescription Decisions by Partitioning the Order Set: Results of a Vignette-Based Study</td>
<td>EP-66216</td>
</tr>
<tr>
<td>Occupational Safety and Health in Brazil: Risks and Policies</td>
<td>WR-1105-ALCF</td>
</tr>
<tr>
<td>Off to a Good Start: Social and Emotional Development of Memphis’ Children</td>
<td>TL-161-TUCI</td>
</tr>
<tr>
<td>Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review</td>
<td>RR-1079-OSD</td>
</tr>
<tr>
<td>One Place, One Budget? Approaches to pooling resources for public service transformation</td>
<td>RR-1017-LGA</td>
</tr>
<tr>
<td>One Place, One Budget? Approaches to pooling resources to transform public services</td>
<td>RB-9836-LGA</td>
</tr>
<tr>
<td>Online privacy vs surveillance: Europeans’ preferences on internet surveillance and security measures</td>
<td>RB-9843/2-EC</td>
</tr>
<tr>
<td>Opening the &quot;Black Box&quot; of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies</td>
<td>EP-50658</td>
</tr>
<tr>
<td>Operation IRAQI FREEDOM: Decisive War, Elusive Peace</td>
<td>RR-1214-A</td>
</tr>
<tr>
<td>Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico</td>
<td>EP-50914</td>
</tr>
<tr>
<td>Opportunity Costs of Ambulatory Medical Care in the United States</td>
<td>EP-50855</td>
</tr>
<tr>
<td>Optimizing Telehealth Strategies for Subspecialty Care: Recommendations from Rural Pediatricians</td>
<td>EP-51910</td>
</tr>
</tbody>
</table>
Options and Issues Regarding Marijuana Legalization
PE-149-RC

Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample
EP-50869

Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis
EP-50841

Overcoming Obstacles to Advanced Reactor Technologies
PE-156-TSF

Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives
EP-51884

Participation in Training for Depression Care Quality Improvement: A Randomized Trial of Community Engagement or Technical Support
EP-50697

Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project
EP-50860

Partnerships for Recovery Across The Sectors (PRACTIS) Toolkit
TL-188-ASPR

Patenting and Innovation in China: Incentives, Policy, and Outcomes
RGSD-347

Paths to Sustainability for Innovative Delivery System Programs
RR-1090-BCMASS

Patterns of Vulnerabilities and Resources in U.S. Military Families
EP-51882

Payoffs for California College Students and Taxpayers from Investing in Student Mental Health
RR-1370-CMHSA

Peer Mentoring for Male Parolees: A CBPR Pilot Study
EP-51868

People's Liberation Army Trajectories: International Drivers
EP-51909

PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries
EP-51869

Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women
EP-50994

Performance Metrics to Improve Police-Community Relations
CT-423
Perspective on 2015 DoD Cyber Strategy
CT-439

Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs
RB-9832-CFAT

Pobreza Y Vulnerabilidad En México: El Caso De Los Jóvenes Que No Estudian Ni Trabajan
EP-50693

Policies Related to Opioid Agonist Therapy for Opioid Use Disorders: The Evolution of State Policies from 2004 to 2013
EP-50960

Policies to Support a Better Treatment for Heroin and Prescription Opioid Abuse: Unlike Methadone, Buprenorphine Can Be Taken at Home, but Greater Access is Key
RB-9871

Policing, Boundaries and the State: The Changing Landscape of Sovereignty and Security
EP-51914

Policy Options to Expand Medicare’s Low-Income Provisions to Improve Access and Affordability
EP-50984

Policy Variation, Labor Supply Elasticities, and a Structural Model of Retirement
EP-50883

Population Health Management and the Second Golden Age of Arab Medicine: Promoting Health, Localizing Knowledge Industries, and Diversifying Economies in the GCC Countries
RR-889-AETNA

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors
EP-51873

Practice Guidance for Buprenorphine for the Treatment of Opioid Use Disorders: Results of an Expert Panel Process
EP-50669

Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey
EP-50739

Precision and Purpose: Airpower in the Libyan Civil War
RR-676-AF

Predicting Active Duty Air Force Pilot Attrition Given an Anticipated Increase in Major Airline Pilot Hiring
RGSD-338
Predictors and Consequences of Prescription Drug Misuse During Middle School
EP-50912

Predictors of HIV-related Stigmas Among African American and Latino Religious Congregants
EP-51911

Preparing for the Introduction of Hospital Autonomy in Laos: An Assessment of Current Situation and Suggestions for Policy-Making
EP-66253

Preparing for the Possibility of a North Korean Collapse: Chinese translation (simplified characters)
CT-404/1

Preparing for the Possibility of a North Korean Collapse: Chinese translation (traditional characters)
CT-404/2

Preparing impact submissions for REF 2014: An evaluation: Approach and Evidence
RR-726-HEFCE

Preparing impact submissions for REF 2014: An evaluation: Findings and observations
RR-727-HEFCE

Preparing impact submissions for REF 2014: An evaluation
RB-9833-HEFCE

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect
RB-9831

Prevalence of Colonoscopy Before Age 50
EP-66257

Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan
EP-50677

Preventing Secondary Traumatic Stress in Educators
EP-50664

Privacy of health records: Europeans' preferences on electronic health data storage and sharing
RB-9843/3-EC

Privacy vs security: Europeans' preferences on transport security and surveillance measures
RB-9843/1-EC

Proclaiming Airpower: Air Force Narratives and American Public Opinion from 1917 to 2014
RR-1044-AF

Profile of Female Sterilization in Brazil, 2001–2006
WR-1092

Profile of Female Sterilization in Brazil, 2001–2006
WR-1092-1
Project AIR FORCE Modeling Capabilities for Support of Combat Operations in Denied Environments
RR-427-AF

Project JOINTS: What Factors Affect Bundle Adoption in a Voluntary Quality Improvement Campaign?
EP-66207

Promoting HPV Vaccination in Safety-Net Clinics: A Randomized Trial
EP-50936

Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations
TL-179-NIDA

Propensity Scores for Multiple Treatments: A Tutorial for the MNPS Macro in the TWANG SAS Macros
TL-169/1-NIDA

Psychiatric Disorders Prior to Dating Initiation and Physical Dating Violence Before Age 21: Findings from the National Comorbidity Survey Replication (NCS-R)
EP-50945

Psychological Aspects of the Israeli-Palestinian Conflict: A Systematic Review
EP-50941

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems
RB-9793-DWP

Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment
EP-50872

RAND Behavioral Finance Webinar: Informative or Misleading? The Social Security Statement's Effects on Program Participation and Employment
PT-140

PT-136

RAND Modeling Offers Support for Transparent and Consistent CMS Physician Fee Schedules
RB-9815-CMS

RAND Review: January-February 2015
CP-22 (1/15)

RAND Review: July-August 2015
CP-22 (7/15)

RAND Review: March-April 2015
CP-22 (3/15)

RAND Review: May-June 2015
CP-22 (5/15)

RAND Review: November-December 2015
CP-22 (11/15)
RAND Review: September-October 2015
CP-22 (9/15)

RAND's Silent Monitoring Protocol for Assessing Suicide Crisis Line Call Content and Quality
TL-150-CMHSA

Rapid Regeneration of Irregular Warfare Capacity
EP-51895

Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update
RB-9584/1

Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators
EP-50720

Recommendations for Improving the Recruiting and Hiring of Los Angeles Firefighters
RR-687-LAFD

Reducing Air Force Fighter Pilot Shortages
RR-1113-AF

Reducing Cigarette Smoking Among Unaccompanied Homeless Youth
RB-9828

Reducing the Cultivation of Opium Poppies in Southern Afghanistan
RR-1075-DOS

Reforming Military Retirement: Analysis in Support of the Military Compensation and Retirement Modernization Commission
RR-1022-MCRMC

Reforming Policies for Small and Medium-Sized Enterprises in Indonesia
RR-1096-PRSF

Reforming the American Military Officer Personnel System
CT-446

Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort
EP-51900

Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use
EP-50976

Rescuing Downed Aircrews: The Value of Time
RR-1106-AF

Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans
RR-1165/2-VA

Respect and Legitimacy—A Two-Way Street: Strengthening Trust Between Police and the Public in an Era of Increasing Transparency
PE-154-RC
Response to ProPublica’s Rebuttal of Our Critique of the Surgeon Scorecard
PE-170/1

Results from a National Survey on Chronic Care Management by Health Plans
EP-66292

Results from the Teach For America 2015 National Principal Survey
RR-1116-TFA

Rethinking Indonesia’s Informal Sector
WR-1102

Returns on research funded under the NIHR Health Technology Assessment (HTA) Programme: Economic analysis and case studies
RR-666-DH

Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults
EP-50947

Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?
RR-972-CMHSA

Revisioning Strategic Communication Through Rhetoric and Discourse Analysis
EP-66252
Revisiting the Use of Condoms in Brazil
EP-50970

Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes
EP-50866

Road traffic demand elasticities: A rapid evidence assessment
RR-888-DFT

Robust Decision-Making in the Water Sector: A Strategy for Implementing Lima’s Long-Term Water Resources Master Plan
EP-50929

Robust Estimation of the Proportion of Treatment Effect Explained by Surrogate Marker Information
EP-50986

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas
EP-51870

Russian Foreign Policy in Historical and Current Context: A Reassessment
PE-144-A

Safer Conception Methods and Counseling: Psychometric Evaluation of New Measures of Attitudes and Beliefs Among HIV Clients and Providers
EP-50930

Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey
RR-1123-CA

Say "GDNT": Frequency of Adolescent Texting at Night
EP-50938
School Choice, Student Mobility, and School Quality: Evidence from Post-Katrina New Orleans  
EP-50925

Scoping the impact of UK membership of the EU on UK health research  
RR-565-DH

Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males  
EP-50691

Self-inflicted Deaths in NOMS’ Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views  
RR-916-MOJ

Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 2. Tabular Results from the 2014 RAND Military Workplace Study for Department of Defense Service Members  
RR-870/3-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 3. Tabular Results from the 2014 RAND Military Workplace Study for Coast Guard Service Members  
RR-870/5-USCG

Sexual Assault and Sexual Harassment in the U.S. Military: Findings from the RAND Military Workplace Study  
PT-148-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study  
RB-9841-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study  
RR-870/2-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Volume 3. Estimates for Coast Guard Service Members from the 2014 RAND Military Workplace Study  
RR-870/4-USCG

Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis  
EP-50828

Sharing Information About Threats Is Not a Cybersecurity Panacea  
CT-425

Should California Continue to Invest in Applied Suicide Intervention Skills Training (ASIST)? ASIST Could Save Lives and Wages and Reduce Medical Costs  
RB-9849-CMHSA

Should Health Care Providers Be Accountable for Patients’ Care Experiences?  
EP-66217

Should Traffic Crash Interventions Be Selected Nationally or State by State?  
RB-9860

SimCoach Evaluation: A Virtual Human Intervention to Encourage Service-Member Help-Seeking for Posttraumatic Stress Disorder and Depression  
RR-505-OSD
Sleep Concordance in Couples Is Associated with Relationship Characteristics
EP-51875

Sleep in the Military: Promoting Healthy Sleep Among U.S. Servicemembers
RR-739-OSD

Sleep Problems and Their Impact on U.S. Servicemembers: Results of a Cross-Service Survey
RB-9823-OSD

Sniping and Other High-Risk Smoking Practices Among Homeless Youth
EP-51886

Social Capital and Community Monitoring of Healthcare Services in Tajikistan
WR-1097-WB

Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment
EP-50951

'Speaking Up' About Patient Safety Concerns and Unprofessional Behaviour Among Residents: Validation of Two Scales
EP-50735

Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report
RR-763-CMS

Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report
RR-799-CMS

Spreading the Word: A Process Evaluation of a Voluntary AOD Prevention Program
EP-50668

St. John's Wort for Major Depressive Disorder: A Systematic Review
RR-1048-OSD

Starting from the End: A Plea for Focusing on the Consequences of Crime
EP-50998

Stigma, Discrimination, and Well-Being Among California Adults Experiencing Mental Health Challenges
RR-1074-CMHSA

STM3 2011 base frequency, mode-destination and car ownership models
RR-1125-BTS

STM3 2011 base: Model parameters and overview
RR-1133-BTS

Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report
RR-831-CMS
STM3 modelling school days only  
RR-1124-BTS

Stop Putin's Next Invasion Before It Starts  
EP-50627

Strategic Analysis of the 2014 Wounded Warrior Project Annual Alumni Survey: A Way Forward  
RR-963-WWP

Strategic Impact Evaluation Fund Mid Term Review: Final Report  
RR-1137-DFID

Strategies for Defending U.S. Government Networks in Cyberspace  
CT-436

Strategies for Defending U.S. Government Networks in Cyberspace: Addendum  
CT-436/1

Strategies to Build Trust and Recruit African American and Latino Community Residents for Health Research: A Cohort Study  
EP-51890

Strengthening Trust Between Police and the Public in an Era of Increasing Transparency  
CT-440

Student Mental Health in California's K-12 Schools: School Principal Reports of Common Problems and Activities to Address Them  
RR-1129-CMHSA

Suicide Postvention in the Department of Defense: Evidence, Policies and Procedures, and Perspectives of Loss Survivors  
RR-586-OSD

Surgical Resident Education in Patient Safety: Where Can We Improve?  
EP-50875

Sustaining U.S. Leadership in the Asia-Pacific Region: Why a Strategy of Direct Defense Against Antiaccess and Area Denial Threats Is Desirable and Feasible  
PE-142-OSD

Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models  
RR-1131-BTS

Sydney Strategic Model Re-estimation: Mode-Destination Model  
RR-1130-BTS

Systematic Review of School-Based Interventions to Prevent Smoking for Girls  
EP-50861

TACTICS: Policy and strategic impacts, implications and recommendations  
RR-1287-EC

Tailoring the Acquisition Process in the U.S. Department of Defense  
RR-966-OSD

Taking Patients' Narratives About Clinicians from Anecdote to Science  
EP-50845
<table>
<thead>
<tr>
<th>Title</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach for America Gets Mostly High Marks from Principal Survey</td>
<td>RB-9865-TFA</td>
</tr>
<tr>
<td>Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing</td>
<td>EP-50687</td>
</tr>
<tr>
<td>Test of &quot;Facilitation&quot; Vs. &quot;Proximal Process&quot; Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem</td>
<td>EP-51896</td>
</tr>
<tr>
<td>The (Non-) Effect of Violence on Education: Evidence from the “War on Drugs” in Mexico</td>
<td>WR-1082</td>
</tr>
<tr>
<td>The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities</td>
<td>RR-717-EMKF</td>
</tr>
<tr>
<td>The Affordable Care Act: An Opportunity for Improving Care for Substance Use Disorders?</td>
<td>EP-66230</td>
</tr>
<tr>
<td>The Army's Local Economic Effects</td>
<td>RR-1119-A</td>
</tr>
<tr>
<td>The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota</td>
<td>RR-1119/1-A</td>
</tr>
<tr>
<td>The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming</td>
<td>RR-1119/2-A</td>
</tr>
<tr>
<td>The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders</td>
<td>EP-50946</td>
</tr>
<tr>
<td>The Association of Patient Complexities with Antibiotic Ordering</td>
<td>EP-51887</td>
</tr>
<tr>
<td>The Better Obstetrics in Rural Nigeria (BORN) Study: An Impact Evaluation of the Nigerian Midwives Service Scheme</td>
<td>RR-1215-3IE</td>
</tr>
<tr>
<td>The Better Obstetrics in Rural Nigeria (BORN) Study: Evaluating the Nigerian Midwives Service Scheme</td>
<td>RB-9857-3IE</td>
</tr>
<tr>
<td>The Army's Local Economic Effects</td>
<td>RR-1119-A</td>
</tr>
<tr>
<td>The Army's Local Economic Effects: Appendix B, Volume I: Alabama Through Minnesota</td>
<td>RR-1119/1-A</td>
</tr>
<tr>
<td>The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming</td>
<td>RR-1119/2-A</td>
</tr>
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<td>The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders</td>
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<tr>
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<td>EP-51887</td>
</tr>
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<td>RR-1215-3IE</td>
</tr>
<tr>
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<td>RB-9857-3IE</td>
</tr>
</tbody>
</table>
The Continuing Lure of Violent Jihad
CT-429

The Costs of the Israeli-Palestinian Conflict
RR-740-DCR

The Costs of the Israeli-Palestinian Conflict
RR-740-1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary
RR-740/1-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Arabic translation)
RR-740/2-DCR

The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation)
RR-740/3-DCR

The Days After a Deal with Iran: Congress's Role in Implementing a Nuclear Agreement
PE-139-OSD

The Days After a Deal with Iran: Implications for the Air Force
PE-137-RC

The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime
PE-135-RC

The Defender's Dilemma: Charting a Course Toward Cybersecurity
RR-1024-JNI

The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®
EP-50733

The Digital Catapult and productivity: A framework for productivity growth from sharing closed data
RR-1284-DC

The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program
RR-730-AACN

The Dynamics of the Conflicts in Syria and Iraq and the Threat Posed by Homegrown Terrorists and Returning Western Fighters
CT-443

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden
RR-1036-AUS

The Economic Impact of Achievement Gaps in Pennsylvania's Public Schools
RR-1159-TEU

The Economic Incidence of Health Care Spending in Vermont
RR-901-SVJFO
The Effect of Eliminating the Affordable Care Act’s Tax Credits in Federally Facilitated Marketplaces
RR-980-RC

The Effect of Housing and Stock Wealth Losses on Spending in the Great Recession
WR-1101

The Effect of Montana’s 24/7 Sobriety Program on DUI Re-arrest: Insights from a Natural Experiment with Limited Administrative Data
WR-1083-MHP

The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways
EP-50876

The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness
EP-50977

The Fair Labor Standards Act: Worker Misclassification and the Hours and Earnings Effects of Expanded Coverage
WR-1114

The Feasibility of Developing a Repository of Assessments of Hard-to-Measure Competencies
RR-1204-WFHF

The Federal Voting Assistance Program and the Road Ahead: Achieving Institutional Change Through Analysis and Collaboration
RR-882-OSD

The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead
RB-9862-OSD

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future
RR-1053-UKRF

The future of anticoagulation management in atrial fibrillation in Europe: An assessment of today’s challenges with recommendations for the future: Annexes
RR-1053/1-UKRF

The Future of Mobility: Scenarios for China in 2030
RR-991-IMFO

The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care
EP-50983

The Growing Strategic Threat of Radical Islamist Ideology
CT-422

The Hawai‘i Preschool-Third Grade Education Reform Initiative: How Well Did P–3 Work?
RB-9866-PPE

The Hungrier Games: Disaster Resilience Skills for Youth
TL-164-DCDH

The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas
RR-969-CTRMA

The Impact of Employment Transitions on Subjective Well-Being: Evidence from the Great Recession and Its Aftermath
WR-1127
The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio
RR-848-OAAPN

The Longitudinal Relationship Between Employment and Substance Use Among At-Risk Adolescents
EP-50716

The Impact of Sanctions Relief on Iran
CT-442

The Marijuana Legalization Debate: Insights for Vermont
RB-9825

RB-9864

The Medical Home and Hospital Readmissions
EP-50940

The Implications of the Paris Terrorist Attack for American Strategy in Syria and Homeland Security
CT-445

The Mental Health Association of San Francisco Partner Organizations Meet Their Goals in Stigma Reduction Efforts: Results of a Qualitative Evaluation of the Technical Assistance Process
RR-1245-CMHSA

The Influence of Internal Migration on Male Earnings in Brazil, 1970–2000
WR-1090

The Minimum Quality Criteria Set (QI-MQCS) for Critical Appraisal: Advancing the Science of Quality Improvement
EP-50887

The International AIDS Vaccine Initiative’s capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda
RR-1147-IAVI

The Most Used and Most Helpful Facilitators for Patient-Centered Medical Home Implementation
EP-50699

The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent
EP-50738

CF-333-NIOSH

The Islamic State We Knew: Insights Before the Resurgence and Their Implications
RR-1267-OSD

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies
RR-1101-DH

The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature
RR-835-OSD
The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies: Extended summary
RR-1101/1-DH

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-NIJ

The Potential of Blind Collaborative Justice: Testing the Impact of Expert Blinding and Consensus Building on the Validity of Forensic Testimony
RR-804-1-NIJ

The Price Elasticity of Demand for Heroin: Matched Longitudinal and Experimental Evidence
EP-50965

The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries
EP-50918

The Psychometric Performance of the PROMIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration
EP-50673

The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans
EP-50966

The Relationship Between Post Traumatic Stress Disorder (PTSD) Symptoms and Career Outcomes of Army Enlisted Servicemembers
RGSD-343

The rise of a global middle class: Global societal trends to 2030: Thematic report 6
RR-920/6-EC

The Role of Oil in ISIL Finances
CT-448

The Role of Social Relationships in the Transmission and Prevention of HIV Among Homeless Youth and Male Sex Workers: Three Essays
RGSD-352

The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging
RR-488-IPMO

The Syrian Refugee Crisis and U.S. National Security
CT-444

The Terrorism Threat to the United States and Implications for Refugees
CT-433

The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain
EP-50829

The U.S. Department of Defense's Earned Value Management–Analyst Workforce
RR-1254-OSD
RR-392-AF

The Ukrainian Crisis and European Security: Implications for the United States and U.S. Army
RR-903-A

The United States' European Phased Adaptive Approach Missile Defense System: Defending Against Iranian Missile Threats Without Diluting the Russian Deterrent
RR-957-TSF

The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description
RR-1336-TUCI

The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?
RGSD-359

There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq
CT-426

There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq: Addendum
CT-426/1

Three Studies in Conflict
RGSD-353

Time period choice modelling – review of practice
RR-1127-BTS

Toolkit for Weighting and Analysis of Nonequivalent Groups: A Tutorial on the TWANG Commands for Stata
TL-170-NIDA

RR-381-A

Total Fluid Intake and Its Determinants: Cross-Sectional Surveys Among Adults in 13 Countries Worldwide
EP-51879

Total Fluid Intake of Children and Adolescents: Cross-Sectional Surveys in 13 Countries Worldwide
EP-51877

Training Cyber Warriors: What Can Be Learned from Defense Language Training?
RR-476-OSD

Transitions of Care for Stroke Patients Opportunities to Improve Outcomes
EP-50955

Treatment for dementia: Learning from breakthroughs for other conditions
RR-909-DH

Trends in Health Insurance Enrollment, 2013-15
EP-50692
Trust and Financial Advice
WR-1075

Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer
EP-50629

TWANG Short Course/Educational Videos: Three Videos—Introduction, Propensity Score Weighted Analyses with 2 Groups, and Propensity Score Weighted Analyses with More Than 2 Groups
PT-147

RB-9858/3-AF

U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item
EP-50835

U.S.–Japan Alliance Conference Series Proceedings
PT-138

Uncovering Multivariate Structure in Classroom Observations in the Presence of Rater Errors
EP-50674

Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity
EP-50678

Understanding Data Requirements of Retrospective Studies
EP-66235

Understanding Low Survey Response Rates Among Young U.S. Military Personnel
RR-881-AF

Understanding the factors that matter in the implementation of Bolsa Família: Using an analysis of federal datasets to look inside the programme’s ‘black box’
RR-705-RE

Understanding the Upstream Social Determinants of Health
WR-1096-RC

United States Service Academy Admissions: Selecting for Success at the Military Academy/West Point and as an Officer
RR-723-OSD

Unmet Health Care Need in US Adolescents and Adult Health Outcomes
EP-50853

Unraveling the Aging Skein: Disentangling Sensory and Cognitive Predictors of Age-Related Differences in Decision Making
EP-50991

Urological Chronic Pelvic Pain Syndrome Flares and Their Impact: Qualitative Analysis in the MAPP Network
EP-50653

Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States
EP-51888
US Religious Congregations’ Programming to Support Veterans: A Mixed Methods Study
EP-50931

Use of Concept Mapping to Characterize Relationships Among Implementation Strategies and Assess Their Feasibility and Importance: Results from the Expert Recommendations for Implementing Change (ERIC) Study
EP-50850

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults
EP-50695

Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise
EP-50996

Using Causal Models in Heterogeneous Information Fusion to Detect Terrorists
EP-50992

Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety
RR-1224-RWJ

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems
EP-50666

Using Workforce Information for Degree Program Planning in Texas
RR-1011-CFAT

Validation and Modification of Dried Blood Spot-Based Glycosylated Hemoglobin Assay for the Longitudinal Aging Study in India
EP-51902

Valuing Coastal Natural Capital in a Bioeconomic Framework
WR-1071

Valuing the Care We Provide Our Elders
RB-9817

Variations in Decision-Making Profiles by Age and Gender: A Cluster-Analytic Approach
EP-50725

Victim Compensation Funds and Tort Litigation Following Incidents of Mass Violence
EP-66272

RR-908-NIJ

CF-334-CMEPP

Using Institutional Theory to Analyse Hospital Responses to External Demands for Finance and Quality in Five European Countries
EP-66301

Using Future Internet Technologies to Strengthen Criminal Justice
RR-928-NIJ

Using Facebook to Recruit Young Adult Veterans: Online Mental Health Research
EP-50848
Workplace Accidents in Brazil Are Significantly Underreported: Inspection issues and informal workplaces make it difficult to determine true safety levels  
RB-9851-ALCF

Wrong-site Surgery, Retained Surgical Items, and Surgical Fires: A Systematic Review of Surgical Never Events  
EP-50722

Young Adult Veteran Perceptions of Peers' Drinking Behavior and Attitudes  
EP-50933

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience  
EP-50939
These proceedings summarize a workshop that researchers from the Israel Democracy Institute and RAND attended. The workshop is part of a collaborative effort aimed at developing new strategies to cope with asymmetric conflict in all its dimensions, including military operations, human rights and the role of law as it affects conflict, media, public opinion and political warfare, international diplomacy, the internal politics that come with democracy, and the preservation of civil liberties. The objective of this effort is to create an analytical framework, doctrines, and strategies that will enable democracies to effectively defend themselves against asymmetric threats while maintaining their commitment to democratic principles and humanitarian values. The proceedings presented here summarize two days of discussion that underscored the wide range and complexity of on-and—increasingly—off-the-battlefield issues that are part of contemporary conflict, the necessity of candid dialogue rather than the defense of established positions, and the objective of formulating the right questions instead of jumping to conventional answers. Underlying the discussions at the workshop was a sense of frustration that military superiority, even military success, no longer counts as it did in past conflicts. This was accompanied by a healthy humility about being able to find the correct formulas for success and concern that asymmetric conflicts are having a pernicious effect on the democracies being defended, luring them toward increasingly oppressive measures.
tainability, technology, growth, and development. RAND's 2014 Annual Report describes the many ways in which RAND develops solutions to public policy challenges to help make people around the world safer and more secure, healthier and more prosperous.

CP-22 (1/15)
RAND Review: January-February 2015. 2015

The cover story explores technology literacy in young children, and presents questions adults should consider to help ensure that "screen time" is purposefully integrated to support learning. A second feature presents the challenges and societal benefits of self-driving cars. The Q&A features Lillian Ablon, the first female winner of DEF CON 21, speaking on hacking and the importance of encouraging young girls to pursue their interests in STEM. The POV column features Ken Feinberg, administrator of several tragedy-related compensation programs, on the value of life. The Voices column offers a sober look at legalizing marijuana by Beau Kilmer, codirector of the RAND Drug Policy Research Center. We also report on a $5 million gift to the Pardee RAND Graduate School from the late John Cazier.

CP-22 (11/15)
RAND Review: November-December 2015. 2015

The cover story reports on efforts to help American veterans transition into the civilian workforce. A second, two-part feature on opioids looks first at the uptake of buprenorphine as a recovery drug that helps those addicted to heroin and prescription painkillers, and then at ways to combat poppy cultivation in Afghanistan, which supplies 90 percent of the world's opium. The Voices column features Rebecca Zimmerman's account of the experiences of frontline civilians—federal workers, contractors, aid workers, journalists—who return from conflict zones with disorders such as PTSD. The Research Briefly column describes RAND's efforts to improve anti-hazing initiatives and foster military family resilience programs for the U.S. Department of Defense. The Giving column describes the Lenzner Challenge Fund for Criminal Justice Research, spearheaded by Terry Lenzner, a pivotal figure in U.S. civil rights history.

CP-22 (3/15)
RAND Review: March-April 2015. 2015

The cover story explores homegrown terrorism, with a focus on recent RAND research about American jihadists and lessons learned from recent terrorist attacks in France. A second feature presents research and analysis from RAND Europe about the problem of drug-resistant superbugs and the estimated economic costs of antimicrobial resistance. The Q&A features war veteran, caregiver, writer, and RAND researcher Kayla Williams. The POV column features Judith Rodin, president of The Rockefeller Foundation, on resilience building in cities and institutions. The Voices column by RAND president and CEO Michael Rich takes a look at what research says about profiling. We also report on a $1 million gift to the Pardee RAND Graduate School from Donald B. and Susan F. Rice.

CP-22 (5/15)
RAND Review: May-June 2015. 2015

The cover story explores the promise of "smart" grids, and concerns about related privacy and cybersecurity standards. A second feature presents research and analysis about the nuclear deal with Iran, with a focus on what to expect in the days after a deal. The Q&A features Marc Elliott, who holds the distinguished chair in statistics and was recently identified in a Thomson Reuters ScienceWatch report as one of the world's most cited scientists. The POV column features Raynard Kington, a RAND alum and current president of Grinnell College, on diversity in the biomedical scientific workforce. The Voices column by Shelly Culbertson takes a look at the education crisis among Syrian children. We also report on a $1 million gift to the Pardee RAND Graduate School from Lynda and Stewart Resnick.
The cover story reports on a new RAND study that calculates the economic costs of the ongoing Israeli-Palestinian conflict. A second feature describes RAND’s partnership with a dozen Los Angeles–area food trucks to test whether healthier menu options would sell. The issue also includes excerpts from a commencement speech delivered by RAND vice president Jack Riley at the University of Pennsylvania on criminal justice and national security. The Q&A features Krishna Kumar, who holds the distinguished chair in international economic policy at RAND, on how policy research and analysis can benefit the developing world. The POV column features Howard Gordon, the award-winning writer and producer of such television shows as 24 and Homeland (and newest member of the RAND Center for Middle East Public Policy Advisory Board), on the depiction of terrorism on TV. The Voices column features Paula Thornhill’s recommendations on how to bridge the civilian-military divide. We also report on the formation of RANDNext, a new membership program to engage philanthropically minded early- to mid-career professionals. 

The cover story reports on the staggering costs of dementia—economic and personal—in the United States. A second feature, Interdependence Day, considers a new global order and the most critical global choices and challenges the next U.S. president will likely face. The Voices column features Jeanne Ringel’s tips to protect the health of kids heading back to school. The Research Briefly column presents research findings on the safety of vaccines, children’s access to guns in their homes, and care and treatment in terminal patients. The Giving column describes how economist Christine Eibner leveraged the donor-funded COMPARE microsimulation model to estimate the effects of health reform on key outcomes, including the number of newly insured as a result of the Affordable Care Act and the amount of government spending. We also report on RAND’s participation in the Consortium for Resilient Gulf Communities, formed to assess and address the impacts of the 2010 Deepwater Horizon oil spill; RAND’s new Water and Climate Resilience Center; and RAND’s newest trustees.

TESTIMONY

CT-404/1
Preparing for the Possibility of a North Korean Collapse: Chinese translation (simplified characters). Bruce W. Bennett. 2015

Written testimony submitted to the U.S. China Economic and Security Review Commission on March 10, 2011.

CT-404/2
Preparing for the Possibility of a North Korean Collapse: Chinese translation (traditional characters). Bruce W. Bennett. 2015

Written testimony submitted to the U.S. China Economic and Security Review Commission on March 10, 2011.

CT-422
The Growing Strategic Threat of Radical Islamist Ideology. Rick Brennan Jr. 2015

Testimony presented before the House Foreign Affairs Committee on February 12, 2015.

CT-423
Performance Metrics to Improve Police-Community Relations. Jessica Saunders. 2015

Testimony presented before a joint meeting of the California State Assembly and California State Senate Public Safety Committees on February 10, 2015.
CT-424

Testimony presented before the House Homeland Security Committee, Subcommittee on Oversight and Management Efficiency on February 26, 2015.

CT-425
Sharing Information About Threats Is Not a Cybersecurity Panacea. Martin C. Libicki. 2015


CT-426
There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq. Brian Michael Jenkins. 2015

Testimony presented before the Senate Homeland Security and Governmental Affairs Committee on March 12, 2015.

CT-426/1
There Will Be Battles in the Heart of Your Abode: The Threat Posed by Foreign Fighters Returning From Syria and Iraq: Addendum. Brian Michael Jenkins. 2015

Document submitted on April 17, 2015 as an addendum to testimony presented before the Senate Homeland Security and Governmental Affairs Committee on March 12, 2015.

CT-427
Containing Middle East Terror: Measures to Reduce the Threat Posed By Foreign Fighters Returning from Syria and Iraq. Brian Michael Jenkins. 2015


CT-428
Higher Education Benefits for Post-9/11 Military Service Members and Veterans. Gabriella C. Gonzalez, Laura L. Miller, Peter Buryk, Jennie W. Wenger. 2015


CT-429
The Continuing Lure of Violent Jihad. Brian Michael Jenkins. 2015

Testimony presented before the House Homeland Security Committee on March 24, 2015.

CT-430
Breaking the Bank: Undermining Terrorist Financing. Seth G. Jones. 2015

Testimony presented before the House Financial Services Committee, Task Force to Investigate Terrorist Financing on April 22, 2015.

CT-430/1
A Survey of Terrorist Financing: Addendum. Seth G. Jones. 2015

Document submitted on June 12, 2015 as an addendum to testimony presented before the House Financial Services Committee, Task Force to Investigate Terrorist Financing on April 22, 2015.

CT-431
Historical Lessons for the Wars in Iraq and Syria. Seth G. Jones. 2015

Testimony presented before the House Foreign Affairs Committee, Subcommittee on the Middle East and North Africa on April 30, 2015.

CT-432

Testimony presented before the Senate Energy and Natural Resources Committee on May 12, 2015.

Document submitted on May 26, 2015 as an addendum to testimony presented before the Senate Energy and Natural Resources Committee on May 12, 2015.

The Terrorism Threat to the United States and Implications for Refugees. Seth G. Jones. 2015

Testimony presented before the House Homeland Security Committee, Subcommittee on Counterterrorism and Intelligence on June 24, 2015.

An Assessment of the Counter-ISIL Campaign: One Year after Mosul. Linda Robinson. 2015

Testimony presented before the House Armed Services Committee, Subcommittee on Emerging Threats and Capabilities on June 24, 2015.

An Assessment of the Counter-ISIL Campaign: One Year after Mosul: Addendum. Linda Robinson. 2015

Document submitted August 24, 2015 as an addendum to testimony presented before the House Armed Services Committee, Subcommittee on Emerging Threats and Capabilities on June 24, 2015.


Limiting Regret: Building the Army We Will Need. Timothy M. Bonds. 2015

Testimony presented before the National Commission on the Future of the Army on August 18, 2015.

Limiting Regret: Building the Army We Will Need: Addendum. Timothy M. Bonds. 2015

Testimony with annotated slides presented before the National Commission on the Future of the Army on August 18, 2015.


Testimony submitted to the House Homeland Security Committee, Subcommittee on Oversight and Management Efficiency on September 18, 2015.

Perspective on 2015 DoD Cyber Strategy. Lara Schmidt. 2015

Testimony presented before the House Armed Services Committee on September 29, 2015.

Strengthening Trust Between Police and the Public in an Era of Increasing Transparency. Brian A. Jackson. 2015

Testimony presented before the House Republican Policy Committee Law Enforcement Task Force on October 6, 2015.
What Works Best When Conducting Security Cooperation?. Christopher Paul. 2015

Testimony presented before the House Armed Services Committee on October 21, 2015.

CT-442
The Impact of Sanctions Relief on Iran. Alireza Nader. 2015

Testimony presented before the House Oversight and Governmental Reform Committee, Subcommittee on National Security on November 5, 2015.

CT-443
The Dynamics of the Conflicts in Syria and Iraq and the Threat Posed by Homegrown Terrorists and Returning Western Fighters. Brian Michael Jenkins. 2015

Testimony submitted before the House Foreign Affairs Committee and House Homeland Security Committee on November 18, 2015.

CT-444

Testimony presented before the House Judiciary Committee, Subcommittee on Immigration and Border Security on November 19, 2015.

CT-445

Testimony presented before the Senate Homeland Security and Governmental Affairs Committee on November 19, 2015.

CT-446
Reforming the American Military Officer Personnel System. Bernard D. Rostker. 2015

Testimony presented before the Senate Armed Services Committee on December 2, 2015.

Inspiration, Not Infiltration: Jihadist Conspirators in the United States. Brian Michael Jenkins. 2015

Testimony presented before the House Oversight Committee, Subcommittee on National Security and Subcommittee on Health Care, Benefits, and Administrative Rules on December 10, 2015.

CT-448
The Role of Oil in ISIL Finances. Keith Crane. 2015

Testimony presented before the Senate Energy and Natural Resources Committee on December 10, 2015.

EXTERNAL PUBLICATIONS

EP-50622

CONTEXT: Increasing interest in end-of-life care has resulted in many tools to measure the quality of care. An important outcome measure of end-of-life care is the family members’ or caregivers’ experiences of care. OBJECTIVES: To evaluate the instruments currently in use to inform next steps for research and policy in this area. METHODS: We conducted a systematic review of PubMed, PsycINFO, and PsycTESTS® for all English-language articles published after 1990 using instruments to measure adult patient, family, or informal caregiver experiences with end-of-life care. Survey items were abstracted and categorized into content areas identified through an iterative method using three independent review-
ers. We also abstracted information from the most frequently used surveys about the identification of proxy respondents for after-death surveys, the timing and method of survey administration, and the health care setting being assessed. RESULTS: We identified 88 articles containing 51 unique surveys with available content. We characterized 14 content areas variably present across the 51 surveys. Information and care planning, provider care, symptom management, and overall experience were the most frequent areas addressed. There was also considerable variation across the surveys in the identification of proxy respondents, the timing of survey administration, and in the health care settings and services being evaluated. CONCLUSION: This review identified several comprehensive surveys aimed at measuring the experiences of end-of-life care, covering a variety of content areas and practical issues for survey administration. Future work should focus on standardizing surveys and administration methods so experiences of care can be reliably measured and compared across care settings.

**EP-50623**

Doctor of Nursing Practice by 2015: An Examination of Nursing Schools' Decisions to Offer a Doctor of Nursing Practice Degree. Grant R. Martsof, David I. Auerbach, Joanne Spetz, Marjorie L. Pearson, Ashley N. Muchow. 2015

BACKGROUND: The American Association of Colleges of Nursing recommends that nursing schools transition their APRN programs to doctoral of nursing practice (DNP) programs by 2015. However, most schools have not yet made this full transition. PURPOSE: To understand schools' decisions regarding the full transition to the DNP. METHODS: Key informant interviews and an online survey of nursing school deans and program directors. DISCUSSION: The vast majority of schools value the DNP in preparing APRNs for the future of the healthcare system. However, other important factors influence many schools to fully transition or not to the BSN-to-DNP, including perceived student and employer demand, issues concerning accreditation and certification, and resource constraints. CONCLUSION: Multiple pathways to becoming an APRN are likely to remain until various factors (e.g., student and employer demand, certification and accreditation issues, and resource constraints) yield a more favorable environment for a full transition to the DNP.

**EP-50625**


This interim report describes the progress of the nine 'Trailblazer' projects that received funds from the Social Enterprise Investment Fund in 2013 to investigate the feasibility of setting up Social Impact Bond (SIB) projects in health and social care in England. The findings discussed in this report are based on a literature review of the SIB literature and on documentary analysis and qualitative interviews with key informants involved in UK SIB development undertaken between May and November 2014. The Trailblazers cover a variety of health and social care issues and are in different stages of development. As of December 2014, two projects were operational, and five projects were still in negotiation. Two Trailblazers will not become SIBs as one project has been fully funded by a public commissioner and the other was terminated before the contractual stage. This report details the diversity of models and approaches to SIB development across the nine Trailblazer projects. Chapters 4 and 5 were written collaborative-ly by the London School of Hygiene and Tropical Medicine (LSHTM) and RAND Europe teams.

**EP-50626**

OBJECTIVES: The objective was to determine emergency physician (EP) perceptions regarding 1) the extent to which they order medically unnecessary advanced diagnostic imaging, 2) factors that contribute to this behavior, and 3) proposed solutions for curbing this practice. METHODS: As part of a larger study to engage physicians in the delivery of high-value health care, two multispecialty focus groups were conducted to explore the topic of decision-making around resource utilization, after which qualitative analysis was used to generate survey questions. The survey was extensively pilot-tested and refined for emergency medicine (EM) to focus on advanced diagnostic imaging (i.e., computed tomography [CT] or magnetic resonance imaging [MRI]). The survey was then administered to a national, purposive sample of EPs and EM trainees. Simple descriptive statistics to summarize physician responses are presented. RESULTS: In this study, 478 EPs were approached, of whom 435 (91%) completed the survey; 68% of respondents were board-certified, and roughly half worked in academic emergency departments (EDs). Over 85% of respondents believe too many diagnostic tests are ordered in their own EDs, and 97% said at least some (mean = 22%) of the advanced imaging studies they personally order are medically unnecessary. The main perceived contributors were fear of missing a low-probability diagnosis and fear of litigation. Solutions most commonly felt to be "extremely" or "very" helpful for reducing unnecessary imaging included malpractice reform (79%), increased patient involvement through education (70%) and shared decision-making (56%), feedback to physicians on test-ordering metrics (55%), and improved education of physicians on diagnostic testing (50%). CONCLUSIONS: Overordering of advanced imaging may be a systemic problem, as many EPs believe a substantial proportion of such studies, including some they personally order, are medically unnecessary. Respondents cited multiple complex factors with several potential high-yield solutions that must be addressed simultaneously to curb overimaging.

EP-50627
Stop Putin's Next Invasion Before It Starts. Terrence K. Kelly. 2015

The U.S. should station forces in Eastern Europe to protect the Baltics from Russian aggression.

EP-50628
Late-life Depression, Suicidal Ideation, and Attempted Suicide: The Role of Individual Differences in Maximizing, Regret, and Negative Decision Outcomes. Wandi Bruine de Bruin, Alexandre Y. Dombrovski, Andrew M. Parker, Katalin Szanto. 2015

Suicide rates are highest in adults of middle and older age. Research with psychiatric patients has shown that proneness to feel regret about past decisions can grow so intense that suicide becomes a tempting escape. Here, we examine the additional role of individual differences in maximizing, or the tendency to strive for the best decision, rather than one that is good enough. We provided individual-difference measures of maximizing, regret proneness, and negative life decision outcomes (as reported on the Decision Outcome Inventory) to a nonpsychiatric control group, as well as three groups of psychiatric patients in treatment for suicide attempts, suicidal ideation, or non-suicidal depression. We found that scores on the three individual-difference measures were worse for psychiatric patients than for nonpsychiatric controls and were correlated to clinical assessments of depression, hopelessness, and suicidal ideation. More importantly, maximizing was associated with these clinical assessments, even after taking into account maximizers' worse life decision outcomes. Regret proneness significantly mediated those relationships, suggesting that maximizers could be at risk for clinical depression because of their proneness to regret. We discuss the theoretical relevance of our findings and their promise for clinical practice. Ultimately, late-life depression and suicidal ideation may be treated with interventions that promote better decision making and regret regulation.
Tumor Board Participation Among Physicians Caring for Patients with Lung or Colorectal Cancer. Kenneth L. Kehl, Mary Beth Landrum, Katherine L. Kahn, Stacy W. Gray, Aileen B. Chen, Nancy L. Keating. 2015

PURPOSE: Multidisciplinary tumor board meetings are common in cancer care, but limited evidence is available about their benefits. We assessed the associations of tumor board participation and structure with care delivery and patient outcomes. METHODS: As part of the CanCORS study, we surveyed 1,601 oncologists and surgeons about participation in tumor boards and specific tumor board features. Among 4,620 patients with lung or colorectal cancer diagnosed from 2003 to 2005 and seen by 1,198 of these physicians, we assessed associations of tumor board participation with patient survival, clinical trial enrollment, guideline-recommended care, and patient-reported quality, adjusting for patient and physician characteristics. RESULTS: Weekly physician tumor board participation (v participation less often or never) was not associated with patient survival, although in exploratory subgroup analyses, weekly participation was associated with lower mortality for extensive-stage small-cell lung cancer and stage IV colorectal cancer. Patients treated by the 54% of physicians participating in tumor boards weekly (v less often or never) were more likely to enroll onto clinical trials (odds ratio [OR], 1.6; 95% CI, 1.1 to 2.2). Patients with stage I to II non–small-cell lung cancer (NSCLC) whose physicians participated in tumor boards weekly were more likely to undergo curative-intent surgery (OR, 2.9; 95% CI, 1.3 to 6.8), although those with stage I to II NSCLC whose physicians’ meetings reviewed > one cancer site were less likely to undergo curative-intent surgery (OR, 0.1; 95% CI, 0.03 to 0.4). CONCLUSION: Among patients with lung or colorectal cancer, frequent physician tumor board engagement was associated with patient clinical trial participation and higher rates of curative-intent surgery for stage I to II NSCLC but not with overall survival.


We examined the influence of the built environment on pedestrian route selection among adolescent girls. Portable global positioning system units, accelerometers, and travel diaries were used to identify the origin, destination, and walking routes of girls in San Diego, California, and Minneapolis, Minnesota. We completed an inventory of the built environment on every street segment to measure the characteristics of routes taken and not taken. Route-level variables covering four key conceptual built environment domains (Aesthetics, Destinations, Functionality, and Safety) were used in the analysis of route choice. Shorter distance had the strongest positive association with route choice, whereas the presence of a greenway or trail, higher safety, presence of sidewalks, and availability of destinations along a route were also consistently positively associated with route choice at both sites. The results suggest that it may be possible to encourage pedestrians to walk farther by providing high-quality and stimulating routes.


Little is known about the health status of the 7.3 million Americans who enrolled in insurance plans through the Marketplaces established by the Affordable Care Act in 2014. Medication use may provide an early indicator of the health needs and access to care among Marketplace enrollees.
We used data from January–September 2014 on more than one million Marketplace enrollees from Express Scripts, the largest pharmacy benefit management company in the United States. We compared the characteristics and medication use between early and late Marketplace enrollees and between all Marketplace enrollees and enrollees with employer-sponsored insurance. Among Marketplace enrollees, we found that those who enrolled earlier (October 2013–February 2014) were older and used more medication than later enrollees. Marketplace enrollees, as a whole, had lower average drug spending and were less likely to use most medication classes than the employer-sponsored comparison group. However, Marketplace enrollees were more likely to use medicines for hepatitis C and particularly for HIV.

EP-50632

The present study describes the processes related to the implementation of mHealth interventions for lifestyle modification in a randomized controlled trial conducted with prehypertensive subjects in Argentina, Guatemala, and Peru. Participants received, during the course of a year, a monthly counseling call from a trained caller and a one-way weekly tailored short message service (SMS) to promote lifestyle modification. We evaluated reach, fidelity, dose, and attrition to assess how the intervention was implemented. 637 prehypertensives were included in the study, 321 in the control and 316 in the intervention group. Fifty-three percent were women with a mean age of 43.4 years. Ninety-eight percent of the participants assigned to the mHealth arm were reached. The mean number of calls that had to be made to conduct a counseling call in prehypertensive subjects was 3.29; 1.55 (3.15 in Argentina, 2.58 in Guatemala and 4.12 in Peru). The overall median number of counseling calls was six (IQR 4–8) with no differences observed across the countries. With regard to SMS, 58.3 % of the participants reported that they received the SMS. Attrition rate was 13 % (24 % in Argentina, 10.5 % in Guatemala, and 4.7 % in Peru). The delivery of the intervention was challenging in the three countries with differences among them in process results. Process evaluation methods and metrics are useful to assess whether the intervention program was delivered as planned.

EP-50634
Assessing the Impact of Academic-Practice Partnerships on Nursing Staff. Marjorie L. Pearson, Candice C. Bowman, Jack Needleman, Aram Dobalian. 2015

BACKGROUND: The 'spillover effect' of academic-practice partnerships on hospital nursing staff has received limited attention. In 2007, the Department of Veterans Affairs (VA) created the VA Nursing Academy (VANA) to fund fifteen partnerships between schools of nursing and local VA healthcare facilities. In this paper, we examine the experiences of the VA staff nurses who worked on the units used for VANA clinical training. METHODS: We used survey methods to collect information from staff nurses at all active VANA sites on their characteristics, exposure to the program's clinical training activities, satisfaction with program components, and perspectives of the impact on their work and their own plans for education (N = 314). Our analyses utilized descriptive statistics and bivariate and multivariate regression. RESULTS: Results show that staff nurses working on VANA units had moderately high levels of exposure to the program's clinical education activities, and most reported positive experiences with those activities. The vast majority (80 %) did not perceive the presence of students as making their work more difficult. Among those who were enrolled or considering enrolling in a higher edu-
cation program, over a quarter (28%) said that their VA's participation in VANA had an influence on this decision. The majority of staff nurses were generally satisfied with their experience with the students. Their satisfaction with the program was related to the level or dose of their exposure to it. Those who were more involved were more satisfied. Greater interaction with the students, more information on the program, and a preceptor role were all independently associated with greater program satisfaction. CONCLUSIONS: Our study suggests that academic-practice partnerships may have positive spillover effects on staff nurses who work on clinical education units. Further, partnerships may be able to foster positive experiences for their unit nurses by focusing on informing and engaging them in clinical training activities. In particular, our results suggest that academic-practice partnerships should keep unit nurses well informed about program content and learning objectives, encourage frequent interaction with students, involve them in partnership-related unit-based activities, and urge them to become preceptors for the students.

EP-50637
Characterizing the Mental Health Care of U.S. Cambodian Refugees. Eunice C. Wong, Grant N. Marshall, Terry L. Schell, S. Megan Berthold, Katrin Hambarsoomian. 2015

OBJECTIVE: This study examined U.S. Cambodian refugees' utilization of mental health services across provider types, levels of minimally adequate care, and mode of communication with providers. METHODS: Face-to-face household interviews about mental health service use in the past 12 months were conducted as part of a study of a probability sample of Cambodian refugees. The analytic sample was restricted to the 227 respondents who met past 12-month criteria for posttraumatic stress disorder (PTSD) or major depressive disorder or both. Analyses were weighted to account for complex sampling design effects and for attrition. RESULTS: Fifty-two percent of Cambodian refugees who met diagnostic criteria obtained mental health services in the past 12 months. Of those who obtained care, 75% visited a psychiatrist and 56% a general medical provider. Only 7% had obtained care from other mental health specialty providers. Virtually all respondents who had seen a psychiatrist (100%) or a general medical doctor (97%) had been prescribed a psychotropic medication. Forty-five percent had received minimally adequate care. Most relied on interpreters to communicate with providers. CONCLUSIONS: Cambodian refugees' rates of mental health service utilization and minimally adequate care were comparable to those of individuals in the general U.S. population. Cambodian refugees obtained care almost entirely from psychiatrists and general medical doctors, and nearly all were receiving pharmacotherapy; these findings differ from rates seen in a nationally representative sample. Given this pattern of utilization, and the persistently high levels of PTSD and depression found among Cambodian refugees, treatment improvements may require identification of creative approaches to delivering more evidence-based psychotherapy.

EP-50638

OBJECTIVE: Explore patterns in patients' disclosures of supplement use and identify provider and patient characteristics associated with disclosures. METHODS: Cross-sectional study of 61 outpatient primary care, integrative medicine, and complementary medicine providers, and 603 of their patients. Primary outcomes were supplement disclosures (based on audio recorded office visits, post-visit patient surveys and medical record abstractions for the day of the visits). RESULTS: Seventy-nine percent of 603 patients reported on a post-visit survey that they took a total of 2107 dietary supplements. Of those taking supplements, 232 patients (48.6%) discussed at least
one supplement with their provider on the day of their office visit. However, patients disclosed only 714 (33.9%) of the 2107 supplements they were taking. Patients more frequently disclosed supplement use when they saw providers who attributed greater importance to asking about supplements. Patient characteristics such as patient activation, number of medical conditions, and use of prescription medications were not associated with disclosure of supplement use. CONCLUSIONS: Provider rating of the importance of asking about supplements is a major factor prompting patients’ disclosures of supplement use. Practice implications: Provider-targeted interventions to encourage provider awareness about potential supplement–drug interactions are needed to increase disclosures about dietary supplement use.

EP-50646
Do Experiences with Medicare Managed Care Vary According to the Proportion of Same-Race/Ethnicity/language Individuals Enrolled in One’s Contract?. Rebecca Anhang Price, Amelia M. Haviland, Katrin Hambarsoomian, Jacob W. Dembosky, Sarah J. Gaillot, Malcolm V. Williams, Marc N. Elliott. 2015

OBJECTIVE: To examine whether care experiences and immunization for racial/ethnic/language minority Medicare beneficiaries vary with the proportion of same-group beneficiaries in Medicare Advantage (MA) contracts. DATA SOURCES/STUDY SETTING: Exactly 492,495 Medicare beneficiaries responding to the 2008-2009 MA Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. DATA COLLECTION/EXTRACTION METHODS: Mixed-effect regression models predicted eight CAHPS patient experience measures from self-reported race/ethnicity/language preference at individual and contract levels, beneficiary-level case-mix adjustors, along with contract and geographic random effects. PRINCIPAL FINDINGS: As a contract's proportion of a given minority group increased, overall and non-Hispanic, white patient experiences were poorer on average; for the minority group in question, however, high-minority plans may score as well as low-minority plans. Spanish-prefering Hispanic beneficiaries also experience smaller disparities relative to non-Hispanic whites in plans with higher Spanish-prefering proportions. CONCLUSIONS: The tendency for high-minority contracts to provide less positive patient experiences for others in the contract, but similar or even more positive patient experiences for concentrated minority group beneficiaries, may reflect cultural competency, particularly language services, that partially or fully counterbalance the poorer overall quality of these contracts. For some beneficiaries, experiences may be just as positive in some high-minority plans with low overall scores as in plans with higher overall scores.

EP-50647

Adolescents often befriend peers who are similar to themselves on a range of demographic, behavioral, and social characteristics, including substance use. Similarities in lifetime history of marijuana use have even been found to predict adolescent friendships, and we examine whether this finding is explained by youth's selection of friends who are similar on a range of more proximate, observable characteristics that are risk factors for marijuana use. Using two waves of individual and social network data from two high schools that participated in Add Health (N = 1,612; 52.7% male), we apply longitudinal models for social networks to test whether or not several observable risky attributes (psychological, behavioral, and social) predict adolescent friendship choices, and if these preferences explain friend’s similarities on lifetime marijuana use. Findings show that similarities on several risk factors predict friendship choices, however controlling for this, the preference to befriend peers with a similar history of marijuana use largely persists. The results
highlight the range of social selection processes that lead to similarities in marijuana use among friends and larger peer groups, and that also give rise to friendship groups whose members share similar risk factors for substance use. Friends with high "collective risk" are likely to be important targets for preventing the onset and social diffusion of substance use in adolescents.

EP-50648

Cost Effectiveness of Dipeptidyl Peptidase-4 Inhibitors for Type 2 Diabetes. Jinsong Geng, Hao Yu, Yiwei Mao, Peng Zhang, Yingyao Chen. 2015

BACKGROUND: Dipeptidyl peptidase-4 (DPP-4) inhibitors are a new class of antidiabetic drugs used for treating type 2 diabetes mellitus. While many studies have reported on the cost-effectiveness of DPP-4 inhibitors for treating type 2 diabetes, a systematic review of economic evaluations of DPP-4 inhibitors is currently lacking. OBJECTIVES: The aim of this systematic review was to assess the cost effectiveness of DPP-4 inhibitors for patients with type 2 diabetes. DATA SOURCES: MEDLINE, EMBASE, National Health Service Economic Evaluation Database (NHS EED), Web of Science, EconLit databases, and the Cochrane Library were searched in November 2013. STUDY ELIGIBILITY CRITERIA, PARTICIPANTS AND INTERVENTIONS: Studies assessing the cost effectiveness of DPP-4 inhibitors for type 2 diabetes were eligible for analysis. DPP-4 inhibitor monotherapy or combinations with other antidiabetic agents were included in the review. The DPP-4 inhibitors were all marketed drugs. Two reviewers independently reviewed titles, abstracts, and articles sequentially to select studies for data abstraction based on the inclusion and exclusion criteria. Disagreements were resolved by consensus. STUDY APPRAISAL AND SYNTHESIS METHODS: The quality of included studies was assessed according to the 24-item checklist of the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) statement. The costs reported by the included studies were converted to US dollars via purchasing power parities (PPP) in the year 2013 using the CCEMG-EPPI-Center Cost Converter. RESULTS: A total of 11 published studies were selected for inclusion; all were cost-utility analyses. Nine studies were conducted from a payer perspective and one used a societal perspective; however, the perspective of the other study was unclear. Four studies were of good quality, six were of moderate quality, and one was of low quality. Of the seven studies comparing DPP-4 inhibitors plus metformin with sulfonylureas plus metformin, six concluded that DPP-4 inhibitors were cost effective in patients with type 2 diabetes who were no longer adequately controlled by metformin monotherapy. Five studies compared DPP-4 inhibitors with thiazolidinediones, and whether DPP-4 inhibitors were cost effective was uncertain. Only two economic evaluations provided data to compare DPP-4 inhibitors versus insulin, and the results favored the use of DPP-4 inhibitors as second-line therapy. LIMITATIONS: Synthesis of the data was impossible because of heterogeneity in the methodology and data sources of the economic evaluations, and the inclusion criteria excluded conference abstracts. It was difficult to find reliable weightings for each of the items of the CHEERS checklist, and the ratings were dichotomous. CONCLUSIONS AND IMPLICATIONS OF KEY FINDINGS: This study provides the first systematic evaluation of DPP-4 inhibitors for patients with type 2 diabetes. It found that, in patients with type 2 diabetes who do not achieve glycemic targets with antidiabetic monotherapy, DPP-4 inhibitors as add-on treatment may represent a cost-effective option compared with sulfonylureas and insulin. However, high-quality cost-effectiveness analyses that utilize long-term follow-up data and have no conflicts of interest are still needed.

EP-50649


OBJECTIVE: To determine whether (a) qual-
ity in schizophrenia care varies by race/ethnicity and over time and (b) these patterns differ across counties within states. **DATA SOURCES:** Medicaid claims data from California, Florida, New York, and North Carolina during 2002-2008. **STUDY DESIGN:** We studied black, Latino, and white Medicaid beneficiaries with schizophrenia. Hierarchical regression models, by state, quantified person and county effects of race/ethnicity and year on a composite quality measure, adjusting for person-level characteristics. **PRINCIPAL FINDINGS:** Overall, our cohort included 164,014 person-years (41-61 percent non-whites), corresponding to 98,400 beneficiaries. Relative to whites, quality was lower for blacks in every state and also lower for Latinos except in North Carolina. Temporal improvements were observed in California and North Carolina only. Within each state, counties differed in quality and disparities. Between-county variation in the black disparity was larger than between-county variation in the Latino disparity in California, and smaller in North Carolina; Latino disparities did not vary by county in Florida. In every state, counties differed in annual changes in quality; by 2008, no county had narrowed the initial disparities. **CONCLUSIONS:** For Medicaid beneficiaries living in the same state, quality and disparities in schizophrenia care are influenced by county of residence for reasons beyond patients' characteristics.

**EP-50650**

**Antipsychotic Prescribing: Do Conflict of Interest Policies Make a Difference?**


**BACKGROUND:** Academic medical centers (AMCs) have increasingly adopted conflict of interest policies governing physician-industry relationships; it is unclear how policies impact prescribing. **OBJECTIVES:** To determine whether 9 American Association of Medical Colleges (AAMC)-recommended policies influence psychiatrists' antipsychotic prescribing and compare prescribing between academic and nonacademic psychiatrists. **RESEARCH DESIGN:** We measured number of prescriptions for 10 heavily promoted and 9 newly introduced/reformulated antipsychotics between 2008 and 2011 among 2464 academic psychiatrists at 101 AMCs and 11,201 nonacademic psychiatrists. We measured AMC compliance with 9 AAMC recommendations. **RESULTS:** Ten centers were AAMC compliant in 2008, 30 attained compliance by 2011, and 61 were never compliant. Share of prescriptions for heavily promoted antipsychotics was stable and comparable between academic and nonacademic psychiatrists (63.0%-65.8% in 2008 and 62.7%-64.4% in 2011). Psychiatrists in AAMC-compliant centers were slightly less likely to prescribe these antipsychotics compared with those in never-compliant centers (relative odds ratio, 0.95; 95% CI, 0.94-0.97; P<0.0001). Share of prescriptions for new/reformulated antipsychotics grew from 5.3% in 2008 to 11.1% in 2011. Psychiatrists in AAMC-compliant centers actually increased prescribing of new/reformulated antipsychotics relative to those in never-compliant centers (relative odds ratio, 1.39; 95% CI, 1.35-1.44; P<0.0001), a relative increase of 1.1% in probability. **CONCLUSIONS:** Psychiatrists exposed to strict conflict of interest policies prescribed heavily promoted antipsychotics at rates similar to academic psychiatrists and nonacademic psychiatrists exposed to less strict or no policies.

**EP-50651**

**From Subject to Participant: Ethics and the Evolving Role of Community in Health Research.**

Elizabeth Bromley, Lisa Mikesell, Felicia Jones, Dmitry Khodyakov. 2015

Belmont Report principles focus on the well-being of the research subject, yet community-
engaged investigators often eschew the role of subject for that of participant. We conducted semistructured interviews with 29 community and academic investigators working on 10 community-engaged studies. Interviews elicited perspectives on ethical priorities and ethical challenges. Interviewees drew on the Belmont Report to describe 4 key principles of ethical community-engaged research (embracing ethical action, respecting participants, generalizing beneficence, and negotiating justice). However, novel aspects of the participant role were the source of most ethical challenges. We theorize that the shift in ethical focus from subject to participant will pose new ethical dilemmas for community-engaged investigators and for other constituents interested in increasing community involvement in health research.

EP-50652

Gynecologists in the VA: Do They Enhance Availability of Sex-Specific Services and Policies in the Emergency Department?. Kristen E. Gray, Jodie G. Katon, Lisa S. Callegari, Kristina M. Cordasco, Laurie C. Zephyrin. 2015

OBJECTIVES: To examine the association between on-site gynecology and availability of sex-specific services and policies in Department of Veterans Affairs (VA) emergency departments (EDs). RESEARCH DESIGN: Cross-sectional analysis using data from a VA national inventory of emergency services for women and gynecologist staffing information from the VA Office of Productivity, Efficiency, and Staffing. SUBJECTS: ED directors from all VA medical centers (N=120). MEASURES: We used logistic regression to evaluate the association between on-site gynecologist full-time equivalents (FTEs, <0.5 and ≥0.5), and availability of sex-specific ED services, such as consult and follow-up within VA by a gynecologist, emergency contraception, rho (D) immunoglobulin, pelvic ultrasound, and transfer policies for obstetric and gynecologic emergencies. All analyses were adjusted for number of ED encounters by women. RESULTS: Greater gynecologist FTE (≥0.5 vs. <0.5) was associated with increased odds of on-site availability of a gynecology consultation in the ED [odds ratio (OR)=10.9; 95% confidence interval (CI): 3.2, 36.6] and gynecologist follow-up within VA after an ED encounter (OR=2.5; 95% CI: 1.0, 6.2). A positive trend was seen in availability of rho (D) immunoglobulin (OR=1.4; 95% CI: 0.6, 3.5) and presence of transfer policies for obstetric (OR=1.7; 95% CI: 0.7, 4.5) and gynecologic emergencies (OR=1.6; 95% CI: 0.6, 4.2). Half of the facilities with <0.5 FTE did not have transfer policies in place or under development. CONCLUSIONS: On-site gynecologist FTE is associated with improved availability of sex-specific care in EDs. Development of transfer processes for obstetric and gynecologic emergencies in settings with limited on-site gynecology is needed.

EP-50653


INTRODUCTION AND HYPOTHESIS: Although in-depth qualitative information is critical to understanding patients' symptom experiences and to developing patient-centered outcome measures, only one previous qualitative study has assessed urological chronic pelvic pain syndrome (UCPPS) symptom exacerbations ("flares"). METHODS: We conducted eight focus groups of female UCPPS (interstitial cystitis/bladder pain syndrome) patients at four sites from the MAPP Research Network (n = 57, mean = 7/group) to explore the full spectrum of flares and their impact on patients' lives. RESULTS: Flare experiences were common and varied widely in terms of UCPPS symptoms involved, concurrent nonpelvic symptoms (e.g., diarrhea), symptom intensity (mild to severe), duration (minutes to years), and frequency (daily to < once/year), although the most commonly described flares were painful flares lasting days.
These latter flares were also most disruptive to participants' lives, causing some to cancel social events, miss work or school, and in the worst cases, go to the emergency room or on disability leave. Participants also reported a longer-term impact of flares, including negative effects on their sexual functioning and marital, family, and social relationships; and the loss of employment or limited career or educational advancement. Emerging themes included the need for a sense of control over unpredictable symptoms and reduced social engagement. CONCLUSIONS: Given their negative impact, future research should focus on approaches to prevent flares, and to reduce their frequency, severity, and/or duration. Patients' quality of life may also be improved by providing them with a sense of control over their symptoms through ready access to flare medications/therapy, and by engaging them socially.

Local Cross-Border Disease Surveillance and Control: Experiences from the Mekong Basin. Melinda Moore, David J. Dausey. 2015

BACKGROUND: The Mekong Basin Disease Surveillance cooperation (MBDS) is one of several sub-regional disease surveillance networks that have emerged in recent years as an approach to transnational cooperation for infectious disease prevention and control. Since 2003 MBDS has pioneered a unique model for local cross-border cooperation. This study examines stakeholders' perspectives of these MBDS experiences, based on a survey of local managers and semi-structured interviews with MBDS leaders and the central coordinator. RESULTS: Fifteen managers from 12 of 20 paired cross-border sites completed a written survey. They all monitor most or all of the 17 diseases agreed upon for MBDS surveillance information sharing. Fourteen agreed or strongly agreed with statements about the core MBDS values of cooperation, mutual trust, and transparency, and their own contributions to national and regional disease control (average score of 4.4 of 5.0). Respondents felt they implemented well to very well activities related to surveillance reporting (average scores 3.4 to 3.9 of 4.0), using computers for their work (3.9/4.0), and using surveillance data for action (3.8/4.0). Respondents reported that they did worst in implementing research (2.1/4.0) and somewhat poorly for local laboratory testing (2.9/4.0) and local coordination with cross-border counterparts (2.9/4.0), although all 15 maintain a list with contact information for these counterparts and many know their counterparts. Implementation of specified activities within their collective regional action plan was uneven across the cross-border sites. Most respondents reported positive lessons learned about local cooperation, information sharing and joint problem solving, based on trusting relationships with their cross-border counterparts. They recommend expansion of cross-border sites within MBDS and consideration of the cross-border cooperation model by other sub-regional networks. CONCLUSIONS: MBDS has over a decade of experience with its model of local cross-border cooperation in disease surveillance and control. Frontline managers have documented success with this model, strongly support it and recommend its expansion within and beyond the MBDS network. The MBDS cross-border cooperation model is standing the test of time as a solid approach to building and sustaining the public health capabilities needed for disease surveillance and control from the local to national and global levels.


This chapter describes some of the challenges the Los Angeles County Department of Public Health (LACDHP) faced during the pH1N1 response associated with simultaneous operation of emergency and routine operations.

OBJECTIVES: Despite the potential benefits of shared decision-making (SDM), its integration into emergency care is challenging. Emergency physician (EP) perceptions about the frequency with which they use SDM, its potential to reduce medically unnecessary diagnostic testing, and the barriers to employing SDM in the emergency department (ED) were investigated. METHODS: As part of a larger project examining beliefs on overtesting, questions were posed to EPs about SDM. Qualitative analysis of two multispecialty focus groups was done exploring decision-making around resource use to generate survey items. The survey was then pilot-tested and revised to focus on advanced diagnostic imaging and SDM. The final survey was administered to EPs recruited at four emergency medicine (EM) conferences and 15 ED group meetings. This report addresses responses regarding SDM. RESULTS: A purposive sample of 478 EPs from 29 states were approached, of whom 435 (91%) completed the survey. EPs estimated that, on average, multiple reasonable management options exist in over 50% of their patients and reported employing SDM with 58% of such patients. Respondents perceived SDM as a promising solution to overtesting. However, despite existing research to the contrary, respondents also commonly cited beliefs that 1) "many patients prefer that the physician decides," 2) "when offered a choice, many patients opt for more aggressive care than they need," and 3) "it is too complicated for patients to know how to choose." CONCLUSIONS: Most surveyed EPs believe SDM is a potential high-yield solution to overtesting, but many perceive patient-related barriers to its successful implementation.


OBJECTIVE: To assess the utility of imputing race/ethnicity using U.S. Census race/ethnicity, residential address, and surname information compared to standard missing data methods in a pediatric cohort. DATA SOURCES/STUDY SETTING: Electronic health record data from 30 pediatric practices with known race/ethnicity. STUDY DESIGN: In a simulation experiment, we constructed dichotomous and continuous outcomes with pre-specified associations with known race/ethnicity. Bias was introduced by nonrandomly setting race/ethnicity to missing. We compared typical methods for handling missing race/ethnicity (multiple imputation alone with clinical factors, complete case analysis, indicator variables) to multiple imputation incorporating surname and address information. PRINCIPAL FINDINGS: Imputation using U.S. Census information reduced bias for both continuous and dichotomous outcomes. CONCLUSIONS: The new method reduces bias when race/ethnicity is partially, nonrandomly missing.

Opening the "Black Box" of GME Costs and Benefits: A Conceptual Model and a Call for Systematic Studies. Barbara O. Wynn. 2015

At the heart of the current debate on financing graduate medical education (GME) is a seemingly simple question, how much does it cost hospitals and other health care providers to participate in GME? The answer has important implications for both the number and types of residency programs offered and the level of federal support needed to meet future physician workforce needs. Yet the question itself is not well understood, and information needed to answer it is lacking. Despite the importance that the net costs of operating individual residency training programs might have for the
decisions sponsoring institutions make about operating these programs, the Institute of Medicine’s (IOM) recent report, Graduate Medical Education That Meets the Nation’s Health Care Needs, concludes that there is little understanding of the bottom-line financial impact of programs in various specialties, and that the costs and benefits of providing resident education are a "black box." As a step toward opening up this "black box," the IOM report recommended data collection and detailed reporting on the use of Medicare GME funds.

**EP-50660**

Fast Methods for Jackknifing Inequality Indices.
Lynn A. Karoly, Carsten Schroder. 2015

The jackknife is a resampling method that uses subsets of the original database by leaving out one observation at a time from the sample. The paper outlines a procedure to obtain jackknife estimates for several inequality indices with only a few passes through the data. The number of passes is independent of the number of observations. Hence, the method provides an efficient way to obtain standard errors of the estimators even if sample size is large. We apply our method using micro data on individual incomes for Germany and the US.

**EP-50662**

Why Do Patients with Multimorbidity in England Report Worse Experiences in Primary Care? Evidence from the General Practice Patient Survey.
Charlotte Paddison, Catherine L. Saunders, Gary A. Abel, Rupert A. Payne, John Campbell, Martin Roland. 2015

OBJECTIVES: To describe and explain the primary care experiences of people with multiple long-term conditions in England. DESIGN AND METHODS: Using questionnaire data from 906,578 responders to the English 2012 General Practice Patient Survey, we describe the primary care experiences of patients with long-term conditions, including 583,143 patients who reported one or more long-term conditions. We employed mixed effect logistic regressions to analyse data on six items covering three care domains (access, continuity and communication) and a single item on overall primary care experience. We controlled for sociodemographic characteristics, and for general practice using a random effect, and further, controlled for, and explored the importance of, health-related quality of life measured using the EuroQoL (EQ-5D) scale. RESULTS: Most patients with long-term conditions report a positive experience of care at their general practice (after adjusting for sociodemographic characteristics and general practice, range 74.0-93.1% reporting positive experience of care across seven questions) with only modest variation by type of condition. For all three domains of patient experience, an increasing number of comorbid conditions is associated with a reducing percentage of patients reporting a positive experience of care. For example, compared with respondents with no long-term condition, the OR for reporting a positive experience is 0.83 (95% CI 0.80 to 0.87) for respondents with four or more long-term conditions. However, this relationship is no longer observed after adjusting for health-related quality of life measured using the EuroQoL (EQ-5D) scale: single condition=1.23 (1.21 to 1.26); four or more conditions=1.31 (1.25 to 1.37), with pain making the greatest difference among five quality of life variables included in the analysis. CONCLUSIONS: Patients with multiple long-term conditions more frequently report worse experiences in primary care. However, patient-centered measures of health-related quality of life, especially pain, are more important than the number of conditions in explaining why patients with multiple long-term conditions report worse experiences of care.

**EP-50663**

A Natural Experiment Opportunity in Two Low-Income Urban Food Desert Communities: Research Design, Community Engagement Methods, and Baseline Results.
Tamara Dubowitz, Collette Ncube, Kristin J. Leuschner. 2015

A growing body of evidence has highlighted an association between a lack of access to nutritious,
affordable food (e.g., through full-service grocery stores [FSGs]), poor diet, and increased risk for obesity. In response, there has been growing interest among policy makers in encouraging the siting of supermarkets in "food deserts," that is, low-income geographic areas with low access to healthy food options. However, there is limited research to evaluate the impact of such efforts, and most studies to date have been cross-sectional. The Pittsburgh Hill/Homewood Research on Eating, Shopping, and Health (PHRESH) is a longitudinal quasi-experimental study of a dramatic change (i.e., a new FSG) in the food landscape of a low-income, predominantly Black neighborhood. The study is following a stratified random sample of households (n = 1,372), and all food venues (n = 60) in both intervention and control neighborhoods, and the most frequently reported food shopping venues outside both neighborhoods. This article describes the study design and community-based methodology, which focused simultaneously on the conduct of scientifically rigorous research and the development and maintenance of trust and buy-in from the involved neighborhoods. Early results have begun to define markers for success in creating a natural experiment, including strong community engagement. Baseline data show that the vast majority of residents already shop at a FSG and do not shop at the nearest one. Follow-up data collection will help determine whether and how a new FSG may change behaviors and may point to the need for additional interventions beyond new FSGs alone.

Preventing Secondary Traumatic Stress in Educators. Stephen Hydon, Marleen Wong, Audra Langley, Bradley D. Stein, Sheryl H. Kataoka. 2015

Teachers can be vulnerable to secondary traumatic stress (STS) because of their supportive role with students and potential exposure to students’ experiences with traumas, violence, disasters, or crises. STS symptoms, similar to those found in posttraumatic stress disorder, include nightmares, avoidance, agitation, and withdrawal, and can result from secondary exposure to hearing about students’ traumas. This article describes how STS presents, how teachers can be at risk, and how STS can manifest in schools. A US Department of Education training program is presented, and thoughts on future directions are discussed.

Using the Knowledge Base of Health Services Research to Redefine Health Care Systems. Robert H. Brook, Mary E. Vaiana. 2015

This Perspective discusses 12 key facts derived from 50 years of health services research and argues that this knowledge base can stimulate innovative thinking about how to make health care systems safer, more efficient, more cost effective, and more patient centered, even as they respond to the needs of diverse communities.


BACKGROUND: Mobile health (mHealth) has been posited to contribute to the reduction in health gaps and has shown fast and widespread growth in developing countries. This growth demands understanding of, and preparedness for, local cultural contexts. OBJECTIVE: To describe the design and validation of text messages (short message service, SMS) that will be used for an mHealth behavioral change intervention to prevent hypertension in three Latin American countries: Argentina, Guatemala, and Peru. METHODS: An initial set of 64 SMS text messages were designed to promote healthy lifestyles among individuals in different stages of behavior change, addressing four key domains: salt and sodium intake, fruit and vegetable intake, consumption of high fat and sugar
foods, and physical activity. The 64 SMS text messages were organized into nine subsets for field validation. In each country 36 people were recruited, half of them being male. Of the participants, 4 per country evaluated each subset of SMS text messages, which contained between 6 and 8 SMS text messages regarding different key domains and stages of change. The understanding and appeal of each SMS text message was assessed using a 7-item questionnaire. The understanding and appeal ratings were used to reach a final set of 56 SMS text messages. RESULTS: Overall, each of the 64 SMS text messages received a total of 12 evaluations (4 per country). The majority of evaluations—742 out of a total of 767 (96.7%) valid responses—revealed an adequate understanding of the key idea contained in the SMS text message. On a scale from 1 to 10, the average appeal score was 8.7 points, with a range of 4 to 10 points. Based on their low scores, 8 SMS text messages per country were discarded. Once the final set of 56 SMS text messages was established, and based on feedback obtained in the field, wording and content of some SMS text messages were improved. Of the final set, 9, 8, and 16 of the SMS text messages were improved based on participant evaluations from Argentina, Guatemala, and Peru, respectively. Most SMS text messages selected for the final set (49/56, 88%) were the same in all countries, except for small wording differences. CONCLUSIONS: The final set of SMS text messages produced had very high rates of understanding and appeal in three different Latin American countries. This study highlights the importance of developing and validating a package of simple, preventative SMS text messages, grounded in evidence and theory, across three different Latin American countries with active engagement of end users.

SPREADING THE WORD: A PROCESS EVALUATION OF A VOLUNTARY AOD PREVENTION PROGRAM. Maria Orland Edelen, Joan S. Tucker, Elizabeth J. D'Amico. 2015

BACKGROUND AND OBJECTIVES: Research on voluntary after-school alcohol and other drug (AOD) prevention programs is limited. It is important to increase understanding of students' motivation to attend these types of programs and their tendency to transfer program information to peers. This paper summarizes efforts to evaluate process information for CHOICE, a voluntary after-school AOD prevention program for middle-school youth. METHODS: A survey administered to 1899 students aged 10-16 in seven schools assessed: (1) why students choose to attend CHOICE (2) barriers to attendance; and (3) how program information is disseminated to non-participants. Frequencies of responses from participants and non-participants were compared. RESULTS: Participants were motivated by several features, most notably, the demeanor of the group leaders and enjoyable curriculum content. Barriers to attendance were primarily logistic, but results also suggest that the promotion message should more effectively emphasize that CHOICE is appropriate for everyone. The majority of students knew about CHOICE, both through advertising and conversations with friends. Non-participants' detailed reports of what they heard from friends corresponded closely with what participants reported sharing. DISCUSSION AND CONCLUSIONS: The use of dynamic group leaders is critical to engaging students in voluntary programs. Offering the program on different days of the week or at different times (eg, before school) may improve attendance rates. Peer networks represent a critical pathway for prevention information that can help increase program impact. SCIENTIFIC SIGNIFICANCE: These results can be used to inform modifications to existing voluntary after-school AOD prevention programs to obtain higher attendance rates and more widespread dissemination of the intervention message.
Lindsay, Jessica Williams, Amanda M. Ayers, James Schuster, Alyssa Cilia, Michael T. Flaherty, Todd Mandell, Adam J. Gordon, Bradley D. Stein. 2015

BACKGROUND: Although numbers of physicians credentialed to prescribe buprenorphine has increased over time, many credentialed physicians may be reluctant to treat individuals with opioid use disorders due to discomfort with prescribing buprenorphine. Though prescribing physicians are required to complete a training course, many have questions about buprenorphine and treatment guidelines have not been updated to reflect clinical experience in recent years. We report on an expert panel process to update and expand buprenorphine guidelines. METHODS: We identified candidate guidelines through expert opinion and a review of the literature and used a modified RAND/UCLA Appropriateness Method to assess the validity of the candidate guidelines. An expert panel completed two rounds of rating, with a meeting to discuss the guidelines between the first and second rating. RESULTS: Through the rating process, expert panel members rated 90 candidate guideline statements across eight domains, including candidacy for buprenorphine treatment, dosing of buprenorphine, psychosocial counseling, and treatment of co-occurring depression and anxiety. A total of 65 guideline statements (72%) were rated as valid. Expert panel members had agreement in some areas, such as the treatment of co-occurring mental health problems, but disagreement in others, including the appropriate dosing of buprenorphine given patient complexities. CONCLUSIONS: Through an expert panel process, we developed an updated and expanded set of buprenorphine treatment guidelines; this additional guidance may increase credentialed physicians' comfort with prescribing buprenorphine to patients with opioid use disorders. Future efforts should focus on appropriate dosing guidance and ensuring that guidelines can be adapted to a variety of practice settings.

EP-50670

Many recent public and private strategies aimed at improving the quality and efficiency of the U.S. health care system focus on measuring, reporting on, and providing incentives for improving quality. In behavioral health care, despite recent efforts, quality measurement for even the more common conditions is less well developed than for comparable general medical conditions. The absence of a comprehensive set of well-accepted measures capable of demonstrating the value of behavioral health treatment makes building a case for devoting resources to treatment more difficult. This Open Forum reviews the current state of behavioral health quality measurement, describes the criteria relevant to assessing measures, and provides a case for encouraging the development, collection, and routine use of functional outcome measures in behavioral health care.

EP-50671
Hospital and Regional Variation in Medicare Payment for Inpatient Episodes of Care. Peter S. Hussey, Peter J. Huckfeldt, Samuel Hirshman, Ateev Mehrotra. 2015

Health care spending varies widely between geographic regions, but there is disagreement regarding the appropriate policy response. Regional policies include reducing Medicare payment rates in high-spending regions, limiting the supply of health care facilities using certificate-of-need criteria, and implementing care-improvement collaboratives. The Institute of Medicine opposed regional policies in favor of hospital- and health care professional-focused policies, such as bundled payments, accountable-care organizations, and value-based payments. Their concern was that substantial variation in Medicare spending occurs within geographic regions and high-performing
hospitals and health care professionals in low-performing regions would be unfairly penalized by regional policies. To further inform this debate, we compared the amount of spending variation that occurs between regions vs between hospitals.

**EP-50672**

Living Alone and Patient Care Experiences: The Role of Gender in a National Sample of Medicare Beneficiaries. Megan K. Beckett, Marc N. Elliott, Amelia M. Haviland, Q Burkhart, Sarah J. Gaillot, Daisy Montfort, Debra Saliba. 2015

BACKGROUND: Seniors who live alone are a large, growing population with poorer health outcomes. We examine the little-studied health care experiences and immunizations of older adults who live alone. METHODS: We use regression-based case-mix adjustment to compare immunizations and health care experiences of 325,649 adults aged 65 and older who lived alone to those who did not, overall and by gender and health status, using nationally representative data from the Medicare Consumer Assessment of Healthcare Providers and Systems (MCAHPS) surveys. Outcomes were five global care ratings (health plan, drug plan, doctor, specialists, all care), six composite care measures (getting needed care, getting care quickly, doctor communication, customer service, getting needed drugs, getting information from drug plan), and two immunization measures (influenza, pneumonia). RESULTS: About 30.3% of respondents lived alone. Women, older beneficiaries, and low income (Medicaid eligible) beneficiaries reported living alone at substantially higher rates than their counterparts. Care experiences for 8 of the 13 measures were significantly worse for those who lived alone than for others. The association differed significantly in magnitude by gender for 10 measures, with larger average differences for men. The largest disadvantages for those living alone were for immunization measures (eg, influenza &minus;6 percentage points, for men living alone vs other men). The disadvantages of living alone were not consistently greater for those in worse health. CONCLUSIONS: Living alone is associated with worse care experiences and immunization, especially for men. Health plans should target quality improvement and outreach efforts to beneficiaries who live alone, especially men.

**EP-50673**

The Psychometric Performance of the PROMIS Smoking Assessment Toolkit: Comparisons of Real-Data CATs, Short Forms, and Mode of Administration. Brian D. Stucky, Wenjing Huang, Maria Orlando Edelen. 2015

INTRODUCTION: The PROMIS® smoking Initiative has developed six items banks for assessment related to cigarette smoking among adult smokers (Nicotine Dependence, Coping Expectancies, Emotional and Sensory Expectancies, Health Expectancies, Psychosocial Expectancies, and Social Motivations). This paper evaluates the psychometric performance of the banks when administered via short form (SF), computer adaptive test (CAT), and by mode of administration (computer vs. paper-and-pencil). METHODS: Data are from two sources: an internet sample (N=491) of daily and nondaily smokers who completed both SFs and CATs via the web and a community sample (N=369) that completed either paper-and-pencil or computer administration of the SFs at two time points. First a CAT version of the PROMIS Smoking Assessment Toolkit was evaluated by comparing item administration rates and scores to the SF administration. Next, we considered the effect of computer vs. paper-and-pencil administration on scoring and test re-test reliability. RESULTS: Across the domains approximately 5.4 to 10.3 items were administered on average for the CAT. SF and CAT IRT-scores were correlated from 0.82 to 0.92 across the domains. Cronbach's alpha for the 4 to 8-item SFs among daily smokers ranged from .80 to .91 and .82 to .91 for paper-and-pencil and computer administrations, respectively. Test-retest reliability of the SFs ranged from 0.79 to 0.89 across mode of administration. CONCLUSIONS: Results indicate that the SF and CAT and computer and paper-and-pencil administra-
This study examined the existence, magnitude, and impact of teacher spillover effects (TSEs) across teachers of four subject areas (i.e., mathematics, English language arts [ELA], science, and social studies) on student achievement in each of the four subjects at the middle school level. The author conducted a series of value-added (VA) analyses, using multiple years of state achievement test scores in the four tested subjects for students at grades 7 and 8 from an urban school district in the Southern US. Results showed evidence that mathematics and ELA teachers jointly contributed to student achievement in mathematics and ELA. ELA teachers also showed TSEs on student achievement in science (at grade 8 only) and social studies (at both grade levels), with ELA teachers’ effect sizes close to or even greater than those of the own-subject teachers at grade 8. Results also showed that controlling for TSEs slightly decreased the variation and precision of teachers’ VA scores and changed the quartile rankings of individual teachers’ VA scores for a non-negligible group of teachers (11%–25%). On average, the percentage of teachers whose VA rankings were affected due to controlling for TSEs was greater for test subjects with TSEs than subjects without TSEs. Results challenge the current practice of ignoring teachers' TSEs when estimating teachers' VA scores. Results also support the use of group-based incentive plan when rewarding secondary mathematics and ELA teachers based on student achievement growth in these two subjects.

EP-50676


OBJECTIVE: Measure HCAHPS improvement in hospitals participating in the second and fifth years of HCAHPS public reporting; determine whether change is greater for some hospital types.
DATA: Surveys from 4,822,960 adult inpatients discharged July 2007–June 2008 or July 2010–June 2011 from 3,541 U.S. hospitals. STUDY DESIGN: Linear mixed-effect regression models with fixed effects for time, patient mix, and hospital characteristics (bedsize, ownership, Census division, teaching status, Critical Access status); random effects for hospitals and hospital-time interactions; fixed-effect interactions of hospital characteristics and patient characteristics (gender, health, education) with time predicted HCAHPS measures correcting for regression-to-the-mean biases. DATA COLLECTION METHODS: National probability sample of adult inpatients in any of four approved survey modes. PRINCIPAL FINDINGS: HCAHPS scores increased by 2.8 percentage points from 2008 to 2011 in the most positive response category. Among the middle 95 percent of hospitals, changes ranged from a 5.1 percent decrease to a 10.2 percent gain overall. The greatest improvement was in for-profit and larger (200 or more beds) hospitals. CONCLUSIONS: Five years after HCAHPS public reporting began, meaningful improvement of patients' hospital care experiences continues, especially among initially low-scoring hospitals, reducing some gaps among hospitals.

EP-50677
Prevalence Of, Risk Factors For, and Consequences of Posttraumatic Stress Disorder and Other Mental Health Problems in Military Populations Deployed to Iraq and Afghanistan. Rajeev Ramchand, Rena Rudavsky, Sean Grant, Terri Tanielian, Lisa H. Jaycox. 2015

This review summarizes the epidemiology of posttraumatic stress disorder (PTSD) and related mental health problems among persons who served in the armed forces during the Iraq and Afghanistan conflicts, as reflected in the literature published between 2009 and 2014. One-hundred and sixteen research studies are reviewed, most of which are among non-treatment-seeking US service members or treatment-seeking US veterans. Evidence is provided for demographic, military, and deployment-related risk factors for PTSD, though most derive from cross-sectional studies and few control for combat exposure, which is a primary risk factor for mental health problems in this cohort. Evidence is also provided linking PTSD with outcomes in the following domains: physical health, suicide, housing and homelessness, employment and economic well-being, social well-being, and aggression, violence, and criminality. Also included is evidence about the prevalence of mental health service use in this cohort. In many instances, the current suite of studies replicates findings observed in civilian samples, but new findings emerge of relevance to both military and civilian populations, such as the link between PTSD and suicide. Future research should make effort to control for combat exposure and use longitudinal study designs; promising areas for investigation are in non-treatment-seeking samples of US veterans and the role of social support in preventing or mitigating mental health problems in this group.

EP-50678
Understanding Asthma-Specific Quality of Life: Moving Beyond Asthma Symptoms and Severity. Brian D. Stucky, Cathy D. Sherbourne, Maria Orlando Edelen, Nicole K. Eberhart. 2015

This study identifies the unique contributions of asthma severity, symptoms, control and generic measures of quality of life (QoL) to asthma-specific QoL, as measured by the 12-item RAND Negative Impact of Asthma on Quality of Life scale (RAND-IAQL-12). Using a sample of 2032 adults with asthma, we conducted multiple regression analyses that sequentially examined hypothesised predictors of asthma-specific QoL. The change in variance accounted for and total unique variance accounted for is calculated as hypothesised predictors are added in each step. Our results indicate that asthma severity and asthma symptoms are strong predictors of asthma-specific QoL only when not controlling for aspects of asthma control. In regression models that include other aspects of asthma control, the contributions of both asthma symptoms and severity were substantially...
reduced, with asthma control and aspects of QoL related to social roles and activities emerging as the strongest predictors of asthma-specific QoL. These findings suggest that researchers measuring the impact of asthma on QoL should also consider the importance of asthma control as measured by the RAND Asthma Control Measure (RAND-ACM) and generic QoL scales that measure aspects of daily life that are uniquely affected by asthma.

EP-50679


OBJECTIVE: To create a national policy model to evaluate the projected cost-effectiveness of multiple hospital-based strategies to prevent methicillin-resistant Staphylococcus aureus (MRSA) transmission and infection. DESIGN: Cost-effectiveness analysis using a Markov microsimulation model that simulates the natural history of MRSA acquisition and infection. PATIENTS AND SETTING: Hypothetical cohort of 10,000 adult patients admitted to a US intensive care unit. METHODS: We compared 7 strategies to standard precautions using a hospital perspective: (1) active surveillance cultures; (2) active surveillance cultures plus selective decolonization; (3) universal contact precautions (UCP); (4) universal chlorhexidine gluconate baths; (5) universal decolonization; (6) UCP + chlorhexidine gluconate baths; and (7) UCP+decolonization. For each strategy, both efficacy and compliance were considered. Outcomes of interest were: (1) MRSA colonization averted; (2) MRSA infection averted; (3) incremental cost per colonization averted; (4) incremental cost per infection averted. RESULTS: A total of 1989 cases of colonization and 544 MRSA invasive infections occurred under standard precautions per 10,000 patients. Universal decolonization was the least expensive strategy and was more effective compared with all strategies except UCP+decolonization and UCP+chlorhexidine gluconate. UCP+decolonization was more effective than universal decolonization but would cost $2469 per colonization averted and $9007 per infection averted. If MRSA colonization prevalence decreases from 12% to 5%, active surveillance cultures plus selective decolonization becomes the least expensive strategy. CONCLUSIONS: Universal decolonization is cost-saving, preventing 44% of cases of MRSA colonization and 45% of cases of MRSA infection. Our model provides useful guidance for decision makers choosing between multiple available hospital-based strategies to prevent MRSA transmission.

EP-50683


BACKGROUND: Many models and frameworks are currently used to classify or describe knowledge translation interventions to promote and integrate evidence into practice in healthcare. METHODS: We performed a scoping review of intervention classifications in public health, clinical medicine, nursing, policy, behaviour science, improvement science and psychology research published to May 2013 by searching MEDLINE, PsycINFO, CINAHL and the grey literature. We used five stages to map the literature: identifying the research question; identifying relevant literature; study selection; charting the data; collating, summarizing, and reporting results. RESULTS: We identified 51 diverse classification schemes, including 23 taxonomies, 15 frameworks, 8 intervention lists, 3 models and 2 other formats. Most documents were public health based, 55% included a literature or document review, and 33% were theory based. CONCLUSIONS: This scoping review provides an overview of schemes used to classify interventions which can be used for...
evaluation, comparison and validation of existing and emerging models. The collated taxonomies can guide authors in describing interventions; adequate descriptions of interventions will advance the science of knowledge translation in healthcare.


The factor structure and potential uniform differential item functioning (DIF) among gender and three racial/ethnic groups of adolescents (African American, Latino, White) were evaluated for attention deficit/hyperactivity disorder (ADHD), conduct disorder (CD), and oppositional defiant disorder (ODD) symptom scores of the DISC Predictive Scales. Primary caregivers reported on DSM–IV ADHD, CD, and ODD symptoms for a probability sample of 4,491 children from three geographical regions who took part in the Healthy Passages study (mean age = 12.60 years, SD = 0.66). Confirmatory factor analysis indicated that the expected 3-factor structure was tenable for the data. Multiple indicators multiple causes (MIMIC) modeling revealed uniform DIF for three ADHD and 9 ODD item scores, but not for any of the CD item scores. Uniform DIF was observed predominantly as a function of child race/ethnicity, but minimally as a function of child gender. On the positive side, uniform DIF had little impact on latent mean differences of ADHD, CD, and ODD symptomatology among gender and racial/ethnic groups. Implications of the findings for researchers and practitioners are discussed.

**Techno-polymers in Firearms Manufacturing: Challenges and Implications for Marking, Record-Keeping, and Tracing. Giacomo Persi Paoli. 2015**

Over the last three decades, the arms industry has been characterized by a transition from metal to polymers in the manufacture of an increasing number of firearm parts and components—a trend that shows no signs of abating. Motivated to improve performance and to reduce costs, the industrial sector, including the arms industry, continues to prioritize research and development on new materials. Despite this development, the intrinsic differences between metal and polymers, and the related technical challenges for marking them, were overlooked when the UN Firearms Protocol and the International Tracing Instrument (ITI) were negotiated. To date, these agreements represent the only international instruments providing specific indications—either as requirement or as recommendation—for firearm marking, record-keeping, and tracing. Yet the oversight regarding an established industrial trend poses important challenges to the implementation of key provisions of these instruments. This paper provides an overview of the key elements related to the use of industrial polymers in arms manufacturing, highlighting the challenges that such materials pose to the effective implementation of the ITI and the Firearms Protocol. Although several firearms parts and components are often manufactured with one or more types of polymer, this paper focuses on polymer frames and receivers as they typically bear unique markings that are critical for the unique identification of a weapon.

**Disruption and Experimentation in Health Research and Innovation: New Building Blocks and Architectures. Joanna Chataway, David Wield. 2015**

This chapter considers some dimensions of current uncertainty and the underlying and common pressures for improved health research and innovation systems that result in benefits for patients.
In the early 2000s, a need arose for a more flexible type of military rifle that could be easily reconfigured to meet different operational requirements. This need led to the development of the so-called modular design for infantry rifles. The concept of modularity is simple: each rifle has a core section (the upper or lower receiver) around which the user can switch most other parts to obtain different configurations depending on requirements. Although modularity has progressed since the mid-2000s, the international arms control community has to date paid only limited attention to its potential implications. For example, the architecture of modular weapons is based on a core section and a set of interchangeable parts and components, yet the provisions of the International Tracing Instrument (ITI) and of the UN Firearms Protocol largely focus on small arms and light weapons as a whole. While the lack of measures to specifically address parts and components has limited impact in the case of standard firearms, it is particularly problematic in relation to modular weapons. This paper provides an overview of the key elements related to the development of modular designs for small arms and highlights the challenges that such designs pose to the effective implementation of the ITI and the Firearms Protocol which, to date, represent the only international instruments providing specific indications—either as requirement or as recommendation—on firearm marking, record-keeping, and tracing.

Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence from Colorectal Cancer Screening. Mary K. Hamman, Kandice Kapinos. 2015

OBJECTIVES: We identified correlates of racial/ethnic disparities in colorectal cancer screening and changes in disparities under state-mandated insurance coverage. METHODS: Using Behavioral Risk Factor Surveillance System data, we estimated a Fairlie decomposition in the insured population aged 50 to 64 years and a regression-adjusted difference-in-difference-in-difference model of changes in screening attributable to mandates. RESULTS: Under mandated coverage, blood stool test (BST) rates increased among Black, Asian, and Native American men, but rates among Whites also increased, so disparities did not change. Endoscopic screening rates increased by 10 percentage points for Hispanic men and 3 percentage points for non-Hispanic men. BST rates fell among Hispanic relative to non-Hispanic men. We found no changes for women. However, endoscopic screening rates improved among lower income individuals across all races and ethnicities. CONCLUSIONS: Mandates were associated with a reduction in endoscopic screening disparities only for Hispanic men but may indirectly reduce racial/ethnic disparities by increasing rates among lower income individuals. Findings imply that systematic differences in insurance coverage, or health plan fragmentation, likely existed without mandates. These findings underscore the need to research disparities within insured populations.

Implementing a Web-Based Intervention to Train Community Clinicians in an Evidence-Based Psychotherapy: A Pilot Study. Bradley D. Stein, Karen L. Celedonia, Holly A. Swartz, Melissa E. DeRosier, Mark J. Sorbero, Rayni A. Brindley, Rachel M. Burns, Andrew W. Dick, Ellen Frank. 2015

OBJECTIVE: The authors conducted a feasibility assessment of online training plus an online learning collaborative to support implementation of an evidence-based psychosocial treatment in a community mental health system. METHODS: Two mental health centers were randomly allocated to in-person training with local supervision, and three were assigned to online training plus an online learning collaborative supported by expert clinicians. Participants (N=36) were clinicians interested in interpersonal and social rhythm therapy (IPSRT), an evidence-based psychotherapy for bipolar disorder. After training, 136 patients re-
ported monthly on the extent to which clinicians used 19 IPSRT techniques. RESULTS: Clinicians from both training groups increased use of IPSRT techniques. Patients of clinicians receiving Internet-supported e-learning and of those receiving in-person training reported comparable clinician use of IPSRT techniques. CONCLUSIONS: Internet-supported e-learning by community clinicians was found to be feasible and led to uptake of an evidence-based psychotherapy comparable to that by clinicians who received face-to-face training.

EP-50691
Self-employment, Health Insurance, and Return Migration of Middle-Aged and Elderly Mexican Males. Emma Aguila, Raquel Fonseca, Alma Vega. 2015

In this study, the authors analyze the labor-market dynamics of middle-aged and older men in Mexico. Specifically, they examine their transitions between self-employment and salaried work, as well as between work and retirement, and analyze the role of health insurance and U.S. migration experience in determining self-employment.

EP-50692

This analysis examined insurance transitions between September 2013 and February 2015, before and after the Affordable Care Act's coverage-related provisions took effect in 2014. It found that 22.8 million people gained coverage and that 5.9 million people lost coverage, for a net increase of 16.9 million people with insurance.

EP-50693

Recently, the phenomenon of young people not in education, employment or training (NEET) has come to the fore due to the risks associated to this situation. The contribution of this paper is in its analysis of this population's composition, dynamics, poverty patterns, individual and family characteristics, as well as projections for 2030. In addition, we propose a classification for NEET's that could be used for the design of public policies and that was used to identify that this population will tend to decreased due to the proportion of women who study and join the labor force and that, in the future, the unemployed will outnumber other groups.

EP-50694
Do People Know I'm Poz? Factors Associated with Knowledge of Serostatus Among HIV-positive African Americans' Social Network Members. Matthew Hoover, Harold D. Green, Laura M. Bogart, Glenn Wagner, Matt G. Mutchler, Frank H. Galvan, Bryce W. McDavitt. 2015

We examined how functional social support, HIV-related discrimination, internalized HIV stigma, and social network structure and composition were cross-sectionally associated with network members' knowledge of respondents' serostatus among 244 HIV-positive African Americans in Los Angeles. Results of a generalized hierarchical linear model indicated people in respondents' networks who were highly trusted, well-known to others (high degree centrality), HIV-positive, or sex partners were more likely to know respondents' HIV serostatus; African American network members were less likely to know respondents' serostatus, as were drug-using partners. Greater internalized stigma among respondents living with HIV was associated with less knowledge of their seropositivity within their social network whereas greater respondent-level HIV discrimination was associated with more knowledge of seropositivity within the network. Additional research is needed to understand the causal mechanisms and mediating processes associated with serostatus disclosure as well as the long-term consequences of
Disclosure and network members' knowledge of respondents' serostatus.

**EP-50695**

Using a Grocery List Is Associated with a Healthier Diet and Lower BMI Among Very High-Risk Adults. Tamara Dubowitz, Deborah A. Cohen, Christina Y. Huang, Robin Beckman, Rebecca L. Collins. 2015

**OBJECTIVE:** Examine whether use of a grocery list is associated with healthier diet and weight among food desert residents. METHODS: Cross-sectional analysis of in-person interview data from randomly selected household food shoppers in 2 low-income, primarily African American urban neighborhoods in Pittsburgh, PA with limited access to healthy foods. RESULTS: Multivariate ordinary least-square regressions conducted among 1,372 participants and controlling for sociodemographic factors and other potential confounding variables indicated that although most of the sample (78%) was overweight or obese, consistently using a list was associated with lower body mass index (based on measured height and weight) (adjusted multivariant coefficient = 0.095) and higher dietary quality (based on the Healthy Eating Index–2005) (adjusted multivariant coefficient = 0.103) (P < .05). CONCLUSIONS AND IMPLICATIONS: Shopping with a list may be a useful tool for low-income individuals to improve diet or decrease body mass index.

**EP-50696**

Beyond Health Equity: Achieving Wellness Within American Indian and Alaska Native Communities. Valerie Blue Bird Jernigan, Michael Peercy, Danielle Branam, Bobby Saunkeah, David Wharton, Marilyn Winkleby, John Lowe, Alicia L. Salvatore, Daniel Dickerson, Annie Belcourt, Elizabeth J. D'Amico, Christi A. Patten, Myra Parker, Bonnie Duran, Raymond Harris, Dedra Buchwald. 2015

Indigenous peoples across the globe have higher morbidity and mortality rates than their non-Indigenous counterparts. The nine-year gap in life expectancy between New Zealand's Indigenous Maori population and other New Zealanders has led to sweeping primary care reforms to improve health and reduce disparities. The seven-year gap between Canada's First Nations, Metis, and Inuit populations and other Canadians led to the dedication of one of the 13 Canadian Institutes of Health Research, the Institute of Aboriginal Peoples' Health, solely to improving the health of Canada's Indigenous peoples.

**EP-50697**


**OBJECTIVE:** Community engagement and planning (CEP) could improve dissemination of depression care quality improvement in underresourced communities, but whether its effects on provider training participation differ from those of standard technical assistance, or resources for services (RS), is unknown. This study compared program- and staff-level participation in depression care quality improvement training among programs enrolled in CEP, which trained networks of health care and social-community agencies jointly, and RS, which provided technical support to individual programs. METHODS: Matched programs from health care and social-community service sectors in two communities were randomly assigned to RS or CEP. Data were from 1,622 eligible staff members from 95 enrolled programs. Primary outcomes were any staff trained (for programs) and total hours of training (for staff). Secondary staff-level outcomes were hours of training in specific depression collaborative care components. RESULTS: CEP programs were more likely than RS programs to participate in any training (p=.006). Within health care sectors, CEP programs were more likely than RS programs to participate in training (p=.016), but within social-com-
munity sectors, there was no difference in training by intervention. Among staff who participated in training, mean training hours were greater among CEP programs versus RS programs for any type of training (p<.001) and for training related to each component of depression care (p<.001) except medication management. CONCLUSIONS: CEP may be an effective strategy to promote staff participation in depression care improvement efforts in underresourced communities.

EP-50698
Childhood Adversities and Adult Cardiometabolic Health: Does the Quantity, Timing, and Type of Adversity Matter?. Esther M. Friedman, Jennifer Karas Montez, Connor McDevitt Sheehan, Tara L. Gruenewald, Teresa E. Seeman. 2015

OBJECTIVE: Adverse events in childhood can indelibly influence adult health. While evidence for this association has mounted, a fundamental set of questions about how to operationalize adverse events has been understudied. METHOD: We used data from the National Survey of Midlife Development in the United States to examine how quantity, timing, and types of adverse events in childhood are associated with adult cardiometabolic health. RESULTS: The best-fitting specification of quantity of events was a linear measure reflecting a dose-response relationship. Timing of event mattered less than repeated exposure to events. Regarding the type of event, academic interruptions and sexual/physical abuse were most important. Adverse childhood events elevated the risk of diabetes and obesity similarly for men and women but had a greater impact on women's risk of heart disease. DISCUSSION: Findings demonstrate the insights that can be gleaned about the early-life origins of adult health by examining operationalization of childhood exposures.

EP-50699

BACKGROUND: Like other transformative healthcare initiatives, patient-centered medical home (PCMH) implementation requires substantial investments of time and resources. Even though PCMH and PCMH-like models are being implemented by multiple provider practices and health systems, little is known about what facilitates their implementation. The purpose of this study was to assess which PCMH-implementation resources are most widely used, by whom, and which resources primary care personnel find most helpful. METHODS: This study is an analysis of data from a cross-sectional survey of primary care personnel in the Veterans Health Administration in 2012, in which respondents were asked to rate whether they were aware of and accessed PCMH-implementation resources, and to rate their helpfulness. Logistic regression was used to produce odds ratios for the outcomes (1) resource use and (2) resource helpfulness. Respondents were nested within clinics, nested, in turn, within 135 parent hospitals. RESULTS: Teamlet huddles were the most widely accessed (80.4% accessed) and most helpful (90.4% rated helpful) resource; quality-improvement methods to conduct small tests of change were the least frequently accessed (42.4% accessed) resource though two-thirds (66.7%) of users reported as helpful. Supervisors were significantly more likely (ORs, 1.46 to 1.86) to use resources than non-supervisors but were less likely to rate the majority (8 out of 10) of resources as "somewhat/very helpful" than non-supervisors (ORs, 0.72 to 0.84). Longer-tenured employees tended to rate resources as more helpful. CONCLUSIONS: These findings are the first in the PCMH literature that we are aware of that systematically assesses primary care staff's access to and the helpfulness of PCMH implementation resources. Supervisors generally reported greater access to resources, relative to non-supervisors, but rated resources as less helpful, suggesting that information about them may not have been
optimally disseminated. Knowing what resources primary care staff use and find helpful can inform administrators' and policymakers' investments in PCMH-implementation resources. The implications of our model extend beyond just PCMH implementation but also to considerations when providing implementation resources for other complex quality-improvement initiatives.

EP-50700
Home Visiting Start-Up: Lessons Learned from Program Replication in New Mexico. M. Rebecca Kilburn, Jill S. Cannon. 2015

Growth in federal, state, and private funding is fueling the initiation of home visiting programs around the country. As communities expand home visiting programs, they need information to help them successfully start up new sites. This paper documents lessons learned about home visiting installation and initial implementation from the replication of the First Born® Program in six counties in New Mexico. Specifically, we examine how well sites met staffing, family referral and enrollment, program model fidelity, and financing goals in the first year of providing services. Data come from semi-structured interviews with program staff and document review. The findings are likely to be valuable to a wide spectrum of communities starting or expanding home visiting services, as well as to public and private funders of programs.

EP-50701
Examining the Associations Between Daily Caregiving Discontinuity and Children’s Social-Emotional Outcomes. Vi-Nhuan Le, Diana Schaack, Claude Messan Setodji. 2015

Many child care centers temporarily move children and teachers in and out of their assigned classrooms throughout the day. Such practices create frequent discontinuity in children's experiences in child care, including discontinuity in their peer and teacher relationships. This study examined the prevalence and patterns of teacher and child movement between classrooms, the characteristics of teachers and children who were more likely to move between classrooms on a daily basis, and the associations between children’s and teachers’ rate of daily movement between classrooms with children’s social-emotional outcomes. A moderate to high prevalence of child and teacher movement between classrooms was observed (29% and 83%, respectively). Children who were younger, considered solitary, and who had been enrolled in their classroom for shorter periods of time were less likely to transition between classrooms. Children’s rate of movement was a positive predictor of teachers’ perceived conflict with children in their care, and a negative predictor of teachers’ perceived closeness. In addition, the more frequently teachers moved, the less children were inclined to indicate liking their teachers or centers. However, the more frequently children moved, the more likely children were to indicate liking their peers and for their peers to indicate liking them. Results are interpreted in light of additional research avenues that can inform sensible daily teacher continuity practices.

EP-50702

BACKGROUND: Open-ended questions eliciting free-text comments have been widely adopted in surveys of patient experience. Analysis of free text comments can provide deeper or new insight, identify areas for action, and initiate further investigation. Also, they may be a promising way to progress from documentation of patient experience to achieving quality improvement. The usual methods of analyzing free-text comments are known to be time and resource intensive. To efficiently deal with a large amount of free-text, new methods of rapidly summarizing and characterizing the text are being explored. OBJECTIVE: The aim of this study was to investigate the fea-
sibility of using freely available Web-based text processing tools (text clouds, distinctive word extraction, key words in context) for extracting useful information from large amounts of free-text commentary about patient experience, as an alternative to more resource intensive analytic methods. METHODS: We collected free-text responses to a broad, open-ended question on patients' experience of primary care in a cross-sectional postal survey of patients recently consulting doctors in 25 English general practices. We encoded the responses to text files which were then uploaded to three Web-based textual processing tools. The tools we used were two text cloud creators: TagCrowd for unigrams, and Many Eyes for bigrams; and Voyant Tools, a Web-based reading tool that can extract distinctive words and perform Keyword in Context (KWIC) analysis. The association of patients' experience scores with the occurrence of certain words was tested with logistic regression analysis. KWIC analysis was also performed to gain insight into the use of a significant word. RESULTS: In total, 3426 free-text responses were received from 7721 patients (comment rate: 44.4%). The five most frequent words in the patients' comments were "doctor", "appointment", "surgery", "practice", and "time". The three most frequent two-word combinations were "reception staff", "excellent service", and "two weeks". The regression analysis showed that the occurrence of the word "excellent" in the comments was significantly associated with a better patient experience (OR=1.96, 95%CI=1.63-2.34), while "rude" was significantly associated with a worse experience (OR=0.53, 95%CI=0.46-0.60). The KWIC results revealed that 49 of the 78 (63%) occurrences of the word "rude" in the comments were related to receptionists and 17(22%) were related to doctors. CONCLUSIONS: Web-based text processing tools can extract useful information from free-text comments and the output may serve as a springboard for further investigation. Text clouds, distinctive words extraction and KWIC analysis show promise in quick evaluation of unstructured patient feedback. The results are easily understandable, but may require further probing such as KWIC analysis to establish the context. Future research should explore whether more sophisticated methods of textual analysis (eg, sentiment analysis, natural language processing) could add additional levels of understanding.

EP-50703

BACKGROUND: Palpitations are a common emergency department (ED) complaint, yet relatively little research exists on this topic from an emergency care perspective. OBJECTIVES: We sought to describe the perceptions and clinical decision-making processes of emergency physicians (EP) surrounding patients with palpitations. METHODS: We conducted 21 semistructured interviews with a convenience sample of EPs. We recruited participants from academic and community practice settings from four regions of the United States. The transcribed interviews were analyzed using a combination of structural coding and grounded theory approaches with ATLAS. ti, a qualitative data analysis software program (version 7; Atlas.ti Scientific Software Development GmbH, Berlin, Germany). RESULTS: EPs perceive palpitations to be a common but generally benign chief complaint. EPs' clinical approach to palpitations, with regards to testing, treatment, and ED management, can be classified as relating to one or more of the following themes: 1) risk stratification, 2) diagnostic categorization, 3) algorithmic management, and 4) case-specific gestalt. With regard to disposition decisions, four main themes emerged: 1) presence of a serious diagnosis, 2) perceived need for further cardiac testing/monitoring, 3) presence of key associated symptoms, 4) request of other physician or patient desire. The intrarater reliability exercise yielded a Fleiss' kappa measure of 0.69, indicating sub-
stantial agreement between coders. CONCLUSION: EPs perceive palpitations to be a common but generally benign chief complaint. EPs rely on one or more of four main clinical approaches to manage these patients. These findings could help guide future efforts at developing risk-stratification tools and clinical algorithms for patients with palpitations.

EP-50704


The factor structure, reliability, and construct validity of an abbreviated version of the Revised Dimensions of Temperament Survey (DOTS-R) were evaluated across Black, Hispanic, and White early adolescents. Primary caregivers reported on 5 dimensions of temperament for 4,701 children. Five temperament dimensions were identified via maximum likelihood exploratory factor analysis and were labeled flexibility, general activity level, positive mood, task orientation, and sleep rhythmicity. Multigroup mean and covariance structures analysis provided partial support for strong factorial invariance across these racial/ethnic groups. Mean level comparisons indicated that relative to Hispanics and Blacks, Whites had higher flexibility, greater sleep regularity, and lower activity. They also reported higher positive mood than Blacks. Blacks, relative to Hispanics, had higher flexibility and lower sleep regularity. Construct validity was supported as the 5 temperament dimensions were significantly correlated with externalizing problems and socioemotional competence. This abbreviated version of the DOTS-R could be used across racial/ethnic groups of early adolescents to assess significant dimensions of temperament risk that are associated with mental health and competent (healthy) functioning.

EP-50705

Informal Carers' Health-Related Quality of Life and Patient Experience in Primary Care: Evidence from 195,364 Carers in England Responding to a National Survey. Gwilym P. A. Thomas, Catherine L. Saunders, Martin Roland, Charlotte Paddison. 2015

BACKGROUND: We aim to describe the health-related quality of life of informal carers and their experiences of primary care. METHODS: Responses from the 2011-12 English General Practice Patient Survey, including 195,364 informal carers, were analysed using mixed effect logistic regressions controlling for age, gender, ethnicity and social deprivation to describe carer health-related quality of life (mobility, self-care, usual activities, pain, and anxiety/depression, measured using EQ-5D) and primary care experience (access, continuity and communication). RESULTS: Informal carers reported poorer health-related quality of life than non-carers of similar age, gender, ethnicity and social deprivation. Increasing caring commitment was associated with worse EQ-5D scores, with carers of 50+ hours a week scoring 0.05 points lower than non-carers (95% CI 0.05 to 0.04), equivalent to 18 fewer days of full health annually. Considering each domain of EQ-5D separately, carers of 50+ hours/week were more likely to report pain OR = 1.53 (1.50-1.57), p < 0.0001, and anxiety/depression OR = 1.69 (1.66-1.73), p < 0.0001, than non-carers. Younger carers scored lower on EQ-5D than non-carer peers but the converse was true among over-85s. In the most deprived areas carers reported the equivalent of 37 fewer days of full health annually than carers in the most affluent areas. On average, carers reported poorer patient experiences in all areas of primary care than non-carers (odds ratios 0.84-0.97), with this difference being most marked in the domain of access. CONCLUSIONS: Informal carers experience a double disadvantage of poorer health-related quality of life and poorer patient experience in primary care. We find no evidence for health benefits of caregiving. We recommend physicians identify and treat carer health problems, including pain and anxiety/depression, particularly among young, deprived and high time-commitment car-
ers. Improving patient experience for carers, including access to primary care, should be a priority.

EP-50706


PURPOSE: This study examined relationships between provider communication practices, antibiotic prescribing, and parent care ratings during pediatric visits for acute respiratory tract infection (ARTI). METHODS: A cross-sectional study was conducted of 1,285 pediatric visits motivated by ARTI symptoms. Children were seen by 1 of 28 pediatric providers representing 10 practices in Seattle, Washington, between December 2007 and April 2009. Providers completed post-visit surveys reporting on children's presenting symptoms, physical examination findings, assigned diagnoses, and treatments prescribed. Parents completed post-visit surveys reporting on provider communication practices and care ratings for the visit. Multivariate analyses identified key predictors of prescribing antibiotics for ARTI and of parent visit ratings. RESULTS: Suggesting actions parents could take to reduce their child's symptoms (providing positive treatment recommendations) was associated with decreased risk of antibiotic prescribing whether done alone or in combination with negative treatment recommendations (ruling out the need for antibiotics) [adjusted risk ratio (aRR) 0.48; 95% CI, 0.24–0.95; and aRR 0.15; 95% CI, 0.06–0.40, respectively]. Parents receiving combined positive and negative treatment recommendations were more likely to give the highest possible visit rating (aRR 1.16; 95% CI, 1.01–1.34). CONCLUSION: Combined use of positive and negative treatment recommendations may reduce the risk of antibiotic prescribing for children with viral ARTIs and at the same time improve visit ratings. With the growing threat of antibiotic resistance at the community and individual level, these communication techniques may assist frontline providers in helping to address this pervasive public health problem.

EP-50707


Male sex workers (MSW) are a particularly high-risk subset of men who have sex with men in Lebanon and report higher numbers of sex partners and lower rates of condom use. The purpose was to explore the factors influencing sexual risk behaviors and HIV testing among MSW. Qualitative interviews were conducted with 16 MSW living in Beirut and working in bathhouses (hammam) or as escorts; content analysis identified emergent themes. Escorts reported more consistent condom use with clients and HIV testing than hammam MSW, with influential factors including HIV risk knowledge and perceived risk susceptibility, job security, and internalized stigma and related feelings of self-worth and fatalism regarding health and HIV risk. In contrast, both groups of MSW typically opted not to condoms with nonclient sex partners, in an effort to differentiate sex for work versus pleasure. The uptake of HIV testing was limited by concerns about the confidentiality of the test results and fear of repercussions of a positive test result for their health and employment. The respondents described an insular existence within the sex work culture, in part to limit exposure to stigma, which has implications for access to support as well as the influence of peer norms regarding sexual risk behavior and health seeking behaviors such as HIV testing. Further research is needed to tailor prevention and HIV testing efforts to reflect the distinct sexual health "cultures" that distinguish these two populations of MSW in Lebanon.
Developing an Assessment of the Adolescent Therapeutic Community Treatment Process Via Client Report. Maria Orlando Edelen, Joan S. Tucker, Brian D. Stucky, Jennifer Butler, Britta Muehlbach. 2015

INTRODUCTION AND AIMS: We developed and evaluated an instrument (DCI-A) to measure the adolescent therapeutic community (TC) treatment process. DESIGN AND METHODS: Participants were adolescents from one of seven U.S. TC programs (N1 = a76, N2 = a66). We used Sample 1 to identify the instrument's structure, confirmed this with Sample 2, and generated descriptive statistics for the final solution using the combined sample. RESULTS: We identified and confirmed a 5-factor solution (Treatment Motivation, Personal Development, Problem Recognition, Family Relations, Social Network). Analyses provide preliminary evidence for the instrument's reliability and validity. DISCUSSION AND CONCLUSIONS: The DCI-A may be useful for assessing adolescent TC treatment process.

An Organizational Readiness Intervention and Randomized Controlled Trial to Test Strategies for Implementing Substance Use Disorder Treatment Into Primary Care: SUMMIT Study Protocol. Allison J. Ober, Katherine E. Watkins, Sarah B. Hunter, Karen Lamp, Mimi Lind, Claude Messan Setodji. 2015

BACKGROUND: Millions of people who need treatment for substance use disorders (SUD) do not receive it. Evidence-based practices for treating SUD exist, and some are appropriate for delivery outside of specialty care settings. Primary care is an opportune setting in which to deliver SUD treatment because many individuals see their primary care providers at least once a year. Further, the Patient Protection and Affordable Care Act (PPACA) increases coverage for SUD treatment and is increasing the number of individuals seeking primary care services. In this article, we present the protocol for a study testing the effects of an organizational readiness and service delivery intervention on increasing the uptake of SUD treatment in primary care and on patient outcomes. METHODS/DESIGN: In a randomized controlled trial, we test the combined effects of an organizational readiness intervention consisting of implementation tools and activities and an integrated collaborative care service delivery intervention based on the Chronic Care Model. RESULTS: We also use a repeated measures design to test organizational changes throughout the study, such as acceptability, appropriateness and feasibility of the practices to providers, and provider intention to adopt the practices. We use provider focus groups, provider and patient surveys, and administrative data to measure outcomes. DISCUSSION: The present study responds to critical gaps in health care services for people with substance use disorders, including the need for greater access to SUD treatment and greater uptake of evidence-based practices in primary care. We designed a multi-level study that combines implementation tools to increase organizational readiness to adopt and sustain evidence-based practices (EBPs) and tests the effectiveness of a service delivery intervention on service system and patient outcomes related to SUD services.


BACKGROUND: Knowing the temporal trend of central line–associated bloodstream infection
(CLABSI) rates among U.S. pediatric intensive care units (PICUs), the current extent of central line bundle compliance, and the impact of compliance on rates is necessary to understand what has been accomplished and can be improved in CLABSI prevention. METHODS: This is a longitudinal study of PICUs in National Healthcare Safety Network hospitals and a cross-sectional survey of directors and managers of infection prevention and control departments regarding PICU CLABSI prevention practices, including self-reported compliance with elements of central line bundles. Associations between 2011-2012 PICU CLABSI rates and infection prevention practices were examined. RESULTS: Reported CLABSI rates decreased during the study period, from 5.8 per 1,000 line days in 2006 to 1.4 in 2011-2012 (P < .001). Although 73% of PICUs had policies for all central line prevention practices, only 35% of those with policies reported ≥95% compliance. PICUs with ≥95% compliance with central line infection prevention policies had lower reported CLABSI rates, but this association was statistically insignificant. Conclusion There was a non-significant trend in decreasing CLABSI rates as PICUs improved bundle policy compliance. Given that few PICUs reported full compliance with these policies, PICUs increasing their efforts to comply with these policies may help reduce CLABSI rates.

EP-50712

Neighbourhood Racial/Ethnic Composition and Segregation and Trajectories of Cognitive Decline Among U.S. Older Adults. Stephanie Ann Kovalchik, Mary Ellen Slaughter, Jeremy N. V. Miles, Esther M. Friedman, Regina A. Shih. 2015

BACKGROUND: The influence of the sociodemographic context of one’s environment on cognitive ageing is not well understood. METHODS: We examined differences in cognitive trajectories according to the racial/ethnic characteristics of the residential environment. On the basis of 63,996 person-years of data from a nationally representative cohort of 6,150 adults over the age of 50 years from the Health and Retirement Study, we used multivariate linear mixed models to determine the effect of neighbourhood racial/ethnic composition and county-level segregation on cognitive function and cognitive decline over a 10-year period. RESULTS: In models adjusting for individual demographic and health characteristics, Hispanic composition had a significant positive association with cognitive function (standardised \( \beta = 0.136, p < 0.05 \)) and moderate evidence of an association with greater cognitive decline (standardised \( \beta = -0.014, p = 0.09 \)). Greater Hispanic-white segregation was associated with statistically significant higher cognitive function at baseline (standardised \( \beta = 0.099, p < 0.001 \)) and greater cognitive decline (standardised \( \beta = -0.011, p < 0.01 \)). For a 20 percentage-point increase in Hispanic composition and segregation, the observed associations implied 1 and 1.25 additional years of cognitive ageing over 10 years, respectively. These effects did not differ by individual race/ethnicity and were not explained by neighbourhood socioeconomic status or neighbourhood selection. Black composition and black-white segregation did not have a significant influence on cognitive ageing. DISCUSSION: This study demonstrates disparities in warfighting concepts. It is a flexible and broad approach that can offer many branch options for a U.S. president.

EP-50711


The challenges posed by a shifting global economic and military balance of power have prompted increased debate about U.S. grand strategy and military doctrine. A robust ability to counter Chinese power projection will require another portfolio of capabilities. The United States must be prepared to counter power projection in three domains: naval forces, air power, and landed forces. An active denial strategy would support U.S. peacetime diplomacy and a broad number of
the progression of cognitive ageing according to racial/ethnic characteristics of the neighbourhood environment.

EP-50713
Examining Racial/Ethnic Disparities in the Association Between Adolescent Sleep and Alcohol or Marijuana Use. Wendy M. Troxel, Brett Ewing, Elizabeth J. D’Amico. 2015

OBJECTIVES: The current study examines the association between self-reported measures of trouble sleeping, total sleep time (TST), and bedtimes and odds of past month alcohol and marijuana (AM) use in a racially/ethnically diverse sample of adolescents. DESIGN: This is a Web-based cross-sectional survey. SETTING: The setting is in Los Angeles County, CA. PARTICIPANTS: The sample is composed of 2539 youth representing 4 distinct racial/ethnic categories (non-Hispanic white, Hispanic, Asian, and "other"; mean age, 15.54; 54.23% female) from Los Angeles. MEASUREMENTS: The survey assessed TST and bedtimes (weekdays and weekends), trouble sleeping, and past month AM use as well as relevant covariates (sociodemographics and mental health symptoms). RESULTS: Although there were significant racial/ethnic differences in the prevalence of sleep problems and AM use, the associations between sleep problems and AM use were consistent across racial/ethnic groups. Specifically, shorter TST, later bedtimes, and trouble sleeping were each associated with significantly higher odds of past month alcohol use, whereas later bedtimes and shorter TST were also associated with increased odds of past month AM use, even after adjusting for other known risk factors. CONCLUSIONS: Sleep problems are associated with increased AM use in teens, even after controlling for sociodemographics and mental health symptoms. Further longitudinal research on sleep and AM use is critical to identify novel prevention and intervention efforts to reduce disparities in the relationship between sleep and AM use.

EP-50714
Greater Decision-Making Competence Is Associated with Greater Expected-Value Sensitivity, but Not Overall Risk Taking: An Examination of Concurrent Validity. Andrew M. Parker, Joshua A. Weller. 2015

Decision-making competence reflects individual differences in the susceptibility to decision-making errors, measured using tasks common from behavioral decision research (e.g., framing effects, under/overconfidence, following decision rules). Prior research demonstrates that those with higher decision-making competence report lower incidence of health-risking and antisocial behaviors, but there has been less focus on intermediate mechanisms that may impact real-world decisions, and, in particular, those implicated by normative models. Here we test the associations between measures of youth decision-making competence (Y-DMC) and one such mechanism, the degree to which individuals make choices consistent with maximizing expected value (EV). Using a task involving hypothetical gambles, we find that greater EV sensitivity is associated with greater Y-DMC. Higher Y-DMC scores are associated with (a) choosing risky options when expected value favors those options and (b) avoiding risky options when expected value favors a certain option. This relationship is stronger for gambles that involved potential losses. The results suggest that Y-DMC captures decision processes consistent with standard normative evaluations of risky decisions.

EP-50715
A Cluster Randomized Hybrid Type III Trial Testing an Implementation Support Strategy to Facilitate the Use of an Evidence-Based Practice in VA Homeless Programs. David A. Smelson, Matthew Chinman, Sharon McCarthy, Gordon Hannah, Leon Sawh, Mark Glickman. 2015

BACKGROUND: The Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program is one of the largest initiatives to end Veteran homelessness. How-
ever, mental health and substance use disorders continue to reduce client stability and impede program success. HUD-VASH programs do not consistently employ evidence-based practices that address co-occurring mental health and substance use disorders. This paper presents a study protocol to evaluate the implementation of an evidence-based, co-occurring disorder treatment called Maintaining Independence and Sobriety Through Systems Integration, Outreach, and Networking—Veterans Edition (MISSION-Vet) in HUD-VASH using an implementation strategy called Getting To Outcomes (GTO). METHODS/DESIGN: In three large VA Medical Centers, this Hybrid Type III trial will randomize case managers and their clients by HUD-VASH sub-teams to receive either MISSION-Vet Implementation as Usual (IU—standard training and access to the MISSION-Vet treatment manuals) or MISSION-Vet implementation augmented by GTO. In addition to testing GTO, effectiveness of the treatment (MISSION-Vet) will be assessed using existing Veteran-level data from the HUD-VASH data monitoring system. This project will compare GTO and IU case managers and their clients on the following variables: (1) fidelity to the MISSION-Vet intervention; (2) proportion of time the Veteran is housed; (3) mental health, substance use, and functional outcomes among Veterans; and (4) factors key to the successful deployment of a new treatment as specified by the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) model. DISCUSSION: This project is an important step for developing an implementation strategy to increase adoption of evidence-based practice use in VA homeless programs, and to further examine efficacy of MISSION-Vet in HUD-VASH. This project has important implications for program managers, policy makers, and researchers within the homelessness field. VA Central IRB approval for this study was granted in October 2011. The three sites were trained on MISSION-Vet and GTO in the first half of 2013. The first GTO planning meetings began after training occurred, between January 2013 and November 2013, across the three sites. The data collection—via a fidelity measure embedded into the VA Computerized Patient Record System—began as each site initiated MISSION-Vet, between April 2013 and January 2014.

EP-50716

This paper explores the longitudinal association between employment and alcohol/other drug (AOD) use and consequences among an at-risk youth sample with a first-time AOD offense. This study extends previous research by examining the effects of more stable employment over time. Participants were adolescents referred to a diversion program (N=193) for a first-time AOD offense. Mean age were 16.6 (SD=1.1), 67% of the sample were male; and 45% Hispanic or Latino/a, 45% white; 10% other. We examined work intensity at program intake with AOD use, AOD-related consequences and risky social environment 180 days after the first survey. Greater work intensity was associated with greater peak drinks per occasion 180 days later and time spent around teens who use alcohol and marijuana; when controlling for age, gender, and race/ethnicity, work intensity was only associated with increased contact with teens who use marijuana. Work stability was not found to be associated with AOD-related use, outcomes, or reports of a risky social environment. Understanding how employment uniquely affects at-risk youth can help us determine policies and practices that may be needed to monitor the amount of time teens work.

EP-50717
Gateway to Curiosity: Medical Marijuana Ads and Intention and Use During Middle School. Elizabeth J. D’Amico, Jeremy N. V. Miles, Joan S. Tucker. 2015

Over the past several years, medical mari-
Juana has received increased attention in the media, and marijuana use has increased across the United States. Studies suggest that as marijuana has become more accessible and adults have become more tolerant regarding marijuana use, adolescents perceive marijuana as more beneficial and are more likely to use if they are living in an environment that is more tolerant of marijuana use. One factor that may influence adolescents’ perceptions about marijuana and marijuana use is their exposure to advertising of this product. We surveyed sixth- to eighth-grade youth in 2010 and 2011 in 16 middle schools in Southern California (n = 8,214; 50% male; 52% Hispanic; mean age = 13 years) and assessed exposure to advertising for medical marijuana, marijuana intentions, and marijuana use. Cross-lagged regressions showed a reciprocal association of advertising exposure with marijuana use and intentions during middle school. Greater initial medical marijuana advertising exposure was significantly associated with a higher probability of marijuana use and stronger intentions to use 1 year later, and initial marijuana use and stronger intentions to use were associated with greater medical marijuana advertising exposure 1 year later. Prevention programs need to better explain medical marijuana to youth, providing information on the context for proper medical use of this drug and the potential harms from use during this developmental period. Furthermore, as this is a new frontier, it is important to consider regulating medical marijuana advertisements, as is currently done for alcohol and tobacco products.


Opioid use disorders are a significant public health problem, affecting two million people in the United States. Treatment with buprenorphine, methadone, or both is predominantly offered in methadone clinics, yet many people do not receive the treatment they need. In 2002 the Food and Drug Administration approved buprenorphine for prescription by physicians who completed a course and received a waiver from the Drug Enforcement Administration, exempting them from requirements in the Controlled Substances Act. To determine the waiver program’s impact on the availability of opioid agonist treatment, we analyzed data for the period 2002–11 to identify counties with opioid treatment shortages. We found that the percentage of counties with a shortage of waivered physicians fell sharply, from 98.9 percent in 2002 to 46.8 percent in 2011. As a result, the percentage of the US population residing in what we classified as opioid treatment shortage counties declined from 48.6 percent in 2002 to 10.4 percent in 2011. These findings suggest that the increase in waivered physicians has dramatically increased potential access to opioid agonist treatment. Policy makers should focus their efforts on further increasing the number and geographical distribution of physicians, particularly in more rural counties, where prescription opioid misuse is rapidly growing.

Effects of a Medical Home and Shared Savings Intervention on Quality and Utilization of Care. Mark W. Friedberg, Meredith B. Rosenthal, Rachel M. Werner, Kevin G. Volpp, Eric C. Schneider. 2015

IMPORTANCE: Published evaluations of medical home interventions have found limited effects on quality and utilization of care. OBJECTIVE: To measure associations between participation in the Northeastern Pennsylvania Chronic Care Initiative and changes in quality and utilization of care. DESIGN, SETTING, AND PARTICIPANTS: The northeast region of the Pennsylvania Chronic Care Initiative began in October 2009, included 2 commercial health plans and 27 volunteering small primary care practice sites, and was designed to run for 36 months. Both participating health plans provided medical claims and enroll-
ment data spanning October 1, 2007, to September 30, 2012 (2 years prior to and 3 years after the pilot inception date). We analyzed medical claims for 17,363 patients attributed to 27 pilot and 29 comparison practices, using difference-in-difference methods to estimate changes in quality and utilization of care associated with pilot participation. EXPOSURES: The intervention included learning collaboratives, disease registries, practice coaching, payments to support care manager salaries and practice transformation, and shared savings incentives (bonuses of up to 50% of any savings generated, contingent on meeting quality targets). As a condition of participation, pilot practices were required to attain recognition by the National Committee for Quality Assurance as medical homes. MAIN OUTCOMES AND MEASURES: Performance on 6 quality measures for diabetes and preventive care; utilization of hospital, emergency department, and ambulatory care. RESULTS: All pilot practices received recognition as medical homes during the intervention. By intervention year 3, relative to comparison practices, pilot practices had statistically significantly better performance on 4 process measures of diabetes care and breast cancer screening; lower rates of all-cause hospitalization (8.5 vs 10.2 per 1000 patients per month; difference, -1.7 [95% CI, -3.2 to -0.03]), lower rates of all-cause emergency department visits (29.5 vs 34.2 per 1000 patients per month; difference, -4.7 [95% CI, -8.7 to -0.9]), lower rates of ambulatory care-sensitive emergency department visits (16.2 vs 19.4 per 1000 patients per month; difference, -3.2 [95% CI, -5.7 to -0.9]), lower rates of ambulatory visits to specialists (104.9 vs 122.2 per 1000 patients per month; difference, -17.3 [95% CI, -26.6 to -8.0]); and higher rates of ambulatory primary care visits (349.0 vs 271.5 per 1000 patients per month; difference, 77.5 [95% CI, 37.3 to 120.5]). CONCLUSIONS AND RELEVANCE: During a 3-year period, this medical home intervention, which included shared savings for participating practices, was associated with relative improvements in quality, increased primary care utilization, and lower use of emergency department, hospital, and specialty care. With further experimentation and evaluation, such interventions may continue to become more effective.

EP-50720
Readiness to Implement an Evidence-Based Psychotherapy: Perspectives of Community Mental Health Clinicians and Administrators. Megan Hamm, Kelly Williams, Cara Nikolajski, Karen L. Celedonia, Ellen Frank, Holly A. Swartz, Susan L. Zickmund, Bradley D. Stein. 2015

OBJECTIVE: Using evidence-based psychotherapies in community mental health clinics could significantly improve patient functioning. This study explored perceived facilitators and barriers related to implementing interpersonal and social rhythm therapy (IPSRT), an evidence-based psychotherapy for bipolar disorder. METHODS: The authors conducted 30-minute semistructured interviews with clinic administrators, supervisors, and clinicians from five community mental health clinics focusing on anticipated barriers and facilitators related to implementing IPSRT. RESULTS: Seventeen participants (four administrators, three supervisors, and ten clinicians) completed the interviews. Important barriers to effective implementation included frequent client no-shows, difficulties transitioning from training to practice, and time constraints. Facilitators included support from supervisors and other clinicians, decreased productivity requirements or compensation for time spent while learning IPSRT, and reference materials. CONCLUSIONS: Administrators and clinicians expressed similar beliefs about facilitators and barriers related to implementing IPSRT. The challenge of high no-show rates was not identified as a barrier in previous research.

EP-50721
Do Social Resources Protect Against Lower Quality of Life Among Diverse Young Adolescents?. Sarah M. Scott, Jan Wallander, Marc N. Elliott, Jo Anne Grunbaum, Alyna T. Chien, Susan
R. Tortolero, Paula Cuccaro, Mark A. Schuster. 2015

We examined whether social resources from the family and the community moderate the risk associated with low socioeconomic status (SES) for reduced quality of life (QL) among youth across racial/ethnic groups. Data were from 4,824 fifth-grade youth (age = 11.1, SD = 0.6; 49% females) in the Healthy Passages trade; study (2004-2006) located in Birmingham, Alabama; Los Angeles County, California; and Houston, Texas. Youth reported their QL using the Pediatric Quality of Life Inventory Version 4.0 and the Global Self-Worth subscale of the Self-Perception Profile and their status for hypothesized protective social mechanisms. Overall, family cohesion, parental nurturance, other adult, and peer support were positively associated with QL across racial/ethnic groups. There were few significant interactions, but all suggested that higher SES youth benefited more than lower SES youth. In fact, family cohesion among African American youth and other adult support among Hispanic youth differentiated QL at higher, but not lower SES. Further research should examine other risk contexts and seek to inform targeted prevention efforts.

EP-50722


IMPORTANCE: Serious, preventable surgical events, termed never events, continue to occur despite considerable patient safety efforts. OBJECTIVE: To examine the incidence and root causes of and interventions to prevent wrong-site surgery, retained surgical items, and surgical fires in the era after the implementation of the Universal Protocol in 2004. DATA SOURCES: We searched 9 electronic databases for entries from 2004 through June 30, 2014, screened references, and consulted experts. STUDY SELECTION: Two independent reviewers identified relevant publications in June 2014. DATA EXTRACTION AND SYNTHESIS: One reviewer used a standardized form to extract data and a second reviewer checked the data. Strength of evidence was established by the review team. Data extraction was completed in January 2015. MAIN OUTCOMES AND MEASURES: Incidence of wrong-site surgery, retained surgical items, and surgical fires. RESULTS: We found 138 empirical studies that met our inclusion criteria. Incidence estimates for wrong-site surgery in US settings varied by data source and procedure (median estimate, 0.09 events per 10,000 surgical procedures). The median estimate for retained surgical items was 1.32 events per 10,000 procedures, but estimates varied by item and procedure. The per-procedure surgical fire incidence is unknown. A frequently reported root cause was inadequate communication. Methodologic challenges associated with investigating changes in rare events limit the conclusions of 78 intervention evaluations. Limited evidence supported the Universal Protocol (5 studies), education (4 studies), and team training (4 studies) interventions to prevent wrong-site surgery. Limited evidence exists to prevent retained surgical items by using data-matrix-coded sponge-counting systems (5 pertinent studies). Evidence for preventing surgical fires was insufficient, and intervention effects were not estimable. CONCLUSIONS AND RELEVANCE: Current estimates for wrong-site surgery and retained surgical items are 1 event per 100,000 and 1 event per 10,000 procedures, respectively, but the precision is uncertain, and the per-procedure prevalence of surgical fires is not known. Root-cause analyses suggest the need for improved communication. Despite promising approaches and global Universal Protocol evaluations, empirical evidence for interventions is limited.
Disability Insurance and the Great Recession. Nicole Maestas, Kathleen J. Mullen, Alexander Strand. 2015

The US Social Security Disability Insurance (SSDI) program is designed to provide income support to workers who become unable to work because of a severe, long-lasting disability. In this study, we use administrative data to estimate the effect of labor market conditions, as measured by the unemployment rate, on the number of SSDI applications, the number and composition of initial allowances and denials, and the timing of applications relative to disability onset. We analyze the period of the Great Recession, and compare this period with business cycle effects over the past two decades, from 1992 through 2012.


Using cluster-analysis, we investigated whether rational, intuitive, spontaneous, dependent, and avoidant styles of decision making combined to form distinct decision-making profiles that differed by age and gender. Self-report survey data were collected from 1075 members of RAND's American Life Panel (56.2% female, 18–93 years, Mage = 53.49). Three decision-making profiles were identified: affective/experiential, independent/self-controlled, and an interpersonally-oriented dependent profile. Older people were less likely to be in the affective/experiential profile and more likely to be in the independent/self-controlled profile. Women were less likely to be in the affective/experiential profile and more likely to be in the interpersonally-oriented dependent profile. Interpersonally-oriented profiles are discussed as an overlooked but important dimension of how people make important decisions.


During the mid-1960s, the United States adopted a series of cash and in-kind transfer programs, as well as human capital investment strategies, as part of the War on Poverty. A number of other programs were first proposed as part of this "war" but were not implemented until the mid-1970s. These programs had noble goals: to increase incomes at the bottom of the income distribution, reduce poverty, and improve nutrition, health, and human capital. However, various features of the programs also had the potential to produce unintended consequences: for example, means-tested programs can discourage work. In this paper, we comprehensively evaluate the main War on Poverty programs that were aimed at the low-income nonelderly population along with several follow-on programs. We focus on both intended and unintended consequences, drawing on the most compelling causal evidence. We conclude with a series of lessons learned and questions that are outstanding.


This research aims to describe the characteristics of 1915(c) Home- and Community-Based Services waivers for children with autism spectrum disorder across states and over time. While increasingly popular, little is known about these Medicaid waivers. Understanding the characteristics of these programs is important to clinicians and policymakers in designing programs to meet the needs of this vulnerable population and to set the stage for evaluating changes that occur with the implementation of health-care reform. Home- and Community-Based Services waiver applications that included children with autism spectrum disorder as a target population were collected from
the Centers for Medicare and Medicaid Services website, state websites, and state administrators. A data extraction tool was used to document waiver inclusions and restrictions, estimated service provision and institutional costs, and the inclusion of four core autism spectrum disorder services: respite, caregiver support and training, personal care, and evidence-based treatments. Investigators identified 50 current or former waivers across 29 states that explicitly included children with autism spectrum disorder in their target populations. Waivers differed substantially across states in the type and breadth of autism spectrum disorder coverage provided. Specifically, waivers varied in the populations they targeted, estimated cost of services, cost control methods employed, and services offered to children with autism spectrum disorder. Home- and Community-Based Services waivers for children with autism spectrum disorder are very complex and are not consistent across states or over time. Further efforts are needed to examine the characteristics of programs that are associated with improved access to care and clinical outcomes to maximize the benefits to individuals with autism spectrum disorder and their families.

EP-50731
Developing Citizen Report Cards for Primary Care: Evidence from Qualitative Research in Rural Tajikistan. Sebastian Bauhoff, Olesya Tkacheva, Lila Rabinovich, Olena Bogdan. 2015

Transparency interventions, such as public reporting, have emerged as a potential policy approach to improving the performance of health care providers in resource-constrained settings. We report on results from focus groups and key informant interviews in rural areas of two Tajik provinces, Soghd and Khatlon, with regards to three important initial considerations for developing a report card initiative for primary health care in this setting: selecting indicators for the report card, collecting data, and working with existing institutions and stakeholders. The findings suggest that citizens are able to articulate and prioritize concerns with respect to local health care services. Participants indicated a preference for arms-length collection of sensitive feedback on local providers. Because citizens and local institutions have close and important relations with their local health care providers, there may be scope for a trusted external actor, such as a non-governmental organization, to facilitate the report card process.

EP-50732
How Long Does Biomedical Research Take? Studying the Time Taken Between Biomedical and Health Research and Its Translation Into Products, Policy, and Practice. Stephen Hanney, Sophie Castle-Clarke, Jonathan Grant, Chris S. Henshall, Jorge Mestre-Ferrandiz, Michele Pistollato, Alexandra Pollitt, Jon Sussex, Steven Wooding. 2015

BACKGROUND: The time taken, or ‘time lags’, between biomedical/health research and its translation into health improvements is receiving growing attention. Reducing time lags should increase rates of return to such research. However, ways to measure time lags are under-developed, with little attention on where time lags arise within overall timelines. The process marker model has been proposed as a better way forward than the current focus on an increasingly complex series of translation ‘gaps’. Starting from that model, we aimed to develop better methods to measure and understand time lags and develop ways to identify policy options and produce recommendations for future studies. METHODS: Following reviews of the literature on time lags and of relevant policy documents, we developed a new approach to conduct case studies of time lags. We built on the process marker model, including developing a matrix with a series of overlapping tracks to allow us to present and measure elements within any overall time lag. We identified a reduced number of key markers or calibration points and tested our new approach in seven case studies of research leading to interventions in cardiovascular disease and mental health. Finally, we analysed the data to address our study’s key aims. RESULTS: The literature review illustrated the lack of agreement
on starting points for measuring time lags. We mapped points from policy documents onto our matrix and thus highlighted key areas of concern, for example around delays before new therapies become widely available. Our seven completed case studies demonstrate we have made considerable progress in developing methods to measure and understand time lags. The matrix of overlapping tracks of activity in the research and implementation processes facilitated analysis of time lags along each track, and at the cross-over points where the next track started. We identified some factors that speed up translation through the actions of companies, researchers, funders, policymakers, and regulators. Recommendations for further work are built on progress made, limitations identified and revised terminology. CONCLUSIONS: Our advances identify complexities, provide a firm basis for further methodological work along and between tracks, and begin to indicate potential ways of reducing lags.

EP-50733
The Development of a Pediatric Inpatient Experience of Care Measure: Child HCAHPS®. Sara L. Toomey, Alan M. Zaslavsky, Marc N. Elliott, Patricia Gallagher, Floyd Fowler, David J. Klein, Shanna Shulman, Jessica A. Ratner, Caitriona McGovern, Jessica L. LeBlanc, Mark A. Schuster. 2015

The Centers for Medicare and Medicaid Services (CMS) uses Adult Hospital Consumer Assessment of Healthcare Providers and Systems (Adult HCAHPS®) scores for public reporting and pay-for-performance for most US hospitals, but no publicly available standardized survey of inpatient experience of care exists for pediatrics. To fill the gap, CMS and the Agency for Healthcare Research and Quality commissioned the development of a pediatric version (Child HCAHPS), a survey of parents/guardians of pediatric patients (<18 years old) who were recently hospitalized. This article describes the development of Child HCAHPS, which included an extensive review of the literature and quality measures, expert interviews, focus groups, cognitive testing, pilot testing of the draft survey, a national field test with 69 hospitals in 34 states, psychometric analysis, and end-user testing of the final survey. We conducted extensive validity and reliability testing to determine which items would be included in the final survey instrument and develop composite measures. We analyzed national field test data of 17,727 surveys collected in November 2012 to January 2014 from parents of recently hospitalized children. The final Child HCAHPS instrument has 62 items, including 39 patient experience items, 10 screeners, 12 demographic/descriptive items, and 1 open-ended item. The 39 experience items are categorized based on testing into 18 composite and single-item measures. Our composite and single-item measures demonstrated good to excellent hospital-level reliability at 300 responses per hospital. Child HCAHPS was developed to be a publicly available standardized survey of pediatric inpatient experience of care. It can be used to benchmark pediatric inpatient experience across hospitals and assist in efforts to improve the quality of inpatient care.

EP-50734
Multiple Behavior Change Intervention to Improve Detection of Unmet Social Needs and Resulting Resource Referrals. Jeffrey D. Colvin, Jessica L. Bettenhausen, Kaston D. Anderson-Carpenter, Laura Plencner, Molly Krager, Brooke Nelson, Sara Donnelly, Julia Simmons, Valeria Higinio, Paul J. Chung. 2015

OBJECTIVE: It is critical that pediatric residents learn to effectively screen families for active and addressable social needs (ie, negative social determinants of health). We sought to determine 1) whether a brief intervention teaching residents about IHELP, a social needs screening tool, could improve resident screening, and 2) how accurately IHELP could detect needs in the inpatient setting. METHODS: During an 18-month period, interns rotating on 1 of 2 otherwise identical inpatient general pediatrics teams were trained in IHELP. Interns on the other team served as the
comparison group. Every admission history and physical examination (H&P) was reviewed for IHELP screening. Social work evaluations were used to establish the sensitivity and specificity of IHELP and document resources provided to families with active needs. During a 21-month postintervention period, every third H&P was reviewed to determine median duration of continued IHELP use. RESULTS: A total of 619 admissions met inclusion criteria. Over 80% of intervention team H&Ps documented use of IHELP. The percentage of social work consults was nearly 3 times greater on the intervention team than on the comparison team (P < .001). Among H&Ps with documented use of IHELP, specificity was 0.96 (95% confidence interval 0.87–0.99) and sensitivity was 0.63 (95% confidence interval 0.50–0.73). Social work provided resources for 78% of positively screened families. The median duration of screening use by residents after the intervention was 8.1 months (interquartile range 1–10 months). CONCLUSIONS: A brief intervention increased resident screening and detection of social needs, leading to important referrals to address those needs.

EP-50735

OBJECTIVE: To develop and test the psychometric properties of two new survey scales aiming to measure the extent to which the clinical environment supports speaking up about (a) patient safety concerns and (b) unprofessional behaviour. METHOD: Residents from six large US academic medical centres completed an anonymous, electronic survey containing questions regarding safety culture and speaking up about safety and professionalism concerns. RESULTS: Confirmatory factor analysis supported two separate, one-factor speaking up climates (SUCs) among residents; one focused on patient safety concerns (SUC-Safe scale) and the other focused on unprofessional behaviour (SUC-Prof scale). Both scales had good internal consistency (Cronbach's α>0.70) and were unique from validated safety and teamwork climate measures (r<0.85 for all correlations), a measure of discriminant validity. The SUC-Safe and SUC-Prof scales were associated with participants' self-reported speaking up behaviour about safety and professionalism concerns (r=0.21, p<0.001 and r=0.22, p<0.001, respectively), a measure of concurrent validity, while teamwork and safety climate scales were not. CONCLUSIONS: We created and provided evidence for the reliability and validity of two measures (SUC-Safe and SUC-Prof scales) associated with self-reported speaking up behaviour among residents. These two scales may fill an existing gap in residency and safety culture assessments by measuring the openness of communication about safety and professionalism concerns, two important aspects of safety culture that are under-represented in existing metrics.

EP-50736
Consumer-involved Participatory Research to Address General Medical Health and Wellness in a Community Mental Health Setting. Sharat P. Iyer, Laura S. Pancake, Elizabeth S. Dandino, Kenneth B. Wells. 2015

Barriers to sustainably implementing general medical interventions in community mental health (CMH) settings include role uncertainty, consumer engagement, workforce limitations, and sustainable reimbursement. To address these barriers, this project used a community-partnered participatory research framework to create a stakeholder-based general medical and wellness intervention in a large CMH organization, with consumers involved in all decision-making processes. Consumers faced practical barriers to participating in organizational decision making, but their narratives were critical in establishing priorities and ensuring sustainability. Addressing baseline knowledge and readiness of stakeholders and functional challeng-
es to consumer involvement can aid stakeholder-based approaches to implementing general medical interventions in CMH settings.

EP-50737

Many low-income individuals from around the world rely on local food vendors for daily sustenance. These small vendors quickly provide convenient, low-priced, tasty foods, however, they may be low in nutritional value. These vendors serve as an opportunity to use established delivery channels to explore the introduction of healthier products, e.g. fresh salad and fruits, to low-income populations. We sought to understand preferences for items prepared in Comedores Populares (CP), government-supported food vendors serving low-income Peruvians, to determine whether it would be feasible to introduce healthier items, specifically fruits and vegetables. We used a best-worst discrete choice experiment (DCE) that allowed participants to select their favorite and least favorite option from a series of three hypothetical menus. The characteristics were derived from a series of formative qualitative interviews conducted previously in the CPs. We examined preferences for six characteristics: price, salad, soup, sides, meat and fruit. A total of 432 individuals, from two districts in Lima, Peru responded to a discrete choice experiment and demographic survey in 2012. For the DCE, price contributed the most to individual's utility relative to the other attributes, with salad and soup following closely. Sides (e.g. rice and beans) were the least important. The willingness to pay for a meal with a large main course and salad was 2.6 Nuevos Soles, roughly a 1 Nuevo Sol increase from the average menu price, or USD $0.32 dollars. The willingness to pay for a meal with fruit was 1.6 Nuevo Soles. Overall, the perceived quality of service and food served in the CPs is high. The willingness to pay indicates that healthier additions to meals are feasible. Understanding consumer preferences can help policy makers design healthier meals in an organization with the potential to scale up to reach a considerable number of low-income families.

EP-50738
The Iranian Missile Threat to Air Bases: A Distant Second to China’s Conventional Deterrent. Jacob L. Heim. 2015

This article presents an operational analysis of the ability of Iranian and Chinese conventionally armed theater ballistic missiles (TBM) to threaten air bases that might be used by the United States in the event of war. The analysis demonstrates that the political and military geography of Southwest Asia (SWA) lessens the potential impact of the already weaker Iranian TBM capabilities. An examination of each country's TBM capabilities and doctrine reveals that many of Iran’s claims are bluff. Unlike the US situation in East Asia, distinct basing strategies are available to the United States in SWA to address the Iranian TBM threat. These differences have significant consequences for American military power, force posture, and force structure.

EP-50739
Pre-referral General Practitioner Consultations and Subsequent Experience of Cancer Care: Evidence from the English Cancer Patient Experience Survey. Gary A. Abel, Catherine L. Saunders, Georgios Lyratzopoulos. 2015

Prolonged diagnostic intervals may negatively affect the patient experience of subsequent cancer care, but evidence about this assertion is sparse. We analysed data from 73 462 respondents to two English Cancer Patient Experience Surveys to examine whether patients with three or more (3+) pre-referral consultations were more likely to report negative experiences of subsequent care compared with patients with one or two consultations in respect of 12 a priori selected survey questions. For each of 12 experi-
ence items, logistic regression models were used, adjusting for prior consultation category, cancer site, socio-demographic case-mix and response tendency (to capture potential variation in critical response tendencies between individuals). There was strong evidence (P < 0.01 for all) that patients with 3+ pre-referral consultations reported worse care experience for 10/12 questions, with adjusted odds ratios compared with patients with 1–2 consultations ranging from 1.10 (95% confidence intervals 1.03–1.17) to 1.68 (1.60–1.77), or between +1.8% and +10.6% greater percentage reporting a negative experience. Associations were stronger for processes involving primary as opposed to hospital care; and for evaluation than report items. Considering 1, 2, 3–4 and ‘5+’ pre-referral consultations separately a ‘dose–response’ relationship was apparent. We conclude that there is a negative association between multiple pre-diagnostic consultations with a general practitioner and the experience of subsequent cancer care.

EP-50828
Sexual Network Profiles and Risk Factors for STIs Among African American Sexual Minorities in Mississippi: A Cross-Sectional Analysis. Sarah Maccarthy, Leandro Mena, Philip A. Chan, Jennifer Rose, Dantrell Simmons, Reginald Riggins, Michael Hoffmann, Nicholas Chamberlain, Amy Nunn. 2015

This cross-sectional study assessed sexually transmitted infection (STI) prevalence, socio-demographic characteristics, substance use, sexual behaviors, and sexual network profiles among African American sexual minorities in Jackson, Mississippi. Bivariate chi-square tests and generalized estimating equation (GEE) models explored individual and partner-related factors. Compared to their heterosexual counterparts, male African American sexual minorities reported fewer sex partners (odds ratios [OR] 0.33, 95% confidence intervals [CI] 0.16-0.65) and lower concurrency levels (OR 0.42, 95%CI 0.24-0.72). African American sexual minority women reported greater substance abuse, more sex partners (OR 2.54, 95%CI 1.47-4.38), higher concurrency levels (OR 1.81, 95%CI 1.24-2.64), and more transactional sex (OR 2.52, 95%CI 1.25-5.11). These results highlight the need for nuanced STI interventions tailored to African American sexual minorities in Mississippi.

EP-50829
The Time Is Now: Attention Increases to Transgender Health in the United States but Scientific Knowledge Gaps Remain. Sarah Maccarthy, Sari L. Reisner, Amy Nunn, Don Operario. 2015

Attention to transgender health has dramatically increased in the U.S. Scientific knowledge gaps in empirical research, however, remain and act as barriers to achieving transgender-related health equity. We conducted a search using PubMed and PsycINFO to identify gaps in empirical, peer-reviewed publications related to adult transgender health in the U.S. between 1981 and 2013. We synthesized these findings and commented on opportunities for improving health research. Reducing health disparities and advancing transgender-related health equity requires greater investment in research that addresses current gaps to more comprehensively respond to the diverse health needs of transgender people.

EP-50830
Diet and Obesity in Los Angeles County 2007-2012: Is There a Measurable Effect of the 2008 "Fast-Food Ban"?. 2015

We evaluate the impact of the "Los Angeles Fast-Food Ban", a zoning regulation that has restricted opening/remodeling of standalone fast-food restaurants in South Los Angeles since 2008. Food retail permits issued after the ban are more often for small food/convenience stores and less often for larger restaurants not part of a chain in South Los Angeles compared to other areas; there are no significant differences in the share of new fast-food chain outlets, other chain restaurants, or large food markets. About 10% of food outlets are new since the regulation, but there is little evi-
dence that the composition has changed differentially across areas. Data from the California Health Interview Survey show that fast-food consumption and overweight/obesity rates have increased from 2007 to 2011/2012 in all areas. The increase in the combined prevalence of overweight and obesity since the ban has been significantly larger in South Los Angeles than elsewhere. A positive development has been a drop in soft drink consumption since 2007, but that drop is of similar magnitude in all areas.

EP-50831

OBJECTIVE: To examine how similar racial/ethnic disparities in clinical quality (Healthcare Effectiveness Data and Information Set [HEDIS]) and patient experience (Consumer Assessment of Healthcare Providers and Systems [CAHPS]) measures are for different measures within Medicare Advantage (MA) plans. DATA SOURCES/STUDY SETTING: 5.7 million/492,495 MA beneficiaries with 2008-2009 HEDIS/CAHPS data. STUDY DESIGN: Binomial (HEDIS) and linear (CAHPS) hierarchical mixed models generated contract estimates for HEDIS/CAHPS measures for Hispanics, blacks, Asian-Pacific Islanders, and whites. We examine the correlation of within-plan disparities for HEDIS and CAHPS measures across measures. PRINCIPAL FINDINGS: Plans with disparities for a given minority group (vs. whites) for a particular measure have a moderate tendency for similar disparities for other measures of the same type (mean r = 0.51/0.21 and 53/34 percent positive and statistically significant for CAHPS/HEDIS). This pattern holds to a lesser extent for correlations of CAHPS disparities and HEDIS disparities (mean r = 0.05/0.14/0.23 and 4.4/5.6/4.4 percent) positive and statistically significant for blacks/Hispanics/API. CONCLUSIONS: Similarities in CAHPS and HEDIS disparities across measures might reflect common structural factors, such as language services or provider incentives, affecting several measures simultaneously. Health plan structural changes might reduce disparities across multiple measures.

EP-50832
A Spatiotemporal Quantile Regression Model for Emergency Department Expenditures. Brian Neelon, Fan Li, Lane F. Burgette, Sara E. Benjamin. 2015

Motivated by a recent study of geographic and temporal trends in emergency department care, we develop a spatiotemporal quantile regression model for the analysis of emergency department-related medical expenditures. The model yields distinct spatial patterns across time for each quantile of the response distribution, which is important in the spatial analysis of expenditures, as there is often little spatiotemporal variation in mean expenditures but more pronounced variation in the extremes. The model has a hierarchical structure incorporating patient-level and region-level predictors as well as spatiotemporal random effects. We model the random effects via intrinsic conditionally autoregressive priors, improving small-area estimation through maximum spatiotemporal smoothing. We adopt a Bayesian modeling approach based on an asymmetric Laplace distribution and develop an efficient posterior sampling scheme that relies solely on conjugate full conditionals. We apply our model to data from the Duke support repository, a large georeferenced database containing health and financial data for Duke Health System patients residing in Durham County, North Carolina.

EP-50833
The present study examined differences in lifetime use and initiation of substance use and associated risk factors for alcohol, cigarettes, and marijuana among 7 subgroups of Asian American (AA) adolescents: Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, and mixed-heritage Asian. Sixth- and 7th-grade AA adolescents in Southern California were surveyed 5 times over 3 academic years. We examined subgroup differences in (1) lifetime alcohol, cigarette, and marijuana use assessed at baseline; (2) initiation of each substance over 3 years; and (3) baseline individual (positive and negative expectancies about substances, resistance self-efficacy, and intentions to use), family (closest adult and older sibling substance use), and school factors (perceived peer use). Although there was considerable heterogeneity in lifetime substance use and initiation rates, subgroup differences were not statistically significant (ps > .20). Significant subgroup differences existed for negative expectancies about use, perceived peer use, and close adult alcohol and cigarette use (ps < .05). Specifically, Vietnamese and Japanese adolescents had the lowest negative expectancies about cigarettes and marijuana, respectively. Vietnamese adolescents reported the highest levels of perceived peer cigarette use. Mixed-heritage adolescents reported the highest frequency of alcohol and cigarette use by their closest adult. Although no differences in substance use rates were observed, these findings are an important first step in understanding heterogeneity in AA adolescents' risk for substance use and initiation.

EP-50835

BACKGROUND: The most commonly used self-reported health question asks people to rate their general health from excellent to poor. This is one of the Patient-Reported Outcomes Measurement Information System (PROMIS) global health items. Four other items are used for scoring on the PROMIS global physical health scale. Because the single item is used on the majority of large national health surveys in the U.S., it is useful to construct scores that can be compared to U.S. general population norms. OBJECTIVE: To estimate the PROMIS global physical health scale score from the responses to the single excellent to poor self-rated health question for use in public health surveillance, research, and clinical assessment. DESIGN: A cross-sectional survey of 21,133 individuals, weighted to be representative of the U.S. general population. PARTICIPANTS: The PROMIS items were administered via a Web-based survey to 19,601 persons in a national panel and 1,532 subjects from PROMIS research sites. The
average age of individuals in the sample was 53 years, 52% were female, 80% were non-Hispanic white, and 19% had a high school degree or lower level of education. MAIN OUTCOME MEASURES: PROMIS global physical health scale. KEY RESULTS: The product-moment correlation of the single item with the PROMIS global physical health scale score was 0.81. The estimated scale score based on responses to the single item ranged from 29 (poor self-rated health, 2.1 SDs worse than the general population mean) to 62 (excellent self-rated health, 1.2 SDs better than the general population mean) on a T-score metric (mean of 50). CONCLUSIONS: This item can be used to estimate scores for the PROMIS global physical health scale for use in monitoring population health and achieving public health objectives. The item may also be used for individual assessment, but its reliability (0.52) is lower than that of the PROMIS global health scale (0.81).

EP-50836
Estimates of both the consumption of illegal drugs and user expenditures are important for informing drug policy development.

EP-50837
Including Physicians in Bundled Hospital Care Payments: Time to Revisit an Old Idea?. Ateev Mehrotra, Peter S. Hussey. 2015
Medicare uses the prospective payment system to pay a hospital a fixed amount of money for a hospitalization: the Diagnosis Related Group (DRG) payment. The DRG payment covers all hospital-related expenses, except for physician services. Most private health plans mimic this fragmented payment method. Given new payment models and the changing relationship between physicians and hospitals, it is time to reconsider bundling physicians into hospital payments. This commentary outlines the potential benefits of this payment change and discusses key implementation barriers.

EP-50838
With the marked increase of the Latino population in the United States during the past 20 years, there has been growing interest in the social, cultural, and structural factors that may impede breast cancer screening among Latino women, especially among those subgroups that have been understudied. Acculturation and fatalism are central cultural constructs in these growing fields of research. However, there is great debate on the extent to which acculturation and fatalism affect breast cancer screening among Latinas relative to other social or structural factors or logistical barriers. Moreover, little theoretical work specifies or tests pathways between social, structural, and cultural determinants of screening. This study tests a theoretical model of social and structural (socioeconomic status and access to health care) and cultural factors (acculturation and fatalism) as correlates of mammography screening among Dominican Latinas, a group that has been understudied. The study expands prior work by examining other factors identified as potential impediments to mammography screening, specifically psychosocial (e.g., embarrassment, pain) and logistical (e.g., not knowing how to get a mammogram, cost) barriers. Interview-administered surveys were conducted with 318 Latinas from the Dominican Republic aged 40 years or older. Fatalistic beliefs were not associated with mammography screening. Greater acculturation assessed as language use was associated with decreased screening. The strongest predictor of decreased screening was perceived barriers. Results highlight the importance of assessing various self-reported psychosocial and logistical barriers to screening. Possible avenues for screening interventions in-
clude intensifying public health campaigns and use of personalized messages to address barriers to screening. Results add to a limited body of research on Dominicans, who constitute the fifth largest Latino group in the United States.

**EP-50839**

*It Is Complicated: Sexual Partner Characteristic Profiles and Sexually Transmitted Infection Rates Within a Predominantly African American Population in Mississippi.* Jalen Alexander, Jennifer Rose, Lisa Dierker, Philip A. Chan, Sarah Maccarthy, Dantrell Simmons, Leandro Mena, Amy Nunn. 2015

**BACKGROUND:** Mississippi has among the highest prevalence of sexually transmitted infections (STIs) in the United States. Understanding sexual networks can provide insight into risk factors for transmission and guide prevention interventions. **METHODS:** Participants included 1437 primarily African American (95%) adults presenting for care at an STI clinic in Jackson, Mississippi. Latent class analysis identified underlying population subgroups with unique patterns of response on a comprehensive set of 14 sexual partner variables, such as living with or having a child with a partner, partner dependence and trust, 1-time sexual encounters, multiple main partners, substance use, sexual concurrency, and incarceration. Classes were compared on participant age, sex, sexual orientation, public assistance, lifetime partners, relationship status, and self-reported past-year STI. **RESULTS:** Three classes emerged. Class 1 (n = 746) participants were less dependent on partners and less likely to live with or have a child with a partner. Class 2 participants (n = 427) endorsed multiple STI risk factors, including partner incarceration, 6 or more lifetime partners, sexual concurrency, 1-time sexual encounters, and substance use at last sex. Class 3 participants (n = 226) were more likely to be in dependent, committed relationships with children. Class 2 had a higher proportion of self-report past-year STIs (36.7%) compared with classes 1 (26.6%) and 3 (26.1%). **CONCLUSIONS:** Certain partner factors such as incarceration, substance use, and concurrency may contribute to increased STI risk. Partner factors may be useful proxies for STI risks and could be useful questions to include in screening questionnaires in clinical settings.

**EP-50840**

*A Cost-Effectiveness Analysis of Community Health Workers in Mozambique.* Diana Bowser, Adeyemi Okunogbe, Elizabeth Oliveras, Laura Subramanian, Tyler Morrill. 2015

**INTRODUCTION:** Community health worker (CHW) programs are a key strategy for reducing mortality and morbidity. Despite this, there is a gap in the literature on the cost and cost-effectiveness of CHW programs, especially in developing countries. **METHODS:** This study assessed the costs of a CHW program in Mozambique over the period 2010-2012. Incremental cost-effectiveness ratios, comparing the change in costs to the change in 3 output measures, as well as gains in efficiency were calculated over the periods 2010-2011 and 2010-2012. The results were reported both excluding and including salaries for CHWs. **RESULTS:** The results of the study showed total costs of the CHW program increased from US$1.34 million in 2010 to US$1.67 million in 2012. The highest incremental cost-effectiveness ratio was for the cost per beneficiary covered including CHW salaries, estimated at US$47.12 for 2010-2011. The smallest incremental cost-effectiveness ratio was for the cost per household visit not including CHW salaries, estimated at US$47.12 for 2010-2011. The smallest incremental cost-effectiveness ratio was for the cost per household visit not including CHW salaries, estimated at US$47.12 for 2010-2011. Adding CHW salaries would not only have increased total program costs by 362% in 2012 but also led to the largest efficiency gains in program implementation; a 56% gain in cost per output in the long run as compared with the short run after including CHW salaries. **CONCLUSIONS:** Our findings can be used to inform future CHW program policy both in Mozambique and in other countries, as well as provide a set of incremental cost per output measures to be used in benchmarking to other CHW costing analyses.
Outcomes and Costs of Surgical Treatments of Necrotizing Enterocolitis. Anne M. Stey, Elizabeth S. Barnert, Emmett B. Keeler, Jack Needleman, Mei Leng, Stephen B. Shew. 2015

BACKGROUND AND OBJECTIVES: Despite previous studies demonstrating no difference in mortality or morbidity, the various surgical approaches for necrotizing enterocolitis (NEC) in infants have not been evaluated economically. Our goal was to compare total in-hospital cost and mortality by using propensity score–matched infants treated with peritoneal drainage alone, peritoneal drainage followed by laparotomy, or laparotomy alone for surgical NEC. METHODS: Utilizing the California OSHPD Linked Birth File Dataset, 1375 infants with surgical NEC between 1999 and 2007 were retrospectively propensity score matched according to intervention type. Total in-hospital costs were converted from longitudinal patient charges. A multivariate mixed effects model compared adjusted costs and mortality between groups. RESULTS: Successful propensity score matching was performed with 699 infants (peritoneal drainage, n = 101; peritoneal drainage followed by laparotomy, n = 172; and laparotomy, n = 426). Average adjusted cost for peritoneal drainage followed by laparotomy was $398,173 (95% confidence interval [CI]: 287,784–550,907), which was more than for peritoneal drainage ($276,076 [95% CI: 196,238–388,394]; P = .004) and similar to laparotomy ($341,911 [95% CI: 251,304–465,186]; P = .08). Adjusted mortality was highest after peritoneal drainage followed by laparotomy (56% [95% CI: 34–75]) versus peritoneal drainage followed by laparotomy (35% [95% CI: 19–56]; P = .01) and laparotomy (29% [95% CI: 19–56]; P < .001). Mortality for peritoneal drainage was similar to laparotomy. CONCLUSIONS: Propensity score–matched analysis of surgical NEC treatment found that peritoneal drainage followed by laparotomy was associated with decreased mortality compared with peritoneal drainage alone but at significantly increased costs.


BACKGROUND: When choosing clinicians, patients often rely on comments available on consumer websites. The authors argue that public reporting of standardized patient satisfaction surveys could be improved if they were augmented by narrative accounts of patients’ experiences.


BACKGROUND: The objective of this study was to examine associations of symptoms with physical and mental health-related quality of life (HRQOL) in patients with colorectal cancer (CRC) and in patients with lung cancer. METHODS: Patients with newly diagnosed CRC (n = 3040) or lung cancer (n = 2297) who were participating in the Cancer Care Outcomes Research and Surveillance Consortium study completed surveys on general HRQOL and symptoms. HRQOL was measured by using physical component summary (PCS) and mental component summary (MCS) scores on the Medical Outcomes Study 12-item short-form health survey. Nonspecific cancer symptoms were measured using items from the European Organization for Research and Treatment of Cancer core quality-of-life questionnaire. Cancer type-specific modules developed by the European Organization for Research and Treatment of Cancer were used to assess CRC-specific and lung cancer-specific symptoms. For both cancer types, linear regression models that were controlled for
demographic and clinical information were used to examine correlations of nonspecific and cancer-specific symptoms with PCS and MCS scores.

RESULTS: PCS scores for patients with CRC and lung cancer were below the general population norm of 50 (43 and 37, respectively), and MCS scores were at the population norm. For the CRC sample, in the model that included both symptom indices, an increase in nonspecific symptoms was more strongly associated with lower PCS and MCS scores than an increase in CRC-specific symptoms (PCS, standardized coefficient [beta] = -0.41 vs -0.09; MCS, beta = -0.38 vs -0.08). In a similar model for lung cancer, increases in lung cancer-specific symptoms were more strongly associated with lower PCS scores (beta = -0.34 vs -0.20), whereas nonspecific symptoms were more strongly associated with lower MCS scores (beta = -0.34 vs -0.14). CONCLUSIONS: Symptoms were associated with HRQOL impairments in recently diagnosed patients. Additional supportive care implemented early in cancer care, regardless of cancer stage, may provide symptom relief and improve HRQOL.

EP-50847
Accuracy of Weight Perceptions in a Nationally Representative Cohort of US 8th Grade Adolescents. Ashlesha Datar, Paul J. Chung. 2015

OBJECTIVE: To describe the accuracy of weight perceptions in a nationally representative sample of US 8th graders, its relationship with weight control intentions (WCI), and the relationship of weight misperceptions and WCI with diet and activity behaviors. METHODS: Data analyzed came from the 8th grade wave (2006-2007) of the Early Childhood Longitudinal Study-Kindergarten Class, a nationally representative sample. Body mass index was calculated from height and weight measurements for 7800 8th graders (mean age 14.3 years). Measured weight status was compared with measured weight status to classify adolescents into accurate perceivers, overestimators, and underestimators. Multivariate logistic and negative binomial regression models were estimated for binary and count data outcome variables, respectively. RESULTS: Overall, 42.1% of adolescents misperceived their weight status: 35.3% underestimated and 6.8% overestimated their weight status. Among overweight or obese adolescents, 68.4% misperceived their weight status; 35% of underweight adolescents overestimated their weight status. Among normal-weight adolescents, 8.5% overestimated and 18.5% underestimated their weight. Compared to accurate perception, both overestimation and underestimation of weight status were associated with greater likelihood of inappropriate WCI, but only underestimation was associated with unhealthy diet and activity behaviors. CONCLUSIONS: Weight misperception was a common problem among US adolescents from all weight categories and was associated with inappropriate WCI. Future research should examine how adolescents’ weight perceptions are formed and whether reducing misperceptions may improve behaviors.

EP-50848

BACKGROUND: Veteran research has primarily been conducted with clinical samples and those already involved in health care systems, but much is to be learned about veterans in the community. Facebook is a novel yet largely unexplored avenue for recruiting veteran participants for epidemiological and clinical studies. OBJECTIVE: In this study, we utilized Facebook to recruit a sample of young adult veterans for the first phase of an online alcohol intervention study. We describe the successful Facebook recruitment process, including data collection from over 1000 veteran participants in approximately 3 weeks, procedures to verify participation eligibility, and comparison of our sample
with nationally available norms. METHODS: Participants were young adult veterans aged 18-34 recruited through Facebook as part of a large study to document normative drinking behavior among a large community sample of veterans. Facebook ads were targeted toward young veterans to collect information on demographics and military characteristics, health behaviors, mental health, and health care utilization. RESULTS: We obtained a sample of 1023 verified veteran participants over a period of 24 days for the advertising price of approximately US $7.05 per verified veteran participant. Our recruitment strategy yielded a sample similar to the US population of young adult veterans in most demographic areas except for race/ethnicity and previous branch of service, which when we weighted the sample on race/ethnicity and branch a sample better matched with the population data was obtained. The Facebook sample recruited veterans who were engaged in a variety of risky health behaviors such as binge drinking and marijuana use. One fourth of veterans had never since discharge been to an appointment for physical health care and about half had attended an appointment for service compensation review. Only half had attended any appointment for a mental health concern at any clinic or hospital. Despite more than half screening positive for current probable mental health disorders such as post-traumatic stress disorder, depression, anxiety, only about 1 in 3 received mental health care in the past year and only 1 in 50 received such care within the past month. CONCLUSIONS: This work expands on the work of other studies that have examined clinical samples of veterans only and suggests Facebook can be an adequate method of obtaining samples of veterans in need of care.

EP-50849
Bayesian Restricted Spatial Regression for Examining Session Features and Patient Outcomes in Open-Enrollment Group Therapy Studies. Susan M. Paddock, Thomas J. Leininger, Sarah B. Hunter. 2015

Group-based interventions have been developed for treating patients across a range of health conditions. Enrollment into such groups often occurs on an open (or rolling) basis. Conditional autoregression modeling of random session effects has been proposed to account for the expected correlation in session effects associated with the overlap in patient participation session to session. However, when the analytic objective is to examine the relationship between a fixed-effect session feature and a patient outcome using conditional autoregression, confounding might arise if the fixed session feature of interest and the random session effects vary across sessions in similar ways, resulting in bias and inflated standard errors of a fixed-effect session feature of interest. Motivated by the goal of examining the relationships between outcomes and the session features of leader and session module theme, we applied restricted spatial regression to the analysis of patient outcomes collected from 132 participants in an open-enrollment group for treating depression among patients of a residential alcohol and other drug treatment program, adapting the approach to the multilevel data structure of open-enrollment group data. As compared with standard conditional autoregression, the restricted regression approach resulted in more precise estimates of regression coefficients of the module theme and leader predictor variables. The restricted regression approach provides an important analytic tool for group therapy researchers who are investigating the relationship between key components of open-enrollment group therapy interventions and patient outcomes.

EP-50850
Use of Concept Mapping to Characterize Relationships Among Implementation Strategies and Assess Their Feasibility and Importance: Results from the Expert Recommendations for Implementing Change (ERIC) Study. Thomas J. Waltz, Byron J. Powell, Monica M. Matthieu, Laura J. Damschroder, Matthew Chinman, Jeffrey Smith, Enola Proctor, JoAnn E. Kirchner. 2015
BACKGROUND: Poor terminological consistency for core concepts in implementation science has been widely noted as an obstacle to effective meta-analyses. This inconsistency is also a barrier for those seeking guidance from the research literature when developing and planning implementation initiatives. The Expert Recommendations for Implementing Change (ERIC) study aims to address one area of terminological inconsistency: discrete implementation strategies involving one process or action used to support a practice change. The present report is on the second stage of the ERIC project that focuses on providing initial validation of the compilation of 73 implementation strategies that were identified in the first phase.

FINDINGS: Purposive sampling was used to recruit a panel of experts in implementation science and clinical practice (N = 35). These key stakeholders used concept mapping sorting and rating activities to place the 73 implementation strategies into similar groups and to rate each strategy’s relative importance and feasibility. Multidimensional scaling analysis provided a quantitative representation of the relationships among the strategies, all but one of which were found to be conceptually distinct from the others. Hierarchical cluster analysis supported organizing the 73 strategies into 9 categories. The ratings data reflect those strategies identified as the most important and feasible.

CONCLUSIONS: This study provides initial validation of the implementation strategies within the ERIC compilation as being conceptually distinct. The categorization and strategy ratings of importance and feasibility may facilitate the search for, and selection of, strategies that are best suited for implementation efforts in a particular setting.

EP-50853
Unmet Health Care Need in US Adolescents and Adult Health Outcomes. Dougal S. Hargreaves, Marc N. Elliott, Russell M. Viner, Tracy K. Richmond, Mark A. Schuster. 2015

BACKGROUND: Adolescence is a formative period when health care services have a unique opportunity to influence later health outcomes. Unmet health care need in adolescence is known to be associated with poor contemporaneous health outcomes; it is unknown whether it predicts...
poor adult health outcomes. METHODS: We used nationally representative data from 14,800 subjects who participated in Wave I (mean age: 15.9 years [1994/1995]) and Wave IV (mean age: 29.6 years [2008]) of the National Longitudinal Study of Adolescent to Adult Health. Logistic regression models were used to estimate the association between unmet health care need in adolescence and 5 self-reported measures of adult health (fair/poor general health, functional impairment, time off work/school, depressive symptoms, and suicidal ideation). Models were adjusted for baseline health, insurance category, age, gender, race/ethnicity, household income, and parental education.

RESULTS: Unmet health care need was reported by 19.2% of adolescents and predicted worse adult health: fair/poor general health (adjusted odds ratio [aOR]: 1.27 [95% confidence interval (CI): 1.00-1.60]); functional impairment (aOR: 1.52 [95% CI: 1.23-1.87]); depressive symptoms (aOR: 1.36 [95% CI: 1.13-1.64]); and suicidal ideation (aOR: 1.30 [95% CI: 1.03-1.68]). There was no significant association between unmet health care need and time off work/school (aOR: 1.13 [95% CI: 0.93-1.36]). Cost barriers accounted for only 14.8% of unmet health care need. The reason for unmet need was not significantly related to the likelihood of poor adult health outcomes. CONCLUSIONS: Reported unmet health care need in adolescence is common and is an independent predictor of poor adult health. Strategies to reduce unmet adolescent need should address health engagement and care quality, as well as cost barriers to accessing services.

EP-50854
Bounce Back: Effectiveness of an Elementary School-Based Intervention for Multicultural Children Exposed to Traumatic Events. Audra Langley, Araceli Gonzalez, Catherine Sugar, Diana Solis, Lisa H. Jaycox. 2015

OBJECTIVE: To evaluate the feasibility and acceptability of a school-based intervention for diverse children exposed to a range of traumatic events, and to examine its effectiveness in improving symptoms of posttraumatic stress, depression, and anxiety. METHOD: Participants were 74 schoolchildren (Grades 1–5) and their primary caregivers. All participating students endorsed clinically significant posttraumatic stress symptoms. School clinicians were trained to deliver Bounce Back, a 10-session cognitive–behavioral group intervention. Children were randomized to immediate or delayed (3-month waitlist) intervention. Parent- and child-report of posttraumatic stress and depression, and child report of anxiety symptoms, were assessed at baseline, 3 months, and 6 months. RESULTS: Bounce Back was implemented with excellent clinician fidelity. Compared with children in the delayed condition, children who received Bounce Back immediately demonstrated significantly greater improvements in parent- and child-reported posttraumatic stress and child-reported anxiety symptoms over the 3-month intervention. Upon receipt of the intervention, the delayed intervention group demonstrated significant improvements in parent- and child-reported posttraumatic stress, depression, and anxiety symptoms. The immediate treatment group maintained or showed continued gains in all symptom domains over the 3-month follow-up period (6-month assessment). CONCLUSIONS: Findings support the feasibility, acceptability, and effectiveness of the Bounce Back intervention as delivered by school-based clinicians for children with traumatic stress. Implications are discussed.

EP-50855

Objectives: The typical focus in discussions of healthcare spending is on direct medical costs such as physician reimbursement. The indirect costs of healthcare—patient opportunity costs associated with seeking care, for example—have not been adequately quantified. We aimed to quantify the opportunity costs for adults seeking medical care for themselves or others. Study De-
sign: Secondary analysis of the 2003-2010 American Time Use Survey (ATUS). Methods: We used the nationally representative 2003-2010 ATUS to estimate opportunity costs associated with ambulatory medical visits. We estimated opportunity costs for employed adults using self-reported hourly wages and for unemployed adults using a Heckman selection model. We used the Medical Expenditure Panel Survey to compare opportunity costs with direct costs (ie, patient out-of-pocket, provider reimbursement) in 2010. Results: Average total time per visit was 121 minutes (95% CI, 118-124), with 37 minutes (95% CI, 36-39) of travel time and 84 minutes (95% CI, 81-86) of clinic time. The average opportunity cost per visit was $43, which exceeds the average patient’s out-of-pocket payment. Total opportunity costs per year for all physician visits in the United States were $52 billion in 2010. For every dollar spent in visit reimbursement, an additional 15 cents were spent in opportunity costs. Conclusions: In the United States, opportunity costs associated with ambulatory medical care are substantial. Accounting for patient opportunity costs is important for examining US healthcare system efficiency and for evaluating methods to improve the efficient delivery of patient-centered care.

Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth. Daniel Dickerson, Ryan Andrew Brown, Carrie L. Johnson, Kurt Schweigman, Elizabeth J. D’Amico. 2015

American Indians/Alaska Natives (AI/AN) exhibit high levels of alcohol and drug (AOD) use and problems. Although approximately 70% of AI/ANs reside in urban areas, few culturally relevant AOD use programs targeting urban AI/AN youth exist. Furthermore, federally-funded studies focused on the integration of evidence-based treatments with AI/AN traditional practices are limited. The current study addresses a critical gap in the delivery of culturally appropriate AOD use programs for urban AI/AN youth, and outlines the development of a culturally tailored AOD program for urban AI/AN youth called Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY). We conducted focus groups among urban AI/AN youth, providers, parents, and elders in two urban communities in northern and southern California aimed at 1) identifying challenges confronting urban AI/AN youth and 2) obtaining feedback on MICUNAY program content. Qualitative data were analyzed using Dedoose, a team-based qualitative and mixed methods analysis software platform. Findings highlight various challenges, including community stressors (e.g., gangs, violence), shortage of resources, cultural identity issues, and a high prevalence of AOD use within these urban communities. Regarding MICUNAY, urban AI/AN youth liked the collaborative nature of the motivational interviewing (MI) approach, especially with regard to eliciting their opinions and expressing their thoughts. Based on feedback from the youth, three AI/AN traditional practices (beading, AI/AN cooking, and prayer/sage ceremony) were chosen for the workshops. To our knowledge, MICUNAY is the first AOD use prevention intervention program for urban AI/AN youth that integrates evidence-based treatment with traditional practices. This program addresses an important gap in services for this underserved population.

Developing a Tabletop Exercise to Test Community Resilience: Lessons from the Los Angeles County Community Disaster Resilience Project. Anita Chandra, Malcolm V. Williams, Christian Lopez, Jennifer Tang, David Eisenman. 2015

OBJECTIVE: We aimed to develop and test a community resilience tabletop exercise to assess progress in community resilience and to provide an opportunity for quality improvement and capacity building. METHODS: A tabletop exercise was developed for the Los Angeles County Community Disaster Resilience (LACCDR) project by using an extended heat wave scenario with health
and infrastructure consequences. The tabletop was administered to preparedness only (control) and resilience (intervention) coalitions during the summer of 2014. Each exercise lasted approximately 2 hours. The coalitions and LACCDR study team members independently rated each exercise to assess 4 resilience levers (partnership, engagement, self-sufficiency, and education). Resilience coalitions received more detailed feedback in the form of recommendations for improvement. RESULTS: The resilience coalitions performed the same or better than the preparedness coalitions on the partnership and self-sufficiency levers. Most coalitions did not have enough (both quantity and type) of the partner organizations needed for an escalating heat wave or changing conditions or enough engagement of organizations representing at-risk populations. Coalitions also lacked educational materials to cover topics as far ranging as heat to power outages to psychological impacts of disaster. CONCLUSION: A tabletop exercise can be used to stress and test resilience-based capacities, with particular attention to a community’s ability to leverage a range of partnerships and other assets to confront a slowly evolving but multifactorial emergency.

EP-50860
Partnerships for Community Resilience: Perspectives from the Los Angeles County Community Disaster Resilience Project. G. C. Chi, Malcolm V. Williams, Anita Chandra, Alonzo L. Plough, David Eisenman. 2015

Community partnerships are critical to public health practice in general, and in particular to local health department programs to improve emergency preparedness and community resilience. Greater integration of organizations can build trust and increase participation in emergency preparedness activities that increase knowledge and contribute to enhanced preparedness and recovery plans. By creating well-functioning partnerships across organizations, health departments can also pool together a diverse set of resources to enhance their preparation for, response to, and recovery from a disaster or emergency. To facilitate building such relationships, the Centers for Disease Control and Prevention (CDC) identified 11 community sectors with which local health departments may consider developing partnerships. These sectors include businesses, community leadership, cultural and faith-based groups and organizations, emergency management, health care, social services, housing and sheltering, media, mental/behavioral health, organizations serving the interests of at-risk populations such as older persons, and education and child care.

EP-50861

BACKGROUND: The purpose of this review is to study the effect of school-based interventions on smoking prevention for girls. METHODS: We performed a systematic review of articles published since 1992 on school-based tobacco-control interventions in controlled trials for smoking prevention among children. We searched the databases of PubMed, Embase, Web of Science, The Cochrane Databases, CINAHL, Social Science Abstracts, and PsycInfo. Two reviewers independently assessed trials for inclusion and quality and extracted data. A pooled random-effects estimate was estimated of the overall relative risk. RESULTS: Thirty-seven trials were included, of which 16 trials with 24,210 girls were included in the pooled analysis. The overall pooled effect was a relative risk (RR) of 0.96 (95% confidence interval (CI) 0.86-1.08; I²=75%). One study in which a school-based intervention was combined with a mass media intervention showed more promising results compared to only school-based prevention, and four studies with girl-specific interventions, that could not be included in the pooled analysis, reported statistically significant benefits for attitudes and intentions about smoking and quit rates. CONCLUSIONS: There was no
evidence that school-based smoking prevention programs have a significant effect on preventing adolescent girls from smoking. Combining school-based programs with mass media interventions, and developing girl-specific interventions, deserve additional study as potentially more effective interventions compared to school-based-only intervention programs.

EP-50865

Context: Opioid use disorders are a significant public health problem. In 2002, the FDA approved buprenorphine as an opioid use disorder treatment when prescribed by waivered physicians who were limited to treating 30 patients at a time. In 2006, federal legislation raised this number to 100 patients. Although federal legislators are considering increasing these limits further and expanding prescribing privileges to nonphysicians, little information is available regarding the impact of such changes on buprenorphine use. We therefore examined the impact of the 2006 legislation as well as the association between urban and rural waivered physicians, opioid treatment programs, and substance abuse treatment facilities on buprenorphine distributed per capita over the past decade. Methods: Using 2004-2011 state-level data on buprenorphine dispensed and county-level data on the number of buprenorphine-waivered physicians and substance abuse treatment facilities using buprenorphine, we estimated a multivariate ordinary least squares regression model with state fixed effects of a state’s annual total buprenorphine dispensed per capita as a function of the state’s number of buprenorphine providers. Findings: The amount of buprenorphine dispensed has been increasing at a greater rate than the number of buprenorphine providers. The number of physicians waivered to treat 100 patients with buprenorphine in both rural and urban settings was significantly associated with increased amounts of buprenorphine dispensed per capita. There was no significant association in the growth of buprenorphine distributed and the number of physicians with 30-patient waivers. Conclusions: The greater amounts of buprenorphine dispensed are consistent with the potentially greater use of opioid agonists for opioid use disorder treatment, though they also make their misuse more likely. The changes after the 2006 legislation suggest that policies focused on increasing the number of patients that a single waivered physician could safely and effectively treat could be more effective in increasing buprenorphine use than would alternatives such as opening new substance abuse treatment facilities or raising the overall number of waivered physicians.

EP-50866
Risk Factors for Injury in Law Enforcement Officer Vehicle Crashes. Tom LaTourrette. 2015

PURPOSE: Vehicle crashes and being struck by vehicles are the leading causes of death among police. The purpose of this paper is to identify risk factors for injury in police officer vehicle crashes in order to help determine the most effective approaches to improve officer vehicle safety. DESIGN/METHODOLOGY/APPROACH: The study entailed a cross-sectional survey of officer drivers involved in vehicle crashes from 16 local, county, and state law enforcement agencies across the USA over one year. The relative risk of injury for officers in crashes with a given characteristic relative comparison crashes without that characteristic was computed to determine which characteristics are more likely to be associated with injuries. FINDINGS: The survey yielded 854 crashes, 90 of which involved injuries to the officer driver. Crash characteristics associated with a statistically significant increase in the risk of injury include multiple vehicle collisions, collision direction, officer
vehicle type, officer vehicle being stopped, driving under emergency conditions, conducting traffic control or assisting motorists, not wearing a seat belt, and others. Most findings hold for all crashes and when minor crashes are excluded from the analysis. ORIGINALITY/VALUE: This study presents the first quantitative estimates of the risk factors for injury to law enforcement officers in vehicle crashes. Our findings indicate that seat belt use remains a critical safety intervention; driving under emergency conditions is high risk, though the reasons for this are unclear; better practices are needed to protect officers in stationary vehicles; agencies should carefully weigh the benefit of motorcycles against the vastly increased risk of injury they present; and that mobile data terminals are both a major distraction hazard and important source of injuries in crashes.

EP-50867
Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases. James M. Anderson, Eric Helland, Merritt McAlister. 2015

Under the federal judicial recusal rules, judges and justices who directly own stock in companies must recuse themselves in cases involving those companies. However, there has been little effort to measure the impact of these recusals on the pool of judges and justices that hear cases involving publicly traded corporations. Our empirical analysis finds that a surprisingly high rate of direct stock ownership partly shapes the group of judges and justices that decide these cases, resulting in judges that are more likely to be male, African-American, younger, with fewer personal assets, appointed by a Republican president, and more likely to be a former law professor. Since these corporations are important repeat-player litigants, this phenomenon raises important concerns about the federal judicial process. We propose and discuss several policies that might address this issue including requiring divestment, the use of financial derivatives to perfectly hedge the judge’s equity position, the use of blind trusts, changing the recusal rules, equalizing the treatment of mutual funds and individual shares, and increasing transparency.

EP-50868
Barriers and Facilitators to Delivering Injury Prevention Interventions in English Children’s Centres. Trudy Goodenough, Bryony Kay, Toity Deave, Elizabeth Towner, Jane Stewart, Joanne Ablewhite, Adrian Hawkins, Lisa A. McDaid, Emma Pitchforth, Kate Beckett, Denise Kendrick. 2015

The aim of this study is to understand barriers and facilitators to the delivery of injury prevention programmes in English children’s centres (CCs). Unintentional injury is a major cause of disability and death in children aged 1–4 years; those living in poverty are at greatest risk. CCs are pivotal in English public health strategies to improve outcomes and reduce inequalities for disadvantaged children through health promotion and family support. This study is part of the National Institute for Health Research funded ‘Keeping Children Safe at home’ programme, which aims to develop a better understanding of how to prevent unintentional injuries in pre-school children. Thirty-three interviews with CC staff from 16 CCs across four study sites, Nottingham, Norwich, Newcastle and Bristol, explored practitioners' experience of factors that impact on their implementation of health promotion and injury prevention interventions. Using Framework Analysis, managed by NVivo, key facilitators and barriers were identified across all levels of CCs' operation. Facilitators included knowledge of policies and strategies in injury prevention, partnership working and effective parent engagement. Barriers included paucity of national and local injury data, difficulties reaching disengaged families and funding constraints. The challenge is to learn from those who work in CCs the best ways to harness facilitators and to address barriers to child injury prevention activities, and to provide support, including practical advice, for further development of their essential work in injury prevention.
Out-of-pocket Expenditures on Complementary Health Approaches Associated with Painful Health Conditions in a Nationally Representative Adult Sample. Richard L. Nahin, Barbara J. Stussman, Patricia M. Herman. 2015

National surveys suggest that millions of adults in the United States use complementary health approaches such as acupuncture, chiropractic manipulation, and herbal medicines to manage painful conditions such as arthritis, back pain and fibromyalgia. Yet, national and per person out-of-pocket (OOP) costs attributable to this condition-specific use are unknown. In the 2007 National Health Interview Survey, use of complementary health approaches, reasons for this use, and associated OOP costs were captured in a nationally representative sample of 5,467 adults. Ordinary least square regression models that controlled for co-morbid conditions were used to estimate aggregate and per person OOP costs associated with 14 painful health conditions. Individuals using complementary approaches spent a total of $14.9 billion (S.E. $0.9 billion) OOP on these approaches to manage these painful conditions. Total OOP expenditures seen in those using complementary approaches for their back pain ($8.7 billion, S.E. $0.8 billion) far outstripped that of any other condition, with the majority of these costs ($4.7 billion, S.E. $0.4 billion) resulting from visits to complementary providers. Annual condition-specific per-person OOP costs varied from a low of $568 (SE $144) for regular headaches, to a high of $895 (SE $163) for fibromyalgia. Perspective Adults in the United States spent $14.9 billion OOP on complementary approaches (e.g., acupuncture, chiropractic, herbal medicines) to manage painful conditions including back pain ($8.7 billion). This back pain estimate is almost 1/3rd of total conventional healthcare expenditures for back pain ($30.4 billion) and 2/3rds higher than conventional OOP expenditures ($5.1 billion).

Quality of Acute Care for Patients with Urinary Stones in the United States. Charles D. Scales, Jonathan Bergman, Stacey Carter, Gregory Jack, Christopher S. Saigal, Mark Litwin. 2015

OBJECTIVE: To describe guideline adherence for patients with suspected upper tract stones. METHODS: We performed a cross-sectional analysis of visits recorded by the National Hospital Ambulatory Medical Care Survey (ED component) in 2007-2010 (most recent data). We assessed adherence to clinical guidelines for diagnostic laboratory testing, imaging, and pharmacologic therapy. Multivariable regression models controlled for important covariates. RESULTS: An estimated 4,956,444 ED visits for patients with suspected kidney stones occurred during the study period. Guideline adherence was highest for diagnostic imaging, with 3,122,229 (63%) visits providing optimal imaging. Complete guideline-based laboratory testing occurred in only 2 of every 5 visits. Pharmacologic therapy to facilitate stone passage was prescribed during only 17% of eligible visits. In multivariable analysis of guideline adherence, we found little variation by patient, provider or facility characteristics. CONCLUSIONS: Guideline-recommended care was absent from a substantial proportion of acute care visits for patients with suspected kidney stones. These failures of care delivery likely increase costs and temporary disability. Targeted interventions to improve guideline adherence should be designed and evaluated to improve care for patients with symptomatic kidney stones.


While collective intelligence (CI) is a powerful approach to increase decision accuracy, few attempts have been made to unlock its potential in medical decision-making. Here we investigated the performance of three well-known collective intelligence rules ("majority", "quorum", and
"weighted quorum") when applied to mammography screening. For any particular mammogram, these rules aggregate the independent assessments of multiple radiologists into a single decision (recall the patient for additional workup or not). We found that, compared to single radiologists, any of these CI-rules both increases true positives (i.e., recalls of patients with cancer) and decreases false positives (i.e., recalls of patients without cancer), thereby overcoming one of the fundamental limitations to decision accuracy that individual radiologists face. Importantly, we find that all CI-rules systematically outperform even the best-performing individual radiologist in the respective group. Our findings demonstrate that CI can be employed to improve mammography screening; similarly, CI may have the potential to improve medical decision-making in a much wider range of contexts, including many areas of diagnostic imaging and, more generally, diagnostic decisions that are based on the subjective interpretation of evidence.

EP-50872
Psychosocial Treatment of Bipolar Disorder: Clinician Knowledge, Common Approaches, and Barriers to Effective Treatment. Bradley D. Stein, Karen L. Celedonia, Holly A. Swartz, Rachel M. Burns, Mark J. Sorbero, Rayni A. Brindley, Ellen Frank. 2015

OBJECTIVE: Non-physician mental health clinicians were surveyed to understand their knowledge about bipolar disorder, treatment approaches, and perceived barriers to optimal treatment. METHODS: Non-physician mental health clinicians (N=55) from five community mental health clinics reported on their therapeutic approach, knowledge, and skill related to treatment of bipolar disorder. Chi square and t tests were used to detect differences in responses by clinician characteristics. RESULTS: Most clinicians wished to improve their treatment for bipolar disorder. They felt best prepared to provide counseling and least prepared to identify medication side effects. Among psychotherapies, CBT was the most familiar to clinicians. Although knowledgeable overall about bipolar disorder, the clinicians were less knowledgeable about pharmacotherapy. The most commonly reported treatment barrier was comorbid substance use disorders. CONCLUSIONS: Clinicians would benefit from additional training in effective therapeutic approaches for bipolar disorder as well as information about pharmacotherapy and supporting individuals with comorbid substance use problems.

EP-50873
Medicare Coverage of Anesthesia Services During Screening Colonoscopies for Patients at Low Risk of Sedation-Related Complications. Hangsheng Liu, Soeren Mattke, Zachary Predmore. 2015

In 2014, the Centers for Medicare & Medicaid Services waived patient cost sharing for anesthesia services during screening colonoscopies. The current professional guidelines recommend that sedation be provided by the gastroenterologist-nurse team; a separate anesthesiologist or nurse-anesthetist should be involved and paid separately only for patients with an increased risk of sedation-related complications. The stated rationale is that the provision of anesthesia has become standard practice for colonoscopies and that eliminating cost sharing may increase the rates of these examinations. We examined the costs and potential benefit of the Medicare rule change.

EP-50875

BACKGROUND: Effective communication and patient safety practices are paramount in health care. Surgical residents play an integral role in the perioperative team, yet their perceptions of patient safety remain unclear. We hypothesized that surgical residents perceive the perioperative envi-
environment as more unsafe than their faculty and operating room staff despite completing a required safety curriculum. MATERIALS AND METHODS: Surgeons, anesthesiologists, and perioperative nurses in a large academic children's hospital participated in multifaceted, physician-led workshops aimed at enhancing communication and safety culture over a 3-y period. All general surgery residents from the same academic center completed a hospital-based online safety curriculum only. All groups subsequently completed the psychometrically validated safety attitudes questionnaire to evaluate three domains: safety culture, teamwork, and speaking up. Results reflect the percent of respondents who slightly or strongly agreed. Chi-square analysis was performed. RESULTS: Sixty-three of 84 perioperative personnel (75%) and 48 of 52 surgical residents (92%) completed the safety attitudes questionnaire. A higher percentage of perioperative personnel perceived a safer environment than the surgical residents in all three domains, which was significantly higher for safety culture (68% versus 46%, P < 0.03). When stratified into two groups, junior residents (postgraduate years 1-2) and senior residents (postgraduate years 3-5) had lower scores for all three domains, but the differences were not statistically significant. CONCLUSIONS: Surgical residents' perceptions of perioperative safety remain suboptimal. With an enhanced safety curriculum, perioperative staff demonstrated higher perceptions of safety compared with residents who participated in an online-only curriculum. Optimal surgical education on patient safety remains unknown but should require a dedicated, systematic approach.

EP-50876
The Effect of Near-Term Policy Choices on Long-Term Greenhouse Gas Transformation Pathways. Steven C. Isley, Robert J. Lempert, Steven W. Popper, Raffaele Vardavas. 2015

To successfully limit climate change, today's greenhouse gas mitigation policies should encourage reductions that will continue for decades. History suggests, however, that some policy reforms lead to societal changes that persist over the long-term while others fade without long-term effect. Current climate policy literature provides little guidance on how today's policy choices can successfully shape long-term emission reduction paths. To address such questions, this paper introduces a new agent-based, game theoretic model designed to compare how near-term choices regarding alternative policy architectures influence long-term emission reduction trajectories. Drawing on political science literature that identifies the characteristics of policies that persist over time, this simulation for the first time integrates the co-evolution of an industry sector, its technology base, and the shifting political coalitions that influence the future stringency of the government's emission reduction policies—all as influenced by the initial choice of policy architecture. An exploratory modeling analysis that represents deeply uncertain phenomena such as the future potential for innovation and the behavior of future governments draws policy-relevant conclusions from this model. The analysis finds that near-term choices regarding the architecture of a carbon pricing policy may affect long-term decarbonization rates significantly. In particular, such rates are higher if program revenues are returned to firms in proportion to their market share, thus, creating a political constituency for continuing the carbon pricing policy. More generally, the analysis provides a framework for considering how near-term policy choices can affect long-term emission transformation pathways within integrated assessment models.

EP-50877
How Does Tort Law Affect Consumer Auto Insurance Costs?. Paul Heaton. 2015

Although proponents of tort reform argue that it will benefit consumers through lowered insurance premiums and increased insurance availability, to date there is limited empirical evidence linking tort law to consumer outlays. Using data from the Consumer Expenditure Survey and a differences-in-differences research design, this article examines whether any of several common state-level
modifications to tort law affect consumer costs for auto insurance. Expenditures on auto insurance fall by 12 percent following no-fault repeal and 6 percent following relaxation of collateral source restrictions, but are not measurably affected by bad faith reform, modifications to joint and several liability, or noneconomic damage caps. None of the modifications to tort law generate measurable increases in auto insurance take-up. There is little variation in the impact of the reforms across income, education, and age groups, but no-fault repeal and collateral source reform do disproportionately benefit consumers with lower cost policies.

EP-50878

This report answers three main questions 1) how does the interaction of geo-targeting and message-diffusion behavior affect the overall effectiveness of alerting 2) how do the effects of both geo-targeting and message diffusion vary for emergencies (and therefore alerting requirements) of different geographic sizes and 3) how does the interaction of geo-targeting and message diffusion affect the ability to use sophisticated alerting strategies, such as staging in time or delivering different emergency instructions to populations in different areas of risk?

EP-50879
Assessing the Effectiveness of Layered Security for Protecting the Aviation System Against Adaptive Adversaries. Brian A. Jackson, Tom LaTourrette. 2015

The idea of layering of protective measures is integral to aviation security doctrine. It is intuitive that one layer could compensate for limitations of another, and that multiple layers will create sequential obstacles to successful attack. Though this certainly can be the case, layers in a multi-layer security system will not always combine as straightforwardly as intuition would suggest, making the evaluation of a layered security effort difficult. Insights from other fields – including the analysis of safety systems – have identified effects that can cause layers to undermine one another. Other mechanisms can produce mutual reinforcement where layers provide greater protection together than the sum of their individual effects. When behavior of adaptive attackers is considered, how the effects of multiple layers combine to influence the net performance of the security system overall becomes more complex. The paper explores both of these classes of effects and their implications for both security evaluation and decisionmaking.

EP-50880
Maternal Health Status and Early Childbearing: A Test of the Weathering Hypothesis. Sarah O. Meadows, Megan K. Beckett, Marc N. Elliott, Christine E. Peterson. 2015

Early childbearing, especially as an adolescent, has been labeled by one former president as the country's "most important social problem" (Clinton 1995). Conventional wisdom suggests that having a child as a teenager is detrimental for maternal well-being, especially educational attainment and labor market outcomes, but also for interpersonal outcomes, such as relationship quality with partners and exposure to intimate violence. Many studies confirm such expectations (see Hayes 1987). Empirically, teenage childbearing has been linked to lower levels of completed education (Hotz et al. 1997; Fletcher and Wolfe 2009), lower wages and earnings and generally worse labor market outcomes (Chevalier and Viitanen 2003; Klepinger et al. 1999), and lower rates of marriage and higher overall fertility (Bennett et al. 1995; Hoffman et al. 1993), although some studies have suggested the negative economic and social consequences of teen pregnancy and childbearing are not as large
as once thought (Furstenberg 1991; Lawlor and Shaw 2002; Scally 2002; Rich-Edwards 2002).

EP-50881


OBJECTIVES: In a survey of families living in public housing, we investigated whether caretakers' social networks are linked with children's health status. METHODS: In 2011, 209 children and their caretakers living in public housing in suburban Montgomery County, Maryland, were surveyed regarding their health and social networks. We used logistic regression models to examine the associations between the perceived health composition of caretaker social networks and corresponding child health characteristics (e.g., exercise, diet). RESULTS: With each 10% increase in the proportion of the caretaker's social network that exercised regularly, the child's odds of exercising increased by 34% (adjusted odds ratio . 1.34; 95% confidence interval . 1.07, 1.69) after the caretaker's own exercise behavior and the composition of the child's peer network had been taken into account. Although children's overweight or obese status was associated with caretakers' social networks, the results were no longer significant after adjustment for caretakers' own weight status. CONCLUSIONS: We found that caretaker social networks are independently associated with certain aspects of child health, suggesting the importance of the broader social environment for low-income children's health.

EP-50882

Comparing the Health Care Experiences of Medicare Beneficiaries with and Without Depressive Symptoms in Medicare Managed Care Versus Fee-for-Service. Steven Martino, Marc N. Elliott, Amelia M. Haviland, Debra Saliba, Q Burkhart, David E. Kanouse. 2015

OBJECTIVE: To compare patient experiences and disparities for older adults with depressive symptoms in managed care (Medicare Advantage [MA]) versus Medicare Fee-for-Service (FFS). DATA SOURCES: Data came from the 2010 Medicare CAHPS survey, to which 220,040 MA and 135,874 FFS enrollees aged 65 and older responded. STUDY DESIGN: Multivariate linear regression was used to test whether case-mix-adjusted associations between depressive symptoms and patient experience differed for beneficiaries in MA versus FFS. Dependent measures included four measures of beneficiaries' experiences with doctors (e.g., reports of doctor communication) and seven measures of beneficiaries' experiences with plans (e.g., customer service). PRINCIPAL FINDINGS: Beneficiaries with depressive symptoms reported worse experiences than those without depressive symptoms regardless of coverage type. For measures assessing interactions with the plan (but not for measures assessing interactions with doctors), the disadvantage for beneficiaries with versus without depressive symptoms was larger in MA than in FFS. CONCLUSIONS: Disparities in care experienced by older Medicare beneficiaries with depressive symptoms tend to be more negative in managed care than in FFS. Efforts are needed to identify and address the barriers these beneficiaries encounter to help them better traverse the managed care environment.

EP-50883


This paper exploits a combination of policy variation from multiple pension reforms in Austria and administrative data from the Austrian Social Security Database. Using the policy changes for identification, we estimate social security wealth and accrual elasticities in individuals' retirement decisions. Next, we use these elasticities to estimate a dynamic programming model of retirement decisions. Finally, we use the estimated model
to examine the labor supply and welfare consequences of potential social security reforms.

**EP-50884**

Development of a Clinical Forecasting Model to Predict Comorbid Depression Among Diabetes Patients and an Application in Depression Screening Policy Making. Haomiao Jin. 2015

**INTRODUCTION:** Depression is a common but often undiagnosed comorbid condition of people with diabetes. Mass screening can detect undiagnosed depression but may require significant resources and time. The objectives of this study were 1) to develop a clinical forecasting model that predicts comorbid depression among patients with diabetes and 2) to evaluate a model-based screening policy that saves resources and time by screening only patients considered as depressed by the clinical forecasting model. **METHODS:** We trained and validated 4 machine learning models by using data from 2 safety-net clinical trials; we chose the one with the best overall predictive ability as the ultimate model. We compared model-based policy with alternative policies, including mass screening and partial screening, on the basis of depression history or diabetes severity. **RESULTS:** Logistic regression had the best overall predictive ability of the 4 models evaluated and was chosen as the ultimate forecasting model. Compared with mass screening, the model-based policy can save approximately 50% to 60% of provider resources and time but will miss identifying about 30% of patients with depression. Partial-screening policy based on depression history alone found only a low rate of depression. Two other heuristic-based partial screening policies identified depression at rates similar to those of the model-based policy but cost more in resources and time. **CONCLUSION:** The depression prediction model developed in this study has compelling predictive ability. By adopting the model-based depression screening policy, health care providers can use their resources and time better and increase their efficiency in managing their patients with depression.

**EP-50885**

Barriers Along the Care Cascade of HIV-infected Men in a Large Urban Center of Brazil. Michael Hoffmann, Sarah Maccarthy, Ashley Batson, Jennifer Rasanathan, Amy Nunn, Luis Augusto Silva, Ines Dourado. 2015

**GLOBAL AND NATIONAL HIV/AIDS POLICIES**

**INTRODUCTION:** Global and national HIV/AIDS policies utilize the care cascade to emphasize the importance of continued engagement in HIV services from diagnosis to viral suppression. Several studies have documented barriers that men experience in accessing services at specific stages of care, but few have analyzed how these barriers operate along the care cascade. Brazil offers a unique setting for analyzing barriers to HIV care because it is a middle-income country with a large HIV epidemic and free, universal access to HIV/AIDS services.

**METHODS:** Semi-structured interviews were conducted in 2011 with HIV-infected men (n = 25) receiving care at the only HIV/AIDS state reference center in Salvador, Brazil, the third largest city in the country. Interviews were transcribed and coded for analysis. Researchers identified barriers to services along the care cascade: health service-related obstacles (poor-quality care, lengthy wait times, and drug supply problems); psychosocial and emotional challenges (fear of disclosure and difficulty accepting HIV diagnosis); indirect costs (transportation and absenteeism at work or school); low perceived risk of HIV; and toxicity and complexity of antiretroviral drug (ARV) regimens. The stages of the care cascade interrupted by each barrier were also identified. Most barriers affected multiple, and often all, stages of care, while toxicity and complexity of ARV regimens was only present at a single care stage. Efforts to eliminate more prevalent barriers have the potential to improve care continuity at multiple stages. Going forward, assessing the relative impact of barriers along one’s entire care trajectory can help tailor improvements in service provision, facilitate achievement of viral suppression, and improve access to life-saving testing, treatment, and care.
EP-50887


This meeting abstract documents expert panel deliberations intended to develop a critical appraisal instrument (the Minimum Quality Criteria Set or QI-MQCS) to promote identification, dissemination and implementation of findings from high quality improvement initiative (QII) evaluations. METHODS: We convened a 9 person expert panel to guide QII evidence synthesis methods development through a one year iterative telephone, survey, and in-person panel process. We developed and empirically tested electronic search and screening methods for identifying QII publications, and a critical appraisal instrument. Finally, we iteratively tested and improved QI-MQCS psychometric properties based on review of 54 electronically searched and systematically screened QII articles. CONCLUSIONS: The QI-MQCS had acceptable psychometric properties for critical appraisal, and can support systematic review of diverse QII evaluations. It is a ready-to-use critical appraisal tool accompanied by a user manual and empirically tested forms and methods.

EP-50889


Using minority stress theory, the authors investigated risk behaviors of transgender women (trans women) in Lebanon. Using semistructured interviews, the authors explored six areas: relationships with family and friends; openness about gender and sexuality; experiences with stigma; sexual behavior; attitudes and behaviors regarding HIV testing; and perceived HIV-related norms among transgender peers. Participants voiced the importance of different forms of safety: social/emotional, physical, sexual, and financial. Strategies for obtaining safety were negotiated differently depending on social, behavioral, and structural factors in the environment. In this article, we provide study findings from the perspectives of trans women, their exposure to stigma, and the necessary navigation of environments characterized by transphobia.

EP-50890

A Pilot Study Comparing In-Person and Web-Based Motivational Interviewing Among Adults with a First-Time DUI Offense. Karen Chan Osilla, Susan M. Paddock, Thomas J. Leininger, Elizabeth J. D’Amico, Brett Ewing, Katherine E. Watkins. 2015

Background: Driving under the influence (DUI) is a significant problem, and there is a pressing need to develop interventions that reduce future risk. Methods: We pilot-tested the acceptance and efficacy of web-motivational interviewing (MI) and in-person MI interventions among a diverse sample of individuals with a first-time DUI offense. Participants (N = 159) were 65 percent male, 40 percent Hispanic, and an average age of 30 (SD = 9.8). They were enrolled at one of three participating 3-month DUI programs in Los Angeles County and randomized to usual care (UC)-only (36-h program), in-person MI plus UC, or a web-based intervention using MI (web-MI) plus UC. Participants were assessed at intake and program completion. We examined intervention acceptance and preliminary efficacy of the interventions on alcohol consumption, DUI, and alcohol-related consequences. Results: Web-MI and in-person MI participants rated the quality of and satisfaction with their sessions significantly higher than participants in the UC-only condition. However, there were no significant group differences between the MI conditions and the UC-only condition in alcohol consumption, DUI, and alcohol-related consequences. Further, 67 percent of our sample met criteria for alcohol dependence, and the majority
of participants in all three study conditions continued to report alcohol-related consequences at follow-up. Conclusions: Participants receiving MI plus UC and UC-only had similar improvements, and a large proportion had symptoms of alcohol dependence. Receiving a DUI and having to deal with the numerous consequences related to this type of event may be significant enough to reduce short-term behaviors, but future research should explore whether more intensive interventions are needed to sustain long-term changes.

EP-50905
An Open Source Framework for Many-Objective Robust Decision Making. David Hadka, Jonathan Herman, Patrick M. Reed, Klaus Keller. 2015

This study introduces a new open source software framework to support bottom-up environmental systems planning under deep uncertainty with a focus on many-objective robust decision making (MORDM), called OpenMORDM. OpenMORDM contains two complementary components: (1) a software application programming interface (API) for connecting planning models to computational exploration tools for many-objective optimization and sensitivity-based discovery of critical deeply uncertain factors; and (2) a web-based visualization toolkit for exploring high-dimensional datasets to better understand system trade-offs, vulnerabilities, and dependencies. We demonstrate the OpenMORDM framework on a challenging environmental management test case termed the "lake problem". The lake problem has been used extensively in the prior environmental decision science literature and, in this study, captures the challenges posed by conflicting economic and environmental objectives, a water quality "tipping point" beyond which the lake may become irreversibly polluted, and multiple deeply uncertain factors that may undermine the robustness of pollution management policies. The OpenMORDM software framework enables decision makers to identify policy-relevant scenarios, quantify the trade-offs between alternative strategies in different scenarios, flexibly explore alternative definitions of robustness, and identify key system factors that should be monitored as triggers for future actions or additional planning. The web-based OpenMORDM visualization toolkit allows decision makers to easily share and visualize their datasets, with the option for analysts to extend the framework with customized scripts in the R programming language. OpenMORDM provides a platform for constructive decision support, allowing analysts and decision makers to interactively discover promising alternatives and potential vulnerabilities while balancing conflicting objectives.

EP-50907

The vulnerability of Cloud Computing Systems (CCSs) to Advanced Persistent Threats (APTs) is a significant concern to government and industry. We present a cloud architecture reference model that incorporates a wide range of security controls and best practices, and a cloud security assessment model – Cloud-Trust – that estimates high level security metrics to quantify the degree of confidentiality and integrity offered by a CCS or cloud service provider (CSP). Cloud-Trust is used to assess the security level of four multi-tenant IaaS cloud architectures equipped with alternative cloud security controls and to show the probability of CCS penetration (high value data compromise) is high if a minimal set of security controls are implemented. CCS penetration probability drops substantially if a cloud defense in depth security architecture is adopted that protects virtual machine (VM) images at rest, strengthens CSP and cloud tenant system administrator access controls, and which employs other network security controls to minimize cloud network surveillance and discovery of live VMs.

EP-50908
Associations Between Neighborhood Alcohol
We investigated the association between alcohol outlet density and adolescent alcohol use, including whether this association differed by sociodemographic characteristics. We geocoded and mapped active license data from the year 2011 to calculate the number of outlets within multiple circular buffers of varying sizes (density), centered at households of adolescents ages 10–16 (n = 2,724). We examined 2 indicators of alcohol use: any lifetime use, but not in past month, and any past month heavy use. Cross-sectional hierarchical multivariate regression analyses were used to examine associations between alcohol outlet density and alcohol use, including the potential moderating effect of age, gender, race/ethnicity, and socioeconomic status. Analyses controlled for neighborhood-level socioeconomic status and accounted for census tract-level clustering. A higher number of on- and off-premise outlets within 0.10, 0.25, and 0.50 miles around the respondents’ homes was associated with higher odds of being a heavy drinker. In addition, the number of on-premise outlets within the 0.25-mile radius was associated with greater odds of lifetime drinking. For on-premise outlets where minors were not allowed (clubs/bars), we observed a positive and significant association between clubs/bars within the 0.25-mile buffer zone and higher odds of both lifetime and heavy drinking. Findings suggest that youth who are exposed to higher densities of on-premise alcohol outlets are at risk for both lifetime use and recent heavy use. It is critical to advocate for stricter laws limiting the number of alcohol outlets in neighborhoods, including clubs/bars where minors are restricted, and putting into place more stringent enforcement of age identification requirements to limit distribution of alcohol to minors.

STUDY OBJECTIVES: Evaluate whether levels of upsetting life events measured over a 9-y period prospectively predict subjective and objective sleep outcomes in midlife women. DESIGN: Prospective cohort study. SETTING: Four sites across the United States. PARTICIPANTS: 330 women (46-57 y of age) enrolled in the Study of Women’s Health Across the Nation (SWAN) Sleep Study. INTERVENTIONS: N/A. MEASUREMENTS AND RESULTS: Upsetting life events were assessed annually for up to 9 y. Trajectory analysis applied to life events data quantitatively identified three distinct chronic stress groups: low stress, moderate stress, and high stress. Sleep was assessed by self-report and in-home polysomnography (PSG) during the ninth year of the study. Multivariate analyses tested the prospective association between chronic stress group and sleep, adjusting for race, baseline sleep complaints, marital status, body mass index, symptoms of depression, and acute life events at the time of the Sleep Study. Women characterized by high chronic stress had lower subjective sleep quality, were more likely to report insomnia, and exhibited increased PSG-assessed wake after sleep onset (WASO) relative to women with low to moderate chronic stress profiles. The effect of chronic stress group on WASO persisted in the subsample of participants without baseline sleep complaints. CONCLUSIONS: Chronic stress is prospectively associated with sleep disturbance in midlife women, even after adjusting for acute stressors at the time of the sleep study and other factors known to disrupt sleep. These results are consistent with current models of stress that emphasize the cumulative effect of stressors on health over time.
Catherine L. Saunders, Marc N. Elliott, Georgios Lyratzopoulos, Gary A. Abel. 2015

Simple recommendations for statistical best practices will improve the translation of appropriate and robust research findings into healthcare policy and practice.

**EP-50912**


OBJECTIVES: Non-medical prescription drug use (NMPDU) is a growing public health problem among adolescents. This is the first study to examine the correlates of early NMPDU initiation during middle school, and how early initiation is associated with four domains of functioning in high school (mental health, social, academic, and delinquency). METHODS: Students initially in 6th-8th grades from 16 middle schools completed in-school surveys between 2008 and 2011 (Waves 1-5), and a web-based survey in 2013-2014 (Wave 6). We used discrete time survival analysis to assess predictors of initiation from Waves 1-5 based on students who provided NMPDU information at any of these waves (n = 12,904), and regression analysis to examine high school outcomes associated with initiation based on a sample that was followed into high school, Wave 6 (n = 2,539). RESULTS: Low resistance self-efficacy, family substance use, low parental respect, and offers of other substances from peers were consistently associated with NMPDU initiation throughout middle school. Further, perceiving that more of one's peers engaged in other substance use was associated with initiation at Wave 1 only. By high school, those students who initiated NMPDU during middle school reported lower social functioning, and more suspensions and fighting, compared to students who did not initiate NMPDU during middle school. CONCLUSION: NMPDU initiation during middle school is associated with poorer social functioning and greater delinquency in high school. It is important for middle school prevention programs to address NMPDU. Such programs should focus on both family and peer influences, as well as strengthening resistance self-efficacy.

**EP-50913**


PURPOSE: To elicit perceptions of oral health in children and adolescents as an initial step in the development of oral health item banks for the Patient-Reported Oral Health Outcomes Measurement Information System project. METHODS: We conducted focus groups with ethnically, socio-economically, and geographically diverse youth (8–12, 13–17 years) to identify perceptions of oral health status. We performed content analysis, including a thematic and narrative analysis, to identify important themes. RESULTS: We identified three unique themes that the youth associated with their oral health status: (1) understanding the value of maintaining good oral health over the life course, with respect to longevity and quality of life in the adult years; (2) positive association between maintaining good oral health and interpersonal relationships at school, and dating, for older youth; and (3) knowledge of the benefits of orthodontic treatment to appearance and positive self-image, while holding a strong view as to the discomfort associated with braces. CONCLUSIONS: The results provide valuable information about core domains for the oral health item banks to be developed and generated content for new items to be developed and evaluated with cognitive interviews and in a field test.

**EP-50914**

Opportunities for Involving Men and Families in Chronic Disease Management: A Qualitative Study from Chiapas, Mexico. Meredith P. Fort,
Maricruz Castro, Xiao Chen, Ana E. Martinez. 2015

BACKGROUND: A healthy lifestyle intervention was implemented in primary care health centers in urban parts of Tuxtla Gutiérrez, Chiapas, Mexico with an aim of reducing cardiovascular disease risk for patients with type 2 diabetes and/or hypertension. During implementation, research questions emerged. Considerably fewer men participated in the intervention than women, and an opportunity was identified to increase the reach of activities aimed at improving disease self-management through strategies involving family members. A qualitative study was conducted to identify strategies to involve men and engage family members in disease management and risk reduction.

METHODS: Nine men with hypertension and/or type 2 diabetes with limited to no participation in disease self-management and health promotion activities, six families in which at least one family member had a diagnosis of one or both conditions, and nine health care providers from four different government health centers were recruited for the study. Participants took part in semi-structured interviews. During interviews with families, genograms and eco-maps were used to diagram family composition and structure, and capture the nature of patients' relationships to the extended family and community resources. Transcripts were coded and a general inductive analytic approach was used to identify themes related to men's limited participation in health promotion activities, family support and barriers to disease management, and health care providers' recommendations. RESULTS: Participants reported barriers to men's participation in chronic disease management and healthy lifestyle education activities that can be grouped into two categories: internal and external factors. Internal factors are those for which they are able to make the decision on their own and external factors are those that are not related solely to their decision to take part or not. Four primary aspects were identified related to families' relationships with disease: different roles within the family, types of support provided to patients, the opportunity to prevent disease among family members without a diagnosis, and - in some cases - lack of family support or stress-induced by other family members. There was an overlap in recommended strategies for engaging men and family members in chronic disease management activities. CONCLUSIONS: There is an opportunity to increase the reach of interventions aimed at improving disease self-management by engaging men and family members. The proposed strategies presented by patients, family members, and providers have implications for health education and service provision at primary care health centers and for future research.

EP-50915
Availability of Primary Care Team Members Can Improve Teamwork and Readiness for Change. Hector P. Rodriguez, Xiao Chen, Ana E. Martinez, Mark W. Friedberg. 2015

BACKGROUND: Early experiences of patient-centered medical home implementation indicate that redesigning primary care is an intensive organizational change that is most effectively undertaken by high-functioning interdisciplinary teams. Team effectiveness research indicates that consistent availability of team members and other aspects of team structure can impact teamwork and organizational outcomes. METHODS: We conducted a survey of 766 adult primary care providers and staff in 34 California safety net practices to assess primary care team structure (team size, team member availability, and access to interdisciplinary expertise), teamwork, and readiness for change. We used path models with robust standard errors for clustering of respondents within practices to examine relationships between team member availability and readiness for change. We used path analysis, we examined the extent to which better teamwork mediated relationships between team member availability and readiness for change. RESULTS: We received 628 completed surveys (response rate = 82%). Greater team member availability was associated with greater
readiness for change, but the relationship was stronger for staff than for primary care providers. Contrary to our hypothesis, path analyses revealed that the relationship of team member availability and greater readiness for change was only partially mediated (21%) by better teamwork. The direct effect of teamwork on readiness for change is approximately 2.9 times larger than the direct effect of team member availability on greater readiness for change. CONCLUSIONS: Ensuring that members perceive that their teammates are routinely available to them may improve readiness for implementing organizational changes like adopting patient-centered medical home models. Given that better teamwork only partially explained the availability-readiness relationship, additional research to identify the mechanisms through which consistent team member availability increases change readiness could lend insight into how to more effectively support clinicians and staff undergoing complex organizational changes.

EP-50916

This article examines what companies can learn about corporate ethics from studying the prisoner's dilemma.

EP-50917

This article aims to establish effective principles and best practices for the assessment of IIP efforts from across sectors and distill them for future application in DoD.

EP-50918
The Private Sector and Youth Skills and Employment Programs in Low- and Middle-Income Countries. 2015

This report examines the involvement of the private sector in youth skills and employment in low- and middle-income countries.

EP-50920
A Pre-Post Pilot Study of Peer Nutritional Counseling and Food Insecurity and Nutritional Outcomes Among Antiretroviral Therapy Patients in Honduras. Kathryn Pitkin Derose, Melissa Felician, Bing Han, Kartika Palar, Blanca Ramirez, Hugo Farias, Homero Martinez. 2015

BACKGROUND: Food insecurity and poor nutrition are key barriers to anti-retroviral therapy (ART) adherence. Culturally-appropriate and sustainable interventions that provide nutrition counseling for people on ART and of diverse nutritional statuses are needed, particularly given rising rates of overweight and obesity among people living with HIV (PLHIV). METHODS: As part of scale-up of a nutritional counseling intervention, we recruited and trained 17 peer counselors from 14 government-run HIV clinics in Honduras to deliver nutritional counseling to ART patients using a highly interactive curriculum that was developed after extensive formative research on locally available foods and dietary patterns among PLHIV. All participants received the intervention; at baseline and 2 month follow-up, assessments included: 1) interviewer-administered, in-person surveys to collect data on household food insecurity (15-item scale), nutritional knowledge (13-item scale), dietary intake and diversity (number of meals and type and number of food groups consumed in past 24 h); and 2) anthropometric measures (body mass index or BMI, mid-upper arm and waist circumferences). We used multivariable linear regression analysis to examine changes pre-post in food insecurity and the various nutritional outcomes while controlling for baseline characteristics and clinic-level clustering. RESULTS: Of 482 participants at baseline, we had complete follow-up data on 356 (74 %), of which 62 % were women, median age was 39, 34 % reported having paid work, 52 % had completed primary school, and 34 % were overweight or obese. In multivari-
ate analyses adjusting for gender, age, household size, work status, and education, we found that between baseline and follow-up, household food insecurity decreased significantly among all participants ($\beta = -0.47$, $p < .05$) and among those with children under 18 ($\beta = -1.16$, $p < .01$), while nutritional knowledge and dietary intake and diversity also significantly improved, ($\beta = 0.88$, $p < .001$; $\beta = 0.30$, $p < .001$; and $\beta = 0.15$, $p < .001$, respectively). Nutritional status (BMI, mid-arm and waist circumferences) showed no significant changes, but the brief follow-up period may not have been sufficient to detect changes. CONCLUSIONS: A peer-delivered nutritional counseling intervention for PLHIV was associated with improvements in dietary quality and reduced food insecurity among a population of diverse nutritional statuses. Future research should examine if such an intervention can improve adherence among people on ART.

EP-50921
Racial-ethnic Variation in Park Use and Physical Activity in the City of Los Angeles. Kathryn Pitkin Derose, Bing Han, Stephanie Williamson, Deborah A. Cohen. 2015

Racial-ethnic disparities in physical activity present important challenges to population health. Public parks provide access to free or low-cost physical activity opportunities, but it is unclear to what extent parks are utilized by various race-ethnic groups in diverse urban settings. Here, we examine racial ethnic differences in park use and physical activity among adult residents ($n=7506$) living within 1 mi of 50 parks in the city of Los Angeles. In multivariate analyses, we find few differences among race-ethnic groups in terms of their frequency of having visited the park in the past 7 days; however, we find numerous differences in how the groups used the park and in their levels of physical activity: Blacks and English-speaking Latinos were less likely than whites to report being physically active, exercising in the park, and exercising outside the park; Spanish-speaking Latinos were equally likely as whites to report exercising in park but less likely to report exercising outside the park and more likely to report using the parks for social interactions; Asians/Pacific Islanders (PI)/others were more likely than whites to report visiting the park in the past 7 days and using the parks for social interactions. Urban parks appear to be an important resource for physical activity and socialization, in particular among Spanish-speaking Latino and Asians/PI groups. Additional efforts may be needed for other racial-ethnic minorities to experience the same benefits.

EP-50923
Functioning, Forgetting, or Failing Health: Which Factors Are Associated with a Community-Based Move Among Older Adults?. Esther M. Friedman, Margaret M. Weden, Regina A. Shih, Stephanie Ann Kovalchik, Reema Singh, Jose J. Escarce. 2015

OBJECTIVE: To examine whether the health and functioning of middle-aged and older adults are associated with an increased likelihood of community-based moves (changing their place of residence, but not to an institutional setting). METHOD: Biennial data from adults aged 51 and older in the Health and Retirement Study (HRS) and discrete-time survival models were used to assess the likelihood of community-based moves from 2000 to 2010 as a function of 11 measures of health and functioning. RESULTS: Respondents diagnosed with heart disease, stroke, hypertension, lung disease, and psychiatric problems were more likely to move during the study period than those with no such diagnosis. Changes in activities of daily living and instrumental activities of daily living functioning, cognitive impairment, and falls were also related to a greater likelihood of moving during the study period than those with no such diagnosis. Changes in activities of daily living and instrumental activities of daily living functioning, cognitive impairment, and falls were also related to a greater likelihood of moving during the study period. Cancer and diabetes were not related to overall moves, although diabetes was associated with an increased likelihood of local moves. For the most part, it was longstanding not recent diagnoses that were significantly related to the likelihood of moving. DISCUSSION: Although some health conditions precipitate moves among middle-aged and older adults, others do not. This work has important im-
plications for understanding the role of different aspects of health and functioning in the likelihood of migration among older adults.

EP-50924


BACKGROUND: Research on the effects of patient-centered medical homes on quality and cost of care is mixed, so further study is needed to understand how and in what contexts they are effective. OBJECTIVE: We aimed to evaluate effects of a multi-payer pilot promoting patient-centered medical home implementation in 15 small and medium-sized primary care groups in Colorado. DESIGN: We conducted difference-in-difference analyses, comparing changes in utilization, costs, and quality between patients attributed to pilot and non-pilot practices. PARTICIPANTS: Approximately 98,000 patients attributed to 15 pilot and 66 comparison practices 2 years before and 3 years after the pilot launch. MAIN MEASURES: Healthcare Effectiveness Data and Information Set (HEDIS) derived measures of diabetes care, cancer screening, utilization, and costs to payers. KEY RESULTS: At the end of two years, we found a statistically significant reduction in emergency department use by 1.4 visits per 1000 member months, or approximately 7.9 % (p=0.02). At the end of three years, pilot practices sustained this difference with 1.6 fewer emergency department visits per 1000 member months, or a 9.3 % reduction from baseline (p=0.01). Emergency department costs were lower in the pilot practices after two (13.9 % reduction, p<0.001) and three years (11.8 % reduction, p=0.001). After three years, compared to control practices, primary care visits in the pilot practices decreased significantly (1.5 % reduction, p=0.02). The pilot was associated with increased cervical cancer screening after two (12.5 % increase, p<0.001) and three years (9.0 % increase, p<0.001), but lower rates of HbA1c testing in patients with diabetes (0.7 % reduction at three years, p=0.03) and colon cancer screening (21.1 % and 18.1 % at two and three years, respectively, p<0.001). For patients with two or more comorbidities, similar patterns of association were found, except that there was also a reduction in ambulatory care sensitive inpatient admissions (10.3 %; p=0.05). CONCLUSION: Our findings suggest that a multi-payer, patient-centered medical home initiative that provides financial and technical support to participating practices can produce sustained reductions in utilization with mixed results on process measures of quality.

EP-50925

School Choice, Student Mobility, and School Quality: Evidence from Post-Katrina New Orleans. Richard O. Welsh, Matthew Duque, Andrew McEachin. 2015

In recent decades, school choice policies predicated on student mobility have gained prominence as urban districts address chronically low-performing schools. However, scholars have highlighted equity concerns related to choice policies. The case of post-Hurricane Katrina New Orleans provides an opportunity to examine student mobility patterns in a choice-based district. This paper analyzes student mobility between and within the various sectors and school types using a multinomial framework. We find rates of student mobility in post-Katrina New Orleans to be similar to other traditional urban school districts. Overall, our results indicate that high-achieving students switch to high quality schools while low-achieving students transfer to low quality schools. It is clear some students are taking advantage of the ability to choose a high quality educational option, while many students are still not. Policy implications, especially for education policy makers implementing or considering school choice policies, and areas for future research are discussed.

EP-50926

Fifty Ways to Leave a Child Behind: Idiosyncra-
sies and Discrepancies in States' Implementation of NCLB. Elizabeth Davidson, Randall Reback, Jonah Rockoff, Heather L. Schwartz. 2015

The No Child Left Behind (NCLB) Act required states to adopt accountability systems measuring student proficiency on state-administered exams. The federal legislation contained several strict requirements for NCLB implementation, such as escalating student proficiency targets that reach 100% proficiency by 2014. But it also gave states considerable flexibility to interpret and implement components of NCLB. Using a data set we constructed, this paper is the first national study examining which schools failed during the early years of NCLB and which performance targets they failed to meet. We explore how states' NCLB implementation decisions were related to their schools' failure rates, which ranged from less than 1% to more than 80% across states. Wide cross-state variation in failure rates resulted from how states' decisions interacted with each other and with school characteristics, like enrollment size, grade span, and ethnic diversity. Subtle differences in policy implementation may cause dramatic differences in measured outcomes.

EP-50927

Do Employers Prefer Workers Who Attend For-Profit Colleges? Evidence from a Field Experiment. Rajeev Darolia, Cory Koedel, Paco Martorell, Katie Wilson. 2015

This paper reports results from a resume-based field experiment designed to examine employer preferences for job applicants who attended for-profit colleges. For-profit colleges have seen sharp increases in enrollment in recent years despite alternatives, such as public community colleges, being much cheaper. We sent almost 9,000 fictitious resumes of young job applicants who recently completed their schooling to online job postings in six occupational categories and tracked employer callback rates. We find no evidence that employers prefer applicants with resumes listing a for-profit college relative to those whose resumes list either a community college or no college at all.

EP-50929


How can water resource agencies make smart investments to ensure long-term water reliability when the future is fraught with deep climate and economic uncertainty? This study helped SEDAPAL, the water utility serving Lima, Peru, answer this question by drawing on state of the art methods for decision making under deep uncertainty. These methods provide techniques for evaluating the performance of a water system over a wide range of plausible futures and then developing strategies that are robust across these futures. Rather than weighting futures probabilistically to define an optimal strategy, these methodologies identify the vulnerabilities of a system and then evaluate the key trade-offs among different adaptive strategies. Through extensive iteration and collaboration with SEDAPAL, the study used these methods to define an investment strategy that is robust, ensuring water reliability across as wide a range of future conditions as possible while also being economically efficient. First, on completion, the study helped SEDAPAL realize that not all projects included in the Master Plan were necessary to achieve water reliability, and the utility could save 25 percent (more than $600 million) in investment costs. Second, the study helped focus future efforts on demand-side management, pricing, and soft infrastructure, a refocusing that is difficult to achieve in traditional utility companies. Third, the study helped SEDAPAL gain the support of regulatory and budget agencies through the careful analysis of alternatives. Fourth, the study allowed the utility to postpone lower priority investments, and to analyze future options based on climate and demand information that simply is not available now.

With data from 400 HIV clients with fertility intentions and 57 HIV providers in Uganda, we evaluated the psychometrics of new client and provider scales measuring constructs related to safer conception methods (SCM) and safer conception counselling (SCC). Several forms of validity (i.e., content, face, and construct validity) were examined using standard methods including exploratory and confirmatory factor analysis. Internal consistency was established using Cronbach’s alpha correlation coefficient. The final scales consisted of measures of attitudes towards use of SCM and delivery of SCC, including measures of self-efficacy and motivation to use SCM, and perceived community stigma towards childbearing. Most client and all provider measures had moderate to high internal consistency (alphas 0.60–0.94), most had convergent validity (associations with other SCM or SCC-related measures), and client measures had divergent validity (poor associations with depression). These findings establish preliminary psychometric properties of these scales and should facilitate future studies of SCM and SCC.


Religious congregations may be well equipped to address veterans’ reintegration needs, but little is known about the prevalence and nature of such support. We conducted a mixed methods study using nationally representative congregational survey data and in-depth interviews with congregational leaders. Overall, 28 % of congregations nationally reported having programming to support veterans and positive, independent predictors included: community context (county veteran presence, high-poverty census tract, rural compared to urban location); congregational resources (more adult attendees, having a paid employee that spent time on service programs); and external engagement (assessing community needs, collaboration, and social service participation). Qualitative interviews revealed a range of activities, including attending to spiritual issues, supporting mental, physical and social well-being, and addressing vocational, legal, financial, and material needs.


Social norms-based interventions have shown promise in reducing drinking behavior and the resulting consequences in young adults. Although most research has focused on young civilians (i.e., college students), some studies have investigated social norms-based interventions with active-duty military and veteran samples. Yet, research has not yet determined how to maximize the effectiveness of social norms-based interventions in this heavy-drinking population. As an initial step toward this goal, the current study utilized a community sample of 1,023 young adult veterans to examine (a) whether veteran perceptions of the drinking behavior of their veteran peers differ from their perceptions of civilian drinking behavior, (b) whether perceptions of specific veteran groups differ from the actual drinking behavior of veterans within those groups, (c) what levels of specificity in reference groups (same-gender civilians, same-branch veterans, same-gender veterans, or same-branch-and-gender veterans) are most strongly associated with veterans’ own drinking, and (d) whether perceptions about others’ attitudes toward drinking also contribute independently of
perceived behavioral norms to veteran drinking. Findings indicated that participants perceived that other veterans drank more than civilians and that veteran groups drank more than veterans in the sample actually drank. Veteran-specific perceived behavioral norms were similar in their associations with drinking outcomes, whereas same-gender civilian perceived behavioral norms exhibited little or no associations with drinking. Veteran-specific perceived attitudinal norms exhibited little or no association with drinking behavior after controlling for perceived behavioral norms. These findings can be used to inform the development of social norms interventions for young adult veterans.

EP-50934
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi. Susan Godlonton, Edward N. Okeke. 2015

Informal health providers ranging from drug vendors to traditional healers account for a large fraction of health care provision in developing countries. They are, however, largely unlicensed and unregulated leading to concern that they provide ineffective and, in some cases, even harmful care. A new and controversial policy tool that has been proposed to alter household health seeking behavior is an outright ban on these informal providers. The theoretical effects of such a ban are ambiguous. In this paper, we study the effect of a ban on informal (traditional) birth attendants imposed by the Malawi government in 2007. To measure the effect of the ban, we use a difference-in-difference strategy exploiting variation across time and space in the intensity of exposure to the ban. Our most conservative estimates suggest that the ban decreased use of traditional attendants by about 15 percentage points. Approximately three quarters of this decline can be attributed to an increase in use of the formal sector and the remainder is accounted for by an increase in relative/friend-attended births. Despite the rather large shift from the informal to the formal sector, we do not find any evidence of a statistically significant reduction in newborn mortality on average. The results are robust to a triple difference specification using young children as a control group. We examine several explanations for this result and find evidence consistent with quality of formal care acting as a constraint on improvements in newborn health.

EP-50935
Diet and Perceptions Change with Supermarket Introduction in a Food Desert, but Not Because of Supermarket Use. Tamara Dubowitz, Deborah A. Cohen, Robin Beckman, Elizabeth D. Steiner, Gerald Paul Hunter, Christina Y. Huang, Christine Anne Vaughan, Jennifer Sloan McCombs, Shannon N. Zenk, Steven Cummins, Rebecca L. Collins. 2015

Placing full-service supermarkets in food deserts—areas with limited access to healthy food—has been promoted as a way to reduce inequalities in access to healthy food, improve diet, and reduce the risk of obesity. However, previous studies provide scant evidence of such impacts. We surveyed households in two Pittsburgh, Pennsylvania, neighborhoods in 2011 and 2014, one of which received a new supermarket in 2013. Comparing trends in the two neighborhoods, we obtained evidence of multiple positive impacts from new supermarket placement. In the new supermarket neighborhood we found net positive changes in overall dietary quality; average daily intakes of kilocalories and added sugars; and percentage of kilocalories from solid fats, added sugars, and alcohol. However, the only positive outcome in the recipient neighborhood specifically associated with regular use of the new supermarket was improved perceived access to healthy food. We did not observe differential improvement between the neighborhoods in fruit and vegetable intake, whole grain consumption, or body mass index. Incentivizing supermarkets to locate in food deserts is appropriate. However, efforts should proceed with caution, until the mechanisms by which the stores affect diet and their ability to influence weight status are better understood.
EP-50936


OBJECTIVES: Evaluate effects of a multi-component intervention (human papillomavirus [HPV] vaccine-specific brochure and recalls) on HPV vaccination and secondarily examine if race/ethnicity moderates effects. METHODS: Unvaccinated girls aged 11 to 18 years attending 4 safety-net pediatric clinics and their parent/guardian (n = 814 dyads) were randomized to (1) active comparison (general adolescent vaccine brochure), or (2) intervention consisting of a HPV vaccine-specific brochure, telephone recalls to parents who declined, and recalls to patients overdue for doses 2 and 3. HPV 1-dose and 3-dose coverages were assessed via electronic health records 12 months after randomization. Multivariate logistic regressions estimated adjusted odds and marginal predicted vaccine coverage by study arm and race/ethnicity. RESULTS: Intent-to-treat analyses found no main effect of the HPV vaccine-specific brochure on 1-dose coverage (42.0% vs 40.6%); however, secondary analyses found race/ethnicity was a significant moderator such that the intervention was effective only for Hispanic individuals (adjusted odds ratio [AOR] 1.43; 95% confidence interval [CI] 1.02–2.02), and not effective for black individuals (AOR 0.64; 95% CI 0.41–1.13). Recalls to parents who declined the vaccine during the index visit were not effective, but recalls to patients overdue for doses 2 and 3 were effective at increasing 3-dose coverage regardless of race/ethnicity (AOR 1.99; 95% CI 1.16–3.45). CONCLUSIONS: Educational materials describing only the HPV vaccine were effective for Hispanic but not black individuals. Future research should test mechanisms that may mediate intervention effects for different racial/ethnic groups, such as different informational needs or vaccine schemas (experiences, beliefs, norms).

EP-50937

Access and Quality of Care in Direct-To-Consumer Telemedicine. Andrew W. Mulcahy, David Cowling, Gerald Paul Hunter, Rachel M. Burns, Ateev Mehrotra. 2015

BACKGROUND: Direct-to-consumer (DTC) telemedicine serves millions of patients; however, there is limited research on the care provided. This study compared the quality of care at Teladoc (www.teladoc.com), a large DTC telemedicine company, with that at physician offices and compared access to care for Teladoc users and non-users. MATERIALS AND METHODS: Claims from all enrollees 18–64 years of age in the California Public Employees' Retirement System health maintenance organization between April 2012 and October 2013 were analyzed. We compared the performance of Teladoc and physician offices on applicable Healthcare Effectiveness Data and Information Set measures. Using geographic information system analyses, we compared Teladoc users and nonusers with respect to rural location and available primary care physicians. RESULTS: Of enrollees offered Teladoc (n = 233,915), 3,043 adults had a total of 4,657 Teladoc visits. For the pharyngitis performance measure (ordering strep test), Teladoc performed worse than physician offices (3% versus 50%, p < 0.01). For the back pain measure (not ordering imaging), Teladoc and physician offices had similar performance (88% versus 79%, p = 0.20). For the bronchitis measure (not ordering antibiotics), Teladoc performed worse than physician offices (16.7 versus 27.9%, p < 0.01). In adjusted models, Teladoc users were not more likely to be located within a healthcare professional shortage area (odds ratio = 1.12, p = 0.10) or rural location (odds ratio = 1.0, p = 0.10). CONCLUSIONS: Teladoc providers were less likely to order diagnostic testing and had poorer performance on appropriate antibiotic prescribing for bronchitis. Teladoc users were not preferentially located in underserved communities. Short-term needs include ongoing monitoring of quality and additional marketing and education to increase telemedicine use among underserved patients.
EP-50938

Say “GDNT”: Frequency of Adolescent Texting at Night. Wendy M. Troxel, Gerald Paul Hunter, Deborah M. Scharf. 2015

OBJECTIVE: Electronic media use is pervasive among adolescents. However, prior studies of media use have not specifically focused on texting behavior, and current estimates of teen texting—a primary form of communication among adolescents—are based on teens' self-reported use. Evaluating the frequency of nighttime texting is crucial, given evidence that such behaviors may contribute to epidemic levels of insufficient sleep among adolescents. METHODS: Descriptive analysis of objectively recorded outgoing text message data in a sample of adolescents (n = 43; mean = 16.06, SD = 1.29 years of age; 63% females). RESULTS: The current study found that texting behavior was ubiquitous in the pre-bedtime period with 98% of adolescents sending at least 1 text after 8:00 pm. Texting was also very prevalent at night: 70% of participating teens sent at least 1 text between 10:00 pm and 5:59 am. CONCLUSIONS: These findings add to a growing body of literature highlighting the potential role of mobile electronic devices in adolescent sleep disturbances.

EP-50939

Youth Resilience Corps: An Innovative Model to Engage Youth in Building Disaster Resilience. Joie D. Acosta, Vivian L. Towe, Anita Chandra, Ramya Chari. 2015

OBJECTIVE: Despite the growing awareness that youth are not just passive victims of disaster but can contribute to a community's disaster resilience, there have been limited efforts to formally engage youth in strengthening community resilience. The purpose of this brief report was to describe the development of a Youth Resilience Corps, or YRC (ie, a set of tools to engage young people in youth-led community resilience activities) and the findings from a small-scale pilot test. METHODS: The YRC was developed with input from a range of government and nongovernmental stakeholders. We conducted a pilot test with youth in Washington, DC, during summer 2014. Semi-structured focus groups with staff and youth surveys were used to obtain feedback on the YRC tools and to assess what participants learned. RESULTS: Focus groups and youth surveys suggested that the youth understood resilience concepts, and that most youth enjoyed and learned from the components. CONCLUSIONS: The YRC represent an important first step toward engaging youth in building disaster resilience, rather than just focusing on this group as a vulnerable population in need of special attention.

EP-50940


BACKGROUND AND OBJECTIVE: Despite considerable attention, little is known about the degree to which primary care medical homes influence early postdischarge utilization. We sought to test the hypothesis that patients with medical homes are less likely to have early postdischarge hospital or emergency department (ED) encounters. METHODS: This prospective cohort study enrolled randomly selected patients during an acute hospitalization at a children's hospital during 2012 to 2014. Demographic and clinical data were abstracted from administrative sources and caregiver questionnaires on admission through 30 days postdischarge. Medical home experience was assessed by using Maternal and Child Health Bureau definitions. Primary outcomes were 30-day unplanned readmission and 7-day ED visits to any hospital. Logistic regression explored relationships between outcomes and medical home experiences. RESULTS: We followed 701 patients, 97% with complete data. Thirty-day unplanned readmission and 7-day ED revisit rates were 12.4% and 5.6%, respectively. More than 65% did not have a medical home. In adjusted mod-
els, those with medical home component "having a usual source of sick and well care" had fewer readmissions than those without (adjusted odds ratio 0.54, 95% confidence interval 0.30–0.96). Readmissions were higher among those with less parent confidence in avoiding a readmission, subspecialist primary care providers, longer length of index stay, and more hospitalizations in the past year. ED visits were associated with lack of parent confidence but not medical home components.

CONCLUSIONS: Lacking a usual source for care was associated with readmissions. Lack of parent confidence was associated with readmissions and ED visits. This information may be used to target interventions or identify high-risk patients before discharge.

EP-50941

Despite ongoing local and international peace efforts, the Jews, Arabs, and other residents of Israel and the Palestinian territories (i.e., the West Bank and Gaza) have endured decades of political, social, and physical upheaval, with periodic eruptions of violence. It has been theorized that the psychological impact of the Israeli–Palestinian conflict extends beyond the bounds of psychiatric disorders such as posttraumatic stress disorder (PTSD). Exposure to the ongoing conflict may lead to changes in the way Israelis and Palestinians think, feel, and act; while these changes may not meet the thresholds of PTSD or depression, they nonetheless could have a strong public health impact. It is unclear whether existing studies have found associations between exposure to the conflict and nonclinical psychological outcomes. We conducted a systematic review to synthesize the empirical research on the Israeli–Palestinian conflict and its psychological consequences. As a whole, the body of literature we reviewed suggests that exposure to regional political conflict and violence may have detrimental effects on psychological well-being and that these effects likely extend beyond the psychiatric disorders and symptoms most commonly studied. We found evidence that exposure to the conflict informs not only the way Israelis and Palestinians think, feel, and act but also their attitudes toward different religious and ethnic groups and their degree of support for peace or war. We also found that Palestinians may be at particularly high risk of experiencing psychological distress as a result of the conflict, though more research is needed to determine the extent to which this is due to socio-economic stress. Our review suggests the need for more studies on the nonclinical psychological aspects of the Israeli–Palestinian conflict as well as for longitudinal studies on the impact of the conflict on both Israelis and Palestinians.

EP-50942

OBJECTIVE: The purpose of this study was to discern radiologists' perceptions regarding the implementation of a decision support system intervention as part of the Medicare Imaging Demonstration project and the effect of decision support on radiologists' interactions with ordering clinicians, their radiology work flow, and appropriateness of advanced imaging. SUBJECTS AND METHODS: A focus group study was conducted with a diverse sample of radiologists involved in interpreting advanced imaging studies at Medicare Imaging Demonstration project sites. A semistructured moderator guide was used, and all focus group discussions were recorded and transcribed verbatim. Qualitative data analysis software was used to code thematic content and identify representative segments of text. Participating radiologists also completed an accompanying survey designed to supplement focus group
discussions. RESULTS: Twenty-six radiologists participated in four focus group discussions. The following major themes related to the radiologists' perceptions after decision support implementation were identified: no substantial change in radiologists' interactions with referring clinicians; no substantial change in radiologist work flow, including protocol-writing time; and no perceived increase in imaging appropriateness. Radiologists provided suggestions for improvements in the decision support system, including increasing the usability of clinical data captured, and expressed a desire to have greater involvement in future development and implementation efforts. CONCLUSION: Overall, radiologists from health care systems involved in the Medicare Imaging Demonstration did not perceive that decision support had a substantial effect, either positive or negative, on their professional roles and responsibilities. Radiologists expressed a desire to improve efficiencies and quality of care by having greater involvement in future efforts.

EP-50944
Evidence for the Convergence Model: The Emergence of Highly Pathogenic Avian Influenza (H5N1) in Viet Nam. Sumeet Saksena, Jefferson Fox, Michael Epprecht, Chinh C. Tran, Duong H. Nong, James H. Spencer, Lam Nguyen, Melissa L. Finucane, Vien D. Tran, Bruce A. Wilcox. 2015

Building on a series of groundbreaking reviews that first defined and drew attention to emerging infectious diseases (EID), the 'convergence model' was proposed to explain the multifactorial causality of disease emergence. The model broadly hypothesizes disease emergence is driven by the co-occurrence of genetic, physical environmental, ecological, and social factors. We developed and tested a model of the emergence of highly pathogenic avian influenza (HPAI) H5N1 based on suspected convergence factors that are mainly associated with land-use change. Building on previous geospatial statistical studies that identified natural and human risk factors associated with urbanization, we added new factors to test whether causal mechanisms and pathogenic landscapes could be more specifically identified. Our findings suggest that urbanization spatially combines risk factors to produce particular types of peri-urban landscapes with significantly higher HPAI H5N1 emergence risk. The work highlights that peri-urban areas of Viet Nam have higher levels of chicken densities, duck and geese flock size diversities, and fraction of land under rice or aquaculture than rural and urban areas. We also found that land-use diversity, a surrogate measure for potential mixing of host populations and other factors that likely influence viral transmission, significantly improves the model's predictability. Similarly, landscapes where intensive and extensive forms of poultry production overlap were found at greater risk. These results support the convergence hypothesis in general and demonstrate the potential to improve EID prevention and control by combing geospatial monitoring of these factors along with pathogen surveillance programs.

EP-50945

PURPOSE: Poor mental health is associated with teen dating violence (TDV), but whether there are specific types of psychiatric disorders that could be targeted with intervention to reduce TDV remains unknown. METHODS: Multivariable logistic regression models were used to assess the associations of psychiatric disorders that emerged prior to dating initiation with subsequent physical dating violence in a nationally representative sample from the National Comorbidity Survey Replication, adjusting statistically for adverse childhood experiences. RESULTS: In adjusted models, internalizing disorders (AOR 1.14, 95% CI 1.04, 1.25; no sex differences noted) and externalizing disorders (males: AOR 1.28, 95% CI 1.10, 1.49; females:
AOR 1.85, 95% CI 1.55, 2.21) were associated with subsequent involvement in any physical dating violence victimization or perpetration before the age of 21. Those at greatest risk included girls with ADHD and a substance use disorder, in particular. CONCLUSIONS: The range of psychiatric disorders associated with TDV is broader than has generally been recognized for both boys and girls. Clinical and public health prevention programs should incorporate strategies for addressing multiple pathways through which poor mental health may put adolescents at risk for TDV.

EP-50946
The Association Between Youth Violence Exposure and Attention-Deficit/Hyperactivity Disorder (ADHD) Symptoms in a Sample of Fifth-Graders.
Terri Lewis, David C. Schwebel, Marc N. Elliott, Susanna N. Visser, Sara L. Toomey, Katie A. McLaughlin, Paula Cuccaro, Susan R. Tortolero, Stephen W Banspach. 2015

The purpose of the current study was to examine the association between violence exposures (no exposure, witness or victim only, and both witness and victim) and attention-deficit/hyperactivity disorder (ADHD) symptoms, as well as the potential moderating role of gender. Data from 4,745 5th graders and their primary caregivers were drawn from the Healthy Passages study of adolescent health. Parent respondents completed the DISC Predictive Scales for ADHD, and youth provided information about exposure to violence. Results indicated that youth who reported both witnessing and victimization had more parent-reported ADHD symptoms and were more likely to meet predictive criteria for ADHD. Among those with both exposures, girls exhibited a steeper increase in ADHD symptoms and higher probability of meeting predictive criteria than did boys. Findings indicate that being both victim-of and witness-to violence is significantly associated with ADHD symptoms particularly among girls.

EP-50947
Reviewing and Interpreting the Effects of Brief Alcohol Interventions: Comment on a Cochrane Review About Motivational Interviewing for Young Adults. Sean Grant, Eric R. Pedersen, Karen Chan Osilla, Magdalena Kulesza, Elizabeth J. D’Amico. 2015

BACKGROUND: Cochrane recently published a systematic review on motivational interviewing (MI) for alcohol misuse in young adults. The review authors concluded that ‘there are no substantive, meaningful benefits of MI interventions for the prevention of alcohol misuse’ (p. 2), as effect sizes were ‘small and unlikely to be of any meaningful benefit in practice’ (p. 27). As most of these interventions were quite brief, we wish to open a dialogue about interpreting effect sizes in this review and of (brief) alcohol interventions more generally. ANALYSIS: We analyze four methodological aspects of the review that likely influenced the author’s conclusions about intervention effects: (1) risk of bias assessments, (2) search strategies, (3) assessing the quality of the body of evidence and (4) definitions of sustainability and clinical significance. ANALYSIS: We analyze four methodological aspects of the review that likely influenced the author’s conclusions about intervention effects: (1) risk of bias assessments, (2) search strategies, (3) assessing the quality of the body of evidence and (4) definitions of sustainability and clinical significance. CONCLUSIONS: We interpret the effect sizes found in this review to indicate modest yet beneficial and potentially meaningful effects of these interventions, given their brevity and low cost. This interpretation is consistent with other reviews on brief, MI-based interventions and brief interventions more generally. We therefore encourage the field to re-open dialogue about the clinical importance of the effects of MI on alcohol misuse by young adults. Rather than dismissing interventions with small effects, we believe a more fruitful way forward for the field would be to catalogue effect sizes for various alcohol interventions. Such a catalogue would help stakeholders themselves to choose which interventions meet their minimum desired impact, and thus may be
suitable given their targeted populations, setting and resources.

EP-50948

Cost-effectiveness of Nutrition Intervention in Long-Term Care. Sandra Simmons, Emmett B. Keeler, Ruopeng An, Xulei Liu, Matthew Shotwell, Heidi Silver, John Schnelle. 2015

OBJECTIVES: To determine the cost-effectiveness of two nutrition interventions on food, beverage, and supplement intake and body weight.

DESIGN: Randomized, controlled trial.

SETTING: Five skilled nursing home facilities.

PARTICIPANTS: Long-stay residents with orders for nutrition supplementation (N = 154).

INTERVENTION: Participants were randomized into a usual care control group, an oral liquid nutrition supplement (ONS) intervention group, or a snack intervention group. Research staff provided ONS, according to orders or a variety of snack foods and beverages twice per day between meals, 5 days per week for 24 weeks and assistance to promote consumption.

MEASUREMENTS: Research staff independently weighed residents at baseline and monthly during the 24-week intervention. Resident food, beverage and supplement intake and the amount of staff time spent providing assistance were assessed for 2 days at baseline and 2 days per month during the intervention using standardized observation and weighed intake procedures.

RESULTS: The ONS intervention group took in an average of 265 calories more per day and the snack intervention group an average of 303 calories more per day than the control group. Staff time required to provide each intervention averaged 11 and 14 minutes per person per offer for ONS and snacks, respectively, and 3 minutes for usual care.

CONCLUSION: Oral liquid nutrition supplements and snack offers were efficacious in promoting caloric intake when coupled with assistance to promote consumption and a variety of options, but neither intervention resulted in significant weight gain.

EP-50951

Social Network Characteristics Moderate the Association Between Stigmatizing Attributions About HIV and Non-Adherence Among Black Americans Living with HIV: A Longitudinal Assessment. Laura M. Bogart, Glenn Wagner, Harold D. Green, Matt G. Mutchler, David J. Klein, Bryce W. McDavid. 2015

BACKGROUND: Stigma may contribute to HIV-related disparities among HIV-positive Black Americans. PURPOSE: We examined whether social network characteristics moderate stigma's effects.

METHODS: At baseline and 6 months post-baseline, 147 HIV-positive Black Americans on antiretroviral treatment completed egocentric social network assessments, from which we derived a structural social support capacity measure (i.e., ability to leverage support from the network, represented by the average interaction frequency between the participant and each alter). Stigma was operationalized with an indicator of whether any social network member had expressed stigmatizing attributions of blame or responsibility about HIV. Daily medication adherence was monitored electronically.

RESULTS: In a multivariate regression, baseline stigma was significantly related to decreased adherence over time. The association between stigma and non-adherence was attenuated among participants who increased the frequency of their interactions with alters over time.

CONCLUSIONS: Well-connected social networks have the potential to buffer the effects of stigma.

EP-50952

Innovative Approach to Patient-Centered Care Coordination in Primary Care Practices. Robin Clarke, Nazleen Bharmal, Carol Mangione, Brian Mittman, Samuel A. Skootsky. 2015

OBJECTIVES: Although care coordination is an essential component of the patient-centered medical home structure, current case manager
models have limited usefulness to population health because they typically serve a small group of patients defined based on disease or utilization. Our objective was to support our health system's population health by implementing and evaluating a program that embedded nonlicensed coordinators within our primary care practices to support physicians in executing care plans and communicating with patients. STUDY DESIGN: Matched case-control differences-in-differences. METHODS: Comprehensive care coordinators (CCC) were introduced into 14 of the system's 28 practice sites in 2 waves. After a structured training program, CCCs identified, engaged, and intervened among patients within the practice in conjunction with practice primary care providers. We counted and broadly coded CCC activities that were documented in the intervention database. We examined the impact of CCC intervention on emergency department (ED) utilization at the practice level using a negative binomial multivariate regression model controlling for age, gender, and medical complexity. RESULTS: CCCs touched 10,500 unique patients over a 1-year period. CCC interventions included execution of care (38 percent), coordination of transitions (32 percent), self-management support/link to community resources (15 percent), monitor and follow-up (10 percent), and patient assessment (1 percent). The CCC intervention group had a 20 percent greater reduction in its prepost ED visit rate compared with the control group (P < .0001). CONCLUSIONS: Our CCC intervention demonstrated a significant reduction in ED visits by focusing on the centrality of the primary care provider and practice. Our model may serve as a cost-effective and scalable alternative for care coordination in primary care.

EP-50955
Transitions of Care for Stroke Patients Opportunities to Improve Outcomes. Joseph P. Broderick, Mahshid Abir. 2015

This study examines stroke severity, best treatment locations and the associated logistics involved in providing the best care.

EP-50956
Interdisciplinary Priorities for Dissemination, Implementation, and Improvement Science: Frameworks, Mechanics, and Measures. Julian W. Brunner, Katherine L. Kahn. 2015

Much of dissemination, implementation, and improvement (DII) science is conducted by social scientists, healthcare practitioners, and biomedical researchers. While each of these groups has
its own venues for sharing methods and findings, forums that bring together the diverse DII science workforce provide important opportunities for cross-disciplinary collaboration and learning. In particular, such forums are uniquely positioned to foster the sharing of three important components of research. First: they allow the sharing of conceptual frameworks for DII science that focus on the use and spread of innovations. Second: they provide an opportunity to share strategies for initiating and governing DII research, including approaches for eliciting and incorporating the research priorities of patients, study participants, and healthcare practitioners, and decision-makers. Third: they allow the sharing of outcome measures well-suited to the goals of DII science, thereby helping to validate these outcomes in diverse contexts, improving the comparability of findings across settings, and elevating the study of the implementation process itself.

**EP-50957**


**BACKGROUND**—About half of survivors with stroke experience severe and significant long-term disability. The purpose of this article is to review the state of the science and to make recommendations for measuring patient-centric outcomes in interventions for motor improvement in the chronic stroke phase. METHODS AND RESULTS—A 9-member expert panel reviewed evidence to identify measures of upper and lower extremity function used to date as outcomes in trials with patients who experienced a stroke ≥6 months before assessment. Outcome measures were screened using StrokEDGE consensus panel recommendations, and evaluated for availability of a published minimal clinically important difference. Measures meeting these criteria were further evaluated with regard to their level of measurement, psychometric properties, and ability of minimal clinically important difference to capture gains associated with improved function and clinical relevance to patients, to arrive at recommendations. A systematic literature review yielded 115 clinical trials of upper and lower extremity function in chronic stroke that used a total of 34 outcome measures. Seven of these had published minimal clinically important differences and were recommended or highly recommended by StrokEDGE. Those are the Fugl-Meyer Upper Extremity and Lower Extremity scales, Wolf Motor Function Test, Action Research Arm Test, Ten-Meter and Six-Minute Walk Tests, and the Stroke Impact Scale. All had evidence for their psychometric performance, although the strength of evidence for validity varied, especially in populations with chronic stroke Fugl-Meyer Upper and Lower Extremity scales showing the strongest evidence for validity. CONCLUSIONS—The panel recommends that the Fugl-Meyer Upper and Lower Extremity scales be used as primary outcomes in intervention trials targeting motor function in populations with chronic stroke. The other 6 measures are recommended as secondary outcomes.

**EP-50959**

Possibilities for Shortening the CAHPS Clinician and Group Survey. Brian D. Stucky, Ron D. Hays, Maria Orlando Edelen, Jill Gurvey, Julie A. Brown. 2015

This study examines possibilities for Shortening the CAHPS Clinician and Group Survey.

**EP-50960**


**BACKGROUND:** State Medicaid policies play
an important role in Medicaid-enrollees' access to and use of opioid agonists, such as methadone and buprenorphine, in the treatment of opioid use disorders. Little information is available, however, regarding the evolution of state policies facilitating or hindering access to opioid agonists among Medicaid-enrollees. METHODS: During 2013–14, we surveyed state Medicaid officials and other designated state substance abuse treatment specialists about their state's recent history of Medicaid coverage and policies pertaining to methadone and buprenorphine. We describe the evolution of such coverage and policies and present an overview of the Medicaid policy environment with respect to opioid agonist therapy from 2004 to 2013. RESULTS: Among our sample of 45 states with information on buprenorphine and methadone coverage, we found a gradual trend toward adoption of coverage for opioid agonist therapies in state Medicaid agencies. In 2013, only 11% of states in our sample (n = 5) had Medicaid policies that excluded coverage for methadone and buprenorphine, while 71% (n = 32) had adopted or maintained policies to cover both buprenorphine and methadone among Medicaid-enrollees. We also noted an increase in policies over the time period that may have hindered access to buprenorphine and/or methadone. CONCLUSIONS: There appears to be a trend for states to enact policies increasing Medicaid coverage of opioid agonist therapies, while in recent years also enacting policies, such as prior authorization requirements, that potentially serve as barriers to opioid agonist therapy utilization. Greater empirical information about the potential benefits and potential unintended consequences of such policies can provide policymakers and others with a more informed understanding of their policy decisions.

BACKGROUND: Patients' comments about doctors are increasingly available on the internet. The effects of these anecdotal accounts on consumers' engagement with reports on doctor quality, use of more statistically reliable performance measures, and ability to choose doctors wisely are unknown. OBJECTIVE: To examine the effects of providing patient comments along with standardized performance information in a web-based public report. DESIGN: Participants were randomly assigned to view 1 of 6 versions of a website presenting comparative performance information on fictitious primary care doctors. Versions varied by the combination of information types [Consumer Assessment of Healthcare Providers and Systems (CAHPS), Healthcare Effectiveness Data and Information Set (HEDIS), and patient comments] and number of doctors. PARTICIPANTS: A random sample of working-age adults (N=848) from an online panel representing the noninstitutionalized population of the United States. MAIN MEASURES: Time spent and actions taken on the website, probing of standardized measures, and decision quality (chosen doctor rated highest on quantifiable metrics, chosen doctor not dominated by another choice). Secondary outcomes were perceived usefulness and trustworthiness of performance metrics and evaluations of the website. KEY RESULTS: Inclusion of patient comments increased time spent on the website by 35%-42% and actions taken (clicks) by 106%-117% compared with versions presenting only CAHPS and HEDIS measures (P<0.01). It also reduced participants' attention to standardized measures (eg, percentage of time probing HEDIS measures dropped by 67%, P<0.01). When patient comments were present, fewer participants chose the doctor scoring highest on standardized metrics (44%-49% vs. 61%-62%, P<0.01). CONCLUSIONS: Including patient comments in physician performance reports enhances consumers' engagement but reduces their attention to standardized measures and substantially increases suboptimal choices. More research is needed to
explore whether integrated reporting strategies could leverage the positive effects of patient comments on consumer engagement without undermining consumers’ use of other important metrics for informing choice among doctors.

EP-50964

A commentary on “Patient-Satisfaction Surveys on a Scale of 0 to 10: Improving Health Care, or Leading It Astray?,” by Alexandra Junewicz and Stuart J. Youngner in the May-June 2015 issue.

EP-50965

This paper reports estimates of the price elasticity of demand for heroin based on a newly constructed dataset. The dataset has two matched components concerning the same sample of regular heroin users: longitudinal information about real-world heroin demand (actual price and actual quantity at daily intervals for each heroin user in the sample) and experimental information about laboratory heroin demand (elicited by presenting the same heroin users with scenarios in a laboratory setting). Two empirical strategies are used to estimate the price elasticity of demand for heroin. The first strategy exploits the idiosyncratic variation in the price experienced by a heroin user over time that occurs in markets for illegal drugs. The second strategy exploits the experimentally induced variation in price experienced by a heroin user across experimental scenarios. Both empirical strategies result in the estimate that the conditional price elasticity of demand for heroin is approximately -0.80.

EP-50966
The Quality of Medication Treatment for Mental Disorders in the Department of Veterans Affairs and in Private-Sector Plans. Katherine E. Watkins, Brad Smith, Ayse Akincigil, Melony E. Sorbero, Susan M. Paddock, Abigail Woodroffe, Cecilia Huang, Harold Alan Pincus. 2015

OBJECTIVE: The quality of mental health care provided by the U.S. Department of Veterans Affairs (VA) was compared with care provided to a comparable population treated in the private sector. METHODS: Two cohorts of individuals with mental disorders (schizophrenia, bipolar disorder, posttraumatic stress disorder, major depression, and substance use disorders) were created with VA administrative data (N=836,519) and MarketScan data (N=545,484). The authors computed VA and MarketScan national means for seven process-based quality measures related to medication evaluation and management and estimated national-level performance by age and gender. RESULTS: In every case, VA performance was superior to that of the private sector by more than 30%. Compared with individuals in private plans, veterans with schizophrenia or major depression were more than twice as likely to receive appropriate initial medication treatment, and veterans with depression were more than twice as likely to receive appropriate long-term treatment. CONCLUSIONS: Findings demonstrate the significant advantages that accrue from an organized, nationwide system of care. The much higher performance of the VA has important clinical and policy implications.

EP-50967
Implementing Evidence-Based Suicide Prevention Training in Communities: Implications for Quality Improvement. Karen Chan Osilla, Rajeev Ramchand, Rachana Seelam, Mary Lou Gilbert. 2015

Suicide prevention trainings are implemented to equip the public’s ability to intervene with those who are at-risk, but their implementation is not often monitored for quality. In this study, we propose a quality improvement model to improve trainer skill, demonstrate evidence of knowledge uptake,
and document the quality of training workshop implementation. We collected participant data (N=2006) from over 127 Applied Suicide Intervention Skills Training (ASIST) training workshops that evaluated workshop satisfaction, confidence to intervene, and likelihood to intervene and refer immediately post-training. We also collected trainer data by measuring fidelity and adherence to the ASIST protocol at five live ASIST workshops. Training participants reported improved confidence and likelihood to intervene and refer after the workshop. Participants also reported high satisfaction. In three of the five workshops, newly trained trainers covered 75% or more of the fidelity items demonstrating thorough review of the training. Trainers generally adhered to one of four competencies specific to ASIST and five of the 11 general competencies relating to group management. Trainers may need to improve their efforts to tailor content to specific audiences, promote cultural competence, and manage time.

EP-50969

INTRODUCTION: Centralized intake is integral to healthcare systems to support timely access to appropriate health services. The aim of this study was to develop key performance indicators (KPIs) to evaluate centralized intake systems for patients with osteoarthritis (OA) and rheumatoid arthritis (RA). METHODS: Phase 1 involved stakeholder meetings including healthcare providers, managers, researchers and patients to obtain input on candidate KPIs, aligned along six quality dimensions: appropriateness, accessibility, acceptability, efficiency, effectiveness, and safety. Phase 2 involved literature reviews to ensure KPIs were based on best practices and harmonized with existing measures. Phase 3 involved a three-round, online modified Delphi panel to finalize the KPIs. The panel consisted of two rounds of rating and a round of online and in-person discussions. KPIs rated as valid and important (≥7 on a 9-point Likert scale) were included in the final set. RESULTS: Twenty-five KPIs identified and substantiated during Phases 1 and 2 were submitted to 27 panelists including healthcare providers, managers, researchers, and patients in Phase 3. After the in-person meeting, three KPIs were removed and six were suggested. The final set includes 9 OA KPIs, 10 RA KPIs and 9 relating to centralized intake processes for both conditions. All 28 KPIs were rated as valid and important. CONCLUSIONS: Arthritis stakeholders have proposed 28 KPIs that should be used in quality improvement efforts when evaluating centralized intake for OA and RA. The KPIs measure five of the six dimensions of quality and are relevant to patients, practitioners and health systems.

EP-50970
Revisiting the Use of Condoms in Brazil. Ines Dourado, Sarah MacFarthy, Manasa Reddy, Sofia Gruskin. 2015

INTRODUCTION: It is known that a single prevention strategy is not enough to control multiple HIV epidemics around the world and in Brazil. However, it is not only necessary to recognize the importance of condoms as part of the policy of HIV/AIDS prevention but also discuss its limits. In this article, we aim to investigate the use of condoms in Brazil, draw critical reflections, and understand how they can once again be highlighted in Brazil’s prevention strategy going forward. METHODS: A narrative review of literature was conducted using keywords in PubMed. Reports from national surveys that guide the epidemiological and behavioral surveillance of the Brazilian Ministry of Health were also included. RESULTS: A total of 40 articles and 3 reports were included in the review and 11 intervention studies to pro-
mote the condom use; the main findings were as follows: 1) Despite the increase in national studies on sexual behavior, little attention is given to the role of condom use; 2) There are few studies examining the factors associated with condom use among key populations such as men who have sex with men (MSM), female sex workers (FSW), drug users (DU), and transvestites and transsexuals (TT), while substantial studies focus on adolescents and women; 3) Evidence suggests that a combination of interventions is more effective.

DISCUSSION: New prevention technologies must not lose sight of the critical importance of condoms, and efforts to reintroduce them should focus on the role of pleasure in addition to their potential to minimize the risk of HIV.


Researchers have attempted to optimize imaging utilization by describing which clinical variables are more predictive of acute disease and, conversely, what combination of variables can obviate the need for imaging. These results are then used to develop evidence-based clinical pathways, clinical decision instruments, and clinical practice guidelines. Despite the validation of these results in subsequent studies, with some demonstrating improved outcomes, their actual use is often limited. This article outlines a research agenda to promote the dissemination and implementation (also known as knowledge translation) of evidence-based interventions for emergency department (ED) imaging, i.e., clinical pathways, clinical decision instruments, and clinical practice guidelines. We convened a multidisciplinary group of stakeholders and held online and telephone discussions over a 6-month period culminating in an in-person meeting at the 2015 Academic Emergency Medicine consensus conference. We identified the following four overarching research questions: 1) what determinants (barriers and facilitators) influence emergency physicians' use of evidence-based interventions when ordering imaging in the ED; 2) what implementation strategies at the institutional level can improve the use of evidence-based interventions for ED imaging; 3) what interventions at the health care policy level can facilitate the adoption of evidence-based interventions for ED imaging; and 4) how can health information technology, including electronic health records, clinical decision support, and health information exchanges, be used to increase awareness, use, and adherence to evidence-based interventions for ED imaging? Advancing research that addresses these questions will provide valuable information as to how we can use evidence-based interventions to optimize imaging utilization and ultimately improve patient care.

Hiding the Tobacco Power Wall Reduces Cigarette Smoking Risk in Adolescents: Using an Experimental Convenience Store to Assess Tobacco Regulatory Options at Retail Point-of-Sale. William G. Shadel, Steven Martino, Claude Mesesan Setodji, Deborah M. Scharf, Daniela Kusuke, Angela Sicker, Min Gong. 2015

OBJECTIVES: This experiment tested whether changing the location or visibility of the tobacco power wall in a life sized replica of a convenience store had any effect on adolescents’ susceptibility to future cigarette smoking. METHODS: The study was conducted in the RAND StoreLab (RSL), a life sized replica of a convenience store that was developed to experimentally evaluate how changing aspects of tobacco advertising displays in retail point-of-sale environments influences tobacco use risk and behavior. A randomized, between-subjects experimental design with three conditions that varied the location or visibility of the tobacco power wall within the RSL was used. The conditions were: cashier (the tobacco power wall was located in its typical position behind the cash register counter); sidewalk (the tobacco power wall was located on a sidewalk away from the cash register); or hidden (the tobacco power wall
was located behind the cashier but was hidden behind an opaque wall). The sample included 241 adolescents. RESULTS: Hiding the tobacco power wall significantly reduced adolescents' susceptibility to future cigarette smoking compared to leaving it exposed (ie, the cashier condition; p=0.02). Locating the tobacco power wall on a sidewall away from the cashier had no effect on future cigarette smoking susceptibility compared to the cashier condition (p=0.80). CONCLUSIONS: Hiding the tobacco power wall at retail point-of-sale locations is a strong regulatory option for reducing the impact of the retail environment on cigarette smoking risk in adolescents.

EP-50973


High rates of childbearing desires (59%) and serodiscordant partnerships (50%) among people living with HIV (PHLA) (should be PLHA) in Uganda highlight the need for safer conception counseling (SCC). Provider attitudes about counseling PLHA on the use of safer conception methods (SCM) have been explored in qualitative studies, but published quantitative investigations are scarce. Data from 57 Ugandan providers were collected to examine providers’ attitudes about childbearing among PLHA and engagement in discussions about childbearing, as well as their knowledge, interest, self-efficacy, and intentions to provide SCC. Correlates of self-efficacy for the provision of SCC were explored to inform the development of training programs. Providers reported a general awareness of most SCM, especially timed unprotected intercourse (TUI); but just over half felt they knew enough to counsel clients in the future and all wanted more training. Childbearing was discussed with less than a third of reproductive aged patients and was mostly initiated by patients. Most providers saw value in providing SCC and believed that most aspects of SCM would be acceptable to their clients, but numerous barriers were endorsed. Self-efficacy was greatest among providers who had had more childbearing conversations, greater SCM awareness, perceived fewer barriers and greater intentions to counsel on TUI. Providers evidence fewer stigmatizing attitudes than in the past. However, those who endorsed more stigmatizing attitudes evidenced a trend for reporting lower self-efficacy for providing SCC. Training will need to simultaneously focus on increasing providers' SCC knowledge and skills while instilling a more realistic appraisal of the risks of assisting couples to employ SCM versus doing nothing.

EP-50974


BACKGROUND: The USA and England have very different health systems. Comparing hypertension care outcomes in each country enables an evaluation of the effectiveness of each system. METHOD: The English Longitudinal Study of Ageing and the Health and Retirement Survey are used to compare the prevalence of controlled, uncontrolled and undiagnosed hypertension within the hypertensive population (diagnosed or measured within the survey data used) aged 50 years and above in the USA and in England. RESULTS: Controlled hypertension is more prevalent within the hypertensive population in the USA (age 50–64: 0.53 (0.50 to 0.57) and age 65+: 0.51 (0.49 to 0.53)) than in England (age 50–64: 0.45 (0.42 to 0.48) and age 65+: 0.42 (0.40 to 0.45)). This difference is driven by lower undiagnosed hypertension in the USA (age 50–64: 0.18 (0.15–0.21) and age 65+: 0.13 (0.12 to 0.14)) relative to England (age 50–64: 0.26 (0.24 to 0.29) and age 65+: 0.22 (0.20 to 0.24)). The prevalence of uncontrolled hypertension within the hypertensive population is very similar in the USA (age 50–64: 0.29 (0.26 to 0.32) and age 65+: 0.36 (0.34 to 0.38)) and Eng-
land (age 50–64: 0.29 (0.26 to 0.32) and age 65+: 0.36 (0.34 to 0.39)). Hypertension care outcomes are comparable across US insurance categories. In both countries, undiagnosed hypertension is positively correlated with wealth (ages 50–64). Uncontrolled hypertension declines with rising wealth in the USA. CONCLUSIONS: Different diagnostic practices are likely to drive the cross-country differences in undiagnosed hypertension. US government health systems perform at least as well as private healthcare and are more equitable in the distribution of care outcomes. Higher undiagnosed hypertension among the affluent may reflect less frequent medical contact.

EP-50975
Health Implications of Social Networks for Children Living in Public Housing. Heather L. Schwartz, Beth Ann Griffin, Susan Burkhauser, Harold D. Green, David P. Kennedy, Craig Evan Pollack. 2015

This study sought to examine whether: (1) the health composition of the social networks of children living in subsidized housing within market rate developments (among higher-income neighbors) differs from the social network composition of children living in public housing developments (among lower-income neighbors); and (2) children’s social network composition is associated with children’s own health. We found no significant differences in the health characteristics of the social networks of children living in these different types of public housing. However, social network composition was significantly associated with several aspects of children’s own health, suggesting the potential importance of social networks for the health of vulnerable populations.

EP-50976
Relationship of Age for Grade and Pubertal Stage to Early Initiation of Substance Use. Rebecca N. Dudovitz, Paul J. Chung, Marc N. Elliott, Susan L Davies, Susan R. Tortolero, Elizabeth R. Baumler, Stephen W Banspach, Mark A. Schuster. 2015

INTRODUCTION: Studies suggest students who are substantially older than the average age for their grade engage in risky health behaviors, including substance use. However, most studies do not account for the distinct reasons why students are old for their grade (ie, grade retention vs delayed school entry) or for their pubertal stage. Thus, whether the association between age for grade and substance use is confounded by these factors is unknown. We sought to determine whether age, grade, or pubertal stage were associated with early substance use. METHODS: Cross-sectional Healthy Passages Wave I survey data from 5,147 fifth graders and their caregivers in Alabama, California, and Texas from 2004 through 2006 were analyzed in 2014. Logistic regressions examined whether older age for grade, grade retention, delayed school entry, or pubertal stage were associated with use of any substance, cigarettes, alcohol, or other drugs. RESULTS: Seventeen percent of fifth graders reported trying at least 1 substance. Among boys, advanced pubertal stage was associated with increased odds of cigarette, alcohol, or other drug use, whereas delayed school entry was associated with lower odds of any substance, alcohol, or other drug use. Among girls, advanced pubertal stage was associated only with higher odds of alcohol use, and delayed school entry was not associated with substance use. Neither older age for grade or grade retention was independently associated with substance use after controlling for potential confounders. CONCLUSION: Advanced pubertal stage may be a more important risk factor for substance use than age for grade. Pediatricians should consider initiating substance use screening earlier for patients with advanced pubertal stage.

EP-50977
The Experience of Peer Mentors in an Intervention to Promote Smoking Cessation in Persons with Psychiatric Illness. Richard M. Goldberg, Melanie Bennett, Lisa Dixon, Gail Daumit, Matthew Chinman, Alicia Lucksted. 2015

Peer support is an important component of ser-
vices for persons with psychiatric illness but the experience of peer mentors is not well understood. This study explored the experiences of peer mentors, all former smokers and persons with psychiatric illness, who provided smoking cessation counseling as part of a 6 month professionally-led intervention. Data was obtained from 383 contact log entries and in-depth interviews with eight peer mentors. Qualitative analysis indicated that mentor roles were unexpectedly varied beyond the focus on smoking cessation. Of the two aspects of "peer-ness," shared smoking history was more prominent, while the shared experience of psychiatric illness was sometimes overlooked. Peer mentors experienced multiple challenges trying to help participants to change their smoking behaviors. Nonetheless, they described their experience as personally rewarding. Future interventions may be improved by anticipating peer mentor role complexity and the inherent tension between providing person-centered support and promoting behavior change.

EP-50978


To evaluate the potential for a patient-centered medical home initiative to reduce utilization and cost while improving quality, we examined a natural experiment involving 11 primary care practices in Cincinnati, Ohio, that participated in the Aligning Forces for Quality Multi-Payer Patient Centered Medical Home pilot. Our research design involved difference-in-difference analyses, comparing changes in utilization, costs, and quality between patients attributed to pilot practices compared with those attributed to a matched comparison cohort after 2 years of active engagement by the practices. The Cincinnati pilot was associated with a reduction of ambulatory care-sensitive emergency department visits of approximately 0.7 per 1,000 member months or approximately 22.6% (p < .01). While there was a reduction in total costs of care of $7,679 per 1,000 member months, the difference did not reach statistical significance. After 2 years of the pilot, lipid testing in diabetics had increased by 2.7 percentage points (a 3.3% improvement; p < .0001). Patient-centered medical homes have the potential to improve the quality of care and reduce emergency department use but expectations for cost control in a relatively short time horizon and absent other changes may be unrealistic.

EP-50980


OBJECTIVE: Valid, reliable critical appraisal tools advance quality improvement (QI) intervention impacts by helping stakeholders identify higher quality studies. QI approaches are diverse and differ from clinical interventions. Widely used critical appraisal instruments do not take unique QI features into account and existing QI tools (eg, Standards for QI Reporting Excellence) are intended for publication guidance rather than critical appraisal. This study developed and psychometrically tested a critical appraisal instrument, the QI Minimum Quality Criteria Set (QI-MQCS) for assessing QI-specific features of QI publications. METHODS: Approaches to developing the tool and ensuring validity included a literature review, in-person and online survey expert panel input, and application to empirical examples. We investigated psychometric properties in a set of diverse QI publications (N=54) by analysing reliability measures and item endorsement rates and explored sources of disagreement between reviewers. RESULTS: The QI-MQCS includes 16 content domains to evaluate QI intervention publications: Organisational Motivation, Intervention...
Rationale, Intervention Description, Organizational Characteristics, Implementation, Study Design, Comparator Description, Data Sources, Timing, Adherence/Fidelity, Health Outcomes, Organizational Readiness, Penetration/Reach, Sustainability, Spread and Limitations. Median inter-rater agreement for QI-MQCS items was 0.57 (83% agreement). Item statistics indicated sufficient ability to differentiate between publications (median quality criteria met 67%). Internal consistency measures indicated coherence without excessive conceptual overlap (absolute mean interitem correlation = 0.19). The critical appraisal instrument is accompanied by a user manual detailing What to consider, Where to look and How to rate. CONCLUSIONS: We developed a ready-to-use, valid and reliable critical appraisal instrument applicable to healthcare QI intervention publications, but recognize scope for continuing refinement.

EP-50981
Medicare Home Visit Program Associated with Fewer Hospital and Nursing Home Admissions, Increased Office Visits. Soeren Mattke, Dan Han, Asa Wilks, Elizabeth M. Sloss. 2015

Clinical home visit programs for Medicare beneficiaries are a promising approach to supporting aging in place and avoiding high-cost institutional care. Such programs combine a comprehensive geriatric assessment by a clinician during a home visit with referrals to community providers and health plan resources to address uncovered issues. We evaluated UnitedHealth Group's HouseCalls program, which has been offered to Medicare Advantage plan members in Arkansas, Georgia, Missouri, South Carolina, and Texas since January 2008. We found that, compared to non-HouseCalls Medicare Advantage plan members and fee-for-service beneficiaries, HouseCalls participants had reductions in admissions to hospitals (1 percent and 14 percent, respectively) and lower risk of nursing home admission (0.67 percent and 1.3 percent, respectively). In addition, participants' numbers of office visits—chiefly to specialists—increased 2–6 percent (depending on the comparison group). The program's effects on emergency department use were mixed. These results indicate that a thorough home-based clinical assessment of a member's health and home environment combined with referral services can support aging in place, promote physician office visits, and preempt costly institutional care.

EP-50982
Improving the Affordable Care Act: An Assessment of Policy Options for Providing Subsidies. Evan Saltzman, Christine Eibner, Alain C. Enthoven. 2015

A key challenge of health reform efforts is to make health insurance affordable for individuals and families who lack coverage without harming those with coverage or increasing federal spending. The Affordable Care Act (ACA) addresses this challenge in part by providing tax subsidies to qualified individuals for purchasing individual insurance and retaining tax exemptions for employer and employee contributions to the cost of premiums of employer-sponsored insurance. These tax exemptions cost approximately $250 billion annually in lost tax revenue and have been criticized for favoring higher earners and conferring preferential treatment of employer-sponsored over individual insurance. We analyzed three options for leveling the financial playing field between the two insurance markets by reallocating the value of tax benefits of employer coverage. We found that one option that uses the subsidy formula employed in the insurance Marketplaces under the ACA for both the individual and employer-sponsored insurance markets, and additionally requires the subsidy to be at least $1,250 without an upper income limit on subsidy eligibility imposed, could expand insurance coverage and reduce individual market premiums relative to the ACA with no additional federal spending.

EP-50983
The Growing Difference Between Public and Private Payment Rates for Inpatient Hospital Care.
The difference between private and public (Medicare and Medicaid) payment rates for inpatient hospital stays widened between 1996 and 2012. Medical Expenditure Panel Survey data reveal that standardized private insurer payment rates in 2012 were approximately 75 percent greater than Medicare's—a sharp increase from the differential of approximately 10 percent in the period 1996–2001.

Policy Options to Expand Medicare’s Low-Income Provisions to Improve Access and Affordability. Cathy Schoen, Christine Buttorff, Martin S. Andersen, Karen Davis. 2015

For fifty years Medicare has enhanced the health and financial security of seniors. Yet in 2014 an estimated 40 percent of low-income beneficiaries spent 20 percent or more of their incomes on out-of-pocket expenditures for premiums and medical care, while one-third were underinsured based on their out-of-pocket spending for medical care alone. These high burdens reflect Medicare's limited benefits and restrictive income eligibility levels for supplemental Medicaid coverage. We examined the impacts of illustrative policies designed to improve beneficiaries' financial protection and access to care by reducing Medicare premiums and cost sharing for covered benefits on a sliding scale for all beneficiaries with incomes up to 200 percent of the federal poverty level. We estimate that these policies could improve the affordability of health care for eleven million people. Designed to be aligned with the Affordable Care Act's subsidy approach for the population younger than age sixty-five, these policies also have the potential to smooth transitions into Medicare, reduce administrative costs, and provide a more secure and equitable foundation for Medicare's future.


OBJECTIVE: To identify subgroups of U.S. children with special health care needs (CSHCN) and characterize key outcomes. DATA SOURCE: Secondary analysis of 2009–2010 National Survey of CSHCN. STUDY DESIGN: Latent class analysis grouped individuals into substantively meaningful classes empirically derived from measures of pediatric medical complexity. Outcomes were compared among latent classes with weighted logistic or negative binomial regression. PRINCIPAL FINDINGS: LCA identified four unique CSHCN subgroups: broad functional impairment (physical, cognitive, and mental health) with extensive health care (Class 1), broad functional impairment alone (Class 2), predominant physical impairment requiring family-delivered care (Class 3), and physical impairment alone (Class 4). CSHCN from Class 1 had the highest ED visit rates (IRR 3.3, p < .001) and hospitalization odds (AOR: 12.0, p < .001) and lowest odds of a medical home (AOR: 0.17, p < .001). CSHCN in Class 3, despite experiencing more shared decision making and medical home attributes, had more ED visits and missed school than CSHCN in Class 2 (p < .001); the latter, however, experienced more cost-related difficulties, care delays, and parents having to stop work (p < .001). CONCLUSIONS: Recognizing distinct impacts of cognitive and mental health impairments and health care delivery needs on CSHCN outcomes may better direct future intervention efforts.

Robust Estimation of the Proportion of Treatment Effect Explained by Surrogate Marker Information. Layla Parast, Mary M. McDermott, Lu Tian. 2015

In randomized treatment studies where the primary outcome requires long follow-up of patients and/or expensive or invasive obtainment procedures, the availability of a surrogatemarker
that could be used to estimate the treatment effect and could potentially be observed earlier than the primary outcome would allow researchers to make conclusions regarding the treatment effect with less required follow-up time and resources. The Prentice criterion for a valid surrogate marker requires that a test for treatment effect on the surrogate marker also be a valid test for treatment effect on the primary outcome of interest. Based on this criterion, methods have been developed to define and estimate the proportion of treatment effect on the primary outcome that is explained by the treatment effect on the surrogate marker. These methods aim to identify useful statistical surrogates that capture a large proportion of the treatment effect. However, current methods to estimate this proportion usually require restrictive model assumptions that may not hold in practice and thus may lead to biased estimates of this quantity. In this paper, we propose a non-parametric procedure to estimate the proportion of treatment effect on the primary outcome that is explained by the treatment effect on a potential surrogate marker and extend this procedure to a setting with multiple surrogate markers. We compare our approach with previously proposed model-based approaches and propose a variance estimation procedure based on a perturbation–resampling method. Simulation studies demonstrate that the procedure performs well in finite samples and outperforms model-based procedures when the specified models are not correct. We illustrate our proposed procedure using a data set from a randomized study investigating a group-mediated cognitive behavioral intervention for peripheral artery disease participants.

EP-50988
Effectiveness of an mHealth Intervention to Improve the Cardiometabolic Profile of People with Prehypertension in Low-Resource Urban Settings in Latin America: A Randomised Controlled Trial. Adolfo Rubinstein, Andrea Beratarrechea, Rebecca Kanter, Vilma Irazola, Ariel Fernandez, Paola Letona, Homero Martinez. 2015

This document has been superseded.
See also: EP66274

EP-50987
Affordable Care Act Provision Lowered Out-of-Pocket Cost and Increased Colonoscopy Rates Among Men in Medicare. Mary K. Hamman, Kandice Kapinos. 2015

Colorectal cancer screening is one of the few cancer screenings with an "A" rating from the US Preventive Services Task Force, meaning that the procedure confers a substantial health benefit. However, 40 percent of people who should receive colorectal cancer screenings do not receive them. Colonoscopies are the most thorough method of screening because they allow physicians to view the entire length of the colon and remove polyps as needed. Billing methods that distinguish between screening and therapeutic procedures have kept expected colonoscopy costs high. However, the Affordable Care Act partially closed the so-called colonoscopy loophole and reduced expected out-of-pocket expenses for all Medicare beneficiaries. Using data from the Behavioral Risk Factor Surveillance System, we found that annual colonoscopy rates among men ages 66–75 increased significantly (by 4.0 percentage points) after the Affordable Care Act policy change, and we found some evidence of even larger increases among socioeconomically disadvantaged men. We found no significant increases among women, a result that may be explained by health behavior and other factors and that requires further study. Our research indicates that cost may be an important barrier to colorectal cancer screening, at least among men, and that making further policy changes to close remaining loopholes may improve screening rates.

EP-50991
Unraveling the Aging Skein: Disentangling Sensory and Cognitive Predictors of Age-Related Differences in Decision Making. Fabio del Missier, Patrik Hanssson, Andrew M. Parker. 2015
Age-related differences in sensory functioning, processing speed, and working memory have been identified as three significant predictors of the age-related performance decline observed in complex cognitive tasks. Yet, the assessment of their relative predictive capacity and interrelations is still an open issue in decision making and cognitive aging research. Indeed, no previous investigation has examined the relationships of all these three predictors with decision making. In an individual-differences study, we therefore disentangled the relative contribution of sensory functioning, processing speed, and working memory to the prediction of the age-related decline in cognitively demanding judgment and decision-making tasks. Structural equation modeling showed that the age-related decline in working memory plays an important predictive role, even when controlling for sensory functioning, processing speed, and education. Implications for research on decision making and cognitive aging are discussed.

EP-50992

We describe basic research that uses a causal, uncertainty-sensitive computational model rooted in qualitative social science to fuse disparate pieces of threat information. It is a cognitive model going beyond rational-actor methods. Having such a model has proven useful when information is uncertain, fragmentary, indirect, soft, conflicting, and even deceptive. Inferences from fusion must then account for uncertainties about the model, the credibility of information, and the fusion methods—i.e. we must consider both structural and parametric uncertainties, including uncertainties about the uncertainties. We use a novel combination of (1) probabilistic and parametric methods, (2) alternative models and model structures, and (3) alternative fusion methods that include nonlinear algebraic combination, variants of Bayesian inference, and a new entropy-maximizing approach. Initial results are encouraging and suggest that such an analytically flexible and model-based approach to fusion can simultaneously enrich thinking, enhance threat detection, and reduce harmful false alarms.

EP-50994
Perceived Stress, Unhealthy Eating Behaviors, and Severe Obesity in Low-Income Women. Andrea Richardson, Andrea Richardson, Joanne Arsenault, Joanne Arsenault, Sheryl Cates, Sheryl Cates, Mary Muth, Mary Muth. 2015

BACKGROUND: Stress has been associated with poor eating behaviors and diet quality, as well as high body mass index (BMI). Low-income women may be particularly vulnerable to stress and severe obesity. Yet it is unknown how stress increases the risk of severe obesity through disordered eating behaviors and poor diet quality or through mechanisms independent of diet. METHODS: We examined cross-sectional data from women (n=101) with a child enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children in Cumberland County, North Carolina (spring 2012). We collected measured heights and weights to calculate BMI. Using structural equation modeling, we differentiated pathways from stress to weight status: (1) indirectly through eating behaviors (cognitive restraint, emotional eating, and uncontrolled eating) and diet quality, which we examined with the Healthy Eating Index 2010 and 24-h dietary recalls, and (2) directly through possible unmeasured risk factors independent of diet. The analysis controlled for race/ethnicity, income, age, whether the dietary recall day was typical, and whether the respondent completed one or two 24-h dietary recalls. RESULTS: Perceived stress was positively associated with uncontrolled eating (beta=0.38, p<0.001) and emotional eating (beta=0.50, p<0.001). However, higher stress was not associated with weight status through eating behaviors and diet quality. Independent of eating behaviors and diet quality, stress was posi-
tively associated with severe obesity (beta=0.26, p=0.007).

CONCLUSIONS: Improving stress coping strategies for low-income women may improve eating behaviors and reduce severe obesity.

EP-50995
A Mixed-Method Application of the Program Sustainability Assessment Tool to Evaluate the Sustainability of 4 Pediatric Asthma Care Coordination Programs. Shelley Stoll, Shelley Stoll, Mary Janevic, Mary Janevic, Marielena Lara, Marielena Lara, Victoria W. Persky, Victoria W. Persky, Kimberly E. Uyeda, Kimberly E. Uyeda, Yvonne U. Ohadike, Yvonne U. Ohadike, Floyd Malveaux, Floyd Malveaux. 2015

INTRODUCTION: As part of a cross-site evaluation of the implementation of an evidence-based intervention for pediatric asthma care coordination into low-income communities, we sought to understand the factors that influenced the programs' expected sustainability of the programs after external funding ended. METHODS: We administered the Center for Public Health Systems Science's Program Sustainability Assessment Tool, a 40-item instrument assessing 8 domains of sustainability capacity, to 12 key informants across 4 program sites. We developed open-ended probes for each domain. We examined patterns in site-specific and overall domain scores, and coded qualitative data to identify challenges and strategies in each domain. RESULTS: Across sites, the domains of program evaluation (cross-site mean, 5.4 on a scale of 1-7) and program adaptation (mean, 5.2) had the highest ratings (indicating a strong finding during program evaluation) and funding stability had the lowest rating (mean, 2.7). Scores varied most across sites in the domains of strategic planning (SD, 0.9) and funding stability (SD, 0.9). Qualitative data revealed key challenges, including how implementation difficulties and externally led implementation can impede planning for sustainability. Program leaders discussed multiple strategies for enhancing capacity within each domain, including capitalizing on the interconnectedness of all domains, such as using evaluation and communication strategies to bolster internal political support throughout the implementation process. CONCLUSION: Findings indicating weak and strong domains were consistent with previous findings of studies that used the Program Sustainability Assessment Tool. The addition of qualitative probes yielded detailed data describing capacity strengths, weaknesses, and strategies to increase the likelihood that programs are sustained.

EP-50996
Using a Merit-Based Scholarship Program to Increase Rates of College Enrollment in an Urban School District: The Case of the Pittsburgh Promise. Robert Bozick, Gabriella C. Gonzalez, John Engberg. 2015

The Pittsburgh Promise is a scholarship program that provides $5,000 per year toward college tuition for public high school graduates in Pittsburgh, Pennsylvania who earned a 2.5 GPA and a 90% attendance record. This study used a difference-in-difference design to assess whether the introduction of the Promise scholarship program directly influenced changes in rates of college enrollment among students graduating from Pittsburgh public high schools in years immediately following the launch of the program. Becker's (1964) standard human capital investment model, which predicts that youth make cost-benefit calculations to guide their college enrollment decisions, provides the framework for the analysis. Our analysis of data on two graduating classes prior to the scholarship's implementation (2005-06 and 2006-07) and three years following the scholarship's implementation (2007-08, 2008-09, and 2009-10) yielded mixed results. Findings showed that the scholarship had no direct effect on the overall rate of college enrollment. However, scholarship-eligible graduates were more likely to attend four-year schools in the years in which the scholarship was available.
Starting from the End: A Plea for Focusing on the Consequences of Crime. Letizia Paoli, Victoria A. Greenfield. 2015

Since its institutionalization as an autonomous discipline in the late 19th century, criminology's main project has been identifying the causes of crime.

Determining U.S. Commitments in Afghanistan. Stephen Watts, Sean Mann. 2015

As the Obama administration's tenure winds down and the United States withdraws nearly all of its troops from Afghanistan, debates about the nature and scale of future U.S. involvement in Afghanistan continue. This article first sets out the reasons why Afghanistan is—conditionally—worth continued U.S. commitment well beyond the end of the Obama administration. It then examines the challenges that the United States will face in realizing its goals through a discussion of both Afghanistan and similar environments. Although not insuperable, these challenges are substantial. U.S. decision makers will have to enter into a long-term commitment to Afghanistan with the understanding that the stakes in the country make a relatively low-cost gamble on its future advisable, but the odds of failure are nonetheless sobering. Finally, it lays out the basic elements of a long-term strategy for Afghanistan, including ways to keep costs within the bounds justified by expected gains and a discussion of the "red lines" that should trigger U.S. withdrawal if breached.

Medicare Payment Policy Creates Incentives for Long-Term Care Hospitals to Time Discharges for Maximum Reimbursement. Yan S. Kim, Eric C. Kleerup, Patricia A. Ganz, Ninez Ponce, Karl Lorenz, Jack Needleman. 2015

Long-term care hospitals are postacute care facilities for patients requiring extended hospital-level care. These facilities are reimbursed by Medicare under a prospective payment system with a short-stay outlier policy, which results in substantially lower payments for patients discharged before a diagnosis-related group–specific short-stay threshold. Using Medicare data, we examined the impact of the short-stay policy on lengths-of-stay and Medicare reimbursement among patients in long-term care hospitals who require prolonged mechanical ventilation. After accounting for case-mix and facility-level differences, we found that discharges for reasons other than death in the period 2005–10 were most likely to occur on the day of or immediately after the short-stay threshold; this held true regardless of facility ownership. In contrast, live discharges in 2002—the year before the prospective payment system started phasing out cost-based payment—were evenly distributed around the day that later became the short-stay threshold. Our findings confirm that the short-stay outlier payment policy created a strong financial incentive for long-term care hospitals to time patient discharges to maximize Medicare reimbursement. The results suggest that the new very-short-stay policy implemented in December 2012 could have a similar effect.


To compare the association between neighborhood Latino immigrant concentration and infant mortality by maternal nativity among singleton births to Mexican-origin women in Los Angeles County. Information about births, infant deaths, and infant and maternal characteristics were obtained from geocoded Los Angeles County vital statistics records (2002–2005). Linked data on neighborhood characteristics (census tracts) were obtained from the 2000 census. Logistic regression models were used to predict infant mortality while accounting for spatial clustering by census tract. Two-thirds of births to Mexican-origin moth-
ers were to foreign-born women. Foreign-born mothers were older, had less education, and were more likely to have delivery costs paid by Medicaid than US-born mothers. Infants born to foreign-born women had a lower infant mortality rates than infants born to US-born women (3.8/1,000 live births vs. 4.6, p = .002). Among infants of foreign-born mothers, the odds of infant mortality increased with increasing immigrant concentration (OR 1.29; 95% CI 1.01–1.66). There was a similar pattern of association between immigrant concentration and mortality for infants of US-born mothers (OR 1.29; 95% CI 0.99–1.67). In Los Angeles County, the odds of infant mortality among foreign-born Mexican-origin Latina were higher in higher-density immigrant neighborhoods, with a similar trend among US-born mothers. Thus, living in immigrant enclaves likely does not help to explain the lower than expected infant mortality rate among infants born to Latina women. Instead, higher neighborhood Latino immigrant concentration may indicate a neighborhood with characteristics that negatively impact maternal and infant health for Latinos.

EP-51868
Peer Mentoring for Male Parolees: A CBPR Pilot Study. Elizabeth Marlow, William Grajeda, Yema Lee, Earthy Young, Malcolm V. Williams, Karen Hill. 2015

BACKGROUND: Formerly incarcerated adults are impoverished, have high rates of substance use disorders, and have long histories of imprisonment. This article describes the development of a peer mentoring program for formerly incarcerated adults and the pilot study designed to evaluate it. The research team, which included formerly incarcerated adults and academic researchers, developed the peer mentoring program to support formerly incarcerated adults' transition to the community after prison. OBJECTIVES: The purposes of the pilot evaluation study were to (1) assess the feasibility of implementing a peer-based intervention for recently released men developed using a community-based participatory research (CBPR) approach; (2) establish preliminary data on the program's impact on coping, self-esteem, abstinence self-efficacy, social support, and participation in 12-step meetings; and (3) establish a CBPR team of formerly incarcerated adults and academic researchers to develop, implement, and test interventions for this population. METHOD: This pilot evaluation study employed a mixed-methods approach with a single group pretest/posttest design with 20 men on parole released from prison within the last 30 days. RESULTS: Quantitative findings showed significant improvement on two abstinence self-efficacy subscales, negative affect and habitual craving. Qualitative findings revealed the relevance and acceptance of peer mentoring for this population. CONCLUSIONS: This study demonstrated the feasibility and import of involving formerly incarcerated adults in the design, implementation, and testing of interventions intended to support their reintegration efforts.

EP-51869
PEPFAR Funding Associated with an Increase in Employment Among Males in Ten Sub-Saharan African Countries. Zachary Wagner, Jeremy Barofsky, Neeraj Sood. 2015

The President's Emergency Plan for AIDS Relief (PEPFAR) has provided billions of US tax dollars to expand HIV treatment, care, and prevention programs in sub-Saharan Africa. This investment has generated significant health gains, but much less is known about PEPFAR's population-level economic effects. We used a difference-in-differences approach to compare employment trends between ten countries that received a large amount of PEPFAR funding (focus countries) and eleven countries that received little or no funding (control countries). We found that PEPFAR was associated with a 13 percent differential increase in employment among males in focus countries, compared to control countries. However, we observed no change in employment among females. In addition, we found that increasing PEPFAR per capita funding by $100 was associated with
a 9.1-percentage-point increase in employment among males. This rise in employment generates economic benefits equal to half of PEPFAR's cost. These findings suggest that PEPFAR's economic impact should be taken into account when making aid allocation decisions.

EP-51870

Roles of Prices, Poverty, and Health in Medicare and Private Spending in Texas. Chapin White, Suthira Taychakhoonavudh, Rohan Parikh, Luisa Franzini. 2015

OBJECTIVES: To investigate the roles of prices, poverty, and health in divergences between Medicare and private spending in Texas. STUDY DESIGN: Retrospective observational design using 2011 Blue Cross Blue Shield of Texas claims data and publicly available Medicare data. Methods: We measured market-level spending per enrollee among the privately insured. Variation in Medicare and private spending per person is decomposed into prices and quantities, and their associations with poverty are measured. Markets are divided into 4 groups and are compared based on the ratio of Medicare to private spending: "high-private," "proportional," "high-Medicare," and "extremely high-Medicare." RESULTS: Among the privately insured, poverty appears to have large spillover effects; it is strongly associated with lower prices, quantities, and spending. Among Medicare beneficiaries, health status is a key driver of spending variation. The 2 markets with extremely high Medicare-to-private spending ratios (Harlingen and McAllen) are predominantly Hispanic communities with markedly higher rates of poverty and lack of insurance and also extremely low physician supply. The markets with relatively high private spending stand out for having good health system performance and health outcomes, and higher than average hospital prices. CONCLUSIONS: Variation in private spending appears to reflect the ability of the local population to pay for healthcare, whereas variation in Medicare is more heavily driven by health status, and presumably, by clinical need. These findings highlight the inad-

visability of using Medicare spending as a proxy for systemwide spending, and the need for comprehensive market-level spending data that allow comparisons among populations with different sources of insurance coverage.

EP-51871

Innovative Care Models for High-Cost Medicare Beneficiaries: Delivery System and Payment Reform to Accelerate Adoption. Karen Davis, Christine Buttorff, Bruce Leff, Quincy M. Samus, Sarah Szanton, Jennifer L. Wolff, Farhan Bandeali. 2015

OBJECTIVES: About a third of Medicare beneficiaries are covered by Medicare Advantage (MA) plans or accountable care organizations (ACOs). As a result of assuming financial risk for Medicare services and/or being eligible for shared savings, these organizations have an incentive to adopt models of delivering care that contribute to better care, improved health outcomes, and lower cost. This paper identifies innovative care models across the care continuum for high-cost Medicare beneficiaries that MA plans and ACOs could adopt to improve care while potentially achieving savings. It suggests policy changes that would accelerate testing and spread of promising care delivery model innovations. STUDY DESIGN AND METHODS: Targeted review of the literature to identify care delivery models focused on high-cost or high-risk Medicare beneficiaries that MA plans and ACOs could adopt to improve care while potentially achieving savings. RESULTS: This paper presents select delivery models for high-risk Medicare beneficiaries that show promise of yielding better care at lower cost that could be considered for adoption by MA plans and ACOs. Common to these models are elements of the Wagner Chronic Care Model, including practice redesign to incorporate a team approach to care, the inclusion of nonmedical personnel, efforts to promote patient engagement, supporting provider education on innovations, and information systems allowing feedback of information to providers. The goal of these models is to slow the progression to long-term care, reduce health risks, and minimize adverse health impacts, all while achieving savings. These
models attempt to maintain the ability of high-risk individuals to live in the home or a community-based setting, thereby avoiding costly institutional care. Identifying and implementing promising care delivery models will become increasingly important in launching successful population health initiatives. CONCLUSIONS: MA plans and ACOs stand to benefit financially from adopting care delivery models for high-risk Medicare beneficiaries that reduce hospitalization. Spreading these models to other organizations will require provider payment policy changes. Integration of acute and long-term care would further spur adoption of effective strategies for reducing or delaying entry into long-term institutional care.

**EP-51872**

Effects of 21st Birthday Brief Interventions on College Student Celebatory Drinking: A Systematic Review and Meta-Analysis. Sean Grant. 2015

INTRODUCTION: College students’ 21st birthday celebrations often involve consumption of extreme amounts of alcohol as well as alcohol-related risks. This systematic review aims to determine whether birthday-focused, individually-targeted, no-contact (email or letter-based) brief alcohol interventions (BAIs) reduce college students’ 21st birthday celebratory drinking. METHODS: A systematic search identified 9 randomized evaluations with 10 interventions to reduce 21st birthday drinking. Quantity of alcohol consumed and estimated blood alcohol concentration (BAC) were measured. Random-effects meta-analysis was used to summarize the effects of the interventions. RESULTS: There was no evidence that birthday-focused BAIs reduce the quantity of alcohol consumed during birthday celebrations (g = 0.05, 95% CI [−0.03 to 0.13]). The interventions were associated with significant reductions in estimated BAC levels (g = 0.20, 95% CI [0.07 to 0.33]), but this effect was small in absolute terms. The quality of this body of evidence was very low, as evaluated using the GRADE approach. In particular, it was limited by substantial participant attrition post-randomization due to included studies’ recruitment and randomization procedures. CONCLUSIONS: There is no evidence that birthday-focused, individually-targeted BAIs reduce the quantity of alcohol consumed by students during 21st birthday celebrations, although these interventions may yield small beneficial effects on estimated BAC. Many methodological concerns were identified in included studies. This area of research would benefit from theory-based RCTs that are well-designed and executed. Future research should also investigate strategies other than birthday-focused, individually-targeted, brief interventions to curb 21st birthday celebratory drinking.

**EP-51873**

Post-traumatic Stress Symptoms in Cancer Survivors: Relationship to the Impact of Cancer Scale and Other Associated Risk Factors. Erin E. Hahn, Ron D. Hays, Katherine L. Kahn, Mark Litwin, Patricia A. Ganz. 2015

PURPOSE: The purpose of this study was to determine the prevalence of post-traumatic stress symptoms in a sample of cancer survivors and to investigate their association with the impact of cancer, depressive symptoms, and social support. METHODS: We administered a survey to participants in a cancer survivor registry. It included: Post-Traumatic Stress Disorder Checklist-Civilian version (PCL-C), Impact of Cancer Scale (IOC) v.2, and measures of social support, income, and long-term effects of cancer. We performed multivariate analyses to estimate associations between PCL-C and other variables. PCL-C score was examined as a continuous dependent variable and categorically. RESULTS: Responses were available from 162 cancer survivors. Mean age was 51 years (standard deviation (SD) 16); mean time since diagnosis was 11 years (SD 10). Mean PCL-C score was 27 (SD 9, range 17–64); 29% of the sample scored 30 and above, 13% scored 38 and above, 7% scored 44 and above. Linear regression indicated that PCL-C scores were significantly associated with the IOC negative impact summary scale (NIS) (p < 0.001), depressive
symptoms \((p = 0.003)\), less social support \((p = 0.02)\), and lower income \((p = 0.03)\). NIS subscale analyses showed that two subscales, life interference (LI) and worry (W), were significantly correlated with PCL-C score \((LI: p < 0.001; W: p = 0.02)\).

CONCLUSIONS: In this study, the IOC NIS was associated with endorsement of PTSD symptoms. Assessing survivors for PTSD symptoms with the PCL-C could detect those individuals in need of psychosocial support. The IOC may be useful for identifying target areas for interventions to reduce these symptoms among cancer survivors.

EP-51874


BACKGROUND. Data on effectiveness of pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV)–uninfected women attempting conception with HIV-infected male partners are limited to observational studies. METHODS. To explore the benefits of PrEP for conception, we developed a model to estimate the average annual probability of a woman remaining HIV-uninfected and having a child ("successful" outcome) via condomless sex with an HIV-infected male. The outcome likelihood is dependent upon parameters defining HIV-1 infectivity. We simulated 2 scenarios: optimal (condomless sex acts limited to the ovulation window), and suboptimal (acts not limited to ovulation). RESULTS. In the optimal scenario when the male is on antiretroviral therapy (ART), the average annual probability of the successful outcome is 29.1%, increasing to 29.2% with the addition of PrEP \((P = .45)\). In the suboptimal scenario, the probability is 26.8% with ART alone versus 27.3% with ART/PrEP \((P < .0001)\). Older maternal age reduces the probability of success in both scenarios, particularly after age 30. CONCLUSIONS. In our model, PrEP provides little added benefit when the HIV-infected male partner is on ART, condomless sex is limited to the ovulation window, and other modifiable transmission risks are optimized. Older female age decreases the probability of success by increasing the number of condomless sex acts required for conception.

EP-51875

Sleep Concordance in Couples Is Associated with Relationship Characteristics. Heather E. Gunn, Daniel J. Buysse, Brant P. Hasler, Amy Begley, Wendy M. Troxel. 2015

STUDY OBJECTIVES: Coregulation of biological systems is a defining feature of normative attachment in close adult relationships. Sleep is a shared, intimate biological process between couples; however, sleep is usually examined at the individual level. We examined minute-by-minute concordance in couples' actigraphy-defined sleep-wake patterns, and how attachment style and marital satisfaction relate to concordance. DESIGN: Couples completed measures of avoidant and anxious attachment styles and relationship functioning and wore wrist actigraphs for 10 days. Minute-by-minute concordance of sleep and wake (i.e., the percentage of epochs in which both partners were asleep, or both were awake) was calculated for each sleep period. Mixed modeling was used to account for measurement occasions across time. RESULTS: Percent concordance ranged from 53–88% and was not associated with couples' sleep quality or circadian preference. For wives, neither anxious nor avoidant attachment was associated with sleep-wake concordance. For husbands, anxious attachment style was associated with higher concordance, but was moderated by wives' marital satisfaction. High marital satisfaction in wives was associated with higher concordance, regardless of husbands' attachment style. In couples in which wives reported low satisfaction, concordance was higher when husbands had an anxious attachment style. Avoidant attachment style in husbands was not related to concordance. CONCLUSIONS: Sleep concordance provides a unique measure of couples' cosleep
and varies depending on attachment style and relationship satisfaction.

EP-51876

The Most Informative Results for DoD IIP Efforts Come from the Intersection of Academic Evaluation and Public Communications. While usable and useful lessons came from all the sectors reviewed, the best insights came from the intersection of public communication (particularly social marketing) and academia. When we say best, we mean best in terms of applicability to defense IIP assessment, methodological rigor, and being novel to defense assessment. Public communication provided the best analogy for defense IIP. In the for-profit sector, many assessment efforts and measures connected to sales, earnings, return on investment, or something else that is explicitly monetized, which tends to break the analogy with defense. In public communication, however, behavior or attitudinal change is sought (as in defense IIP)—often from at-risk, hard-to-reach, or other challenging audiences (again, as in defense IIP). Where public communication assessment has been conducted according to the best practices of evaluation research, it has achieved a very compelling combination of effective, thoughtful assessment and methodological rigor. This combination is rare in existing defense IIP assessment practice, but we believe that the core principles and best practices from top-quality assessment efforts in public communication provide an excellent template for defense.

EP-51877

PURPOSE: To describe total fluid intake (TFI) according to socio-demographic characteristics in children and adolescents worldwide. METHODS: Data of 3611 children (4–9 years) and 8109 adolescents (10–18 years) were retrieved from 13 cross-sectional surveys (47 % males). In three countries, school classes were randomly recruited with stratified cluster sampling design. In the other countries, participants were randomly recruited based on a quota method. TFI (drinking water and beverages of all kinds) was obtained with a fluid-specific record over 7 consecutive days. Adequacy was assessed by comparing TFI to 80 % of adequate intake (AI) for total water intake set by European Food Safety Authority. Data on height, weight and socio-economic level were collected in most countries. RESULTS: The mean (SD) TFI ranged from [1.32 (0.68)] to [1.35 (0.71)] L/day. Non-adherence to AIs for fluids ranged from 10 % (Uruguay) to >90 % (Belgium). Females were more likely to meet the AIs for fluids than males (4–9 years: 28 %, OR 0.72, p = 0.002; 10–18 years: 20 %, OR 0.80, p = 0.001), while adolescents were less likely to meet the AI than children (OR 1.645, p < 0.001 in males and OR 1.625, p < 0.001 in females). CONCLUSIONS: A high proportion of children and adolescents are at risk of an inadequate fluid intake. This risk is especially high in males and adolescents when compared with females or children categories. This highlights water intake among young populations as an issue of global concern.

EP-51878
Intake of Water and Different Beverages in Adults Across 13 Countries. Isabelle Guelinckx, Luis A. Moreno, Stavros A. Kavouras, Joan Gandy, Homero Martinez, Saptawati Bardosono, Morteza Abdollahi, Esmat Nasseri, Agnieszka Jarosz, Guansheng Ma, Esteban Carmuega. 2015

PURPOSE: To describe the intake of water and all other fluids and to evaluate the proportion of adults exceeding the World Health Organisa-
tion (WHO) recommendations on energy intake from free sugar, solely from fluids. METHODS: A total of 16,276 adults (46% men, mean age 39.8 years) were recruited in 13 countries from 3 continents. A 24-h fluid-specific record over 7 days was used for fluid assessment. RESULTS: In Spain, France, Turkey, Iran, Indonesia and China, fluid intake was characterised by a high contribution of water (47–78%) to total fluid intake (TFI), with a mean water intake between 0.76 and 1.78 L/day, and a mean energy intake from fluids from 182 to 428 kcal/day. Between 11 and 49% of adults exceeded the free sugar WHO recommendations, considering solely fluids. In Germany, UK, Poland and Japan, the largest contributors to TFI were hot beverages (28–50%) and water (18–32%). Mean energy intake from fluids ranged from 415 to 817 kcal/day, and 48–62% of adults exceeded free sugar WHO recommendations. In Mexico, Brazil and Argentina, the contribution of juices and regular sugar beverages (28–41%) was as important as the water contribution to TFI (17–39%). Mean energy intake from fluids ranged 565–694 kcal/day, and 60–66% of the adults exceeded the free sugar WHO recommendation. CONCLUSIONS: The highest volumes recorded in most of the countries were for water, mean energy intake from fluids was up to 694 kcal/day, and 66% of adults exceeded the free sugar WHO recommendation solely by fluids. Actions to create an environment in favour of water consumption and reduce sugar intake from fluids therefore are warranted.

EP-51850


PURPOSE: To evaluate the total fluid intake from drinking water and beverages in adult populations from different countries and assess the percentage of individuals complying with the European Food Safety Agency (EFSA) adequate intake (AI) of water from fluids. METHODS: A total of 16,276 adults (7580 men and 8696 women) aged between 18 and 70 years (mean age 39.8 years) were randomly recruited from 13 different countries from three continents. Information about the total daily fluid intake (sum of drinking water and beverages) was collected using a 24-h fluid-specific record over seven consecutive days. RESULTS: Important differences in total fluid intake between countries were found; however, few differences between men and women were reported in most of the countries. Less than 50% of the women and approximately 60% of the men do not comply with the EFSA AI of water from fluids. Women were more than twice as likely as men to meet these AI (OR 2.15; 95% CI 2.02–2.29). The odds of meeting the AI of water from fluids were lower in individuals over 50 years (OR 0.88; 95% CI 0.80–0.96). Nine percent of the total population consumed less than half of the AI, 40.5% between 50 and 100%, and 50.5% more than the AI. CONCLUSIONS: There were considerable differences in total fluid intake between countries but not between genders. Only 40% of men and 60% of women comply with the EFSA AI of water from fluids. Men and elderly individuals had an increased risk of not complying with this reference value.

EP-51880


Computerized clinical decision support (CDS) systems that match patient characteristics against appropriateness criteria to produce algorithmic treatment recommendations are a potential means of improving care. The Protecting Access to Medicare Act of 2014 mandates use of CDS systems for the ordering of advanced diagnostic imaging in the Medicare program starting in 2017. In a descriptive observational study, we used data
from the Medicare Imaging Demonstration to evaluate the relationship of CDS system use with the proportion of imaging orders matched to appropriateness criteria, the appropriateness of ordered images, and the proportion of orders changed following feedback.

EP-51881
Help-seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans. Magdalena Kulesza, Eric R. Pedersen, Patrick Corrigan, Grant N. Marshall. 2015

Veterans underutilize mental health services. We investigated the association between treatment-seeking stigma and utilization of mental health services in a sample of 812 young adult veterans. Higher perceived public stigma of treatment seeking was significantly related to lower treatment utilization. Although many veterans were concerned about negative perceptions if they were to seek treatment, a much smaller number of them endorsed that they would judge a fellow veteran negatively in a similar situation. Targeting perceived public stigma of treatment seeking, through perceived norms interventions, might help narrow the gap between the need and receipt of help among veterans.

EP-51882

The appropriate format for services supporting military families depends on how vulnerabilities and resources are distributed across and within those families. If different types of vulnerabilities cluster together, then programs supporting families should combine multiple services rather than targeting specific concerns. Yet scant data exist about how vulnerabilities and resources co vary within military families. The current study addressed this issue through a latent class analysis of data on a wide range of domains obtained from a stratified random sample of 1,981 deployable, active component, married servicemembers and their spouses. Within married deployable servicemembers, results indicated that vulnerabilities and resources cluster together within individuals; servicemembers at high risk in one domain are likely to be high risk in multiple domains. This is less the case for spouses. One or both spouses are vulnerable in 39% of couples. These results support programs that provide vulnerable military families with more comprehensive services.

EP-51883

IMPORTANCE: Elderly patients often share control of their personal health information and decision making with family and friends when needed. Patient portals can help with information sharing, but concerns about privacy and autonomy of elderly patients remain. Health systems that implement patient portals would benefit from guidance about how best to implement access to portals for caregivers of elderly patients. OBJECTIVE: To identify how patients older than 75 years (hereinafter, elders) and family caregivers of such patients approach sharing of health information, with the hope of applying the results to collaborative patient portals. DESIGN, SETTING, AND PARTICIPANTS: A qualitative study was conducted from October 20, 2013, to February 16, 2014, inviting participants older than 75 years (n = 30) and participants who assist a family member older than 75 years (n = 23) to 1 of 10 discussion groups. Participants were drawn from the Information Sharing Across Generations (InfoSAGE) Living Laboratory, an ongoing study of information needs of elders and families based within an academically affiliated network of senior housing in metropolitan Boston, Massachusetts. Groups were separated into elders and caregivers to allow for more detailed discussion. A professional
moderator led groups using a discussion guide. Group discussions were audiotaped, transcribed, and analyzed inductively using immersion/crystalization methods for central themes. MAIN OUTCOMES AND MEASURES: Central themes regarding sharing of health information between elderly patients and family caregivers. RESULTS: Seven lessons emerged from 2 main themes. First, sharing information has consequences: (1) elders and caregivers have different perspectives on what is seen as the "burden" of information, (2) access to medical information by families can have unintended consequences, and (3) elders do not want to feel "spied on" by family. Second, control of information sharing is dynamic: (4) elders wish to retain control of decision making as long as possible, (5) transfer of control occurs gradually depending on elders' health and functional status, (6) control of information sharing and decision making should be fluid to maximize elders' autonomy, and (7) no "one-size-fits-all" approach can satisfy individuals' different preferences. CONCLUSIONS AND RELEVANCE: Information sharing and control are complex issues even under the most well-meaning circumstances. While elders may delegate control and share information with family, they want to retain granular control of their information. When using patient portals, simple proxy access may not adequately address the needs and concerns of aging patients.

EP-51884
Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives. Ana Radovic, Kerry A. Reynolds, Heather L. McCauley, Gina S. Sucato, Bradley D. Stein, Elizabeth Miller. 2015

OBJECTIVE: To understand how primary care providers (PCPs) perceive barriers to adolescent depression care to inform strategies to increase treatment engagement. STUDY DESIGN: We conducted semistructured interviews with 15 PCPs recruited from community pediatric offices with access to integrated behavioral health services (ie, low system-level barriers to care) who participated in a larger study on treating adolescent depression. Interviews addressed PCP perceptions of barriers to adolescents' uptake of care for depression. Interviews were audiorecorded, transcribed, and coded for key themes. RESULTS: Although PCPs mentioned several adolescent barriers to care, they thought parents played a critical role in assisting adolescents in accessing mental health services. Important aspects of the parental role in accessing treatment included transportation, financial support, and social support. PCPs perceived that parental unwillingness to accept the depression diagnosis, family dysfunction, and trauma were common barriers. PCPs contrasted this with examples of good family support they believed would enable adolescents to attend follow-up appointments and have a "life coach" at home to help monitor for side effects and watch for increased suicidality when starting antidepressants. CONCLUSIONS: In this PCP population, which had enhanced access to mental health specialists, PCPs primarily reported attitudinal barriers to adolescent depression treatment, focusing mainly on perceived parent barriers. The results of these qualitative interviews provide a framework for understanding PCP perceptions of parental barriers to care, identifying that addressing complex parental barriers to care may be important for future interventions.

EP-51885

USA states have begun legislating mammographic breast density reporting to women, requiring that women undergoing screening mammography who have dense breast tissue (Breast Imaging Reporting and Data System [BI-RADS] density c or d) receive written notification of their breast density; however, the impact that misclassification of breast density will have on this reporting remains unclear. The aim of this study was
to assess reproducibility of the four-category BI-RADS density measure and examine its relationship with a continuous measure of percent density. We enrolled 19 radiologists, experienced in breast imaging, from a single integrated health care system. Radiologists interpreted 341 screening mammograms at two points in time 6 months apart. We assessed intra- and interobserver agreement in radiologists' interpretations of BI-RADS density and explored whether agreement depended upon radiologist characteristics. We examined the relationship between BI-RADS density and percent density in a subset of 282 examinations. Intraradiologist agreement was moderate to substantial, with kappa varying across radiologists from 0.50 to 0.81 (mean = 0.69, 95% CI [0.63, 0.73]). Intraradiologist agreement was higher for radiologists with ≥10 years experience interpreting mammograms (difference in mean kappa = 0.10, 95% CI [0.01, 0.24]). Interradiologist agreement varied widely across radiologist pairs from slight to substantial, with kappa ranging from 0.02 to 0.72 (mean = 0.46, 95% CI [0.36, 0.55]). Of 145 examinations interpreted as "nondense" (BI-RADS density a or b) by the majority of radiologists, 82.8% were interpreted as "dense" (BI-RADS density c or d) by at least one radiologist. Of 187 examinations interpreted as "dense" by the majority of radiologists, 47.1% were interpreted as "nondense" by at least one radiologist. While the examinations of almost half of the women in our study were interpreted clinically as having BI-RADS density c or d, only about 10% of examinations had percent density >50%. Our results suggest that breast density reporting based on a single BI-RADS density interpretation may be misleading due to high interradiologist variability and a lack of correspondence between BI-RADS density and percent density.

**EP-51886**


**BACKGROUND:** This study of homeless youth uses quantitative data to estimate the prevalence of high-risk smoking practices (obtaining or using cigarettes in a way that increase exposure to toxins and/or susceptibility to infectious diseases) and identify characteristics associated in particular with sniping (smoking discarded cigarettes), and qualitative data to describe why and how homeless youth engage in sniping. METHODS: A probability sample of 292 homeless youth smokers in Los Angeles County completed a self-administered survey, and a separate convenience sample of 27 homeless youth who were lifetime smokers participated in focus groups. Survey participants reported on background characteristics, smoking cognitions, and high-risk smoking practices. Focus group participants described how they obtained cigarettes and responses relevant to sniping were coded. RESULTS: Survey results indicated that nearly all youth engaged in at least one high-risk smoking practice, with three-quarters having sniped cigarettes in the past 30 days. Sniping was more frequent among youth with less negative smoking attitudes (b = −0.29, 95% CI = −0.55 to −0.04, p = 0.02), greater nicotine dependence (b = 0.11, 95% CI = 0.00 to 0.23, p = 0.046), lower income (b = −0.05, 95% CI = −0.09 to −0.01, p = 0.02), and more severe drug abuse (b = 0.15, 95% CI = 0.04, 0.26, p = 0.01). Focus groups data indicated that youth snipe because it provides cheap and easy access to tobacco, and use specific strategies to mitigate the perceived health risks of sniping. Conclusions: Sniping and other high-risk smoking practices deserve further attention among homeless youth, particularly those already facing greater health threats due to factors such as nicotine dependence, lower income, and drug abuse.

**EP-51887**

The Association of Patient Complexities with Antibiotic Ordering. Darcy Wooten, Katherine L. Kahn, Jonathan D. Grein, Samantha J. Eells, Loren G. Miller, Katherine L. Kahn. 2015
BACKGROUND: Antibiotic treatment decisions for medically complex patients are complicated, as the risk of undertreatment may be severe, whereas overtreatment may be associated with adverse effects and the emergence of antibiotic resistant pathogens. OBJECTIVE: To determine the influence of patient complexities on providers' decisions to prescribe antibiotics in 3 common hospital-based clinical vignettes. DESIGN: A physician survey. SETTING: Three urban medical centers in Los Angeles County, California. PARTICIPANTS: Hospital-based physicians. MEASUREMENTS: Physicians were presented 3 clinical vignettes, with variations by patient age, comorbidity burden, functional status, and follow-up, and asked to choose the best antibiotic regimen. We described the association of additional patient complexity on the proportion of guideline-adherent antibiotic choices. RESULTS: In the survey, 28% to 49% of physicians recommended antibiotics that were inconsistent with national guidelines. This percentage increased to 48% to 63% for medically complex patients, defined as those with either older age, high medical comorbidity burden, poor functional status, or limited follow-up after hospital discharge (P < 0.01). CONCLUSIONS: In 3 vignettes depicting common clinical scenarios among hospitalized adults, inappropriate antibiotic use was prevalent and occurred more often for patients with medical complexities. Treatment guidelines should consider addressing medically complex patients in the context of infection management.

EP-51888
Urological Surveillance and Medical Complications After Spinal Cord Injury in the United States. Anne P. Cameron, Julie Lai, Christopher S. Saigal. 2015

OBJECTIVES: To evaluate national patterns of urologic follow up after SCI and the occurrence and predictors of urological complications. METHODS: This retrospective cohort study utilized a 5% sample of Medicare data 2007-2010. The minimum adequate urologic surveillance was defined as a: urologist visit; serum creatinine; and upper urinary tract imaging study within the two year period. Each patient was classified to their most severe complication in a multivariate linear regression model. RESULTS: Among the 7162 patients with SCI, the majority were functionally paraplegic (82.4%) and Caucasian (80.9%). 4.9% received no screening studies over the two year period, 70.5% received some, but not all screening and 24.6% received all three screening tests. Patients travelled a mean of 21.3 ±27.5 miles to receive care. A total of 35.7% of patients saw a urologist during the two year period, 48.6% had some form of upper tract evaluation, with the majority being CT scans and 90.7% had serum creatinine. Fully 35.8% of all patients had a minor complication during their two year follow up. 17.1% had a moderate complication and 8.0% had a severe complication. In our prediction model, patient factors that correlated with increased complications included male gender, African American race, paraplegia and receiving some or all of the NGB recommended screening. Patient distance of travel to their treating physician (urologist or physiatrist) did not affect the rate of complications. CONCLUSIONS: Urological complications are common in SCI who receive Medicare. Most of these patients with SCI are not receiving even the minimum recommended surveillance for these urological complications.

EP-51889

PURPOSE: When researchers find an association between two variables, it is useful to evaluate the role of other constructs in this association. While assessing these mediation effects, it is important to determine if results are equal for different groups. It is possible that the strength of a mediation effect may differ for males and females, for example – such an effect is known as moderated mediation. DESIGN/METHODOL-
OGY/APPROACH: Participants were 2532 adolescents from diverse ethnic/racial backgrounds and equally distributed across gender. The goal of this study was to investigate parental respect as a potential mediator of the relationship between gender and delinquency and mental health, and to determine whether observed mediation is moderated by gender. FINDINGS: Parental respect mediated the association between gender and both delinquency and mental health. Specifically, parental respect was a protective factor against delinquency and mental health problems for both females and males. PRACTICAL IMPLICATIONS: Demonstrated the process of estimating models in Lavaan, using two approaches (i.e. single group regression and multiple group regression model), and including covariates in both models. ORIGINALITY/VALUE: We demonstrate the process of estimating these models in Lavaan, using two approaches, a single group regression model and a multiple group model, and we demonstrate how to include covariates in these models.

EP-51890


BACKGROUND: This study used Community Partnered Participatory Research (CPPR) to address low participation of racial and ethnic minorities in medical research and the lack of trust between underrepresented communities and researchers. METHODS: Using a community and academic partnership in July 2012, residents of a South Los Angeles neighborhood were exposed to research recruitment strategies: referral by word-of-mouth, community agencies, direct marketing, and extant study participants. RESULTS: Among 258 community members exposed to recruitment strategies, 79.8% completed the study. Exposed individuals identified their most important method for learning about the study as referral by study participants (39.8%), community agencies (30.6%), word-of-mouth (17.5%), or direct marketing promotion (12.1%). Study completion rates varied by recruitment method: referral by community agencies (88.7%), referral by participants (80.4%), direct marketing promotion (86.2%), word of mouth (64.3%). CONCLUSIONS: Although African American and Latino communities are often described as difficult to engage in research, we found high levels of research participation and completion when recruitment strategies emerged from the community itself. This suggests recruitment strategies based on CPPR principles represent an important opportunity for addressing health disparities and our high rates of research completion should provide optimism and a road map for next steps.

EP-51891


OBJECTIVE: To evaluate two 5-item patient experience scales from the English General Practice (GP) Patient Survey for evidence of differential item functioning (DIF) given prior evidence of substantially worse reported health care experiences for South Asian compared with white British respondents. SETTING: A national survey of English patients' primary care experiences. METHOD: We used classic test and item response theory analysis to examine the possibility of DIF by patient ethnicity (South Asian, white British) after controlling for age, sex, health status, and quality of life in the English GP Patient Survey conducted in 2011/2012. RESULTS: Data were available for 873,051 respondents (818,219 white British/54,832 South Asian from 7795 English practices) who answered items relating to experiences of GP or nurses’ care. Internal consistency reliability was high and similar for South Asian and white British patients. White British pa-
patients reported better average experiences than South Asians, but there was no evidence of DIF or different item response curves for white British and South Asian respondents, even in sensitivity analyses using matched samples. CONCLUSIONS: All communication items in the English GP Patient Survey showed similar South Asian versus white British differences, with no evidence of DIF. In contrast, differences due to scale use or expectations are typically variable rather than constant across scales. While other possibilities remain, these findings increase the likelihood that the observed negative responses of South Asian patients to this national survey reflect true differences in their experiences of care.

EP-51892

Established in 1994, Salvadoran Asociaci&ntilde;on Pro-B&uuml;queda de Ni&ntilde;os Desaparecidos (Association for the Search of Disappeared Children) has located 384 children, often with the aid of DNA evidence, of the more than 500 who went missing or were abducted during El Salvador’s civil war. Families in other countries who were unaware of the forced separations adopted many of these children. Between 2005 and 2009, we conducted semi-structured interviews with twenty-six children, now young adults aged twenty-four to thirty-four years, who had been reunited with their biological families. We found that we could conceptually categorize the process of separation and reunification into six phases: pre-disappearance, disappearance, separation, searching, reunion, and reunification. While these young adults said that reunification was extremely important, they often found this stage psychologically challenging, given their new identities and their uncertainty about how they would reintegrate back if at all into their biological families. We call this process "ambiguous reunification."

EP-51893
A Scalable Web-Based Module for Improving Surgical and Medical Practitioner Knowledge and Attitudes About Palliative and End-of-Life Care. Jonathan Bergman, Karl Lorenz, Lorna Kwan, Steven E. Lerman, Christopher S. Saigal, Carol Bennett, Mark Litwin. 2015

BACKGROUND: We built a web-based, interactive, self-directed learning module about end-of-life care. OBJECTIVE: The study objective was to develop an online module about end-of-life care targeted at surgeons, and to assess the effect of the module on attitudes towards and knowledge about end-of-life care. METHODS: Informed by a panel of experts in supportive care and educational assessment, we developed an instrument that required approximately 15 minutes to complete. The module targets surgeons, but is applicable to other practitioners as well. We recruited general surgeons, surgical subspecialists, and medical practitioners and subspecialists from UCLA and the GLA-VA (N=114). We compared pre- and post-intervention scores for attitude and knowledge, then used ANOVA to compare the pre- and postmodule means for each level of the covariate. We performed bivariable analyses to assess the association of subject characteristic and change in score over time. We ran separate analyses to assess baseline and change scores based on the covariates we had selected a priori. RESULTS: Subjects improved meaningfully in all five domains of attitude and in each of the six knowledge items. Individuals younger than 30 years of age had the greatest change in attitudes about addressing pain, addressing end-of-life goals, and being actively involved as death approached; they also had the most marked improvement in total knowledge score. Having a family member die of cancer within the last five years or a personal experience with palliative care or hospice were associated with higher change scores. CONCLUSIONS: A web-based education module improved surgical and medical provider attitudes and knowledge about
Many experts believe that the U.S. health care system’s continued dependence on fee-for-service payments is a key driver of excessive health care spending. Bundled payment, or payment of predetermined amounts for sets of related services, is one potential solution. In theory, bundled payments create incentives to reduce the use of unnecessary care while preserving treatment flexibility and reducing the administrative burden for provider organizations and payers. Research suggests that bundling payments leads to modest reductions in spending without negatively affecting the quality of care. In the long term, Medicare could limit the unintended consequences of global surgical packages by creating larger surgery bundles that include care delivered by all providers, not just the physician performing the surgery. In the short term, however, Medicare’s elimination of global surgical packages will improve payment accuracy but will have a major effect on how surgeons are paid.

EP-51895
Rapid Regeneration of Irregular Warfare Capacity. Stephen Watts, Derek Eaton. 2015

JFQ 78 - There is widespread agreement among the public and in the foreign and defense communities that the United States should avoid "another Iraq" or "another Afghanistan"; that is, another large-scale, long-term, and high-cost stability operation. President Barack Obama’s reluctance to put "boots on the ground" in Iraq is but the most recent example of this reaction against the high costs and questionable outcomes of the conflicts in those two countries. Former Defense Secretary Robert Gates may have been particularly blunt when he declared that anyone advising a future President to pursue forcible regime change in the developing world "should have his head examined," but the sentiment is widespread. Worse than having to fight another Iraq or another Afghanistan, however, would be if the United States were yet again unprepared for such a contingency; as occurred when it divested itself of counterinsurgency capabilities after the policy community united against "another Vietnam." This article considers the challenge of maintaining readiness for large-scale irregular warfare (IW) contingencies when the national mood has so decisively turned against such operations. The need to hedge against such a contingency is recognized in both the 2012 Defense Strategic Guidance and the 2014 Quadrennial Defense Review (QDR). Whereas both documents are widely interpreted as rejecting large-scale counterinsurgency and stability operations, they actually provide more nuanced guidance. Although U.S. forces will not be sized to conduct such operations, the QDR insists that "we will preserve the expertise gained during the past ten years of counterinsurgency and stability operations protect the ability to regenerate capabilities that might be needed to meet future demands." It is less clear what this guidance means in practice. To sketch the outlines of such an "adaptability hedge," we first review the history of large-scale IW operations to determine the timelines that intervening forces have historically needed to adapt to such contingencies, how quickly they have adapted in practice, and the costs of slow adaptation. Second, we examine the sorts of ground forces that are typically required for such operations and; using simple metrics; estimate the amount of time required to regenerate them. Based on this analysis, we suggest which capabilities could be regenerated relatively quickly for large-scale IW contingencies as the need arises and which would be priorities to keep in the ground force structure due to the long lag times associated with rebuilding these capabilities once they are lost. Finally, we briefly review the pipeline for regenerating IW
capabilities and how to ensure the pipeline could function rapidly if needed.

EP-51896

Test of "Facilitation" Vs. "Proximal Process" Moderator Models for the Effects of Multisystemic Therapy on Adolescents with Severe Conduct Problem. Bahr Weiss, Susan S. Han, Nam T. Tran, Robert Gallop, Victoria K. Ngo. 2015

The present study identified moderators of Multisystemic Therapy's (MST) effects on adolescent conduct problems, considering facilitation and proximal process moderation models. The sample included 164 adolescents (mean age = 14.6 years; 83% male) randomly assigned to receive MST or services as usual; parent, youth, and teacher reports of adolescent functioning were obtained. A number of significant moderators were identified. Proximal process moderation patterns were identified (e.g., families with parents with lower levels of adaptive child discipline skills gained more from MST), but the majority of significant interactions showed a facilitation moderation pattern with, for instance, higher levels of adaptive functioning in families and parents appearing to facilitate MST (i.e., greater benefits from MST were found for these families). This facilitation pattern may reflect such families being more capable of and/or more motivated to use the resources provided by MST. It is suggested that factors consistently identified as facilitation moderators may serve as useful foci for MST's strength-based levers of change approach. Other implications of these findings for individualized treatment also are discussed.

EP-51897

Noncommissioned Officers' Perspectives on Identifying, Caring For, and Referring Soldiers and Marines at Risk of Suicide. Rajeev Ramchand, Lynsay Ayer, Lily Geyer, Aaron Kofner, Lane F. Burgette. 2015

OBJECTIVE: Noncommissioned officers (NCOs) in the U.S. Army and U.S. Marine Corps were surveyed to identify their ability and willingness to identify, intervene on behalf of, and refer fellow soldiers and marines at risk of suicide. METHODS: A total of 1,184 Army soldiers and 796 marines completed surveys. Descriptive statistics were collected, and regression analyses comparing the groups were conducted. RESULTS: Thirty-seven percent of marines and 40% of Army soldiers reported that they could use more suicide prevention training. Compared with trained civilians, NCOs reported greater efficacy to intervene with at-risk peers, but they also reported relatively more reluctance to intervene. Close to 40% of NCOs believed that they would be held responsible for a service member's suicide if they had asked the service member about suicidal thoughts before the suicide occurred. Chaplains were the preferred referral source, primarily because of the confidentiality they afford. CONCLUSIONS: Suicide prevention training for NCOs should focus on strategies for asking about suicide risk, assuring soldiers and marines that they will not be blamed for the suicides of fellow service members, and encouraging referrals. These results can help improve suicide prevention programs in the Army and Marine Corps, including whether current policies may need to be changed to optimize NCOs' ability to identify, intervene on behalf of, and refer service members at risk of suicide.

EP-51898

Correlates of Public Support Toward Federal Funding for Harm Reduction Strategies. Magdalena Kulesza, Bethany A. Teachman, Alexandra J. Werntz, Melissa L. Gasser, Kristen P. Lindgren. 2015

BACKGROUND: Historically, US federal policy has not supported harm reduction interventions, such as safe injection facilities (SIFs) and needle and syringe programs (NSPs), which can reduce the burden associated with injection drug use. Given recent increases in abuse of both legal and illegal opioids, there has been a renewed debate about effective ways to address this problem. The current study (1) assessed participants' support for SIFs and NSPs, and (2) evaluated several de-
mographic factors (e.g., age, gender, race, education, political ideology, and religiosity) and individual differences in stigmatizing beliefs about people who inject drugs (PWID) that might relate to support for these interventions. METHODS: U.S. adults (N = 899) completed a web-based study that assessed self-reported support for NSPs and SIFs, and stigma about PWID. RESULTS: The majority of participants were at least somewhat supportive of both NSPs and SIFs. Regression analyses indicated greater support for NSPs and SIFs was predicted by more liberal political ideology, more agreement that PWID deserve help rather than punishment, older age, and male gender. Also, participants who endorsed lower stigma about PWID were more supportive of NSPs and SIFs. Race, religiosity, and education did not predict support for NSPs and SIFs. CONCLUSIONS: Most participants tended to report support for harm reduction strategies. Age, political ideology, and individual differences in stigmatizing beliefs about PWID were significantly associated with support. Given the potential malleability of stigmatizing beliefs, efforts that seek to shift stigma about PWID could have important implications for public policy towards harm reduction strategies for PWID.

EP-51900

Relationship Between Type 2 Diabetes Mellitus and Cognitive Change in a Multiethnic Elderly Cohort. Katherine J. Bangen, Yian Gu, Alden L. Gross, Brooke C. Schneider, Jeannine Skinner, Andreana Benitez, Bonnie C. Sachs, Regina A. Shih, Shannon Sisco, Nicole Schupf, Richard Mayeux, Jennifer J. Manly, Jose A. Luchsinger. 2015

OBJECTIVES: To examine the association between diabetes mellitus and cognitive functioning at baseline and cognitive change over time in a large, ethnically diverse sample of older adults. DESIGN: Prospective cohort study. SETTING: Washington Heights–Inwood Columbia Aging Project, a community-based, prospective study of risk factors for dementia in northern Manhattan, New York City. PARTICIPANTS: Hispanic, non-Hispanic black, and non-Hispanic white men and women aged 65 and older without dementia at baseline (N = 1,493). MEASUREMENTS: Participants underwent baseline and follow-up cognitive and health assessments approximately every 18 months. Generalized estimating equations were used to examine the longitudinal association between diabetes mellitus and cognition. RESULTS: Diabetes mellitus was associated with poorer baseline cognitive performance in memory, language, processing speed and executive functioning, and visuospatial abilities. After adjusting for age, education, sex, race and ethnicity, and apolipoprotein-e4, participants with diabetes mellitus performed significantly worse at baseline than those without in language and visuospatial abilities. There were no differences between those with and without diabetes mellitus in terms of rate of cognitive change over a mean follow-up time of 6 years. CONCLUSION: The rate of cognitive change in elderly persons with and without diabetes mellitus is similar, although cognitive performance is poorer in persons with diabetes mellitus. These findings suggest that cognitive changes may occur early during the diabetes mellitus process and highlight the need for studies to follow participants beginning at least in midlife, before the typical laterlife onset of dementia.

EP-51901


OBJECTIVE: Patients with rheumatoid arthritis (RA) have a high risk of premature cardiovascular disease (CVD). We developed CVD quality indicators (QI) for screening and use in rheumatology clinics. METHODS: A systematic review was con-
ducted of the literature on CVD risk reduction in RA and the general population. Based on the best practices identified from this review, a draft set of 12 candidate QI were presented to a Canadian panel of rheumatologists and cardiologists (n = 6) from 3 academic centers to achieve consensus on the QI specifications. The resulting 11 QI were then evaluated by an online modified-Delphi panel of multidisciplinary health professionals and patients (n = 43) to determine their relevance, validity, and feasibility in 3 rounds of online voting and threaded discussion using a modified RAND/University of California, Los Angeles Appropriateness.

RESULTS: Response rates for the online panel were 86%. All 11 QI were rated as highly relevant, valid, and feasible (median rating ≥ 7 on a 1–9 scale), with no significant disagreement. The final QI set addresses the following themes: communication to primary care about increased CV risk in RA; CV risk assessment; defining smoking status and providing cessation counseling; screening and addressing hypertension, dyslipidemia, and diabetes; exercise recommendations; body mass index screening and lifestyle counseling; minimizing corticosteroid use; and communicating to patients at high risk of CVD about the risks/benefits of nonsteroidal antiinflammatory drugs. CONCLUSION: Eleven QI for CVD care in patients with RA have been developed and are rated as highly relevant, valid, and feasible by an international multidisciplinary panel.


OBJECTIVES: This study aims to validate a modified dried blood spot (DBS)-based glycosylated hemoglobin (HbA1c) assay protocol, after a pretest in India showed poor correlation between the original DBS-based protocol and venous results. METHODS: The original protocol was tested on different chemistry analyzers and then simplified at the University of Washington (UW). A second pretest was conducted in India to validate the modified assay protocol, using 44 quality control specimens. RESULTS: Data from UW indicated that, using the original protocol, the correlation coefficients between DBS and venous results were above 0.98 on both Bio-Rad and Olympus chemistry analyzers. The protocol worked equally well on filter paper, with or without pre-treatment, and when the recommended amount of blood spot material, or less, was used. A second pretest of the modified protocol confirmed that DBS-based levels from both Olympus and Roche chemistry analyzers were well correlated with DBS results from UW (correlation coefficients were above 0.96), as well as with venous values (correlation coefficients were above 0.94). CONCLUSIONS: The DBS-based HbA1c values are highly correlated with venous results. The pre-treatment of filter paper does not appear to be necessary. The poor results from the first pretest are probably due to factors unrelated to the protocol, such as problems with the chemistry analyzer or assay reagents.


INTRODUCTION: Approximately 70% of unaccompanied homeless youth are current smokers. Although a few studies have described smoking behavior among homeless youth, none have focused on how to help homeless youth quit smoking. As such, there are significant gaps in understanding their interest in quitting and what strategies might best fit their specific needs. METHODS: Unaccompanied homeless youth were randomly sampled from street sites in Los Angeles County (N = 292). All were current smokers who completed a survey on their smoking-related behaviors and cognitions. RESULTS: 65.7% of youth had quit for at least 24hr during the past year, and 43.4% were motivated to quit. Previous quit attempts tended to
be unassisted, but 58.6% reported that they would be interested in formal cessation treatment. Multivariate analyses indicated that motivation to quit was higher among youth who were older, Black or Hispanic (vs. White), and who asked about smoking by a service provider, but it was lower among those who were more nicotine dependent. Being interested in cessation treatment was more likely among youth who were asked about smoking by a service provider, anticipated more barriers to quitting, and were motivated to quit; it was less likely among youth who had slept outdoors during the past 30 days. DISCUSSION: Smoking cessation is often considered a low priority for homeless youth. However, many are motivated to quit and are interested in smoking cessation products and services. Implications for developing and engaging homeless youth in cessation treatment are discussed.

EP-51904

Association of Early Patient-Physician Care Planning Discussions and End-of-Life Care Intensity in Advanced Cancer. Sangeeta Ahluwalia, Diana M. Tisnado, Anne Walling, Sydney Dy, Steven M. Asch, Susan L. Ettner, Benjamin Kim, Philip Pantoja, Karl Lorenz. 2015

BACKGROUND: Early patient-physician care planning discussions may influence the intensity of end-of-life (EOL) care received by veterans with advanced cancer. Objective: The study objective was to evaluate the association between medical record documentation of patient-physician care planning discussions and intensity of EOL care among veterans with advanced cancer. METHODS: This was a retrospective cohort study. Subjects were 665 veteran decedents diagnosed with stage IV colorectal, lung, or pancreatic cancer in 2008, and followed till death or the end of the study period in 2011. We estimated the effect of patient-physician care planning discussions documented within one month of metastatic diagnosis on the intensity of EOL care measured by receipt of acute care, intensive interventions, chemotherapy, and hospice care, using multivariate logistic regression models. RESULTS: Veterans in our study were predominantly male (97.1%), white (74.7%), with an average age at diagnosis of 66.4 years. Approximately 31% received some acute care, 9.3% received some intensive intervention, and 6.5% had a new chemotherapy regimen initiated in the last month of life. Approximately 41% of decedents received no hospice or were admitted within three days of death. Almost half (46.8%) had documentation of a care planning discussion within the first month after diagnosis and those who did were significantly less likely to receive acute care at EOL (OR: 0.67; p = 0.025). Documented discussions were not significantly associated with intensive interventions, chemotherapy, or hospice care. CONCLUSION: Early care planning discussions are associated with lower rates of acute care use at the EOL in a system with already low rates of intensive EOL care.

EP-51905

Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys. Deborah S. Hasin, Melanie Wall, Katherine M. Keyes, John Schulenberg, Patrick M. O’Malley, Sandro Galea, Rosalie Liccardo Pacula, Tianshu Feng. 2015

BACKGROUND: Adolescent use of marijuana is associated with adverse later effects, so the identification of factors underlying adolescent use is of substantial public health importance. The relationship between US state laws that permit marijuana for medical purposes and adolescent marijuana use has been controversial. Such laws could convey a message about marijuana acceptability that increases its use soon after passage, even if implementation is delayed or the law narrowly restricts its use. We used 24 years of national data from the USA to examine the relationship between state medical marijuana laws and adolescent use of marijuana. METHODS: Using a multistage, random-sampling design with replacement, the Monitoring the Future study conducts annual national surveys of 8th, 10th, and 12th-
grade students (modal ages 13–14, 15–16, and 17–18 years, respectively), in around 400 schools per year. Students complete self-administered questionnaires that include questions on marijuana use. We analysed data from 1,098,270 adolescents surveyed between 1991 and 2014. The primary outcome of this analysis was any marijuana use in the previous 30 days. We used multilevel regression modelling with adolescents nested within states to examine two questions. The first was whether marijuana use was higher overall in states that ever passed a medical marijuana law up to 2014. The second was whether the risk of marijuana use changed after passage of medical marijuana laws. Control covariates included individual, school, and state-level characteristics.

**FINDINGS:** Marijuana use was more prevalent in states that passed a medical marijuana law any time up to 2014 than in other states (adjusted prevalence 15·87% vs 13·27%; adjusted odds ratio [OR] 1·27, 95% CI 1·07–1·51; p=0·0057).

However, the risk of marijuana use in states before passing medical marijuana laws did not differ significantly from the risk after medical marijuana laws were passed (adjusted prevalence 16% vs 15%; adjusted OR 0·92, 95% CI 0·82–1·04; p=0·185). Results were generally robust across sensitivity analyses, including redefining marijuana use as any use in the previous year or frequency of use, and reanalysing medical marijuana laws for delayed effects or for variation in provisions for dispensaries.

**INTERPRETATION:** Our findings, consistent with previous evidence, suggest that passage of state medical marijuana laws does not increase adolescent use of marijuana. However, overall, adolescent use is higher in states that ever passed such a law than in other states. State-level risk factors other than medical marijuana laws could contribute to both marijuana use and the passage of medical marijuana laws, and such factors warrant investigation.
unions to engage frontline staff in teams may be a useful tool to improve delivery of health care in a safety-net setting.

**EP-51907**

Multidisciplinary Pediatric Obesity Clinic Via Telemedicine Within the Los Angeles Metropolitan Area: Lessons Learned. Margaret D. Whitley, Nilufar Izadpanah, Sion L. Kim, Don Ponturo. 2015

Telemedicine has been shown to be effective for rural populations, but little is reported on pediatric obesity care via telemedicine in urban settings. This study aims to assess feasibility and acceptability of multidisciplinary pediatric obesity care via telemedicine within the same metropolitan area in terms of information technology, coordination, patient care, and clinical outcomes. All project notes and communications were reviewed to extract key lessons from implementation. Patient and Provider Satisfaction Questionnaires were conducted to assess overall satisfaction; baseline and follow-up information were collected from chart reviews to evaluate clinical outcomes. Based on the questionnaires, 93% of responding patients (n = 28) and 88.3% of referring providers (n = 17) felt satisfied with the appointment. Chart review indicated a trend for decreased or stabilized body mass index and blood pressure (n = 32). Implementation of telemedicine for tertiary multidisciplinary pediatric obesity care in urban settings is both feasible and acceptable to patients and health care providers.

**EP-51908**

Cost Effectiveness of Nonoperative Management Versus Laparoscopic Appendectomy for Acute Uncomplicated Appendicitis. James X. Wu, Aaron J. Dawes, Greg D. Sacks, Emmett B. Keeler. 2015

BACKGROUND: Appendectomy remains the gold standard in the treatment of acute, uncomplicated appendicitis in the United States. Nonetheless, there is growing evidence that nonoperative management is safe and efficacious. METHODS: We constructed a decision tree to compare nonoperative management of appendicitis with laparoscopic appendectomy in otherwise healthy adults. Model variables were abstracted from a literature review, data from the Healthcare Cost and Utilization Project data, the Medicare Physician Fee schedule, and the American College of Surgeons Surgical Risk Calculator. Uncertainty surrounding parameters of the model was assessed via 1-way and probabilistic sensitivity analyses. RESULTS: Operative management cost $12,213 per patient. Nonoperative management without interval appendectomy (IA) was the dominant strategy, costing $1,865 less and producing 0.03 more quality-adjusted life-years (QALYs). Nonoperative management with IA cost $4,271 more than operative management, but yielded only 0.01 additional QALY. One-way sensitivity analysis suggested operative management would become the preferred strategy if the recurrence rate was >40.5% or the total cost of appendectomy was decreased to <$5,468. Probabilistic sensitivity analysis confirmed nonoperative management without IA was the preferred strategy in 95.6% of cases. CONCLUSION: Nonoperative management without IA is the least costly, most effective treatment for acute, uncomplicated appendicitis and warrants further evaluation in a disease thought to be definitively surgical.

**EP-51909**

People’s Liberation Army Trajectories: International Drivers. Eric Heginbotham, Jacob L. Heim. 2015

Special relevance in light of the profound changes occurring within the Chinese People’s Liberation Army (PLA). China’s desire to develop a military commensurate with its diverse interests is both legitimate and understandable. The challenge for U.S. Pacific Command (USPACOM) is to understand how China will employ this growing military capability in support of its interests. The analysis provides an insightful perspective into the factors shaping and propelling the PLA’s modernization, its potential future orientation ranging from internally focused to globally focused, and how
the PLA's choices may impact China's relations with its neighbors and the world. This chapter assesses the impact of external variables on four potential futures: (1) a People's Liberation Army (PLA) focused on its immediate periphery; (2) a regionally oriented PLA with some power projection capability; (3) a globally expeditionary PLA; and (4) a weakened PLA. The Chinese military, once focused overwhelmingly on its immediate periphery, is already set on a path to acquire capabilities relevant to wider regional and, to a very limited extent, global missions. The discussion of variables and their impact assesses movement off of the current trajectory. In other words, the question is not what could prompt the PLA to develop power projection capabilities, but rather what could cause the PLA to accelerate the acquisition of power projection capabilities or, alternatively, to refocus on forces optimized for conflict in its immediate periphery?

EP-51910

BACKGROUND: Telehealth offers strategies to improve access to subspecialty care for children in rural communities. Rural pediatrician experiences and preferences regarding the use of these telehealth strategies for children's subspecialty care needs are not known. We elicited rural pediatrician experiences and preferences regarding different pediatric subspecialty telehealth strategies. MATERIALS AND METHODS: Seventeen semistructured telephone interviews were conducted with rural pediatricians from 17 states within the United States. Interviewees were recruited by e-mails to a pediatric rural health listserv and to rural pediatricians identified through snowball sampling. Themes were identified through thematic analysis of interview transcripts. Institutional Review Board approval was obtained. RESULTS: Rural pediatricians identified several telehealth strategies to improve access to subspecialty care, including physician access hotlines, remote electronic medical record access, electronic messaging systems, live video telemedicine, and telehealth triage systems. Rural pediatricians provided recommendations for optimizing the utility of each of these strategies based on their experiences with different systems. Rural pediatricians preferred specific telehealth strategies for specific clinical contexts, resulting in a proposed framework describing the complementary role of different telehealth strategies for pediatric subspecialty care. Finally, rural pediatricians identified additional benefits associated with the use of telehealth strategies and described a desire for telehealth systems that enhanced (rather than replaced) personal relationships between rural pediatricians and subspecialists. CONCLUSIONS: Rural pediatricians described complementary roles for different subspecialty care telehealth strategies. Additionally, rural pediatricians provided recommendations for optimizing individual telehealth strategies. Input from rural pediatricians will be crucial for optimizing specific telehealth strategies and designing effective telehealth systems.

EP-51911

OBJECTIVES: To inform church-based stigma interventions by exploring dimensions of HIV stigma among African American and Latino religious congregants and determining how these are related to drug addiction and homosexuality stigmas and knowing someone HIV-positive. METHOD: In-person, self-administered surveys of congregants 18+ years old across 2 African American and 3 Latino churches (n = 1,235, response rate 73%) in a western U.S. city with high HIV prevalence. Measures included 12 items that captured dimensions of HIV stigma, a 5-item scale that assessed attitudes toward people who are addicted to drugs, a 7-item scale assessing attitudes toward
homosexuality, and questions regarding sociodemographics and previous communication about HIV. RESULTS: Of the survey participants, 63.8% were women, mean age was 40.2 years, and 34.4% were African American, 16.8% were U.S.-born Latinos, 16.0% were foreign-born, English-speaking Latinos, and 32.9% were foreign-born, Spanish-speaking Latinos. Exploratory and confirmatory factor analyses identified 4 dimensions of HIV stigma: discomfort interacting with people with HIV (4 items, $\alpha = .86$), feelings of shame "if you had HIV" (3 items, $\alpha = .78$), fears of rejection "if you had HIV" (3 items, $\alpha = .71$), and feelings of blame toward people with HIV (2 items, $\alpha = .65$). Across all dimensions, after controlling for sociodemographic characteristics and previous communication about HIV, knowing someone with HIV was associated with lower HIV stigma, and greater stigma concerning drug addiction and homosexuality were associated with higher HIV stigma. CONCLUSIONS: Congregation-based HIV stigma reduction interventions should consider incorporating contact with HIV-affected people. It may also be helpful to address attitudes toward drug addiction and sexual orientation.

EP-51912
A Systematic Review and Critical Appraisal of Qualitative Metasynthetic Practice in Public Health to Develop a Taxonomy of Operations of Reciprocal Translation. Sean Grant, Chris Bonell. 2015

INTRODUCTION: Reciprocal translation, the understanding of one study's findings in terms of another's, is the foundation of most qualitative metasynthetic methods. In light of the proliferation of metasynthesis methods, the current review sought to create a taxonomy of operations of reciprocal translation using recently published qualitative metasyntheses. METHODS: On 19 August 2013, MEDLINE, Embase and PsycINFO were searched. Included articles were full reports of metasyntheses of qualitative studies published in 2012 in English-language peer-reviewed journals. Two reviewers, working independently, screened records, assessed full texts for inclusion and extracted data on methods from each included metasynthesis. Systematic review methods used were summarised, and metasynthetic methods were inductively analysed to develop the taxonomy. RESULTS: Of 61 included metasyntheses, 21 (34%) reported fully replicable search strategies and 51 (84%) critically appraised included studies. Based on methods in these metasyntheses, we developed a taxonomy of reciprocal translation with four overlapping categories: visual representation; key paper integration; data reduction and thematic extraction; and line-by-line coding. DISCUSSION: This systematic review presents an update on methods and reporting currently used in qualitative metasynthesis. It also goes beyond the proliferation of approaches to offer a parsimonious approach to understanding how reciprocal translations are accomplished across metasynthesis methods.

EP-51913

INTRODUCTION: Accurate conceptualizations of neighborhood environments are important in the design of policies and programs aiming to improve access to healthy food. Neighborhood environments are often defined by administrative units or buffers around points of interest. An individual may eat and shop for food within or outside these areas, which may not reflect accessibility of food establishments. This article examines the relevance of different definitions of food environments. METHODS: We collected data on trips to food establishments using a 1-week food and travel diary and global positioning system devices. Spatial-temporal clustering methods were applied to identify homes and food establishments visited by study participants. RESULTS: We identified 513 visits to food establishments (sit-down restaurants, fast-food/convenience stores, malls or stores, groceries/supermarkets) by 135 participants in 5 US
cities. The average distance between the food establishments and homes was 2.6 miles (standard deviation, 3.7 miles). Only 34% of the visited food establishments were within participants’ neighborhood census tract. Buffers of 1 or 2 miles around the home covered 55% to 65% of visited food establishments. There was a significant difference in the mean distances to food establishments types (P = .008). On average, participants traveled the longest distances to restaurants and the shortest distances to groceries/supermarkets. CONCLUSION: Many definitions of the neighborhood food environment are misaligned with individual travel patterns, which may help explain the mixed findings in studies of neighborhood food environments. Neighborhood environments defined by actual travel activity may provide more insight on how the food environment influences dietary and food shopping choices.

EP-51914

This study examines institutional rearrangements of policing, boundaries and the state. Through a combination of empirical, theoretical and legal scholarship, each contribution uniquely examines the profound transformations taking place in contemporary Europe and elsewhere, and the questions these transformations raise for policing in democratic societies.

EP-66201

BACKGROUND: There is limited evidence about the impact of specific patterns of multi-morbidity on health-related quality of life (HRQoL) from large samples of adult subjects. METHODS: We used data from the English General Practice Patient Survey 2011–2012. We defined multi-morbidity as the presence of two or more of 12 self-reported conditions or another (unspecified) long-term health problem. We investigated differences in HRQoL (EQ-5D scores) associated with combinations of these conditions after adjusting for age, gender, ethnicity, socio-economic deprivation and the presence of a recent illness or injury. Analyses were based on 831,537 responses from patients aged 18 years or older in 8,254 primary care practices in England. RESULTS: Of respondents, 23% reported two or more chronic conditions (ranging from 7% of those under 45 years of age to 51% of those 65 years or older). Multi-morbidity was more common among women, White individuals and respondents from socio-economically deprived areas. Neurological problems, mental health problems, arthritis and long-term back problems were associated with the greatest HRQoL deficits. The presence of three or more conditions was commonly associated with greater reduction in quality of life than that implied by the sum of the differences associated with the individual conditions. The decline in quality of life associated with an additional condition in people with two and three physical conditions was less for older people than for younger people. Multi-morbidity was associated with a substantially worse HRQoL in diabetes than in other long-term conditions. With the exception of neurological conditions, the presence of a comorbid mental health problem had a more adverse effect on HRQoL than any single comorbid physical condition. CONCLUSION: Patients with multi-morbid diabetes, arthritis, neurological, or long-term mental health problems have significantly lower quality of life than other people. People with long-term health conditions require integrated mental and physical healthcare services.

EP-66202
OBJECTIVE: Adult and peer factors may influence whether adolescents use alcohol and other drugs (AOD). This longitudinal study examined the direct effects of adult monitoring, perceived adult AOD use, and cultural values on adolescent AOD use. METHODS: Participants were 193 at-risk adolescents referred to a California diversion program called Teen Court for a first-time AOD offense. We assessed youth reports of past 30 day AOD use (any alcohol use, heavy drinking, marijuana use), demographics, changes in parental monitoring and family values (from baseline to follow-up 180 days later), as well as family structure and perceived adult substance use at follow-up. RESULTS: Adolescents who reported that a significant adult in their life used marijuana were more likely to have increased days of drinking, heavy drinking, and marijuana use at follow-up. Higher levels of familism (importance the teen places on their family's needs over their own needs) and being in a nuclear family served as protective factors for future alcohol use. Additionally, poor family management was associated with increased alcohol use and heavy drinking. CONCLUSION: Findings highlight how family management and perceptions of adult marijuana use influence subsequent adolescent AOD use, and how an increase in familism over time is associated with a decrease in adolescent drinking. Tailoring interventions, by including the teen's family and/or providing support to adults who use AOD may be crucial for improving interventions for adolescent AOD use.

EP-66207
Project JOINTS: What Factors Affect Bundle Adoption in a Voluntary Quality Improvement Campaign?. Dmitry Khodyakov, Christina Y. Huang, Katherine O. DeBartolo, Melony E. Sorbero, Eric C. Schneider. 2015

BACKGROUND: Diffusion and adoption of effective evidence-based clinical practices can be slow, especially if complex changes are required to implement new practices. OBJECTIVE: To examine how hospital adherence to quality improvement (QI) methods and hospital engagement with a large-scale QI campaign could facilitate the adoption of an enhanced prevention bundle designed to reduce surgical site infection (SSI) rates after orthopaedic surgery (hip and knee arthroplasty). METHODS: We conducted telephone interviews with hospital QI leaders from 73 of the 109 hospitals (67% response rate) in five states that participated in Project JOINTS (Joining Organizations IN Tackling SSIs), a QI campaign run by Institute for Healthcare Improvement (IHI). Using QI methods grounded in the IHI Model for Improvement, this campaign encouraged hospitals to implement an enhanced SSI prevention bundle. Hospital QI leaders reported on their hospital's adherence to the Project JOINTS QI methods; their level of engagement with Project JOINTS activities; and adoption of the SSI prevention bundle components. Interview data were analysed quantitatively and qualitatively. RESULTS: Both adherence to the QI methods and hospital engagement were positively associated with complete bundle adoption. Hospital engagement, especially the use of project materials and tools, was also positively associated with the initiation of and improved adherence to individual bundle components. CONCLUSIONS: Our findings suggest that greater adherence to the QI methods and active hospital engagement in a QI campaign facilitate adoption of evidence-based patient safety bundles in orthopaedic practice.

EP-66212
Giving "sadness" a Name: The Need for Integrating Depression Treatment Into HIV Care in Uganda. Raymond Odokonyero, Glenn Wagner, Victoria K. Ngo, Noeline Nakasujja, Siggane Musisi, Akena Dickens. 2015

Depression is common among people living with HIV/AIDS (PLWHA) in sub-Saharan Africa (SSA), and can have significant consequences for HIV disease progression, treatment response
and prevention. Yet mental health services are limited in most HIV care programs in this region, in part due to severe shortages of mental health professionals. To address the need for establishing an effective, sustainable model for integrating depression treatment into HIV care in SSA, we have embarked upon a 3-year research project, INDEPTH Uganda (INtegrating DEPression Treatment and in HIV care in Uganda), to evaluate a task-sharing, protocolized approach to providing antidepressant care in ten HIV clinics in Uganda. In this paper we share our experiences with two treated cases identified during the initial days of implementation, which we believe highlight the potential value and policy implications for task shifting depression care models in under-resourced settings.

EP-66216

BACKGROUND: Healthcare professionals are rapidly adopting electronic health records (EHRs). Within EHRs, seemingly innocuous menu design configurations can influence provider decisions for better or worse. OBJECTIVE: The purpose of this study was to examine whether the grouping of menu items systematically affects prescribing practices among primary care providers. PARTICIPANTS: We surveyed 166 primary care providers in a research network of practices in the greater Chicago area, of whom 84 responded (51% response rate). Respondents and non-respondents were similar on all observable dimensions except that respondents were more likely to work in an academic setting. DESIGN: The questionnaire consisted of seven clinical vignettes. Each vignette described typical signs and symptoms for acute respiratory infections, and providers chose treatments from a menu of options. For each vignette, providers were randomly assigned to one of two menu partitions. For antibiotic-inappropriate vignettes, the treatment menu either listed over-the-counter (OTC) medications individually while grouping prescriptions together, or displayed the reverse partition. For antibiotic-appropriate vignettes, the treatment menu either listed narrow-spectrum antibiotics individually while grouping broad-spectrum antibiotics, or displayed the reverse partition. MAIN MEASURES: The main outcome was provider treatment choice. For antibiotic-inappropriate vignettes, we categorized responses as prescription drugs or OTC-only options. For antibiotic-appropriate vignettes, we categorized responses as broad- or narrow-spectrum antibiotics. KEY RESULTS: Across vignettes, there was an 11.5 percentage point reduction in choosing aggressive treatment options (e.g., broad-spectrum antibiotics) when aggressive options were grouped compared to when those same options were listed individually (95% CI: 2.9 to 20.1%; p = .008). CONCLUSIONS: Provider treatment choice appears to be influenced by the grouping of menu options, suggesting that the layout of EHR order sets is not an arbitrary exercise. The careful crafting of EHR order sets can serve as an important opportunity to improve patient care without constraining physicians' ability to prescribe what they believe is best for their patients.

EP-66217
Should Health Care Providers Be Accountable for Patients' Care Experiences?. Rebecca Anhang Price, Marc N. Elliott, Paul Cleary, Alan M. Zaslavsky, Ron D. Hays. 2015

Measures of patients' care experiences are increasingly used as quality measures in accountability initiatives. As the prominence and financial impact of patient experience measures have increased, so too have concerns about the relevance and fairness of including them as indicators of health care quality. Using evidence from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys, the most widely
used patient experience measures in the United States, we address seven common critiques of patient experience measures: (1) consumers do not have the expertise needed to evaluate care quality; (2) patient "satisfaction" is subjective and thus not valid or actionable; (3) increasing emphasis on improving patient experiences encourages health care providers and plans to fulfill patient desires, leading to care that is inappropriate, ineffective, and/or inefficient; (4) there is a trade-off between providing good patient experiences and providing high-quality clinical care; (5) patient scores cannot be fairly compared across health care providers or plans due to factors beyond providers' control; (6) response rates to patient experience surveys are low, or responses reflect only patients with extreme experiences; and (7) there are faster, cheaper, and more customized ways to survey patients than the standardized approaches mandated by federal accountability initiatives.

EP-66218
Better-than-average and Worse-Than-Average Hospitals May Not Significantly Differ from Average Hospitals: An Analysis of Medicare Hospital Compare Ratings. Susan M. Paddock, John L. Adams. 2015

BACKGROUND: Public report card designers aim to provide comprehensible provider performance information to consumers. Report cards often display classifications of providers into performance tiers that reflect whether performance is statistically significantly above or below average or not statistically significantly different from average. To further enhance the salience of public reporting to consumers, report card websites often allow a user to compare a subset of selected providers on tiered performance rather than direct statistical comparisons of the providers in a consumer's personal choice set. OBJECTIVE: We illustrate the differences in conclusions drawn about relative provider performance using tiers versus conducting statistical tests to assess performance differences. METHODS: Using publicly available cross-sectional data from Medicare Hospital Compare on three mortality and three readmission outcome measures, we compared each provider in the top or bottom performance tier with those in the middle tier and assessed the proportion of such comparisons that exhibited no statistically significant differences. RESULTS: Across the six outcomes, 1.3–6.1% of hospitals were classified in the top tier. Each top-tier hospital did not statistically significantly differ in performance from at least one mid-tier hospital. The percentages of mid-tier hospitals that were not statistically significantly different from a given top-tier hospital were 74.3–81.1%. The percentages of hospitals classified as bottom tier were 0.6–4.0%. Each bottom-tier hospital showed no statistically significant difference from at least one mid-tier hospital. The percentage of mid-tier hospitals that were not significantly different from a bottom-tier hospital ranged from 60.4% to 74.8%. CONCLUSIONS: Our analyses illustrate the need for further innovations in the design of public report cards to enhance their salience for consumers.

EP-66229

OBJECTIVE: Depression and substance abuse are common among low-income adults from racial-ethnic minority groups who receive services in safety-net settings, although little is known about how clients differ by service setting. This study examined characteristics and service use among depressed, low-income persons from minority groups in underresourced communities who did and did not have a substance abuse history. METHODS: The study used cross-sectional baseline client data (N=957) from Community Partners in Care, an initiative to improve depression services in Los Angeles County. Clients with probable depression (eight-item Patient Health Questionnaire) from substance abuse programs were compared with depressed clients with and
without a history of substance abuse from primary care, mental health, and social and community programs. Sociodemographic, health status, and services utilization variables were examined. RESULTS: Of the 957 depressed clients, 217 (23%) were from substance abuse programs; 269 (28%) clients from other sectors had a substance abuse history, and 471 (49%) did not. Most clients from substance abuse programs or with a substance abuse history were unemployed and impoverished, lacked health insurance, and had high rates of arrests and homelessness. They were also more likely than clients without a substance abuse history to have depression or anxiety disorders, psychosis, and mania and to use emergency rooms. CONCLUSIONS: Clients with depression and a substance abuse history had significant psychosocial stressors and high rates of service use, which suggests that communitywide approaches may be needed to address both depression and substance abuse in this safety-net population.

EP-66230

The Affordable Care Act: An Opportunity for Improving Care for Substance Use Disorders?. Katherine E. Watkins, Carrie M. Farmer, Kimberly A. Hepner. 2015

The Patient Protection and Affordable Care Act (ACA) will greatly increase coverage for treatment of substance use disorders. To realize the benefits of this opportunity, it is critical to develop reliable, valid, and feasible measures of quality to ensure that treatment is accessible and of high quality. The authors review the availability of current quality measures for substance use disorder treatment and conclude there is a pressing need for development, validation, and use of quality measures. They provide recommendations for research and policy changes to increase the likelihood that patients, families, and society benefit from the increased coverage provided by the ACA.

EP-66232


Optimal strategies to improve food security and nutrition for people living with HIV (PLHIV) may differ in settings where overweight and obesity are prevalent and cardiovascular disease risk is a concern. However, no studies among PLHIV have investigated the impact of food support on nutritional outcomes in these settings. We therefore assessed the effect of food support on food insecurity and body weight in a population of PLHIV with high prevalence of overweight and obesity. We implemented a pilot intervention trial in four government-run HIV clinics in Honduras. The trial tested the effect of a monthly household food ration plus nutrition education (n = 203), compared to nutrition education alone (n = 197), over 12 months. Participants were clinic patients receiving antiretroviral therapy (ART). Assessments were obtained at baseline, 6 and 12 months. Primary outcomes for this analysis were food security, using the validated Latin American and Caribbean Food Security Scale and body weight (kg). Thirty-one percent of participants were overweight (22%) or obese (8%) at baseline. At 6 months, the probability of severe food insecurity decreased by 48.3% (p < 0.01) in the food support group, compared to 11.6% in the education-only group (p < 0.01). Among overweight or obese participants, food support led to average weight gain of 1.13 kg (p < 0.01), while nutrition education alone was associated with average weight loss of 0.72 kg (p < 0.10). Nutrition education alone was associated with weight gain among underweight and normal weight participants. Household food support may improve food security but not necessarily nutritional status of ART recipients above and beyond nutrition education. Improving nutritional tailoring of food support and testing the impact of nutrition education should be prioritized for PLHIV in Latin America and similar settings.
Common Versus Specific Correlates of Fifth-Grade Conduct Disorder and Oppositional Defiant Disorder Symptoms: Comparison of Three Racial/Ethnic Groups. Margit Wiesner, Marc N. Elliott, Katie A. McLaughlin, Stephen W Banspach, Susan R. Tortolero, Mark A. Schuster. 2015

The extent to which risk profiles or correlates of conduct disorder (CD) and oppositional defiant disorder (ODD) symptoms overlap among youth continues to be debated. Cross-sectional data from a large, representative community sample (N = 4,705) of African-American, Latino, and White fifth graders were used to examine overlap in correlates of CD and ODD symptoms. About 49% of the children were boys. Analyses were conducted using negative binomial regression models, accounting for several confounding factors (e.g., attention deficit/hyperactivity disorder symptoms), sampling weights, stratification, and clustering. Results indicated that CD and ODD symptoms had very similar correlates. In addition to previously established correlates, several social skills dimensions were significantly related to ODD and CD symptoms, even after controlling for other correlates. In contrast, temperamental dimensions were not significantly related to CD and ODD symptoms, possibly because more proximal correlates (e.g., social skills) were also taken into account. Only two factors (gender and household income) were found to be specific correlates of CD, but not ODD, symptoms. The pattern of common and specific correlates of CD and ODD symptoms was replicated fairly consistently across the three racial/ethnic subgroups. Implications of these findings for further research and intervention efforts are discussed.


OBJECTIVE: To examine the association of media violence exposure and physical aggression in fifth graders across 3 media types. METHODS: We analyzed data from a population-based, cross-sectional survey of 5,147 fifth graders and their parents in 3 US metropolitan areas. We used multivariable linear regression and report partial correlation coefficients to examine associations between children’s exposure to violence in television/film, video games, and music (reported time spent consuming media and reported frequency of violent content: physical fighting, hurting, shooting, or killing) and the Problem Behavior Frequency Scale. RESULTS: Child-reported media violence exposure was associated with physical aggression after multivariable adjustment for sociodemographics, family and community violence, and child mental health symptoms (partial correlation coefficients: TV, 0.17; video games, 0.15; music, 0.14). This association was significant and independent for television, video games, and music violence exposure in a model including all 3 media types (partial correlation coefficients: TV, 0.11; video games, 0.09; music, 0.09). There was a significant positive interaction between media time and media violence for video games and music but not for television. Effect sizes for the association of media violence exposure and physical aggression were greater in magnitude than for most of the other examined variables. CONCLUSIONS: The association between physical aggression and media violence exposure is robust and persistent; the strength of this association of media violence may be at least as important as that of other factors with physical aggression in children, such as neighborhood violence, home violence, child mental health, and male gender.

Understanding Data Requirements of Retrospective Studies. Daniella Meeker, Edna C. Shenvi, Daniella Meeker, Aziz A. Boxxwala. 2015

BACKGROUND AND OBJECTIVE: Usage of data from electronic health records (EHRs) in clinical research is increasing, but there is little
empirical knowledge of the data needed to support multiple types of research these sources support. This study seeks to characterize the types and patterns of data usage from EHRs for clinical research. MATERIALS AND METHODS: We analyzed the data requirements of over 100 retrospective studies by mapping the selection criteria and study variables to data elements of two standard data dictionaries, one from the healthcare domain and the other from the clinical research domain. We also contacted study authors to validate our results. RESULTS: The majority of variables mapped to one or to both of the two dictionaries. Studies used an average of 4.46 (range 1–12) data element types in the selection criteria and 6.44 (range 1–15) in the study variables. The most frequently used items (e.g., procedure, condition, medication) are often available in coded form in EHRs. Study criteria were frequently complex, with 49 of 104 studies involving relationships between data elements and 22 of the studies using aggregate operations for data variables. Author responses supported these findings. DISCUSSION AND CONCLUSION: The high proportion of mapped data elements demonstrates the significant potential for clinical data warehousing to facilitate clinical research. Unmapped data elements illustrate the difficulty in developing a complete data dictionary.

EP-66237
Methodological Considerations When Studying the Association Between Patient-Reported Care Experiences and Mortality. Xiao Xu, Eugenia Buta, Rebecca Anhang Price, Marc N. Elliott, Ron D. Hays, Paul Cleary. 2015

OBJECTIVE: To illustrate methodological considerations when assessing the relationship between patient care experiences and mortality. DATA SOURCE: Medical Expenditure Panel Survey data (2000–2005) linked to National Health Interview Survey and National Death Index mortality data through December 31, 2006. STUDY DESIGN: We estimated Cox proportional hazards models with mortality as the dependent variable and patient experience measures as independent variables and assessed consistency of experiences over time. DATA EXTRACTION METHODS: We used data from respondents age 18 or older with at least one doctor's office or clinic visit during the year prior to the round 2 interview. We excluded subjects who died in the baseline year. PRINCIPAL FINDINGS: The association between overall care experiences and mortality was significant for deaths not amenable to medical care and all-cause mortality, but not for amenable deaths. More than half of respondents were in a different care experience quartile over a 1-year period. In the five individual experience questions we analyzed, only time spent with the patient was significantly associated with mortality. CONCLUSIONS: Deaths not amenable to medical care and the time-varying and multifaceted nature of patient care experience are important issues to consider when assessing the relationship between care experience and mortality.

EP-66238
Drinking Behaviors and Life Course Socioeconomic Status During the Transition from Adolescence to Adulthood Among Whites and Blacks. Camillia Lui, Paul J. Chung, Chandra L. Ford, Christine Grella, Nina Mulia. 2015

OBJECTIVE: This study sought to determine how socioeconomic status (SES) changes during the transition from adolescence into adulthood, and to understand the effects of SES on drinking behaviors in early adulthood among U.S. Whites and Blacks. METHOD: Secondary data analysis was conducted using three waves of the National Longitudinal Study of Adolescent to Adult Health (Add Health), a school-based sample of adolescents (Grades 7–12) followed through adulthood (age range: 25–31 years). Through latent class analysis, SES was operationalized as economic (i.e., income, home ownership) and human capital (i.e., education, occupation). Drinking behavior was categorized into no past-year use, current drinking without weekly heavy episodic drinking (HED), and weekly HED. Models were stratified by
race: Whites (n = 5,248) and Blacks (n = 1,875). RESULTS: For Whites, four economic capital groups (persistently low, upward, downward, and persistently high) and five human capital groups (persistently low, upward with work, upward with school, downward with work, and persistently high) were found. Blacks had roughly similar SES groups as Whites but with lower economic and human capital levels across all groups and without downward groups in either domain. Among both Whites and Blacks, lower economic and human capital groups reported higher abstinence. Persistently low Blacks, however, reported higher HED, whereas persistently low Whites did not. Moreover, economically upward Whites reported lower HED, whereas upwardly mobile Blacks did not. CONCLUSIONS: Racial disparities were evident by economic and human capital during the transition into adulthood. Although abstinence profiles were similar for Whites and Blacks, both persistently low and upward trajectory groups signified differential HED risks. Future research should examine the mechanisms by which SES trajectories affect drinking behaviors.

EP-66239
Clinician Advice to Quit Smoking Among Seniors. William G. Shadel, Marc N. Elliott, Ann C. Haas, Amelia M. Haviland, Nate Orr, Melissa M. Farmer, Sai Ma, Donna O. Farley, Paul Cleary. 2015

OBJECTIVE: Little smoking research in the past 20 years includes persons 50 and older; herein we describe patterns of clinician cessation advice to US seniors, including variation by Medicare beneficiary characteristics. METHOD: In 2012–4, we analyzed 2010 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data from Medicare beneficiaries over age 64 (n = 346,674). We estimated smoking rates and the proportion of smokers whose clinicians encouraged cessation. RESULTS: 12% of male and 8% of female respondents aged 65 and older smoke. The rate decreases with age (14% of 65–69, 3% of 85 +) and education (12–15% with no high school degree, 5–6% with BA +). Rates are highest among American Indian/Alaskan Native (16%), multiracial (14%), and African–American (13%) seniors, and in the Southeast (14%). Only 51% of smokers say they receive cessation advice "always" or "usually" at doctor visits, with advice more often given to the young, those in low-smoking regions, Asians, and women. For all results cited p < 0.05. CONCLUSIONS: Smoking cessation advice to seniors is variable. Providers may focus on groups or areas in which smoking is less common or when they are most comfortable giving advice. More consistent interventions are needed, including cessation advice from clinicians.

EP-66240
Improving QRISs Through the Use of Existing Data: A Virtual Pilot of the California QRIS. Gail L. Zellman, Lynn A. Karoly. 2015

Available research underscores the value of using data to make and modify the many decisions required to design a child care quality rating and improvement system (QRIS). This paper argues for analyzing existing program data to address key questions and decisions in the early design stages of a QRIS, even in advance of pilot activities. We employed two datasets covering California ECE programs to provide cost-effective and timely input to policymakers for the proposed California QRIS, a block design system with five quality elements and five rating tiers. The first data source is the provider sample component of the 2007 RAND California Preschool Study (CPS), which represents all California providers. The second dataset derives from quality measurement of the ECE providers required to participate in San Francisco County’s Gateway to Quality (GTQ) initiative. To address the study questions, we replicated as closely as possible the proposed QRIS rating structure for the available quality elements. Our "virtual pilot" analysis had limitations: we could examine only three of the five quality elements. Findings revealed that most programs in our statewide center-based sample would rate better
on some quality elements than others. GTQ data revealed that center-based classrooms serving infants and toddlers did not score as well as those serving preschool-age children and home-based programs scored considerably lower on the applicable Environmental Rating Scale (ERS) than center-based programs.

**EP-66244**


Clients who verbalize statements arguing for change (change talk [CT]) in psychotherapy are more likely to decrease alcohol and other drug use (AOD) compared with clients who voice statements in opposition of change (sustain talk [ST]). Little is known about how CT and ST are expressed in groups in which adolescents may vary in their AOD use severity and readiness to change. First, we examined how session content was associated with CT/ST, and then we looked at whether different subtypes of CT/ST were associated with subsequent AOD outcomes 3 months later. Audio recordings (N = 129 sessions) of a 6-session group motivational interviewing (MI) intervention, Free Talk, were coded. Session content was not associated with CT; however, some session content was associated with higher percentages of ST (e.g., normative feedback). Subtypes of CT (Commitment and Reason) were associated with improved AOD outcomes, whereas Ability subtype remarks were related to increased marijuana use, intentions, and consequences. Findings offer helpful guidance for clinical training and narrow in on the type of CT to try to elicit in Group MI sessions. Regardless of session content, adolescents can benefit from hearing CT during the group.

**EP-66248**


Recent changes in education and training policy in England continue to focus on creating a ‘demand-led’ system in an environment where public funds are dwindling and where more responsibility is being devolved away from central government. This raises questions about governance of the system, among others, and the roles that key system actors are expected to play. This paper broadly discusses education and training system policies that focus on workforce development in England and the US, especially with regard to the role of further education colleges (community colleges in the US), employer engagement, and local workforce development bodies. The focus is on governance at the post-secondary level, as the main interest is skills development after compulsory education. The US and England share a number of features and problems that affect the education and training system, such as lack of employer involvement, the lower status of sub-baccalaureate education and training providers despite their central role in delivering vocational education and training programmes, and insufficient links between education and training provision and the labour market. The most striking differences between the American and English systems are the governance and authority structures, which are stronger in the US and afford greater scope for strategic planning by states and between states and the federal level. The experiences of community colleges in working with employers to provide workforce training may be worth further investigation as further education colleges further develop this type of provision. The US experience is less instructive with regard to quality assurance or increasing employers’ engagement with education.

**EP-66252**

Revisioning Strategic Communication Through Rhetoric and Discourse Analysis. William Marcellino. 2015

Strategic communication can be made more conceptually robust and draw on a more powerful and useful suite of tools and methods by bor-
rowing from two language-focused disciplines: rhetoric and discourse analysis. Rhetoric offers an explanatory framework for how and why communication fails or succeeds, as well as practical domain knowledge for how to design and effect sound communication strategies, while discourse analysis is a set of approaches and methods to analyzing real-world language use (discourse). Rhetoric, a humanities discipline centered on argumentation and persuasion, has had practical value and been effective since Aristotle's time, but it also has an empirical wing developed over the last 60 years. Discourse analysis is a relatively recent offshoot from sociolinguistics, which brings systematic, empirical analysis to language at the micro level and features a wide range of qualitative and quantitative methods.

EP-66253


The National Assembly of Lao People's Democratic Republic (Laos) approved the Health Sector Reform Strategy in 2012, which called for an assessment as to whether Laos should introduce hospital autonomy, and if so, in which ways. The purpose of this study is to assess the status quo of hospital governance in Laos and propose policy suggestions for hospital autonomy in the country. We formulated an analytic framework for hospital autonomy based on previous work by other researchers, collected qualitative data through key informant interviews and focus group discussions, and also performed secondary data analysis. Public hospitals in Laos enjoyed some informal autonomy with little accountability and Laos is facing key challenges of hospital governance. As a result, introducing hospital autonomy in Laos could bring risks, benefits and debates. Before Laos decides on granting autonomy to its public hospitals, we strongly suggest that the government do pilot in selected public hospitals with well-regulated governance framework first and conduct rigorous evaluations to examine whether the granted autonomy leads to the intended social goals of equity, quality, efficiency and sustainability. We recommend residual claimants should be monitored by the government and by the society with open and transparent approach, and active measures should be taken to improve performance and ensure social functions. The study findings may also provide some suggestions for low- and middle-income countries, which are contemplating the introduction of hospital autonomy in the public sector.

EP-66254

Dementia Care Management in an Underserved Community: The Comparative Effectiveness of Two Different Approaches. Joshua Chodosh, Benjamin Colaiaco, Karen Connor, Dennis W. Cope, Hangsheng Liu, David A. Ganz, Mark Jason Richman, Debra Cherry, Joseph Moshe Blank, Raquel del Pilar Carbone, Sheldon Mark Wolf, Barbara Vickrey. 2015

OBJECTIVES: To compare the effectiveness and costs of telephone-only approach to in-person plus telephone for delivering an evidence-based, coordinated care management program for dementia. METHODS: We randomized 151 patient–caregiver dyads from an underserved predominantly Latino community to two arms that shared a care management protocol but implemented in different formats: in-person visits at home and/or in the community plus telephone and mail, versus telephone and mail only. We compared between-arm caregiver burden and care-recipient problem behaviors (primary outcomes) and patient–caregiver dyad retention, care quality, health care utilization, and costs (secondary outcomes) at 6- and 12-months follow-up. RESULTS: Care quality improved substantially over time in both arms. Caregiver burden, care-recipient problem behaviors, retention, and health care utilization did not differ across arms but the in-person program cost more to deliver. DISCUSSION: Dementia care quality improved regardless of how care management
was delivered; large differences in effectiveness or cost offsets were not detected.

EP-66255
Early Life Adversity and Adult Biological Risk Profiles. Esther M. Friedman, Arun Karlamangla, Tara L. Gruenewald, Brandon Koretz, Teresa E. Seeman. 2015

OBJECTIVES: To determine whether there is a relationship between early life adversity (ELA) and biological parameters known to predict health risks and to examine the extent to which circumstances in midlife mediate this relationship. METHODS: We analyzed data on 1180 respondents from the biomarker subsample of the second wave of the National Survey of Midlife Development in the United States. ELA assessments were based on childhood socioeconomic disadvantage (i.e., on welfare, perceived low income, and less educated parents) and other stressors (e.g., parental death, parental divorce, and parental physical abuse). The outcome variable was cumulative allostatic load (AL), a marker of biological risk. We also incorporate information on adult circumstances, including than following: education, social relationships, and health behaviors. RESULTS: Childhood socioeconomic adversity and physical abuse were associated with increased AL (B = 0.094, standard error = 0.041, and B = 0.263, standard error = 0.091 respectively), with nonsignificant associations for parental divorce and death with AL. Adult education mediated the relationship between socioeconomic ELA and cumulative AL to the point of nonsignificance, with this factor alone explaining nearly 40% of the relationship. The association between childhood physical abuse and AL remained even after adjusting for adult educational attainments, social relationships, and health behaviors. These associations were most pronounced for secondary stress systems, including inflammation, cardiovascular function, and lipid metabolism. CONCLUSIONS: The physiological consequences of early life socioeconomic adversity are attenuated by achieving high levels of schooling later on. The adverse consequences of childhood physical abuse, on the other hand, persist in multivariable-adjusted analysis.

EP-66257

OBJECTIVE: Describe the prevalence of colonoscopy before age 50, when guidelines recommend initiation of colorectal cancer screening for average risk individuals. METHOD: We assembled administrative health records that captured receipt of colonoscopy between 40 and 49-years of age for a cohort of 204,758 50-year-old members of four US health plans and used backward recurrence time models to estimate trends in receipt of colonoscopy before age 50 and variation in early colonoscopy by age and sex. We also used self-reported receipt of colonoscopy from 27,157 40- to 49-year-old respondents to the 2010 National Health Interview Survey (NHIS) to estimate the association between early colonoscopy and sex, race/ethnicity, and geographic location based on logistic regression models that accounted for the complex NHIS sampling design. RESULTS: About 5% of the health plan cohort had a record of colonoscopy before age 50. Receipt of early colonoscopy increased significantly from 1999 to 2010 (test for linear trend, p < 0.0001), was more likely among women than men (RR = 1.9, 95% CI 1.14–1.24) and in the east coast health plan compared to west coast and Hawaii plans. The NHIS analysis found that early colonoscopy was more likely in Northeastern residents compared to residents in the West (odds ratio = 1.75, 95% CI 1.28–2.39). CONCLUSION: Colonoscopy before age 50 is increasingly common.
MONOGRAPHS

MG-1171/7-OSD

Acquiring and deploying space systems in a timely, affordable manner is important to U.S. national security but for years, Department of Defense (DoD) space programs have experienced large cost growth, schedule delays, and technical problems. Although these issues have been mostly resolved, DoD should apply lessons learned from past experience as it plans for the next-generation space systems, especially in the current fiscal environment. The authors analyze the performance of selected DoD space programs in terms of cost growth, schedule delays, and on-orbit performance over the course of their program histories spanning from 1996 to 2012; identify key factors that contributed to cost growth, schedule overruns, and technical problems; characterize the current status of these programs; and identify future acquisition challenges that next-generation space systems might face.

MG-1171/8-OSD

The authors examine the cause of the Joint Precision Approach and Landing System (JPALS) major defense acquisition program Nunn-McCurdy unit cost breach and document a methodology that can assess and summarize the overall performance of an acquisition portfolio at a point in time and over several years. In January 2014, the Navy informed the USD (AT&L) that both the average procurement unit cost and the program acquisition unit cost for the JPALS Inc. 1A program exceeded critical thresholds against both the original baseline and the current baseline, triggering the Nunn-McCurdy process, which is statutorily required by the 2009 Weapon Systems Acquisition Reform Act legislation. The team used official primary source documentation, interviews, and trade literature to assess and document the reasons for the critical cost growth. The methodology developed to assess portfolio performance included identifying objectives, choosing a portfolio type, selecting data and metrics, addressing data anomalies, and calculating and visualizing metrics. The authors applied the methodology to two sample portfolios—helicopter and satellite—from 2002 to 2012. They considered cost and schedule performance over time, reasons for changes in the portfolios' composition and maturity, the drivers and implications of rates of program spending, the percentage of funds remaining, the potential for future cost growth, the effects of rebaselining, and trends in associated Nunn-McCurdy breaches.

PERSPECTIVES

PE-128-OSD

In an update to a 2012 RAND report on information operations (IO) in Afghanistan, this Perspective describes the continuing challenges
of IO doctrine integration and harmonization and the establishment of measures of effectiveness for IO within the Department of Defense. Despite recommendations made in the 2012 report, little progress has been made in these areas, which will have an even greater negative impact as the United States reduces the number of troops in theater and as resources to combat the enemy's propaganda offense remain limited.

PE-130-1-RC

Although the numbers of Westerners slipping off to join the jihadist fronts in Syria and Iraq are murky, U.S. counterterrorism officials believe that those fighters pose a clear and present danger to American security. This Perspective seeks to examine the scope of the threat posed by Western fighters who return to their homes after fighting in Syria and Iraq; what can be done to reduce the threat, and whether military action is necessary in combating it, as well as whether a more ambitious American military intervention in Iraq and Syria is required.

PE-135-RC
The Days After a Deal with Iran: Implications for the Nuclear Nonproliferation Regime. Jeffrey M. Kaplow, Rebecca Gibbons. 2015

One of a series of RAND Perspectives on what the Middle East and U.S. policy might look like in “the days after a deal” with Iran, this Perspective examines a deal’s implications for the nuclear nonproliferation regime. Slowing or stopping Iran’s nuclear development is an important nonproliferation accomplishment, but the international community will need to find ways to mitigate some of the deal’s negative consequences.

PE-137-RC
The Days After a Deal with Iran: Implications for the Air Force. Lynn E. Davis, David E. Thaler. 2015

One of a series of RAND Perspectives on what the Middle East and U.S. policy might look like in “the days after a deal” with Iran, this Perspective examines the choices the United States will confront in its policies toward Iran and its regional partners in the event that a final nuclear agreement is reached between Iran and the United States, Britain, France, Russia, China, and Germany (the P5+1); specifically, it focuses on the choices that will need to be made regarding U.S. military posture and activities in the Middle East, with a focus on the U.S. Air Force.

PE-138-A
Inventory Reduction Without Regret: Balancing Storage and Rebuy Costs. Marygail K. Brauner, John F. Raffensperger, Edward W. Chan. 2015

The Army's currently high (relative to demand) parts inventory is seen by some as a source of waste, but disposing of too much inventory can increase costs in the long run. The Army should assess the cost of inventory not on its total dollar value but instead on long-term factors such as storage costs, repair costs, and the risk of rebuy. RAND has developed formulas to estimate long-run cost of inventory based on these factors.

PE-139-OSD
The Days After a Deal with Iran: Congress’s Role in Implementing a Nuclear Agreement. Larry Hanauer. 2015

The president has extensive authority under the law to provide sanctions relief to Iran as part of a comprehensive nuclear agreement. Nevertheless, Congress can take a range of steps to facilitate, hinder, or even block the executive branch’s efforts to relieve economic sanctions. It is therefore important to understand Congress’ options for shaping the implementation of a nuclear agreement with Iran and to assess the likelihood and impacts of each. On one end of the spectrum of options available to Congress, lawmakers could
support a deal's implementation by removing statutory sanctions; on the other, it could withhold funds needed to execute the deal or nullify it through legislation. However, Congress is most likely to take a middle-of-the-road approach that enables the administration to provide sufficient sanctions relief to appeal to Tehran. This approach could involve taking no legislative action at all, which would enable the deal to be implemented as agreed; imposing limits on the president's authority to waive or suspend statutory sanctions; or passing new sanctions designed to punish Iranian non-compliance. In the wake of a diplomatic agreement that includes promises of sanctions relief, new U.S. sanctions would likely scuttle the deal, drive Iran to resume high-level enrichment, undermine global support for sanctions, and leave the United States internationally isolated. As a result, any new sanctions imposed by Congress will likely take effect only if Iran is found to have reneged on its commitments under a deal.

PE-141-RC
Borrowing for the Cure: Debt Financing of Breakthrough Treatments. Soeren Mattke, Emily Hoch. 2015

Recent market entries of breakthrough pharmaceutical products have reignited the debate about the affordability of high-priced drugs for public and private payers worldwide. Payers had voiced concerns about such drugs before but, faced with a possible outcry of patients and advocates, grudgingly accepted them. But as more high-cost drugs reach the market and treat more-prevalent conditions, medical professionals and government ministers have complained that this “blank check” might not be sustainable. Concerns about short-term budget impact have led countries to restrict access to expensive drugs, even when they met cost-effectiveness criteria and could lead to long-term savings. This paper offers a research-grounded perspective on innovative financing mechanisms to facilitate access to expensive yet highly effective breakthrough medical treatments. The authors outline the scope of the problem; describe several policy and market options, including bond financing and linking repayment to real-world value generation; and describe real-world applications.

PE-142-OSD

Trends in the capabilities of conventional military forces have, from the perspective of the United States, been moving in an unfavorable direction over the past decade or more. While the United States has been occupied with recent military operations, other potential adversaries have been advancing their own military capabilities. The proliferation of advanced antiaccess and area denial capabilities is a source of particular concern. A debate over the appropriate set of responses—strategic, operational, and technical—has begun. This perspective is intended to contribute to this debate by examining a potentially effective and feasible overall military approach to the challenge—direct defense—describing the general sorts of operational concepts and supporting capabilities that can enable that approach. Direct defense is predicated on the belief that the most credible way to assure partners and deter aggression is to confront potential aggressors with the prospect of failure should they seek to advance their objectives through force of arms. While many other steps can be taken to reduce the risks of conflict between the United States and potential adversaries (e.g., enhancements to allied self-defense capabilities and improved mechanisms for dispute resolution and crisis management), clarity about the U.S. commitment to direct defense and a visible investment in the requisite capabilities are essential. The ideas offered here suggest the main elements of a way forward for U.S. and allied defense planners.

PE-143-OSD
NATO Needs a Comprehensive Strategy for
Russia. Olga Oliker, Michael J. McNerney, Lynn E. Davis. 2015

Russia's continuing intervention in Ukraine, including its annexation of Crimea, is more than a stark rejection of Euro-Atlantic integration. It has shattered the vision of a stable, secure, and economically healthy Europe that has guided North Atlantic Treaty Organization (NATO) and European Union (EU) policy for two decades. NATO, working closely with the EU, needs to regain the initiative to proactively seek peace and stability on the continent and find a coherent, cohesive way forward. In this perspective, we describe two possible strategies for how NATO can respond to Russia's activities: (1) punishment and disengagement and (2) resilience and engagement. NATO's choice of a strategy comes down to whether to promote or give up on an integrated Europe and whether and how to influence Russia's behavior both politically and militarily. Our preference for the second strategy is based on its continued commitment to North Atlantic values and refusal to view Russia in adversarial zero-sum terms.

PE-144-A
Russian Foreign Policy in Historical and Current Context: A Reassessment. Olga Oliker, Christopher S. Chivvis, Keith Crane, Olesya Tkacheva, Scott Boston. 2015

This Perspective provides an overview and analysis of sources of Russian foreign policy to help explain Russia's actions in Ukraine in 2014 and 2015. It evaluates arguments based on Russian historical strategic interests, economic policy, and domestic policy to determine which explanations, alone or in combination, stand up best to Russia's actual choices and actions. The authors conclude that Russia's general attitude toward Ukraine is largely consistent with historical Russian (and Soviet) thinking about security interests and foreign policy, which have focused on buffer states, influence on its neighbors, and a perception of continued competition with the United States. However, these historical patterns alone are insufficient to fully explain Russian actions. Neither can public opinion, elite interests, or the pursuit of economic growth be defined as key drivers of Russian behavior. Moscow has sought to shape, rather than respond to, public opinion, and has done so with great success. Decisionmaking in the Kremlin has become highly centralized, obviating the possibility of elite group influence. Finally, economic growth goals have been jettisoned, rather than pursued, in this crisis. This said, the authors argue that an important component of the Kremlin's decision calculus also stems from how Russia's leaders, particularly Russian President Vladimir Putin, have interpreted the implications of the Maidan uprising in Ukraine for their own country. As a result, Putin's fear that popular opposition and unrest will threaten his power has led him to endanger many of the things he has worked to build over his tenure.

PE-146-RC

The Ebola epidemic that surged in 2014 and continues into 2015 is the largest in history, primarily affecting three countries in West Africa—Guinea, Liberia, and Sierra Leone. A small number of cases were reported in Mali, Nigeria, Senegal, and Democratic Republic of the Congo, but these countries intervened early and effectively to limit disease transmission. The authors propose a two-phase approach as a proof of concept to help identify potential hot zones and explore concrete actions to mitigate the impact of Ebola in these potentially vulnerable countries. To determine what factors might indicate vulnerability to a future Ebola outbreak, the authors assess a number of widely available statistical indicators in four broad domains: political, economic, sociocultural, and health. For the exemplar countries used in the perspective, the authors establish criteria
and, in progressively aggregating fashion, classify each indicator, domain, and country as high, medium, or low risk. Upon selecting three countries—Côte d’Ivoire, Ethiopia, and Pakistan—to examine further as potential Ebola hot zones, the authors describe both weaknesses and mitigating factors relevant to an Ebola outbreak. Finally, the perspective outlines a tabletop exercise for Ethiopia to highlight how a scenario might unfold and the questions, decisions, and challenges to be addressed along the way. The approach in this perspective is not inherently specific to Ebola—it can be applied or adapted to address other types of natural, accidental, or intentional health emergencies.

PE-147-RC

Using the Ebola outbreak that surged in 2014 and continues into 2015 as an illustrative example, RAND developed a proof-of-concept tool that aims to track, synthesize, evaluate, and communicate lessons that are being learned during an ongoing response and recovery effort, so that these lessons can be applied to the same effort to mitigate a problem or replicate a success. In this perspective, we describe and then illustratively apply the proposed Intra-Action Report (IAR)—a label we coined to describe this proof-of-concept tool. The IAR offers unique value by (1) offering a structured framework to capture actions iteratively during an ongoing response and recovery effort related to public health emergencies and disasters that unfold over protracted time frames, (2) pointing to opportunities for addressing initial failures or challenges and for replicating and promulgating successes during the same event, and (3) supporting communication and dissemination of best practices about ongoing response efforts. Although we use the 2014 Ebola outbreak as an illustrative example, the IAR is applicable to any type of public health emergency. And while it has been designed to take advantage of periodic updates during an ongoing, protracted emergency response, the framework can also be used only once (to produce a snapshot rather than progress over time) or after an event (more closely resembling a traditional After-Action Report). We hope that this proof of concept will be a useful addition to the emergency management toolkit and that this perspective will spur further development of the IAR concept.

PE-148-RC

During the response to the Ebola outbreak that surged in 2014 and continues into 2015, several new and largely untested interventions were suggested by various political and other authorities in both West Africa and the United States. When such public health emergencies arise, policymakers must assess and compare proposed interventions to determine the best way forward. Using Ebola as an illustrative example, RAND has developed a simple, practical, proof-of-concept policy analysis tool that aims to fill gaps in a decisionmaker’s ability to systematically assess proposed interventions in a public health emergency, whether for planning and preparedness purposes or for decisionmaking during an ongoing response. The tool developed by RAND and described in this report is flexible enough to allow evaluation of a single intervention, multiple interventions with the same aim, and the entire landscape of interventions, as well as to be used to make decisions quickly when needed, or on the basis of more in-depth analysis and consultation when time permits.

PE-149-RC
Options and Issues Regarding Marijuana Legalization. Jonathan P. Caulkins, Beau Kilmer,
Marijuana legalization is a controversial and multifaceted issue that is now the subject of serious debate. Since 2012, four U.S. states have passed ballot initiatives to remove prohibition and legalize a for-profit commercial marijuana industry. In December 2013, Uruguay became the first country to experiment with legalization nationwide; the Netherlands tolerates only retail sales and does not allow commercial production. Voters in Washington, D.C., recently took the more limited step of passing an initiative to legalize home production and personal possession. All of these moves were unprecedented. The effects are likely to be complex and will be difficult to fully assess for some time. The goal of this paper is to review recent changes in marijuana policies and the decisions that confront jurisdictions that are considering alternatives to traditional marijuana prohibition. The principal message is that marijuana policy should not be viewed as a binary choice between prohibition and the for-profit commercial model seen in Colorado and Washington State; several intermediate supply options should be discussed. In addition, this piece addresses other key decisions that need to be made about taxation and regulations. It also walks through some of the potential consequences of legalizing marijuana, highlighting the massive uncertainty surrounding many of these outcomes.

PE-152-AETNA
Harnessing Private-Sector Innovation to Improve Health Insurance Exchanges. Carole Roan Gresenz, Emily Hoch, Christine Eibner, Robert S. Rudin, Soeren Mattke. 2015

Overhauling the individual health insurance market—including through the creation of health insurance exchanges—was a key component of the Patient Protection and Affordable Care Act's multidimensional approach to addressing the long-standing problem of the uninsured in the United States. Despite succeeding in enrolling millions of Americans, the exchanges still face several challenges, including poor consumer experience, high operational and development costs, and incomplete market penetration. In light of these challenges, analysts considered a different model for the exchanges—privately facilitated exchanges—which could address these challenges and deepen the Affordable Care Act's impact. In this model, the government retains control over sovereign exchange functions but allows the private sector to assume responsibility for more-peripheral exchange functions, such as developing and sustaining exchange websites. Although private-sector entities have already undertaken exchange-related functions on a limited basis, privately facilitated exchanges could conceivably
relieve the government of its responsibility for front-end website operations and consumer decision-support functions entirely. A shift to privately facilitated exchanges could improve the consumer experience, increase enrollment, and lower costs for state and federal governments. A move to such a model requires, nonetheless, managing its risks, such as reduced consumer protection, increased consumer confusion, and the possible lack of a viable revenue base for privately facilitated exchanges, especially in less populous states. On net, the benefits are large enough and the risks sufficiently manageable to seriously consider such a shift. This paper provides background information and more detail on the analysts’ assessment.

PE-154-RC

Events in recent months have focused national attention on profound fractures in trust between some police departments and the communities they are charged with protecting. Though the potential for such fractures is always present given the role of police in society, building and maintaining trust between police and the public is critical for the health of American democracy. However, in an era when information technology has the potential to greatly increase transparency of police activities in a variety of ways, building and maintaining trust is challenging. Doing so likely requires steps taken by both police organizations and the public to build understanding and relationships that can sustain trust through tragic incidents that can occur in the course of policing—whether it is a citizen’s or officer’s life that is lost. This paper draws on the deep literature on legitimacy, procedural justice, and trust to frame three core questions that must be addressed to build and maintain mutual trust between police and the public: (1) What is the police department doing and why? (2) What are the results of the department’s actions? and (3) What mechanisms are in place to discover and respond to problems from the officer to the department level? Answering these questions ensures that both the public and police have mutual understanding and expectations about the goals and tactics of policing, their side effects, and the procedures to address problems fairly and effectively, maintaining confidence over time.

PE-156-TSF
Overcoming Obstacles to Advanced Reactor Technologies. Edward Geist. 2015

This perspective examines the institutional and technical obstacles to the commercialization of advanced nuclear reactors for electrical power generation in the United States. The nuclear renaissance that seemed imminent ten years ago has failed to materialize, in considerable part because of the failure of large light-water reactors (LWRs) to achieve the envisioned improvement in capital costs. If nuclear fission is to play a substantial role in the future of the U.S. energy supply, a more cost-effective type of nuclear power plant must be commercialized. This piece examines the underlying technical reasons LWRs require expensive engineered safety systems to protect the public. It then explores the institutional barriers that make it difficult for the U.S. Nuclear Regulatory Commission to evaluate non-LWR nuclear plants and discourage the U.S. Department of Energy and industry from investing the time and resources needed to establish the operational and safety characteristics of these technologies. Finally, it provides an overview of several candidate reactor designs that might offer alternatives to the current technological paradigm and outlines steps policymakers can take to overcome the barriers to the commercialization of next-generation nuclear reactors.

PE-157-RC
Getting the Most Out of University Strategic Planning: Essential Guidance for Success and Obstacles to Avoid. Charles A. Goldman, Hanine Salem. 2015
Higher education institutions often find themselves in a competitive marketplace, looking to attract highly respected scholars, top-tier students, and donors, as well as to increase their visibility and reputation. In such an environment, strategic planning—which Crittenden defines as “attempt to systematize the processes that enable an organization to achieve goals and objectives” (2000)—can help universities maintain stability in a changing situation and respond constructively to increasing competition or external threats. Our experiences supporting universities in their strategic planning efforts, and literature that has influenced our practices, have identified factors that drive success—and create obstacles—in the planning process.

PE-158-CMS

From Coverage to Care: Strengthening and Facilitating Consumer Connections to the Health System. Laurie T. Martin, Jill E. Luoto. 2015

To date, most Affordable Care Act implementation efforts have focused on getting individuals enrolled in health insurance coverage; indeed, millions of Americans, many of whom had never been insured, have since obtained health coverage, either through the health insurance marketplaces or through expanded Medicaid eligibility, if available in their state. Yet reducing the number of uninsured is only part of the law’s goal. It also aims to improve population health and lower health care costs. Less attention has been paid to confirming that the newly insured obtain appropriate health care and maintain long-term relationships with their health care providers, which are critical steps to help achieve these latter goals. This perspective describes lessons learned from conversations with a variety of stakeholders in the health care industry. These conversations covered the gamut of steps consumers must undergo to become fully engaged with their health care, from applying for coverage and selecting a plan to finding a provider, accessing care, and engaging in care over time. In each phase of the process, consumers must take specific actions and overcome new challenges. Stakeholder efforts to help consumers often focus on just one of these phases, at the expense of the bigger picture, and often occur in isolation, with little coordination across stakeholder groups. Thinking more strategically and holistically can help provide the “connective tissue” that can help prevent consumers from becoming disengaged and falling through the system’s cracks.

PE-160-1-CFAT

Leveraging Shared Savings to Promote High-Quality, Cost-Effective Higher Education. Trey Miller, Van L. Davis. 2015

This Perspective examines the way in which the dominant funding model in higher education, based on semester credit hours (SCHs), can promote cost inefficiencies. We propose a new approach—the Shared Savings Model (SSM)—that provides an alternative incentive structure for providers of higher education. The SSM leverages the fact that when institutions increase productivity, they also create considerable savings. While the traditional SCH-based model returns all of these savings back to taxpayers and students, leaving little incentive for institutions to produce them, the SSM promotes productivity-enhancing activities and processes by quantifying the cost savings from increased productivity and returning a portion back to the institutions that generate them. Institutions may find the SSM more palatable than traditional outcomes based funding approaches because it operates in conjunction with the SCH-based model, can preserve current SCH-based funding rates, and is voluntary for institutions. We lay out a framework for the model and offer recommendations for implementation, including approaches to increase productivity and considerations for ensuring quality, to guide institutions interested in pursuing funding innovations.

PE-160-CFAT

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PE-162-RC

While the rate of alcohol-related traffic fatalities declined nationally over the past two decades, California’s rate began to rise again in 2011. This Perspective considers whether California could do more to reduce driving under the influence (DUI) and other threats to public health and safety imposed by repeat DUI offenders. California’s current approach to addressing DUIs largely focuses on reducing the probability that individuals drive while impaired. In this Perspective, we argue that future approaches will also need to better target the problem drinking that underlies impaired driving and other negative outcomes. We consider strategies currently in use statewide and in some California counties, as well as in other states. Many options are discussed, including ignition interlock devices, DUI courts, the 24/7 Sobriety program, and substance use treatment, including pharmacotherapy, for those with an alcohol use disorder. At this point, there is insufficient evidence about which types of programs work best for which individuals. Research is needed to assess the effectiveness and cost-effectiveness of these new strategies for addressing repeat DUI offenders.

PE-163-RC
How the Current Conflicts Are Shaping the Future of Syria and Iraq. Brian Michael Jenkins. 2015

Continued fighting has seen the diminishing strength of Syria’s secular rebels and the ascent of its most extreme jihadist component, represented by the Islamic State of Iraq and the Levant (ISIL). Despite open warfare with other rebel formations in Syria, ISIL was able to seize control of much of eastern Syria and western Iraq, which prompted American bombing. This soon expanded into a broader bombing campaign by a coalition of Western and Middle Eastern nations. As a result, ISIL has suffered some military setbacks and lost territory, but it also has been able to capture several more key cities in Iraq and Syria, and it continues to attract a large number of foreign fighters. The threat they pose, along with ISIL’s continued exhortations to its supporters abroad to carry out terrorist attacks, has increased pressure on the United States to deploy American ground combat forces. This essay examines how the dynamics of continuing conflicts will shape the future of Syria, Iraq, and the broader region. The conclusions point to a substantial gap between American national objectives and a realistic appreciation of the situation.

PE-166-OSD
Lessening the Risk of Refugee Radicalization: Lessons for the Middle East from Past Crises. Barbara Sude, David Stebbins, Sarah Weilant.
The exodus of more than 4 million refugees from Syria since 2011 raises questions about whether Syrian refugee concentrations will become incubators for violent extremist groups. This Perspective takes a preliminary look at nine historical situations in which populations fled violent conflict or repression—in South Asia, East Africa, Central Africa, and the Middle East—several of which became associated with the rise of militant and terrorist groups, to identify the factors in the way refugee situations are managed that are most likely to contribute to radicalization, defined as the process of committing to political or religious ideologies that espouse change through violence. The authors found that factors such as overcrowding, hunger, poverty, and local crime risk refugee alienation and can increase general violence, but specific combinations of factors can be more relevant for predicting the conditions most likely to contribute to radicalization: actions of the receiving country and its citizens, the refugees' loss of personal opportunities in prolonged crises, and lack of integrated programs. In the case of Syrian refugees, the international community has the right ideas to address many of the major risk factors, but comprehensive programs, rare in the historical cases, remain difficult to implement or sustain today.


In the summer of 2015, ProPublica published its Surgeon Scorecard, which displays "Adjusted Complication Rates" for individual, named surgeons for eight surgical procedures performed in hospitals. Public reports of provider performance have the potential to improve the quality of health care that patients receive. A valid performance report can drive quality improvement and usefully inform patients' choices of providers. However, performance reports with poor validity and reliability are potentially damaging to all involved. In September 2015, RAND released a critique of the Scorecard authored by a group of health policy researchers from RAND and other institutions, and on October 7, 2015 ProPublica published a rebuttal of our critique. In this follow-on Perspective, we revisit the main points in our initial critique, summarize ProPublica's rebuttal, explain why this rebuttal fails to address our methodological concerns, provide suggestions on how to validate and improve the Scorecard, and explain why we continue to advise potential users of the Scorecard, as it is currently constructed, not to consider it a valid or
reliable predictor of the health outcomes any individual surgeon is likely to provide.

PE-171-AST
Additive manufacturing and obsolescence management in the defence context. Giacomo Persi Paoli, Jon Freeman, Quentin Ladetto, Giuseppe L. Di Benedetto, John Erkoyuncu, Rajkumar Roy, Stewart Williams, Paul Colegrove, Filomeno Martina, Alessandro Busachi. 2015

The concept of obsolescence in the industrial sector has many facets that can be summarised in the general definition provided by the International Institute for Obsolescence Management (IIOM): obsolescence is the unavailability of parts, or services, that were previously available (IIOM 2015). With a view to raising awareness on the issue of obsolescence management in the defence sector and on the role that additive manufacturing (AM) plays today and could play tomorrow, this RAND Perspective Paper includes four contributions from experts in different sectors, bringing different analytical approaches to and perspectives on the issue. The first paper, from armasuisse, provides an overview of the Swiss military context and the opportunities and challenges that AM could represent. The second paper, from RAND Europe, illustrates the concept of obsolescence management in the defence sector and introduces the potential game changer role that AM could play in this field. The third paper, by the US Army, provides an insight into current use and future developments of AM from a more practical perspective. Finally, the last paper, from Cranfield University, elaborates on the costs of obsolescence and on the role that AM could have in obsolescence management in the future.

PE-182-RC

The conflict in Syria is radicalizing an entire generation of young Muslims, killing or maiming hundreds of thousands of innocents, forcing millions of Syrians to flee their homes, destabilizing neighboring states, straining the bonds of European solidarity, and fostering religious intolerance in the United States and elsewhere. Almost any peace would be better than this war. This essay presents a peace plan for Syria that is focused less on defining the nature of the Syrian state that might emerge from the conflict and more on the steps necessary to secure and sustain a ceasefire for the extended period that is likely to be needed for the Syrian parties to actually agree on new governing arrangements. The proposal calls for deferring a comprehensive political solution and resolution of the Assad question and focusing instead on a ceasefire backed by international enforcement, regional devolution of power, humanitarian assistance, and a longer-term political process. The essay concludes that the external parties that have supported one side or another in the current conflict will need to come together to guarantee and enforce any such ceasefire, if it is to hold. The parties will need to serve as external guarantors for three safe zones that reflect both Syria’s battle lines and ethno-sectarian divisions.

PRESENTATIONS

PT-136

This talk provides an overview of research that seeks to better understand the psychological processes underlying Social Security claiming decisions. The research shows that claiming decisions are affected by subjective judgments of life expectation as well as psychological measures of loss aversion, patience, and perceived ownership. Findings provide important insights for the design
of interventions for optimal individual retirement decisions.

PT-138


Against a backdrop of rapid, dramatic changes in the security, economic, and technological environments of Northeast Asia, many new issues of relevance to the U.S.–Japan alliance have arisen in recent years. The alliance is the cornerstone of U.S. presence in Asia, bringing together the world's largest and third largest economies. In a series of three conferences on November 6th, November 7th, and December 5th at the RAND Corporation's headquarters campus in Santa Monica, California, U.S. and Japanese experts explored the challenges for the U.S.-Japan alliance associated with China's military modernization drive and increasing foreign policy assertiveness; the threats posed by North Korea's conventional and WMD capabilities as well as the risk of regime collapse; the importance of sustaining and advancing trade liberalization and good governance standards through responsible foreign lending and investment; bilateral U.S.-Japan security issues including basing considerations, ballistic missile defense, and joint defense industrial development; the use of new Track II and Track 1.5 dialogues; and cooperation on national security in outer space.

PT-140


In the mid-1990s, the Social Security Administration started automatically mailing personalized Statements with information on projected retirement benefits, coverage for disability benefits, and survivors' benefits. This video talk provides an overview of how information interventions like the Statement can affect behavior. Using a staggered introduction of the Statement to measure its effect on participation in Social Security programs as well as employment decisions, the discussed study showed that individual reactions were striking and varied: receipt of the Statement nearly doubled the likelihood of applying for Social Security Disability Insurance, but only among those already reporting a serious health condition. Although it did not have an effect on the claiming decision of Social Security retirement benefits, Statement receipt led to large changes in hours worked among older workers, with this latter effect appearing to be driven by a misunderstanding of the assumptions behind the Statement's projections.

PT-147


This series of three training videos provides researchers and analysts with an overview of causal inference and the role of propensity scores in analysis. The videos provide step-by-step procedures for implementing propensity score analyses involving two or more treatment groups using the TWANG (Toolkit for Weighting and Analysis of Nonequivalent Groups) data analysis package. TWANG contains a set of functions to support causal modeling of observational data through the estimation and evaluation of propensity score weights. These three training videos, narrated by TWANG project leaders Beth Ann Griffin and Daniel McCaffrey, include an introduction to causal effects and propensity scores, a tutorial containing step-by-step procedures for using TWANG to es-
timate propensity score weights when there are two treatment groups, and a tutorial containing step-by-step procedures for using TWANG to estimate propensity score weights when there are three or more treatment groups.

PT-148-OSD

Sexual Assault and Sexual Harassment in the U.S. Military: Findings from the RAND Military Workplace Study. Kristie L. Gore. 2015

In early 2014, the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) asked the RAND National Defense Research Institute (NDRI) to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military — an assessment last conducted in 2012 by the department itself with the Workplace and Gender Relations Survey of Active Duty Personnel (WGRA). In this presentation, RAND co-project leader Kristie L. Gore presents an overview of the final findings from the resulting study, the RAND Military Workplace Study (RMWS), which included a survey of 560,000 U.S. service members fielded in August and September of 2014.

RESEARCH BRIEFS

RB-9584/1

Rare, Nonaggressive Form of Lymphoma Linked to Breast Implants: An Update. Courtney A. Gidengil, Benjamin Kim, Zachary Predmore, Kristin R. Van Busum, Soeren Mattke, Carol P. Roth, Kevin C. Chung, V. Leroy Young, Christopher Schnyer. 2015

Breast implant–associated anaplastic large cell lymphoma is a rare, nonaggressive cancer that can be treated by removal of the implant and surrounding capsule. Research is needed to identify risk factors; a patient registry would aid this process.

RB-9790-OSD


RAND researchers sought to identify how many U.S. military service members and their dependents are remote from behavioral health care and the effects of this distance on their access to and use of care.

RB-9793-DWP

Psychological Wellbeing and Work: Improving outcomes for people with common mental health problems. Christian van Stolk, Joanna Hofman, Marco Hafner, Barbara Janta. 2015

This brief summarises key findings and recommendations from a report that explores proposals to improve employment and health outcomes for people with common mental health problems.

RB-9800-DH

Analysing the economic impact of the Health Technology Assessment programme. Susan Guthrie, Marco Hafner, Teresa Bienkowska-Gibbs, Steven Wooding. 2015

RAND Europe analysis of the economic benefits arising from a sample of projects funded through the NIHR Health Technology Assessment programme, and case studies exploring these impacts in more detail.

RB-9808-MOD

Innovation models for defence. Jon Freeman, Tess Hellgren, Michele Mastroeni, Giacomo Persi Paoli, Kate Robertson, James Black. 2015

The UK Ministry of Defence (MOD) commissioned RAND Europe to conduct a study of innovation models and make recommendations on
changes the MOD could make to better harness and absorb innovation from external sources.

RB-9812/1
How Do ACA Tax Subsidies Affect Premiums and Enrollment?. Christine Eibner, Evan Saltzman. 2015

Describes the extent to which eliminating the subsidies offered by the Affordable Care Act would disrupt the U.S. individual health insurance market.

RB-9812/2
How Does Enrollment of Young Invincibles Affect Premiums in the ACA Individual Market?. Christine Eibner, Evan Saltzman. 2015

Describes the extent to which reduced enrollment of 18-to-34-year-olds in the U.S. individual health insurance market would lead to increased premiums.

RB-9812/3

Describes the extent to which changing the subsidy structure of the Affordable Care Act would make the individual health insurance market more sensitive to the rate of young adult enrollment.

RB-9812/4
How Does the ACA Individual Mandate Affect Enrollment and Premiums in the Individual Insurance Market?. Christine Eibner, Evan Saltzman. 2015

Describes how removing the Affordable Care Act's individual mandate would affect health insurance premiums and the overall number of insured.

RB-9815-CMS

The current process used by the Centers for Medicare & Medicaid Services for valuing physician work is based on physician survey responses. RAND researchers examined the feasibility of developing a model based instead on external data sources.

RB-9816

Expanded coverage under the Affordable Care Act could provide evidence-based substance use care for many individuals whose condition now goes untreated, but effective quality measures must be developed and tested to ensure high-quality care.

RB-9817
Valuing the Care We Provide Our Elders. Amaolavoyal V. Chari, John Engberg, Kristin N. Ray, Ateev Mehrotra. 2015

RAND researchers found that Americans spend over 30 billion hours each year providing informal care for the elderly, at a cost of $522 billion. These findings underscore the need for workplace policies that provide paid time off for caregivers.

RB-9819-WF
First Outcomes from the National Summer Learning Study. Jennifer Sloan McCombs, John F. Pane, Catherine H. Augustine, Heather L. Schwartz, Paco Martorell, Laura Zakaras. 2015

This brief describes the near-term effects of voluntary summer learning programs provided by five urban school districts to large numbers of struggling low-income elementary students in the summer of 2013.
When and How Are We Engaging Stakeholders in Health Care Research?. Thomas W. Concanon, Melissa Fuster, Tully Saunders, Kamal Patel, John B. Wong, Laurel K. Leslie, Joseph Lau. 2015

Stakeholder engagement in research varies significantly: Patients and health care providers were the most frequent collaborators. Policymakers and other researchers collaborated infrequently, or about 20 percent of the time.


Sleep problems can have consequences for servicemembers' health and for force readiness and resiliency. Findings from a large-scale survey of servicemembers offer guidance for policies and programs to identify, treat, and prevent sleep problems.


Sleep problems can have consequences for servicemembers' health and for force readiness and resiliency. This first-ever comprehensive review of sleep-related policies and programs led to recommendations for improving sleep across the force.


Marijuana policy should not be viewed as a binary choice between prohibition and the for-profit commercial model seen in Colorado and Washington. Legalization encompasses a wide range of possible regimes.

Which Behavioral Interventions Are Most Cost-Effective in Reducing Drunk Driving?. Liisa Ecola, Benjamin Batorsky, Jeanne S. Ringel, Johanna Zmud, Kathryn Connor, David Powell, Brian G. Chow, Christina Panis, Gregory S. Jones. 2015

Drunk driving is extremely dangerous, but not all drunk driving policies are equally cost-effective in all states. This brief describes a tool that can help decisionmakers choose policies that are appropriate for their states and state budgets.


This brief describes an interactive tool that can help state decisionmakers choose policies that are effective in reducing motor vehicle accidents in their states and appropriate to state budgets, saving lives and reducing economic and societal loss.


Most homeless youth smokers surveyed in Los Angeles County had tried to quit and were interested in receiving assistance with quitting. Homeless service providers are interested in providing smoking cessation assistance but face barriers to doing so.
Connecting Veterans and Employers. Kimberly Curry Hall, Margaret C. Harrell, Barbara Bicksler, Robert Stewart, Michael P. Fisher. 2015

This brief summarizes a report on lessons from experiences of businesses that attract, employ, and retain veterans. It provides recommendations to help employers and federal agencies increase veteran employment opportunities.

Bankruptcy Trusts Complicate the Outcomes of Asbestos Lawsuits. Lloyd Dixon, Geoffrey McGovern. 2015

Interrogatories and depositions in a tort case against a bankrupt firm are less likely to reveal exposure to asbestos in the firm's product than if the case had occurred before the firm filed bankruptcy.

Prescribing Antibiotics for Acute Respiratory Infections: Practice Doesn't Always Make Perfect. Courtney A. Gidengil, Jeffrey A. Linder, Gerald Paul Hunter, Claude Messan Setodji, Ateev Mehrotra. 2015

Physicians who treat a higher volume of patients with acute respiratory infections (ARIs) are more likely to diagnose a condition that calls for antibiotics, rather than one that does not, and they are more likely to prescribe antibiotics for ARIs.

Planning for Higher Education Programs: Effectively Using Data and Modeling to Understand Workforce Needs. Charles A. Goldman, Lindsay Butterfield, Diana Catherine Lavery, Trey Miller, Lindsay Daugherty, Trinidad Beleche, Bing Han. 2015

Workforce data sources provide valuable information, though no source should be used on its own. The information should be used to manage new and ongoing degree programs and for periodic strategic planning.


Research summary describing our evaluation of the preparation process for the new impact element of the Research Excellence Framework 2014 by UK universities, to assess the process and identify improvements.


Research summary describing our evaluation of the assessment process for submissions to the impact element of the Research Excellence Framework 2014 by UK universities, to explore strengths, weaknesses and implications for future similar exercises.


Discusses how the Air Force acquisition/life-cycle management community can improve cybersecurity throughout the life cycle of Air Force weapon systems.

One Place, One Budget? Approaches to pooling resources to transform public services. Jeremy Lonsdale, Daniel Schweppenstedde, Christian van Stolk, Benoit Guerin, Marco Hafner, Claire O'Brien. 2015

Summary of report detailing nine case stud-
ies where English local authorities are pooling resources to transform public services.

RB-9837-RE

Summary of report examining factors affecting quality of implementation of the conditional cash transfer (CCT) programme Bolsa Familia

RB-9841-OSD
Sexual Assault and Sexual Harassment in the U.S. Military: Highlights from the 2014 RAND Military Workplace Study. Andrew R. Morral, Kristie L. Gore, Terry L. Schell. 2015

This brief presents major conclusions for Department of Defense service members from the 2014 RAND Military Workplace Study, an independent assessment of the rates of sexual assault, sexual harassment, and gender discrimination in the U.S. military.

RB-9842-DOL

Presents information on the landscape of wellness programs, use of incentives, and their effect on participation, drawn from the first study on this topic to be based on national survey data.

RB-9843/1-EC

RAND Europe has collected evidence from one of the largest-ever surveys of citizens’ views across Europe on security, surveillance and privacy issues in three scenarios: train travel (described here), internet use, and storage of health records.

RB-9843/2-EC

RAND Europe has collected evidence from one of the largest-ever surveys of citizens’ views across Europe on security, surveillance and privacy issues in three scenarios: train travel, internet use (described here), and storage of health records.

RB-9843/3-EC

RAND Europe has collected evidence from one of the largest-ever surveys of citizens’ views across Europe on security, surveillance and privacy issues in three scenarios: train travel, internet use and (described here) storage of health records.

RB-9846/1-UKRF

As heart arrhythmia atrial fibrillation (AF) is becoming more prevalent, we explored current and future landscapes for AF-related stroke prevention. Key areas for the future include public awareness and patient education.

As heart arrhythmia atrial fibrillation (AF) is becoming more prevalent, we explored current and future landscapes for AF-related stroke prevention. Key areas for the future include education of medical staff and engagement across health services.

Should California Continue to Invest in Applied Suicide Intervention Skills Training (ASIST)? ASIST Could Save Lives and Wages and Reduce Medical Costs. J. Scott Ashwood, Brian Briscombe, Rajeev Ramchand, Elizabeth May, M. Audrey Burnam. 2015

Estimates the possible reductions in suicide attempts and deaths resulting from investment in ASIST and the financial return to Californians from reduced medical costs and increased earnings that would result from averted suicide attempts and deaths.

Workplace Accidents in Brazil Are Significantly Underreported: Inspection issues and informal workplaces make it difficult to determine true safety levels. John Mendeloff. 2015

Discusses why workplace accidents are severely underreported in Brazil and the issues that make it difficult to determine true safety levels, and makes recommendations for improving the situation.

How to Get the Biggest Impact from an Increase in Spending on Traffic Safety. Liisa Ecola, Benjamin Batorsky, Jeanne S. Ringel, Johanna Zmud, Kathryn Connor, David Powell, Brian G. Chow, Christina Panis, Gregory S. Jones. 2015

According to analysis with a free new tool, allocating increased federal traffic safety funding by cost-effectiveness ratios rather than equally among states would save more than double the number of lives and prevent almost five times the injuries.

Life around Cambridge: Results from the Cambridge Ahead Quality of Life survey. Bryn Garrod, Catherine L. Saunders, Marco Hafner, Christian van Stolk. 2015

Through an employee survey, we found that making the Cambridge area a better place to live requires a rounded approach. Housing and traffic were the greatest concerns, while leisure, education and health were associated with local area satisfaction.


Describes an evaluation of the impact of the Midwives Service Scheme, a government program introduced in 2009, which is intended to increase women's access to skilled care in rural underserved areas of Nigeria.
little comparative analysis of Chinese and U.S. military forces and development. This brief summarizes a RAND Project AIR FORCE study that seeks to fill this gap.

RB-9858/2-AF
Eric Heginbotham, Michael Nixon, Forrest E. Morgan, Jacob L. Heim, Jeff Hagen, Sheng Li, Jeffrey Engstrom, Martin C. Libicki, Paul DeLuca, David A. Shlapak, David R. Frelinger, Burgess Laird, Kyle Brady, Lyle J. Morris. 2015

Discussion about China’s military modernization has included little comparative analysis of Chinese and U.S. military capabilities. This brief focuses on improvements to China’s ability to disrupt or degrade U.S. operations by attacking air bases.

RB-9858/3-AF
Eric Heginbotham, Michael Nixon, Forrest E. Morgan, Jacob L. Heim, Jeff Hagen, Sheng Li, Jeffrey Engstrom, Martin C. Libicki, Paul DeLuca, David A. Shlapak, David R. Frelinger, Burgess Laird, Kyle Brady, Lyle J. Morris. 2015

Discussion about China’s military modernization has included little comparative analysis of Chinese and U.S. military capabilities. This brief focuses on improvements to China’s ability to contest U.S. air superiority in an Asian conflict.

RB-9858/4-AF
Eric Heginbotham, Michael Nixon, Forrest E. Morgan, Jacob L. Heim, Jeff Hagen, Sheng Li, Jeffrey Engstrom, Martin C. Libicki, Paul DeLuca, David A. Shlapak, David R. Frelinger, Kyle Brady, Burgess Laird, Lyle J. Morris. 2015

Discussion about China’s military modernization has included little comparative analysis of Chinese and U.S. military capabilities. This brief focuses on improvements to China’s ability to target U.S. surface ships, especially aircraft carriers.

RB-9859-OSD
Implications of Force Drawdowns for Demographic Diversity.
Maria C. Lytell, Kenneth Kuhn, Abigail Haddad, Jefferson P. Marquis, Nelson Lim, Kimberly Curry Hall, Robert Stewart, Jennie W. Wenger. 2015

The Department of Defense (DoD) has been conducting a large reduction of its military force. DoD drawdown policies that target certain groups (by experience, specialty, or aptitude) could have adverse effects on demographic diversity.

RB-9860
Should Traffic Crash Interventions Be Selected Nationally or State by State?.
Liisa Ecola, Benjamin Batorsky, Jeanne S. Ringel, Johanna Zmud, Kathryn Connor, David Powell, Brian G. Chow, Christina Panis, Gregory S. Jones. 2015

According to analysis using a new, free tool, a national allocation of funds for traffic crash prevention might cost less than allocating according to state-by-state needs, but it might save significantly fewer lives and reduce far fewer injuries.

RB-9862-OSD
The Federal Voting Assistance Program: Refocusing and Reorganizing for the Road Ahead.
Victoria A. Greenfield, Shoshana R. Shelton, Edward Balkovich, John S. Davis II, David M. Adamson. 2015

The Federal Voting Assistance Program is creating a clearer, shared understanding of its mission; building trust and strengthening its relationships with its stakeholders; and embracing a culture and principles of effectiveness.

RB-9863-CMHSA
California’s Statewide Mental Health Prevention and Early Intervention Initiatives Show Promis-

Summarizes findings from an evaluation of a set of California initiatives to help reduce mental health stigma and discrimination, prevent suicide, and improve student mental health.

RB-9864

We assessed the impact of the National Institute for Health Research Health Technology Assessment programme on academic research, health policy, clinical practice, patient health and economic outcomes, and made recommendations for the future.

RB-9865-TFA
Teach for America Gets Mostly High Marks from Principal Survey. Mollie Rudnick, Amanda F Edelman, Ujwal Kharel, Matthew W. Lewis. 2015

The results of the Teach For America (TFA) 2015 National Principal Survey show the context in which TFA corps members work, how principals perceive corps members, and how principals perceive their interactions with TFA.

RB-9866-PPE

Summarizes findings from an evaluation of Hawai‘i’s statewide preschool through third grade (P–3) initiative, which aims to have every child in Hawai‘i read at grade level by third grade.

RB-9870-RC

This research brief summarizes the second volume in RAND’s Strategic Rethink series, in which RAND experts offer a detailed analysis of U.S. options for defense strategy in the context of a challenging global security environment.

RB-9871

Increasing the number of physicians who can prescribe buprenorphine for opioid abuse and supporting their ability to treat more patients may be the fastest approach to enhancing capacity for treatment, particularly in less populated counties.

RB-9872-TEU

Analysis of Pennsylvania public school student performance showed significant achievement gaps for subgroups defined by race-ethnicity and family economic status. Closing these gaps would produce considerable economic benefits.

RB-9873
Putting the Brakes on the Obesity Epidemic. 2015
Recent RAND research suggests that the causes of the U.S. obesity epidemic are multidimensional and include three powerful, interacting influences: the economics of food, the food-choice environment, and the way foods are marketed.

RB-9874
A New Supermarket in a Food Desert: Is Better Health in Store?. Tamara Dubowitz, Madhumita Ghosh-Dastidar, Deborah A. Cohen, Robin Beckman, Elizabeth D. Steiner, Gerald Paul Hunter, Karen R. Florez, Christina Y. Huang, Christine Anne Vaughan, Jennifer Sloan, Shannon N. Zenk, Steven Cummins, Rebecca L. Collins. 2015

The Pittsburgh Hill/Homewood Research on Eating, Shopping, and Health study found that a new full-service supermarket in a food desert led to improvements in the quality of neighborhood residents' diets, though not in obesity rates.

RB-9878-USMC
Implications of Integrating Women into USMC Infantry. Agnes Gereben Schaefer, Jennie W. Wenger, Jennifer Kavanagh, Jonathan P. Wong, Gillian S. Oak, Thomas E. Trail, Todd Nichols. 2015

The Marine Corps Combat Development Command asked RAND to study the integration of women into infantry combat roles. Researchers reviewed the literature, conducted interviews, estimated costs, and developed an approach for monitoring integration.

RB-9879
Can Big Tobacco's Power Wall Be Breached?. William G. Shadel, Steven Martino, Claude Messan Setodji, Deborah M. Scharf, Daniela Kusuke, Angela Sicker, Min Gong. 2015

Adolescents who shopped in a store in which the tobacco-promoting “power wall” was hidden were about half as likely to report that they would smoke in the future, compared with those whose shopping experience included a power wall behind the cashier.

RB-9880-CMS
Connecting Consumers to Care. Laurie T. Martin, Jill E. Luoto. 2015

The Affordable Care Act has reduced the number of uninsured; an emerging challenge is to help the newly insured choose coverage wisely and use it to access primary care and preventive services.

RGS DISSERTATIONS

RGSD-337

In recent decades, China has become the world's principal source of rare earths extraction, processing, and manufacturing of its derivative goods. China's monopoly is partly a result of its rich geological endowment, particularly of the "heavy" rare earths that are increasingly valuable in green energy and military technology applications. The country's rapid industry consolidation, however, has been abetted by unfair policies such as export restrictions that subsidized domestic producers. Furthermore, Beijing has indicated a tight-fisted disposition, intent on reserving its rare earths for domestic consumers and preferring that trade partners "find their own sources." This dissertation examines how the U.S. can pursue a portfolio of policies to reduce American vulnerability to the supply disruption of one critical heavy rare earth, dysprosium. Intended primary for U.S. policy makers, the study first provides a consolidated narrative of the interplay of politics, economics, and geology of rare earths in general and dysprosium in particular. It then systematically evaluates the effectiveness and costs of a roster of new and incumbent policies. A new strategic planning framework leverages mixed-integer linear programming to concoct policy portfolios that
maximize U.S. resiliency to dysprosium supply disruptions at given budget levels. This enables a trade-off analysis comparing the portfolios' vulnerability reduction effectiveness against their costs. This analysis culminates with a recommendation of the portfolio that balances fiscal feasibility with acceptable vulnerability reduction. The hope is that the method and research findings will also serve as a generalizable template for mitigating the criticality of other vulnerable rare earths and materials.

**RGSD-338**

Predicting Active Duty Air Force Pilot Attrition Given an Anticipated Increase in Major Airline Pilot Hiring. Nolan Sweeney. 2015

The U.S. Air Force has traditionally been a significant source of pilots for the major airline industries. For much of the 2000s, two wars and a sputtering economy aided in managing the attrition of Air Force pilots. But now, amid myriad converging factors, there is a large projected increase in major airline pilot hiring that resembles the late 1990s surge, in which the Air Force endured its largest loss of pilots since the post–Vietnam War pilot exodus. Using logistic regression analysis and focusing on active duty Air Force pilots in the first three years following completion of their initial active duty service commitment (ADSC), this dissertation predicts future pilot attrition given the estimated increase in major airline hiring and recommends several policies that the Air Force can implement to better weather an increase in attrition.

**RGSD-343**

The Relationship Between Post Traumatic Stress Disorder (PTSD) Symptoms and Career Outcomes of Army Enlisted Servicemembers. Jennifer Walters. 2015

Post-Traumatic Stress Disorder (PTSD) has emerged as one of the signature wounds of the wars in Iraq and Afghanistan. Having provided more troop-years to these engagements than all the other services combined, the toll of PTSD has been especially burdensome for U.S. Army servicemembers. While the adverse mental and physical health outcomes associated with PTSD are well documented, the relationship between PTSD symptoms and military career milestones are often overlooked. This dissertation study endeavors to answer the question: To what extent do servicemembers with PTSD symptoms experience negative career outcomes?

**RGSD-345**

China's Health Insurance Reform and Disparities in Healthcare Utilization and Costs: A Longitudinal Analysis. Henu Zhao. 2015

China's economic success during the past 30 years was not mirrored in its health care system. As a result, the rural-urban disparities in health insurance coverage and the related health care areas became prominent. Since the late 1990s, China has been expanding insurance coverage, in order to provide accessible and affordable health care to all residents. This study analyzes whether the insurance expansion reduces rural-urban disparities in terms of health care utilization and financial protection.

**RGSD-346**

Positive Youth Development in a School-Based Setting: A Study of the Los Angeles Police Academy Magnet School Program. Shannon I. Maloney. 2015

Positive youth development (PYD) orients youth toward pro-social and forward-looking behavior through programs that emphasize youth empowerment and involvement, focus on skill development and character building, incorporate community collaboration at multiple levels, and include positive adult role models and mentors that interact with youth in meaningful ways. Research has shown that youth exposed to programs with these features are more likely to demonstrate traits associated with development along a positive life trajectory, represented by a life free from substance
abuse and violence and rich with meaningful relationships, a healthy sense of self, satisfying career, and clear ties to one’s larger community. This report expands on the current research into PYD programs and youth outcomes by examining PYD features in a public school setting. An existing program, the Los Angeles Police Academy Magnet School Program (LAPAMS), serves as a case study to examine the extent to which PYD features are incorporated in this particular mode of delivery. Specific program features, such as including law enforcement officers as key program mentors and extending the program across several years, may provide insights into how PYD approaches can be utilized by non-traditional community agents to reach youth in new ways. The report explores how law enforcement officer attributes, length of exposure to LAPAMS programming, and early exposure to LAPAMS programming relate to a set of youth outcomes.

RGSD-347

China has undergone a patenting boom, with yearly increases in patent applications averaging 34 percent. Since 2000 this has resulted in a 16-fold increase in the annual number of patents and according to the United Nations, China’s patent office has received more patent filings than any other country (UN December 11, 2012). Previous literature indicates that this trend is driven by large volumes of low-quality patents. Given this, I was motivated to understand the drivers of this trend, the impact of patenting-promoting policies, and the innovative outcomes of Chinese firms. This dissertation examines these three questions in three separate essays: (1) What are the drivers of this patenting boom, and what implications exist for Chinese technical innovation? (2) What are the innovative impacts of the Indigenous Innovation Policy, which is designed to promote patenting? (3) How innovative are leading Chinese firms?
and long-term implementation schedules perform well. Finally, I propose a naïve-Bayes’ model to assist planners in integrating new information with their current beliefs, providing guidance on what information in the next decade may cause them to adjust the strategy.

RGSD-349


With calls to increase federal funding in the physical sciences, in particular for sustainable energy technology (SET), there is a need to better understand the relationship between funding and innovation. In this dissertation, I examine the relationship between federal funding and research productivity, as revealed through publications and citations, for a sample of academic researchers with SET interests. I consider three policy levers the federal government can use to increase researcher productivity: (1) increase individual funding to increase individual research productivity, (2) increase individual funding in a particular topic area to increase individual research productivity in that area, and (3) increase national-level funding in a topic area to increase researcher participation in that area. I focus on SET and biomedical research as the topic areas of concern and created a sample consisting of academic chemists with a stated interest in SET, with data on their person-level federal grants received, publications, and citations. I find that doubling of research funding at the individual level is associated with a 16% increase in publications and an 11% increase in highly-cited publications. At mean values for the sample, the publication increase is equivalent to a cost of $180,000 per additional publication with a funding increase, as compared to an average cost per publication of roughly $60,000. Within-topic relationships between funding and productivity are similar, with a doubling of funding in a topic area associated with a 5-25% increase in publications in that topic area, for both SET and biomedical. Increased funding in one topic area is not negatively correlated with productivity in other topic areas, suggesting that researchers do not readily shift from one topic area to another. Finally, I consider national-level funding for a topic area and its relationship to researcher participation in that topic area. A 25% increase in national-level funding is associated with an 18% participation rate increase for SET and a 7% participation rate increase for biomedical research.

RGSD-350

Enhancing the Assessment of the Costs and Benefits of International Pilot Training (IPT) Within the U.S. Air Force: Is It Worth It?. McKay R. McLaren. 2015

This dissertation provides a unique perspective on valuing the total monetary cost and the operational monetary and nonmonetary benefits of international pilot training (IPT) that have not been explored previously. It investigates the costs of IPT that result from the sale of defense equipment through the U.S. government Foreign Military Sales (FMS) program. Costs are not fully reimbursed due to 1) special discount rates for North Atlantic Treaty Organization (NATO) nations and many other allies and 2) rates below actual costs. There are costs to the service above and beyond even the full reimbursement rate or formal course price for international training. It uses the case study of F-16 international training at the Tucson Air National Guard to derive the direct cost incurred through discounting, as well as an estimate of the cost above and beyond the full FMS price.

RGSD-351

Air Transport Pilot Supply and Demand: Current State and Effects of Recent Legislation. Michael McGee. 2015

Many airline industry experts have recently predicted crippling shortages in the supply of Airline Transport Pilots. The main reasons for concern in the United States over pilot shortages arises from recent legislation stemming from the 2009
Colgan air crash, an impending wave of mandatory retirements, a decreasing supply of new professional pilots into the pipeline, and major airline expansion. This study provides a comprehensive Airline Transport Pilot (ATP) supply and demand model and then assesses the current and future ATP supply and demand pipeline, to include the impact on the U.S. military pilot population. Subsequently, it evaluates policy options available to government, industry, and the military to mitigate any potential shortfalls in the future supply chain. This study finds there will not be a civilian system-wide pilot shortage in the near-term, though the system will become strained. Low-paying airlines will continue to have difficulties finding qualified pilots. All operators will experience fewer applicants for the available positions, potentially resulting in less qualified pilots system-wide. Barring any policy changes, the military will experience an inventory shortage in the near-term.

RGSD-352
The Role of Social Relationships in the Transmission and Prevention of HIV Among Homeless Youth and Male Sex Workers: Three Essays. Yas hodhara Rana. 2015

While social relationships influence HIV transmission, they can also offer possible points of intervention. A better understanding of such relationships can help in the development of new interventions that can target risk behaviors especially in marginalized populations that are still experiencing high rates of infection. Given this context, the overarching question that I explore in this dissertation is the role of social relationships in the transmission and prevention of HIV among marginalized populations. I approach this question through three papers that use different methodologies and explore diverse aspects of social relationships affecting risk behavior across two key understudied and vulnerable populations—homeless youth and male sex workers. Overall, these papers further our understanding about the role of social relationships and provide new directions for both research and policy.

RGSD-353
Three Studies in Conflict. Elizabeth Wilke. 2015

State instability, fragility and conflict pose a global security threat. We expect to see an increase in the use of conflict prevention, cessation, and recovery interventions in coming years as a result. Practitioners still lack answers to questions of critical importance from designing effective interventions relating to the appropriate modes of intervention before and during conflict; effective disarmament and reintegration strategies for combatants; and necessary procedures for consolidating post-conflict peace. This dissertation uses a variety of social science research methods to answer three research questions related to these issues. How well do current models of faction behavior predict faction participation, behavior and overall levels of violence in a specific conflict? What effects do aid-funded or informal reintegration programs have on returning soldiers? And, how can useful degrees of trust and cooperation be created in a post-conflict environment? This dissertation should be of particular interest to those engaged in designing and implementing conflict prevention and post-conflict recovery programs.

RGSD-354
Assessing the Feasibility of International Branch Campuses: Factors Universities Consider when Establishing Campuses Abroad. Megan Clifford. 2015

International branch campuses (IBCs) – degree-granting higher education institutions (HEIs) located in different countries than the HEIs that originated or operate them – are an important and growing part of the international higher education landscape. Unfortunately, little guidance about the process of establishing an IBC exists to help decision-makers at parent institutions determine whether or not to pursue a particular opportunity. To address this gap, this dissertation addresses two research questions: (1) What are the steps
in the decision-making process HEIs go through when making decisions regarding whether or not to establish an IBC? (2) What key factors do HEIs use to evaluate a potential IBC?

RGSD-355


End-of-life care has received increasing attention in recent years as the baby boomers age and health care costs continue to rise. This attention has brought with it remarkable growth in the field and improvement in care, but there remains work to be done in order to more consistently deliver high quality, compassionate, and patient- and family-centered end-of-life care. This dissertation examines the past, present, and future of end-of-life care in order to shed light on the most effective ways to organize and deliver it.

RGSD-356


Tuberculosis disease (TD) is caused by the activation of latent TB infection (LTBI). LTBI is non-infectious and asymptomatic but can be treated to reduce the probability of progression to disease. With over 15 million persons in the United States infected with LTBI, prioritizing high risk groups for LTBI testing and treatment is essential to feasibly and cost effectively controlling the spread of TB. This dissertation comprises three essays that will help policymakers decide who, how and why to test and treat for LTBI.

RGSD-357

Hello, Goodbye: Three Perspectives on Public School District Staff Turnover. Susan Burkhauser. 2015

Staff turnover is an issue faced by public school districts throughout the nation, especially those districts and schools serving the poorest and the lowest performing students. Staff turnover at any level of the education hierarchy can threaten continuity for school and district staff. In the United States 15 percent of superintendents, 23 percent of principals, and 16 percent of teachers do not return to their placements from one school year to the next. This dissertation is comprised of three essays each of which explores a different perspective on public school district staff turnover. The first essay uses quantitative models, which include both principal and school fixed effects to show that teacher ratings of the school environment, known to be associated with teacher mobility decisions, depend on the principal, independent of other school and district contextual factors. The second essay, using administrative records data creates a panel data set of the employment history of high school principals in North Carolina and Ohio to show that their past job experience predicts their subsequent turnover risk. The third essay combines data from 26 interviews of district superintendents, central office staff, and principals with 18 years of public school employment history data from Ohio. Using mixed methods, it provides insights on how superintendent turnover impacts district principals and staff at the district's central office.

RGSD-358


Teacher evaluations serve a dual purpose: 1) to hold teachers accountable for the quality of their instruction and student learning; and 2) to motivate and inform improvements in their practice. Given that teachers are considered to be the most important influence on student learning within the school environment, it is not surprising that policymakers look to teacher evaluations as a tool for improving student achievement. The policy landscape surrounding teacher evaluation in the U.S. is rapidly changing. Though reforms may be forwarded by state mandates, federal incentives, and
funding from private foundations, implementation occurs at the district level, and in the 45 states where teachers unions are permitted, teacher evaluation procedures may be subject to collective bargaining. It follows that local stakeholders determine, to a large extent, the success of these reform efforts. If efforts to implement new teacher evaluations are to be successful – and ultimately effective – policymakers must understand when and why school district leaders, local teachers unions, and other key players collaborate, and how their interactions influence the reform process and its outcomes. This dissertation presents three case studies of school districts in California that are working to reform their teacher evaluation policies. My research aim was to identify the conditions that led to successful development and adoption of teacher evaluation policies, as well as the factors that have contributed to challenges in those districts. I created a logical framework to outline the reform process and provide a canvas for telling the story of each case study district and for comparing cases. I explored the roles various stakeholders played over the course of district reform efforts and the evolving relationships between the districts and their teachers unions. I identified several factors that influenced the relationships between teachers unions and districts during the reform process and the policy outcomes of their efforts. Identifying the conditions that enable or impede collaboration can assist policymakers in making decisions that will encourage collaboration and minimize conflict, thus increasing the likelihood that their efforts will produce the desired outcomes. Based on my analysis, I present recommendations for policymakers, practitioners, and for further research.

RGSD-359
The Use of Unmanned Aerial Systems for Agriculture in Africa: Can It Fly?. Shira Efron. 2015

Food security in Africa is an imminent threat. However, the agricultural expansion required to feed Africa's growing population is expected to have detrimental environmental impacts. Policymakers are looking for technologies to boost agricultural yields in Africa in more efficient and environmentally sustainable ways. Unmanned aerial systems (UAS), commonly known for military uses, offer promise. Using a mixed-method approach, this interdisciplinary dissertation examines the feasibility—technical and non-technical—of adopting agricultural UAS in Africa. Specifically, I investigated if and how UAS might mitigate the damage borne by the Tsetse Fly and the Red-Billed Quelea, both pests endemic to Africa that are associated with tremendous losses and have adverse impact on food security. Further, I identified drivers and barriers to agricultural UAS adoption and modeled these factors to infer variation in the likelihood that 36 African countries successfully adopt this technology. The results of my research indicate that while UAS offer a potential solution to some of Africa's most pressing agricultural problems, there are several non-technical factors that policy-makers should consider when evaluating initiatives to adopt this technology. Barriers include cost, absence of infrastructure, regulation and public resistance. Drivers on the other hand include support from stakeholders and UAS' potential to draw African youth to join the agriculture sector. Based on these findings, I recommend that policymakers perform mission-fit analysis to determine the suitability of UAS for the agricultural mission of interest and examine its costs and benefits. If UAS is found compatible and cost-effective, policymakers should lower the barriers and capitalize on the drivers that may influence the success of this technology's adoption.

RGSD-360
Improving Utilization of and Adherence to Treatment for Post-Traumatic Stress Disorder Among U.S. Servicemembers and Veterans. Jeremy R. Kurz. 2015

Post-traumatic stress disorder (PTSD) is a mental health condition which afflicts thousands of current and former U.S. servicemembers. Despite significant advances in treatment options, many servicemembers and veterans suffering
from PTSD either do not seek mental healthcare or discontinue treatment before they can receive an adequate dose to reduce their symptoms. This dissertation seeks to find ways in which PTSD treatment utilization and adherence can be improved among servicemembers and veterans. I used a multi-method approach and three data sources to answer five specific research questions. Responses to two separate surveys of servicemembers and veterans were used to examine differences in treatment utilization and adherence between sub-groups of these populations. I interviewed behavioral health specialists to gain insights into administrative practices, use of evidence-based treatments, differences between population sub-groups, and recommendations for improvement. Combined, these two methods provided a picture of what factors contribute to low treatment utilization and adherence and how policies and practices can be changed to better provide for servicemembers and veterans suffering from PTSD. The results of my analyses indicate that several groups are less likely to utilize and adhere to treatment for PTSD, including men and those with lower levels of combat exposure and/or symptom severity. I also found that attending longer appointments with behavioral health specialists and receiving psychotherapy and/or medications were important predictors of treatment adherence. Several barriers were identified for both utilization and adherence among veterans and servicemembers. However, it was found that servicemembers often experience more barriers to initial treatment entry, whereas veterans have more barriers to continuation. I recommend many policy changes and efforts to improve treatment utilization and adherence, but the most important are establishing standardized practices for provider referrals and appointment scheduling, providing greater support for prolonged exposure therapy, removing negative career consequences for servicemembers seeking care, and providing greater availability of behavioral health specialists.

RGSD-361

Like civilian infrastructure, Air Force installations are dependent on electrical energy for daily operations. Energy shortages translate to decreased productivity, higher costs, and increased health risks. But for the United States military, energy shortages have the potential to become national security risks. Over ninety-five percent of the electrical energy used by the Air Force is supplied by the domestic grid, which is susceptible to shortages and disruptions. Many Air Force operations require a continuous source of energy, and while the Air Force has historically established redundant supplies of electrical energy, these back-ups are designed for short-term outages and may not provide sufficient supply for a longer, sustained power outage. Furthermore, it is the goal of the Department of Defense to produce or procure 25 percent of its facility energy from renewable sources by fiscal year 2025. In a government budget environment where decision makers are required to provide more capability with less money, it is becoming increasingly important for informed decisions regarding which energy supply options bear the most benefit for an installation. The analysis begins by exploring the field of energy supply options available to an Air Force installation. The supply options are assessed according to their ability to provide continuous and reliable energy, their applicability to unique requirements of Air Force installations, and their costs. Various methods of calculating energy usage by an installation are also addressed. The next step of this research develops a methodology and tool which assesses how an installation responds to various power outage scenarios. Lastly, various energy supply options are applied to the tool, and the results are reported in terms of cost and loss of installation capability. This approach will allow installation commanders and energy managers the ability to evaluate the cost and effectiveness of various energy investment options.
Change Talk in a Group Motivational Interviewing Setting and Risk Reduction Among Homeless Young Adults. Leslie Mullins. 2015

Over the past thirty years, Motivational Interviewing (MI) has been used to elicit change in a wide range of behaviors. During an MI session, the counselor uses open-ended questions and reflections to elicit behavior modifying language. This language is referred to as “change talk” (CT). MI is usually conducted in one-to-one sessions. However, in many service delivery settings (such as drop-in centers for homeless youth), staff time and other resources are too limited to be able to offer this type of individual counseling. MI delivered in a group setting is more feasible and thereby more likely to be sustainable in community-based settings. For this reason, there has been growing interest in delivering MI in group settings. However, few group MI interventions have been rigorously evaluated, and there is a need to better understand how group MI works in predicting client behavior change. The results of this study should be of interest to policymakers, researchers and practitioners who are seeking to expand the evidence-based literature for health-related risk reduction interventions targeting homeless youth. If effective and widely utilized, the proposed streamlined MI coding process would greatly decrease the amount of resources needed to examine the effects of non-judgmental, collaborative, evidence-based group MI interventions, similar to the pilot intervention examined in this study.

Improving Standoff Bombing Capacity in the Face of Anti-Access Area Denial Threats. Jordan Rozsa. 2015

The threat environment of the 21st century consists of increasing numbers of advanced anti-access/area denial (A2/AD) defense systems which place significant pressure on the current United States Air Force (USAF) bomber fleet. In a scenario with A2/AD systems, conventional USAF bombers will likely be relegated to a standoff role. The ability of the current bomber inventory to handle the challenges of stressing combat scenarios remains in question. This research seeks to address the issue of whether or not there is a capability gap given certain threat scenarios and how the Air Force could allocate resources to alleviate this potential capability gap. The primary aircraft alternatives considered are commercial-derivative and military cargo-derivative arsenal aircraft. Demand for and effectiveness of arsenal aircraft alternatives are assessed through parametric and exploratory analysis. Costs are analyzed using multivariate regression analysis and cost analogies. These methods provide cost-effectiveness comparisons among a variety of USAF policy options. Meeting warfighting demands highlighted in this report would be well served by developing new types of cruise missiles and procuring them in sufficient quantities. Improving weapon effectiveness will significantly decrease target demand by a factor of up to 5.6, varying by target set. If arsenal aircraft are procured to deliver these standoff weapons, the C-17 is the most cost-effective option due to avoidance of development costs, although there would be penalties incurred for reopening the production line. The B-1 and B-52 aircraft should be replaced early to eliminate high operating costs associated with the aging fleet. Using existing cargo aircraft (C-130, C-17, and C-5) for these missions as dual role aircraft yields minimal costs compared to procuring new aircraft.

Improving the Cost Efficiency and Readiness of MC-130 Aircrew Training: A Case Study. Sarah E. Evans. 2015

The MC-130 is a multi-role aircraft which plays a vital role in both times of war and peace as a key enabler of U.S. Special Operations Forces. Readiness training is particularly important for this asset, which must be ready to deploy at all times. As the U.S. Military budget decreases, the costs of training policy alternatives must be carefully evaluated to maximize readiness with the available
resources. The purpose of this research is to inform decision makers about the respective effects on costs and readiness of existing and potential MC-130 aircrew continuation training policies. Frequency and duration of sorties, having a colocated simulator, the proportion of temporary duty training, and role specialization were investigated in this research. In order to accomplish this goal a literature review was conducted and a data gathering internship was carried out in the 353rd Special Operations Group at Kadena Airbase, Japan. Using the information gathered an integer linear optimization model was developed along with feasible model inputs. Cost analysis was performed for each of the policies in a variety of scenarios. Increasing the proportion of temporary duty training, and implementing role specialization policies were found to be favorable alternatives in some cases. Having a colocated simulator was found to provide the most significant savings for continuation training overall.

**RESEARCH REPORTS**

**RR-1002-Osd**  

In recent years, the rising rate of suicides by military personnel has generated concern among policymakers, military leaders, and the public at large. Based on a recommendation from an earlier RAND report on preventing suicide among military personnel, this report reviews the literature on gatekeeper models of suicide prevention to better understand what is known about the effectiveness of gatekeepers and gatekeeper training. The report presents a theoretical model describing how gatekeeper training may influence individual knowledge, beliefs, and attitudes that may, in turn, result in intervention behaviors. It then reviews the evidence supporting each of the relationships presented in this model, and concludes with recommendations for advancing research in this field.

**RR-1007-AF**  

There is increasing concern that Air Force systems containing information technology are vulnerable to intelligence exploitation and offensive attack through cyberspace. In this report, the authors analyze how the Air Force acquisition/life-cycle management community can improve cybersecurity throughout the life cycle of its military systems. The focus is primarily on the subset of procured systems for which the Air Force has some control over design, architectures, protocols, and interfaces (e.g., weapon systems, platform information technology), as opposed to commercial, off-the-shelf information technology and business systems. The main themes in the authors’ findings are that cybersecurity laws and policies were created to manage commercial, off-the-shelf information technology and business systems and do not adequately address the challenges of securing military systems. Nor do they adequately capture the impact to operational missions. Cybersecurity is mainly added on to systems, not designed in. The authors recommend 12 steps that the Air Force can take to improve the cybersecurity of its military systems throughout their life cycles.

**RR-1008-Osd**  

In January 2012, the Department of Defense
(DoD) announced plans for a large-scale reduction—or drawdown—of its military force. The last drawdown to affect all four DoD services occurred in the 1990s, after the end of the Cold War. During that period, the military shrank by almost 37 percent, from about 2.17 million in FY 1987 to 1.37 million by FY 2000. Despite having a variety of goals and strategies for the 1990s and mid-2000s drawdowns, the services had few, if any, explicit diversity goals or strategies related to the drawdowns. Based on our discussions with force management experts, demographic diversity is also not part of their recent drawdown goals and strategies. However, the drawdown could have unintended consequences for demographic diversity even when diversity is not part of drawdown decisionmaking. To address the issue of unintended consequences of drawdowns on diversity, the Office of Diversity Management and Equal Opportunity (ODMEO) in the Office of the Under Secretary of Defense (Personnel and Readiness) asked RAND to analyze how force reductions could affect the demographic diversity of the DoD workforce. Our study focuses on gender and race/ethnicity, although we include other individual differences, such as education, in some analyses.

RR-101-AF

This report is one of a series designed to support Air Force leaders in promoting resilience among its Airmen, civilian employees, and Air Force family members. It identifies key environmental stressors experienced by Airmen and examines key resilience factors in the domain of environmental fitness, focusing specifically on prevention and protective measures. The report also reviews interventions that have been shown to improve environmental fitness, focusing primarily on the appropriate use of personal protective equipment (PPE).

RR-1010-AF

From their commissioning, Air Force officers mature into midlevel and senior leaders by gaining experience over time in positions of increasing responsibility and by participating in a number of developmental education and assignment opportunities. Once, the development activities in which individuals engaged were determined in part by recommendations from mentors, more-senior officers in specific career fields, and by the officers' own understanding about what it would take to progress as an Air Force officer. A new concept for leadership and force development was implemented in 2004. That concept included something called the development team (DT). A DT focuses on professional development, meeting regularly to review officers' plans and performance assessments, compare these against requirements for the career field, recommend education or special duties accordingly, and provide feedback to both the officer and his or her supervisor. DTs are also responsible for identifying candidates for command positions. After nearly nine years of experience with DTs, the Air Force asked RAND to review the role of DTs, exploring whether these teams should continue to operate and, if so, how.

RR-1011-CFAT
Using Workforce Information for Degree Program Planning in Texas. Charles A. Goldman, Lindsay Butterfield, Diana Catherine Lavery, Trey Miller, Lindsay Daugherty, Trinidad Beleche, Bing Han. 2015

In May 2013, the Texas Legislature passed House Bill 1296, requiring a report on Texas's future workforce needs that would help inform decisions to develop or expand postsecondary education programs. Educators and policymakers in Texas and elsewhere have a wide variety of quan-
titative and qualitative workforce information available for planning degree and certificate programs in colleges and universities. Such information can serve at least three major purposes: (1) strategic review of program alignment at the state or institutional level; (2) a broader strategic scan of occupations and fields of study where new programs may be needed; and (3) institutional proposal development for the opening and closing of programs, and the subsequent review of these proposals by the state. To guide the use of these data resources and to respond to the legislative requirement, the Texas Higher Education Coordinating Board asked the RAND Corporation to describe current practices in using workforce information for degree program planning in Texas and elsewhere; analyze options for using workforce information and recommend promising practices; develop data tools, where feasible; and apply these tools and describe findings. One of the major tools the project develops is a matrix that allows convenient comparisons of occupational supply and demand at the state and regional levels. This report is the result of that project.

RR-1016-Osd
Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges. Stephen J. Guerra, Michael J. McNerney. 2015

With the nation facing a variety of domestic threats and potential emergencies, policymakers are looking for ways to respond, especially as budgets decline. They need to exploit new capabilities and optimize those that already exist. Air National Guard (ANG) remotely piloted aircraft (RPAs) may offer such an opportunity. However, significant sensitivities may arise in the use of military RPAs for domestic missions. There are also constraints at both the operational and policy levels. In Air National Guard Remotely Piloted Aircraft and Domestic Missions: Opportunities and Challenges, the authors attempt to guide the discussion of ANG's utility in domestic missions. The report analyzes which domestic RPA missions are best suited to the ANG's current and planned capabilities and explores the policy and operational constraints that ANG RPAs face in conducting such missions. The authors gathered and analyzed data on the kinds of missions that RPAs conduct domestically, the current and future capabilities of the ANG's RPA force (such as sensors), and the policy and operational constraints the ANG faces in using its RPAs to fly domestic missions. The authors find that the current ANG RPA force can add the most value by freeing up DHS RPAs to focus on the missions for which they are best equipped: border countermigrant, border change-detection, and maritime counterdrug missions. Consequently, decisionmakers should consider ANG RPAs for incident-reconnaissance missions and, to the extent that policy restrictions allow, fixed-target surveillance. The authors also recommend developing a strategy that can help identify and address congressional concerns while providing transparency for the public as the Department of Defense works to explain its policies and uses for RPAs domestically.

RR-1017-LGA
One Place, One Budget? Approaches to pooling resources for public service transformation. Jeremy Lonsdale, Daniel Schweppenstedde, Christian van Stolk, Benoit Guerin, Marco Hafner. 2015

In 2014, the Local Government Association (LGA) People and Places Board commissioned RAND Europe to prepare nine case studies of local authorities in England (UK) where LGA knew a pooled approach was being used for service delivery. The objective was to describe the development of different initiatives and to comment on what appeared to be the enablers and barriers to progress. The specific initiatives implemented by local authorities using a pooled approach covered different services including health and social care, skills and vocational training, regeneration, economic growth, troubled families and the management of public assets. To undertake the project, RAND Europe gathered evidence from a number
of sources. The team conducted a review of the relevant literature on community budgets, pooling and public service reform conducted interviews with key representatives involved in the initiatives, and conducted a workshop with representatives from all nine places to discuss emerging findings. RAND Europe was able to draw conclusions on general lessons about the factors that appear to be influencing collaborative working for service delivery. Based on this evidence from the nine initiatives LGA asked RAND Europe to make recommendations for what a public sector reform deal—a series of asks of government and offers from places—might look like.

RR-1021-AF

The global security interests of India and the United States overlap far more than they clash, and this is particularly the case in Southeast Asia. India’s core goals for Southeast Asia are all in basic harmony with those of the United States—including regional stability; prevention of any outside nation from dominating the politics or economy of the region; peaceful settlement of territorial disputes such as the South China Sea; secure shipping through the Straits of Malacca and other crucial transit points; increased land, sea and air connectivity infrastructure; Myanmar’s democratic transition; and containment of radicalism in states including Indonesia and Malaysia. But America should not expect India to enter any sort of alliance (formal or de facto), nor join any coalition to balance against China. This does not indicate an anti-American outlook, but a determination to engage with Southeast Asia at a pace and manner of India’s own choosing—and a deep caution about precipitating conflict with Beijing. The replacement of a Congress Party government with a Bharatiya Janata Party administration in May 2014 has resulted in a recalibration of India’s foreign policy, but not a radical shift in its overall direction. For U.S. policymakers in the security arena, the challenge in building cooperation with India in Southeast Asia will boil down to four elements: (1) understanding India’s own goals for the region better, (2) adopting strategic patience in working at a pace and manner comfortable to India, (3) finding specific areas on which to focus attention, such as technology transfer, humanitarian assistance/disaster relief, Andaman and Nicobar Islands, and Myanmar policy, and (4) moving forward, laying the foundation for future progress.

RR-1022-MCRMC

The National Defense Authorization Act of 2013 mandated an independent commission—the Military Compensation and Retirement Modernization Commission (MCRMC)—to review the military compensation and retirement systems and make recommendations to modernize them. The MCRMC proposed a blended system consisting of a defined benefit (DB) plan, a defined contribution (DC) plan with matching, and a continuation pay in the 12th year of service, to replace the current DB-only system. MCRMC engaged the RAND National Defense Research Institute for analytical support during its internal deliberations regarding the form and details of its retirement plan. We based our analysis on the RAND Dynamic Retention Model, a dynamic programming model of individual choice regarding active-component (AC) retention and reserve-component (RC) participation that has been estimated based on longitudinal data and with significant capability to simulate alternative compensation policies. An important criterion of the analysis was whether a reform could sustain the current force size and shape. We found that the MCRMC plan could do so; this was the case by service, for officer and enlisted, for AC and RC. Further, the MCRMC plan would decrease cost. We estimated cost savings in the steady state ranging from $2.3 billion to $7.7 billion per year, depending on the DC plan.
contribution match rate and the lump sum versus second-career annuity choice, with an intermediate example showing cost savings of $4.3 billion a year. The report also discusses how our estimated savings figures compare with those reported by the MCRMC.

RR-1023-LACPD

California's Juvenile Justice Crime Prevention Act was designed to provide a stable funding source for juvenile programs that have proven effective in curbing crime among at-risk and young offenders. It provides funds to counties to add evidence-based programs and services for juvenile probationers identified with higher needs for special services than those identified for routine probationers, at-risk youth who have not entered the probation system but who live or attend school in areas of high crime or who have other factors that potentially predispose them to criminal activities, and youth in juvenile halls and camps. The California state legislature requires the Board of State and Community Corrections to submit annual reports measuring the program's success for six outcome measures: (1) successful completion of probation, (2) arrests, (3) probation violations, (4) incarcerations, (5) successful completion of restitution, and (6) successful completion of community service. Each county can also measure supplemental outcomes. For the six state-mandated outcomes, differences between program participants and comparison-group youth are mostly positive, though relatively small. County-developed supplemental outcomes, which measure performance of program participants at program entry and again at a later time, tend to be more favorable.

RR-1024-JNI
The Defender's Dilemma: Charting a Course Toward Cybersecurity. Martin C. Libicki, Lillian Ablon, Tim Webb. 2015

Cybersecurity is a constant, and, by all accounts growing, challenge. Although software products are gradually becoming more secure and novel approaches to cybersecurity are being developed, hackers are becoming more adept, their tools are better, and their markets are flourishing. The rising tide of network intrusions has focused organizations' attention on how to protect themselves better. This report, the second in a multi-phase study on the future of cybersecurity, reveals perspectives and perceptions from chief information security officers; examines the development of network defense measures—and the countermeasures that attackers create to subvert those measures; and explores the role of software vulnerabilities and inherent weaknesses. A heuristic model was developed to demonstrate the various cybersecurity levers that organizations can control, as well as exogenous factors that organizations cannot control. Among the report's findings were that cybersecurity experts are at least as focused on preserving their organizations' reputations as protecting actual property. Researchers also found that organizational size and software quality play significant roles in the strategies that defenders may adopt. Finally, those who secure networks will have to pay increasing attention to the role that smart devices might otherwise play in allowing hackers in. Organizations could benefit from better understanding their risk posture from various actors (threats), protection needs (vulnerabilities), and assets (impact). Policy recommendations include better defining the role of government, and exploring information sharing responsibilities.

RR-1025-AF

Planners for contingency operations gener-
ally assume that sufficient combat support (CS) resources will be available to support operational plans. This assumption carries a degree of risk: budgetary constraints, the inability to perfectly predict demands, the variability in supply processes, the possibility of multiple unplanned contingency operations taking place simultaneously, and other factors mean that there will always be imbalances between the global CS resources available and those requested to meet operational demands. Combatant commanders (CCDRs) and their component commands often lack information about global CS resource availabilities and constraints. Part of the challenge, from an Air Force perspective, is that the operations and CS communities do not have a cohesive approach (including doctrine, processes, analytic tools, training regimen, and organizations) to systematically include CS resource capabilities and constraints within the contingency planning process. Processes and assessment capabilities that relate CS resource availabilities/capabilities and constraints to operationally relevant metrics exist within some CS functional communities (e.g., munitions), but not others (e.g., impacts of casualties on operationally relevant metrics, such as sortie generation). The Air Force has not developed the processes and tools needed to assess the impact of resource capabilities and constraints across the diverse set of CS resources and to determine the integrated impact of these capabilities or constraints on operational plans. This publication describes a conceptual framework for better integrating CS capabilities and constraints into contingency planning and execution at the global, combatant command (COCOM), component, and wing levels.

RR-1026-DOEL

Delaware was awarded a Race to the Top–Early Learning Challenge grant in December 2011, which provided funding to the state to increase access to and improve the quality of early learning programs for infants, toddlers, and preschoolers. As part of the grant, Delaware is required to evaluate its quality rating and improvement system (QRIS)—Delaware Stars for Early Success—and the RAND Corporation was selected as the evaluator to validate the Delaware Stars QRIS. This report, from the second year of the evaluation, addresses program participation and quality ratings, financial incentives, and technical assistance. Evaluation of Delaware Stars for Early Success: Year 2 Report aims to determine whether Delaware Stars providers are advancing in the rating system and whether additional providers serving infants, toddlers, and preschool-age children are joining the QRIS. The authors updated the analyses of Delaware Stars participation based on administrative data as of October 2014, which is nine months after the snapshot presented in the Year 1 report. There is a slight gain in the overall provider participation rate (from 36 to 39 percent), but no change in the share of children in Delaware Stars programs. The administrative data demonstrate that Delaware Stars programs were advancing through the rating system as intended. The authors also include new analyses of Delaware Stars programs’ use of financial incentives and the amount of in-person technical assistance delivered to participating providers. Overall, the report points to the need for, and potential gain from, improving the Delaware Stars administrative data system.

RR-1030-OSD

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of needle acupuncture—used adjunctively or as monotherapy—to provide esti-
mates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder. Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal symptoms, treatment dropout, functional status, health-related quality of life, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. Forty-one trials (reported in 48 publications) with 5,227 participants were included. The available evidence suggests no consistent effect of acupuncture versus comparator interventions on substance use outcomes. There were positive effects for withdrawal symptoms and anxiety, yet these results were based on low or very low quality of evidence. Meta-regressions indicated that treatment dropout results differed by substance targeted, and withdrawal/craving symptoms and treatment dropout differed by acupuncture type. We found no evidence to suggest that effects of needle acupuncture differed systematically by acupuncture when offered as adjunctive versus monotherapy or by type of comparator. Only 12 studies provided safety data, and these data suggest that acupuncture is not typically associated with serious adverse events. Given the quality of evidence, there is uncertainty with regard to the magnitude or stability of effect estimates.

RR-1031-OSD
Mindfulness-Based Relapse Prevention for Substance Use Disorders: A Systematic Review. Sean Grant, Susanne Hempel, Benjamin Colaia-co, Aneesa Motala, Roberta M. Shanman, Marika Booth, Whitney Dudley, Melony E. Sorbero. 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of Mindfulness-Based Relapse Prevention (MBRP)—used as an adjunctive therapy or monotherapy—to provide estimates of its efficacy and safety for treating adults diagnosed with alcohol, opioid, stimulant, or cannabis use disorder. Outcomes of interest included relapse, frequency and quantity of substance use, withdrawal/craving symptoms, treatment dropout, functional status, health-related quality of life, recovery outcomes, and adverse events. When possible, meta-analyses and meta-regressions were conducted using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. Six trials (reported in 20 publications) with 685 participants were included. Evidence was insufficient to determine whether MBRP effects differ by type of substance use targeted. There were no significant effects for MBRP as an adjunctive therapy or a stand-alone monotherapy for most outcomes. There were statistically significant effects for MBRP as an adjunctive therapy for health-related quality of life and legal problems, yet this was based on very low quality of evidence from one randomized controlled trial. Effects did not appear to systematically differ by identified comparison group. The available evidence on adverse events is very limited. There were no statistically significant differences between MBRP and any comparators for substance use outcomes. Given the quality of evidence, there is uncertainty in the magnitude or stability of effect estimates. To provide more firm conclusions about the efficacy and safety of MBRP, future RCTs on this intervention are needed.

RR-1032-HEFCE

The UK higher education bodies asked RAND Europe to evaluate the assessment process for the impact element of the Research Excellence Framework 2014, and to explore the strengths and weaknesses of the assessment process in delivering reliable, robust and fair outcomes, identify
any unforeseen issues emerging during the assessment process and outline broad implications for the assessment proves of impact in future exercises. This report provides a summary of our key findings, complemented by a details analysis of the parts of the assessment process. It complements a previous piece of research that RAND Europe undertook for the UK higher education funding councils to evaluation the preparation process HEIs undertook as part of the exercise.

RR-1036-AUS

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden. Edward G. Keating, Irina Danescu, Dan Jenkins, James Black, Robert Murphy, Deborah Peetz, Sarah H. Bana. 2015

The Economic Consequences of Investing in Shipbuilding: Case Studies in the United States and Sweden assesses the economic consequences of shipbuilding—that is, the economic impacts that a shipbuilder has on its local community and region. This report is part of a larger project to inform Australian policymakers of the economics and feasibility of various strategies for the Australian shipbuilding industrial bases that produce or repair naval surface vessels. The authors utilize a case study methodology to examine Newport News Shipbuilding in Newport News, Virginia, and Austal USA shipbuilding in Mobile, Alabama. They complement and contrast analysis of these shipbuilders by examining the impact of the Saab Aeronautics Gripen program on Linkoping, Sweden. Both shipbuilders have had favorable effects on their local economies. Neither shipbuilder shows evidence of sizable adverse displacement effects; the shipbuilders appear not to have deprived other local firms of labor. On the other hand, neither shipbuilder has given rise to the Silicon Valley–type ecosystem of favorable spillovers and spin-offs that appears to have emanated from the Gripen program. The research therefore stakes out a middle-ground position in the Australian policy debate. The authors accept neither a “shipbuilding has no impact” argument nor a “shipbuilding will have large-scale beneficial effects” argument. The indigenous production of ships in Australia cannot be expected to have both low opportunity costs and displacements and high levels of favorable spillovers. Instead, these two objectives seem to trade off against one another.

RR-1044-AF


This report examines the evolution and interaction of U.S. Air Force narratives and popular attitudes toward civil and military aviation over the past century—from the “golden age” of aviation in the first half of the 20th century, when flight and airpower captured the American public’s imagination, to 2014, when aviation had long since become taken for granted. The study first examines the social currency of aviation and airpower, drawing on a historical review, the frequency with which airmen appeared on the cover of Time magazine during the period, and the frequency with which airpower and aviation concepts appeared in books. It then examines Air Force narratives, including the Air Force’s origin story as well as the dominant ideas uniting the organization at various points in its history. Finally, drawing on polling data from more than 50 opinion surveys conducted over the past 80 years, the study traces the evolution of the American public’s attitudes toward the Air Force since 1935. The American public today does not view airpower or the Air Force with the same fascination and enthusiasm that it did during the “golden age” of aviation, but the report concludes that shortcomings in Air Force narratives are not to blame: Airpower’s enormous social currency during the first half of the 20th century was due to real-world events and technological advances, not narratives. However, the report emphasizes that an effective narrative is still important as a means to help the public and key decisionmakers understand the contributions that airpower makes to U.S. national security today, and offers recommendations for the Air Force in this regard.
St. John’s Wort for Major Depressive Disorder: A Systematic Review. Alicia Ruelaz Maher, Susanne Hempel, Eric Apaydin, Roberta M. Shanman, Marika Booth, Jeremy N. V. Miles, Melony E. Sorbero. 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of St. Johns wort (SJW)—used adjunctively or as monotherapy—to provide estimates of its efficacy and safety in treating adults with major depressive disorder. Outcomes of interest included changes in depressive symptomatology, quality of life, and adverse effects. Efficacy meta-analyses used the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) approach. In total, 35 studies met inclusion criteria. There is moderate evidence, due to unexplained heterogeneity between studies, that depression improvement based on the number of treatment responders and depression scale scores favors SJW over placebo, and results are comparable to antidepressants. The existing evidence is based on studies testing SJW as monotherapy; there is a lack of evidence for SJW given as adjunct therapy to standard antidepressant therapy. We found no systematic difference between SJW extracts, but head-to-head trials are missing; LI 160 (0.3% hypericin, 1–4% hyperforin) was the extract with the greatest number of studies. Only two trials assessed quality of life. SJW adverse events reported in included trials were comparable to placebo, and were fewer compared with antidepressant medication; however, adverse event assessments were limited, and thus we have limited confidence in this conclusion.


Atrial fibrillation (AF) is the most common type of cardiac arrhythmia, affecting approximately 1–2 per cent of the population worldwide. Those who suffer from AF have a five times higher risk of stroke. AF prevalence increases with age and it affects roughly 18 per cent of the population over 85. Consequently, as populations age, AF is becoming an increasingly significant public health issue. Over recent years there have been developments in treatment and management options, both for treating the arrhythmia directly, and assessing and reducing the risk of AF-related stroke, but there is a need to ensure that available knowledge is applied optimally to benefit patients so that opportunities to prevent AF-related stroke are not missed. The aims of this project were to assess the current landscape and explore the direction of future developments in AF management in Europe, with a focus on the use of anticoagulants in the prevention of AF-related stroke. Through rapid evidence assessment, key informant interviews, PESTLE analysis and the development and exploration of future scenarios, we have developed sets of shorter- and longer-term recommendations for improving AF-related patient outcomes. The short-term recommendations are: i) improve AF awareness among the public and policymakers; ii) support education about AF management for healthcare professionals and patients; and iii) maintain engagement in AF-related research across the health services.

As heart arrhythmia atrial fibrillation (AF) is becoming more prevalent, we explored current and future landscapes for AF-related stroke prevention. Our recommendations target awareness, education and maintaining engagement across health services. This annexes document contains study methods and detailed results.

RR-1054-AF

The dramatic evolution in information and communication technologies (ICTs) online and on smartphones has led to rapid innovations in behavioral health care. To assist the U.S. Air Force in developing a strategy for use of ICTs, the authors reviewed the scientific literature on their use to prevent and treat behavioral health conditions, such as major depression, posttraumatic stress disorder, and alcohol misuse. There is currently little scientific evidence supporting additional investment in ICT-based psychosocial programs for resilience or prevention of posttraumatic stress symptoms, depression, or anxiety. Instead, preventive interventions might prioritize problems of alcohol misuse and intimate partner violence. ICT applications that play a role in the treatment process may be used for patient education and activation, to improve decisionmaking by clinicians, to provide a therapy, to improve adherence to treatment, or to maintain treatment gains over time. However, partly due to the rapid pace of development of the technology, there is little or no evidence in the literature regarding the efficacy of the most recently developed types of ICTs, in particular those using smartphones. Despite the lack of solid research evidence to date, ICTs hold promise in addressing the challenges of mental health care. One promising avenue is development of reliable methods for patient-clinician communication between therapy sessions; another is Internet-based cognitive behavioral therapy. The authors recommend that the Air Force should take an incremental approach to adopting the use of ICTs—one that involves a program of measurement-based implementation and process and outcome monitoring rather than urgent dissemination.

RR-1057-BOSE

Driver fatigue is a significant contributor to motor vehicle accidents and fatalities, although the exact share of those events attributable to fatigue is still uncertain. In 2013, accidents involving heavy trucks killed more than 3,944 people in the United States, with over 80 percent of those killed not in the truck. Numerous factors contribute to driver fatigue among commercial drivers, including shift-work schedules; high prevalence of alcohol and substance use; extended hours; comorbid medical conditions, such as pain, and high prevalence of sleep disorders. Many of these factors have been studied extensively in the trucking industry. Whole-body vibration (WBV) is another potential factor that may contribute to driver fatigue, but it has received little attention. Beginning in January 2015, Bose Corporation and AIG commissioned the RAND Corporation to study the link between WBV and driver fatigue. This report summarizes the findings from RAND’s systematic review of the literature on WBV and fatigue as well as considers appropriate study designs and methodology that will inform new areas of research focused on improving the safety of truckers and those who share the road with them. The literature review identified 24 studies examining the impact of WBV on fatigue or sleepiness. The majority of studies (n = 18) found a significant association between WBV and fatigue or sleepiness; however, there are several limitations of the existing literature that preclude definitive conclusions regarding the impact of WBV on these outcomes. This report concludes with recommendations for future studies to strengthen the evidence base.

The elimination of the Direct Ground Combat Definition and Assignment Rule has potentially opened to women some 15,500 special operations forces (SOF) positions. The potential integration of women into SOF raises issues pertinent to the effectiveness of SOF teams, in terms of physical standards and ensuring the readiness, cohesion, and morale essential to high-performing teams. This report assesses potential challenges to integration for unit cohesion and provides analytical support in validating SOF occupational standards for positions controlled by U.S. Special Operations Command (USSOCOM). Based on a survey of SOF personnel, opposition to opening SOF specialties to women is both deep and wide, with high levels of opposition across all SOF elements. The principal sources of this opposition are the belief that women do not have the physical and other capabilities to meet the demands of SOF specialties; the belief that the current high levels of cohesion and trust in units will suffer; and the importance that SOF personnel attach to maintaining high standards, coupled with deep concern that performance standards might be lowered to enable women to qualify. These survey results are supported and complemented by the results of focus group discussions with SOF personnel. These findings reflect SOF personnel's speculation, rather than actual experiences of SOF personnel. Similar concerns were voiced in prior integrations of excluded groups. These challenges are not insurmountable, and much depends on the implementation process. The issue of establishing gender-neutral standards is a critical component of the successful integration of women into SOF. The authors describe a framework for the SOF service components for establishing gender-neutral standards that builds on best practices applied to civilian organizations and federal agencies. The framework provides conceptual clarity and a set of unifying themes across the SOF service components.

Airman and Family Resilience: Lessons from the Scientific Literature. Sarah O. Meadows, Laura L. Miller, Sean Robson. 2015

This final overarching report in a series documents research and recommendations RAND offered to the Air Force to help strengthen the development of a new office responsible for monitoring and promoting resilience among Air Force Airmen, civilian employees, and Air Force families. Efforts to boost resilience have become an important military response to suicide and other markers of distress and poor health. The report reviews the concepts and measures of resilience, resilience factors, hardiness and flourishing. It describes how resilience and the military's Total Force Fitness concepts are related. The report brings together highlights from the eight companion reports on each Total Force Fitness domain and characterizes types of Air Force data that could be used to track resilience.


Under the Regionally Aligned Forces (RAF) concept, all units not assigned to the global response force are to be assigned, allocated, or otherwise aligned with a geographic combatant
command and to adapt their training and other preparations to the particular requirements of the region with which they are aligned. RAND Arroyo Center employed a three-pronged approach to explore how the U.S. Army might need to adapt its personnel management policies and practices to support RAF. First, researchers estimated the potential scope and scale of the requirement for regional expertise. Next, they modeled the Army’s ability to produce soldiers with the required expertise under its current assignment policies and practices. Finally, they identified low-cost, low-regret modifications to the goals, objectives, criteria, and methods of the personnel management system that would help to match soldiers with the desired level of expertise with the positions requiring it and develop soldiers with such expertise to provide a continuing source of able occupants for these positions.

RR-1066-NICE
Antimicrobial stewardship: The effectiveness of educational interventions to change risk-related behaviours in the general population: A systematic review. Sarah King, Josephine Exley, Jirka Taylor, Krista Kruithof, Jody Larkin, Mafalda Pardal. 2015
RAND Europe undertook a systematic review of the evidence of effectiveness and cost-effectiveness on changing the public’s risk related behaviour pertaining to antimicrobial use to inform the development of a NICE public health guideline aimed at delaying antimicrobial resistance (AMR). The review considered educational interventions targeting individuals, communities or the general public delivered via any mode. Specifically, it aimed to address: 1. Which educational interventions are effective and cost-effective in changing the public’s behaviour to ensure they only ask for antimicrobials when appropriate and use them correctly?2. Which educational interventions are effective and cost-effective in changing the public’s behaviour to prevent infection and reduce the spread of antimicrobial resistance? Overall, 60 studies met the inclusion criteria; 29 related to research question 1, and 36 related to research question 2 (five studies were applicable to both). The key findings are summarised in Evidence Statements’ in accordance with NICE guidelines. Evidence Statements provide a high level overview of the key features of the evidence including: the number of studies, the quality of evidence, and the direction of the estimated effect followed by a brief summary of each of the supporting studies. Studies are grouped into Evidence Statements by setting and intervention.

RR-1069-MCIA
As of late 2014, many American and Jordanian experts believe Jordan to be stable. Yet while Jordan is stable, it faces a range of existing and emerging challenges. These include chronic unemployment, sporadic political unrest, budget deficits, a water shortage, and geographically isolated yet troubling internal security concerns. The Syrian refugee crisis both exacerbates these challenges and offers opportunities to the government of Jordan. If the Syrian refugees remain relatively content and continue to assimilate into northern and central Jordan, they might directly benefit the Jordanian economy by stimulating growth. Donors and lenders have increased their support to Jordan, in turn offering the government an opportunity to improve the lives of both Syrian refugees and Jordanian citizens. Most important, Jordan benefits from what one expert terms negative stability: Jordanian citizens might be dissatisfied with many aspects of their government, but the chaos in neighboring states has thus far dissuaded Jordanians from pursuing civil or violent actions that might destabilize Jordan. Jordanians do not want their country to look like Syria, Iraq, or Egypt. Jordan is likely to undergo further and perhaps unforeseen challenges in 2015 and 2016, but it has the opportunity to alleviate many of its enduring challenges. If Jordan wisely invests forthcoming international refugee support, it has the opportunity to shift popular outlook from negative to posi-
tive—and more optimistic—stability. This report's analytic forecasts should help the United States determine how to support Jordan as it faces the Syrian refugee crisis.

RR-1073-CMHSA
Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of Disability Rights California and Mental Health America of California Trainings. Jennifer L. Cerully, Rebecca L. Collins, Eunice C. Wong, Elizabeth Roth, Joyce S. Marks, Jennifer Yu. 2015

Describes the methods and results of a RAND evaluation of stigma and discrimination reduction trainings delivered by two program partners, Disability Rights California and Mental Health America of California.

RR-1074-CMHSA
Stigma, Discrimination, and Well-Being Among California Adults Experiencing Mental Health Challenges. Eunice C. Wong, Rebecca L. Collins, Jennifer L. Cerully, Elizabeth Roth, Joyce S. Marks. 2015

Presents results of the 2014 California Well-Being Survey, which tracks mental illness stigma and discrimination, well-being, and exposure to prevention and early intervention activities among Californians experiencing psychological distress.

RR-1075-DOS
Reducing the Cultivation of Opium Poppies in Southern Afghanistan. Victoria A. Greenfield, Keith Crane, Craig A. Bond, Nathan Chandler, Jill E. Luoto, Olga Oliker. 2015

This report identifies a broad range of factors that drive opium poppy cultivation in southern Afghanistan, the locus of opium production in that country, and assesses the positive and negative effects of programs designed to promote rural development, eradicate opium poppies, or otherwise create incentives for farmers to reduce the cultivation of opium poppies. The authors consider the decision to cultivate opium poppy or other crops from the perspective of farmers who must balance concerns about household income and food sufficiency in the context of socio-economic and environmental factors that, for example, relate to security, eradication, and environmental risks; governance and religiosity; landholding terms and conditions; household circumstances; and agricultural input costs and commodity prices. A factor might encourage or discourage opium poppy cultivation and, in some instances, it could have indeterminate or conflicting effects. Then, the authors examine how rural development, crop eradication, and other programs touch on the factors—and affect poppy cultivation—through mechanisms that include subsidies on fertilizer, high-quality wheat seed, saplings and vines, and farm equipment and facilities; infrastructure investment; training; introduction of non-traditional crops; cash-for-work programs; improved market links; and non-agricultural rural income. On the basis of the assessment, the authors also provide advice on how to design programs that might better serve to reduce the cultivation of opium poppies in southern Afghanistan over the long term.

RR-1079-OSD
Omega-3 Fatty Acids for Major Depressive Disorder: A Systematic Review. Sydne Newberry, Susanne Hempel, Marika Booth, Brett Ewing, Alicia Ruelaz Maher, Claire E. O'Hanlon, Jennifer Sloan, Christine Anne Vaughan, Whitney Dudley, Roberta M. Shanman, Melony E. Sorbero. 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of omega-3 fatty acids—used adjunctively or as monotherapy—to provide estimates of their efficacy and safety in treating adults with major depressive disorder. Outcomes of interest included changes in depressive symptomatology, quality of life, and adverse effects. Efficacy meta-analyses used the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using a modification of the Grades of Recommendation,
Assessment, Development, and Evaluation (or GRADE) approach. In total, 24 studies met inclusion criteria. All studies combined showed a small but significant effect of omega-3 fatty acids compared with placebo on depression scale scores and the proportion of treatment responders, but there was evidence of publication bias. Only two studies compared eicosapentaenoic acid (EPA) with docosahexaenoic acid (DHA) head to head. Pooling studies of EPA alone and those with a high EPA:DHA ratio revealed a significant effect on depression scale scores and on the proportion of treatment responders compared with placebo, but studies that administered DHA alone or a high DHA:EPA ratio showed no effect. Very few studies specified depression severity, and few studies assessed effects on quality of life. Omega-3 fatty acids were associated with an increased risk for mild gastrointestinal symptoms compared with placebo but not with other categories of mild adverse events or serious adverse events. The omega-3 fatty acid EPA may have a small benefit in improving depression symptoms compared with placebo, with relatively minor gastrointestinal adverse events for adults with MDD, but the existing evidence base is weak.

RR-1082-AF
A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors. Sarah Michal Greathouse, Jessica Saunders, Miriam Matthews, Kirsten M. Keller, Laura L. Miller. 2015

Sexual assault continues to be a pervasive problem, both for society in general and within the military community. To assist the Air Force in its continued efforts to combat sexual assault within its ranks, we reviewed the existing empirical literature on the characteristics and behaviors of adult perpetrators who commit sexual assault against other adults. Our search was not limited to studies of military populations. While a vast majority of the existing literature has focused on sole male perpetrators who assault female victims, we identified some research on other types of perpetrators, including female sexual assault perpetrators, men who perpetrate assault against other men, and perpetrators who participate in group sexual assault. This body of research indicates that adult perpetrators are diverse in terms of their demographics, background characteristics, and motivations. Moreover, research indicates that sexual assault perpetration is likely influenced by a combination of factors, including an individual’s developmental and family history; his or her personality, including attitudes/cognitions; and environmental factors, including peer attitudes and alcohol consumption. The complexity of factors that influence sexual assault perpetration and the multiple pathways that lead to an attack make it difficult to predict whether an individual is prone to commit sexual assault. While predicting sexual assault perpetration is problematic, we identified a number of factors related to perpetration that may be relevant for intervention efforts and offer recommendations for the Air Force.

RR-1084-VH

This report aims to draw upon data collected during the 2014 Britain’s Healthiest Company (BHC) competition in order to understand what drives productivity at work in the participating organisations and, in particular, to examine the relation between the health and wellbeing of staff and their resultant productivity. To understand this relationship, we look at the links between lost productivity in terms of presenteeism (being in sub-optimal health at work) and absenteeism in association with a range of factors. These include: Job and work environment (e.g. stress and health-promotion interventions in the workplace) Personal (e.g. lifestyle risk-factors related to obesity, smoking and alcohol consumption) Health and physical risks (chronic conditions and mental health). Using regression modelling techniques we establish associations between these factors and productivity
loss in the workplace and compare our results to the wider literature. The report is aimed at policymakers and practitioners and aims to contribute to the wider debate on the link between health, wellbeing and productivity at work.

RR-1090-BCMMASS
Paths to Sustainability for Innovative Delivery System Programs. Peter S. Hussey, Courtney Armstrong, Eric C. Schneider. 2015

Innovative health care delivery organizations are developing programs that aim to improve quality and demonstrate reductions in unnecessary use of acute care and costs. RAND researchers sought to identify paths to sustainability for these innovative care delivery programs. Using a sample of health plans and ACOs in Massachusetts, researchers sought to identify the methods in use to reimburse new care delivery models, criteria that health plans use to determine eligibility for these models, and criteria that accountable care organizations apply for their investments in delivery innovations. Researchers identified a highly uncertain environment for the sustainability of care delivery innovations despite a high degree of interest in these programs. Dynamics in the current environment suggest that innovation will likely be concentrated in health care delivery systems that are able to manage financial risk and that have experience and capacity in delivery innovation. For providers seeking to innovate, the central challenge will be building the capacity to manage financial risk in global payment arrangements and to support improvements in care. This will be particularly challenging for smaller organizations. Payers interested in innovation should seek ways to provide support and build the capacity of smaller and less-experienced providers so that they, too, can innovate and improve how they provide care.

RR-1092-ILS
Improving the Mongolian Labor Market and Enhancing Opportunities for Youth. Howard J. Shatz, Louay Constant, Francisco Perez-Arce, Eric Robinson, Robin Beckman, Haijing Huang, Peter Glick, Bonnie Ghosh-Dastidar. 2015

Despite a recent slowdown, Mongolia has experienced dramatic economic growth in the 2000s, exceeding global trends. Foreign direct investment, mining, infrastructure spending, and, more recently, strong fiscal and monetary stimulus measures have driven much of this growth. The country now faces challenges in terms of creating jobs without overly relying on public spending fueled by natural resource exploitation. In 2014, the Mongolian government commissioned RAND to collaborate on a study of the labor market with the Institute for Labour Studies (ILS) of the Mongolian Ministry of Labour. Using a supply-demand framework, this study analyzed the Mongolian labor market to identify where it is performing well, where it is underperforming, and whether there are constraints to improvement. RAND and ILS especially focused on youth labor and education issues, using a new survey developed by the two organizations. The ILS and RAND teams chose this focus because of the importance of youth labor-market success to the economic future of the country and because analysis of Mongolian labor data showed relatively high rates of youth not in school or the labor market compared with a variety of other economies, including other similar transition economies. The Mongolian Ministry of Population Development and Social Welfare has recognized this importance by announcing 2015 as the year of youth development. The ILS-RAND Mongolian Youth Survey is a nationwide survey that provides new insights into the challenges faced by youth, as well as their achievements and aspirations, to inform the development of policy to address these concerns.

RR-1093-AUS
In 2015, the Australian government will produce a new Defence White Paper to outline revised and refined defense objectives. As it prepares the new report, a basic question facing the government is whether Australia should buy ships from foreign shipbuilders or support a domestic naval shipbuilding industry. This question is complex, containing many facets and issues that often center on cost trade-offs and economic considerations, but that also touch upon important national and strategic concerns. At the request of the Australian Department of Defence's 2015 White Paper Enterprise Management team, the RAND Corporation has been analyzing the capability of the shipbuilding and ship repair industrial bases in Australia to meet the demands of current and future naval surface ship programs. The analysis in this report aims to help Australia's defense policymakers in three ways: first, to gain an understanding of the capacity and associated costs of Australia's naval shipbuilding industrial base to successfully implement the country's current acquisition plan; second, to gauge how alternative acquisition requirements, programs, build strategies, quantities, and related costs and schedules might affect the capacity of that industrial base; and third, to measure the economic effects of the industry throughout Australia. RAND researchers provide detailed findings from both public and proprietary data and from surveys of industry representatives, and they offer recommendations to Australian policymakers.


Small and medium-sized enterprises (SMEs) are critical for emerging economies like Indonesia but simultaneously challenging for policymakers looking to support their growth. SMEs—including micro firms—are responsible for more than 97 percent of total employment in Indonesia and represent 99 percent of all enterprises. The Indonesian government has sought to assist SMEs through programs, such as subsidised credit, one-stop shops to lower business registration costs, and government-sponsored trade fairs. However, there is little evidence on how effective these programs are or on ways to improve government policies aimed at helping SMEs. For this analysis, the authors conducted structured interviews with 192 firms across five provinces in Indonesia to investigate the constraints that firms face and how existing programs do—or do not—help reduce these constraints. Reforming Policies for Small and Medium-Sized Enterprises in Indonesia includes policy recommendations targeted at the Indonesian government and other stakeholders, focusing on the importance of credit and on the need to remove information barriers.


The “preschool to third grade,” or “P–3,” education reform movement has emerged in response to a growing consensus that the U.S. education system needs to find ways to improve student achievement. Proponents of the P–3 approach note that many students enter kindergarten lacking basic skills needed for school success and that positive effects of early interventions often fade out over time. In 2007, Hawaiʻi’s P–20 Partnerships for Education (P–20) launched the state’s P–3 initiative, which aimed to have every child in Hawaiʻi reading at grade level by third grade. RAND’s five-year evaluation (2009–2014) examined the implementation of local plans in five demonstration sites and the initiative’s state-level work. The authors also analyzed third-grade reading scores on the state reading test. P–20 asked demonstration sites to focus their work in six areas of best P–3 practice at the time, including K–3 curriculum alignment, K–3 teacher assessments, professional development, increased access to and enrollment in early learn-
ing programs, improved kindergarten transitions, and support for parent engagement. Implementation closely followed plans. Stakeholders uniformly reported that awareness of the important contribution of early learning to later academic performance increased substantially. State-level work is likely to be sustained because this work produced standards and programs. Some demonstration site work may also be sustained. The third-grade reading score analyses revealed that more years of P–3 exposure raised reading scores modestly but significantly and increased the likelihood of students scoring proficient on the state reading test.

RR-1101-DH

The NIHR Invention for Innovation (i4i) programme: A review of progress and contributions to innovation in healthcare technologies. Sonja Marjanovic, Joachim Krapels, Sonia Sousa, Sophie Castle-Clarke, Veronika Horvath, Joanna Chataway. 2015

The National Institute for Health Research (NIHR) Invention for Innovation (i4i) programme supports the development of innovative medical technologies for patient benefit. The i4i product development stream involves collaborative projects between at least two partners from academia, the NHS and industry. Medical technology innovators apply for funding for one to three years, through a peer review-based process that includes presentation to a selection panel. The funding and business advice provided by i4i support the development of early-stage innovations, generally at proof of concept and prototype stages. Since its inception the product development stream has identified and supported 170 projects, led by 146 principal investigators (PIs). RAND Europe evaluated the programme, with the aim of identifying its outputs and impacts and examining the factors influencing performance. The evaluation findings should help inform the future of the programme. The evaluation used a multi-method approach, including a focused review of background information from i4i, scoping interviews with key informants, a survey of programme participants and case studies of projects representing diverse technologies and health needs. This report is an extended summary of the full report.

RR-1103-USMC

Implications of Integrating Women into the Marine Corps Infantry. Agnes Gereben Schaefer, Jennie W. Wenger, Jennifer Kavanagh, Jonathan P. Wong, Gillian S. Oak, Thomas E. Trail, Todd Nichols. 2015
This study for the U.S. Marine Corps consisted of four tasks: (1) review the literature on the integration of women in ground combat and other physically demanding occupations, (2) conduct interviews with representatives of organizations that have integrated women into physically demanding occupations, (3) estimate the costs of potential initiatives to promote successful gender integration, and (4) develop an approach for monitoring implementation of gender integration of the infantry. RAND researchers present a historical overview of the integration of women into the U.S. military and explore the importance of cohesion and what influences it. The gender integration experiences of foreign militaries, as well as those of domestic police and fire departments, are examined for insights on effective policies. The potential one-time and recurring costs associated with integration are estimated as well. The report culminates in a summary of previous monitoring efforts and broad strategic monitoring issues, as well as recommendations to the Marine Corps for implementation.

RR-1106-AF


Recovering downed airmen is a critical task for the U.S. Air Force, which devotes considerable resources—including personnel, equipment, and training—to ensure that it can carry out this task. In light of the impending drawdown of forces and the pressure to reduce defense budgets, the Air Force has been reassessing its personnel recovery (PR) force structure, along with other organizational aspects. It asked RAND Project AIR FORCE to assist in this reassessment with an examination of the operational risk associated with Air Force PR. Specifically, the Air Force sought “to refine the metric used to assess PR’s operational risk, [which] is the degree of likelihood of mission success.” To this end, the research described here quantifies the “rescuability window” of downed aircrews. The current research quantifies the relationship between rescuability and time so that the most cost-effective options for increasing the rescuability of downed personnel can be pursued. The implications of the findings are also summarized in this report.

RR-1108-NIOSH


In August 2014, the National Institute for Occupational Safety and Health (NIOSH) Nanotechnology Research Center (NTRC) asked the RAND Corporation to help develop and apply a method for assessing the center’s contribution to improving the safety and health of workers who could be affected by the production, use, reuse, or disposal of the products of nanotechnology that are of greatest concern to workers, such as engineered nanomaterials. The purpose of the project was to develop a method that would help NTRC—and other NIOSH components—get beyond conventional bibliometric and patent analysis and closer to societal benefit or outcomes, in part by looking to the gray literature, professional events, and stakeholder outreach for supplemental evidence. Using a logic model, this report outlines a method for NTRC to collect, organize, and assess information related to its program efforts and how they are contributing to NIOSH’s mission, and we highlighted the role of NTRC field research teams in contributing to NIOSH’s mission.

RR-1113-AF

The Air Force faces a persistent and critical shortage of fighter pilots. Within the active component, fighter cockpits are generally filled to capacity, while staff positions calling for officers with fighter experience are often filled at around half to two-thirds of stated requirements. The supply of fighter pilots is limited by the capacity of the Air Force to train new pilots and to absorb new, inexperienced pilots in operational units, with absorption typically being the most binding constraint. This report examines the feasibility and likely impact of paths available to either increase the supply or reduce the demand for fighter pilots. Supply can be addressed by increasing the capacities to train and absorb inexperienced pilots or by increasing retention of experienced pilots. Demand can be addressed primarily by converting staff requirements from active duty fighter pilot to other workforce types. The authors find that supply-increasing alternatives will have limited impact, and therefore reductions in demand are needed.

RR-1114-RC

This book is the first of a series in which RAND will explore the elements of a national strategy for the conduct of U.S. foreign policy in a fast-changing world. Here, we lay out the major choices facing the next American administration both globally and in three critical regions. The initial chapters lay out alternatives for managing the world economy and the national defense, countering international terrorism, handling conflict in the cyber domain, and dealing with climate change. Subsequent chapters examine in more detail the choices to be faced in Europe, the Middle East, and East Asia. The final section proposes broad strategic guidelines that can inform and guide these choices. Later volumes will develop further particular aspects of such a national strategy, including national defense, alliances and partnerships, institutional reform of the American system for managing national security, climate change, surprise and the role of intelligence in reducing it, and the global economy.

RR-1115-CMHSAA

Estimates the possible reductions in suicide attempts resulting from investment in ASIST and estimates the financial return to Californians from reduced medical costs associated with suicide attempts and increased earnings from each life saved.

RR-1116-TFA
Results from the Teach For America 2015 National Principal Survey. Mollie Rudnick, Amanda F Edelman, Ujwal Kharel, Matthew W. Lewis. 2015

Teach For America's (TFA's) mission is to build the movement to eliminate educational inequity by developing leaders for U.S. schools who are committed to providing to low-income children the same access to a great education that their wealthier peers have. The 2015 National Principal Survey is the tenth in a series to provide answers regarding how TFA is doing in providing high-quality, appropriately prepared corps members to schools in an effort to support and improve progress toward this mission. The results of this survey show the context and conditions in which corps members are working, how principals perceive corps members, and how principals perceive their interactions with TFA. These findings offer insights that TFA staff can consider as they try to provide more-tailored supports to corps members, inform professional development to meet the needs of corps members and the schools they staff, and continue to build relationships with the principals of schools in which corps members serve.
Continued terrorist attacks and the involvement of foreign fighters in Syria and Iraq have prompted a surge of interest among policymakers, law enforcement, journalists, and academics on both sides of the Atlantic on the topic of terrorist radicalization. Many of the factors that push or pull individuals toward radicalization are in dispute within the expert community. Instead of examining the factors that lead to radicalization and the commission of terrorist acts, this report takes a new approach. What Factors Cause Youth to Reject Violent Extremism? Results of an Exploratory Analysis in the West Bank empirically addresses the topic of why youth reject violent extremism. To do this, the authors focus on the Palestinian West Bank. The report begins with a theoretical model and then tests this model with data gathered through structured interviews and a survey. For this study, ten semistructured interviews were conducted with politicians from Hamas and Fatah in 2012. Along with these interviews, the authors conducted a survey among 600 youth (ages 18–30) who lived in Hebron, Jenin, and Ramallah. The overarching findings from this effort demonstrate that (1) rejecting violent extremism, for residents of the West Bank, is a process with multiple stages and choices within each stage; (2) family plays a greater role than friends in shaping attitudes toward nonviolence; (3) demographics do not have a significant impact on attitudes toward nonviolence; and (4) opposing violence in theory is distinct from choosing not to engage in violence.

This report presents findings on the economic activity supported by total Army spending in each of the 435 congressional districts in fiscal years 2012–2014. To estimate this activity, researchers used district-level input-output (I/O) models and a national-level I/O model known as IMPLAN. Each district-level model is used to estimate the direct, indirect, and induced effects of national-level Army spending that affects a particular district. In this context, direct effects are the total Army spending within a district; indirect and induced effects represent the local economic activity that supports both the direct spending and the in-district demand generated from Army spending outside the district. Indirect effects capture interindustry linkages, while induced effects capture the effects of household incomes. For each congressional district, this report provides the following estimates:

- Direct Army spending (including military and government civilian payroll and retiree pay for Regular Army, Army National Guard, and U.S. Army Reserve, plus acquisition and services contracts).
- All Army employment (including military and government civilian personnel for Regular Army, Army National Guard, and U.S. Army Reserve, including soldiers not on active duty).
- Additional economic output generated by direct Army spending.
- Additional jobs created by direct Army spending.
- Army-driven economic output (direct plus indirect and induced spending).
- All Army employment plus estimated additional jobs resulting from total Army direct spending and indirect effects.

Results are aggregated by state and the economic activity associated with Army spending is separated by component where applicable.

To help inform decisionmaking in the event that the Army experiences significant changes to
its budget, the U.S. Army Quadrennial Defense Review Office asked the RAND Arroyo Center to provide an empirical understanding of how Army spending affects communities and states. The main report, The Army's Local Economic Effects, presents findings on the economic activity supported by Army spending at the local level. This appendix is an ancillary volume. It provides detailed results of the analysis, organized by state and congressional district. It includes descriptions of the overall economic effects for each state, then delves into more detail by fiscal year, from 2012 through 2014, concluding with a parsing of the data by congressional district, providing maps and calculations. This volume includes Alabama through Minnesota.

RR-1119/2-A
The Army's Local Economic Effects: Appendix B, Volume II: Mississippi Through Wyoming. Christopher M. Schnaubelt, Craig A. Bond, Frank Camm, Joshua Klimas, Beth E. Lachman, Laurie L. McDonald, Judith D. Mele, Paul Ng, Meagan Smith, Cole Sutera, Christopher Skeels. 2015

To help inform decisionmaking in the event that the Army experiences significant changes to its budget, the U.S. Army Quadrennial Defense Review Office asked the RAND Arroyo Center to provide an empirical understanding of how Army spending affects communities and states. The main report, The Army's Local Economic Effects, presents findings on the economic activity supported by Army spending at the local level. This appendix is an ancillary volume. It provides detailed results of the analysis, organized by state and congressional district. It includes descriptions of the overall economic effects for each state, then delves into more detail by fiscal year, from 2012 through 2014, concluding with a parsing of the data by congressional district, providing maps and calculations. This volume includes Mississippi through Wyoming.

RR-1122-OSD

U.S. policies implementing the Law of Armed Conflict (LOAC) have increasingly restricted military activities over the past two decades. Greater concern for civilian casualties in particular has motivated the U.S. military to take increasing precautions in its planning and deterred it from undertaking military actions anticipated to place civilians at risk. Despite the clear impact of such implementations on military operations in recent years, however, relatively little attention has been paid to assessing their potential future direction. This report aims to fill this gap by surveying potential strategic, technological, and normative trends that may affect the future evolution of U.S. LOAC implementation, and assessing the resulting implications for the U.S. military. The report’s assessment of these trends suggests that the U.S. military is likely to find it increasingly difficult to reconcile its operational responsibilities with political pressures to adopt highly restrictive implementations of the LOAC in the years to come, highlighting the need for policy options to mitigate both operational and political risks. The types of adversaries and operational environments that the United States is likely to face will tend to increase the difficulty of distinguishing between combatants and civilians and limiting collateral damage. At the same time, normative trends are likely to further increase the pressure on the United States to adopt restrictive rules of engagement and other implementations of the LOAC that emphasize the importance of avoiding civilian casualties, or place domestic public and foreign partner support for military operations at risk.

RR-1123-CA
Satisfaction with life and local area among people who work in the Cambridge area: Results from the Cambridge Ahead Quality of Life Survey. Bryn Garrod, Catherine L. Saunders, Marco Hafner, Christian van Stolk. 2015

In light of the continuing economic success of
the Cambridge area, Cambridge Ahead, a membership organisation of large Cambridge area employers, set up its Quality of Life project to answer the following questions: Is living in the Cambridge area an attractive proposition? What does the answer to the first question mean for developing the Cambridge area not only as a place to work but also as somewhere to live? This report is an analysis of a survey that RAND Europe conducted in 2014 on the employees of the Cambridge Ahead membership and a small number of other organisations. The survey explored respondents' experiences of local services, and their satisfaction with the local area and with their lives overall. We outline the main findings below: Housing and traffic are the areas of most concern. Respondents are satisfied with other local services and amenities. Satisfaction with local services and amenities varies across demographic groups. People who work in Cambridge live across a wide area. There are noticeable differences between people living inside and outside the city. Satisfaction with different areas is associated with satisfaction with local services and amenities. Satisfaction with leisure, education and health facilities shows a significant relationship to local-area satisfaction. The results suggest a significant relationship between local-area satisfaction and life satisfaction. Making the Cambridge area a better place to live requires a rounded approach.

**RR-1124-BTS**
STM3 modelling school days only. James Fox, Bhanu Patruni. 2015

The report documents work to modify version 3 of the Sydney Strategic Model (STM3) to work with an average school day definition, rather than an average workday. The work was undertaken in late 2013. The change was made by modifying the travel frequency models to work with an average school day definition. No changes were made to the mode-destination models on the basis that the factors that impact upon mode and destination choice are not expected to vary significantly in and out of school term time. The report presents analysis comparing the tour frequency rates between workdays and school days, and then goes on to present a comparison of the frequency model parameters estimated using the school day definition to the previous parameters estimated using the workday definition.

**RR-1125-BTS**
STM3 2011 base frequency, mode-destination and car ownership models. James Fox, Bhanu Patruni. 2015

The report documents work to update the frequency, mode-destination and car ownership models used version 3 of the Sydney Strategic Model (STM3) to reflect a 2011 base year instead of the 2006 base year used in the previous versions of the model. The update was not a full-scale re-estimation examining alternative model specifications, rather the intention was to minimise the changes relative to the 2006-base version of STM3. The report describes the changes that have been made to the models during this update. In addition to presenting analysis comparing the 2006-base and 2011-base model parameters, the report presents validation of the new mode-destination models in terms of implied values of time and model elasticities.

**RR-1127-BTS**
Time period choice modelling – review of practice. James Fox, Fay Dunkerley, Bhanu Patruni, Andrew Daly. 2015

Version 3 of the Sydney Strategic Travel Model (STM3) incorporates a wide range of behavioural choices, but the model does not explicitly represent time period choice. BTS are considering whether the mode-destination models within STM3 should be extended to model time period choice. Therefore a review of time period choice modelling literature was undertaken with two objectives. First was to undertake a broad review of the time period choice literature to understand how researchers and practitioners have modelled time period choice, and the practical lessons
learnt from those studies that have implemented time period choice in a strategic model. The second more targeted objective was to provide recommendations on how to incorporate time period choice within the current Sydney Strategic Travel Model.

RR-1129-CMHSA
Student Mental Health in California’s K-12 Schools: School Principal Reports of Common Problems and Activities to Address Them. Julia H. Kaufman, Rachana Seelam, Michelle W. Woodbridge, Lisa M. Sontag-Padilla, Karen Chan Osilla, Bradley D. Stein. 2015

Reports results of a survey of K–12 principals to take inventory of student mental health and wellness needs and the types of programs schools are most often implementing to help students in California’s public schools.

RR-1130-BTS
Sydney Strategic Model Re-estimation: Mode-Destination Model. James Fox, Bhanu Patruni, Andrew Daly. 2015

This report documents the re-estimation of the mode-destination model components of the Sydney Strategic Transport Model (STM). The report starts with a discussion of the key modelling assumptions in terms of the use of tours and trips, a summary of the travel purposes represented, a description of the travel modes and a definition of the model time periods. The level-of-service data used to describe travel conditions for highway and public transport models is also described. The report goes on to discuss how the mode-destination model structures have been extended to predict the choice between toll road and non-toll road alternatives, and to represent the choice of access mode and access station for train. A detailed description of the mode and destination alternatives in the model is provided, and the variables included in the mode-destination utilities are described. In terms of model results, a discussion is provided on how the cost formulations in the model have been represented, and the results in terms of the extension in model scope to include toll roads and train access mode and access station are discussed. Model validation results are presented with model elasticities, implied values of time and comparisons of predicted and observed trip length distributions documented. The report concludes with a summary of the findings from the re-estimation task.

RR-1131-BTS
Sydney Strategic Model Re-estimation: Licence, Car Ownership and Frequency Models. Flavia Tsang, Andrew Daly, James Fox, Bhanu Patruni. 2015

RAND Europe were commissioned by the Bureau of Transport Statistics of Transport for New South Wales to re-estimate the travel demand model components of the Sydney Strategic Transport Model (STM). Two reports have been produced by RAND Europe during the course of this study: a) this licence, car ownership and frequency modelling report; b) a separate mode-destination modelling report. In this report, we discussed: (i) the disaggregate licence holding and car ownership models, which have been re-estimated to reflect the 2006 base year. The model specifications have also been updated. (ii) the cohort licence projection procedure, which has been updated to reflect the 2006 base year, and now projects forwards to 2041; and (iii) the tour frequency models for the seven home-based tour purposes, and two non-homebased purposes, have been re-estimated.

RR-1133-BTS
STM3 2011 base: Model parameters and overview. James Fox, Bhanu Patruni. 2015

This Sydney Strategic Transport Model (STM) is used by the Bureau of Transport Statistics at Transport for New South Wales to assess the impact of transport policy across the greater Sydney area. The demand model components of the STM have been developed by RAND Europe using
discrete choice models estimated using household travel survey data. This report summarises the demand model parameters in the 2011 base version of the model, with sections presenting the licence ownership, car ownership, travel frequency and mode-destination model parameters. It also presents validation tests undertaken for the mode-destination models. The report also summarises some of the key features of the models. It includes a section the summarises the socio-economic segmentation used in the models, the choice structures that govern the relative sensitivities of the different choices represented, and the treatment of cost in the models.

RR-1134-CMHSA
Adults Newly Exposed to "Know the Signs" Campaign Report Greater Gains in Confidence to Intervene with Those Who Might Be at Risk for Suicide Than Those Unexposed to the Campaign. Rajeev Ramchand, Elizabeth Roth, Joie D. Acosta, Nicole K. Eberhart. 2015

Presents results of a one-year follow-up to a survey on Know the Signs, a California mass media suicide prevention campaign, and examines the effect of campaign exposure on respondents' confidence to intervene with someone at risk for suicide.

RR-1135-OSD
Acupuncture for Major Depressive Disorder: A Systematic Review. Melony E. Sorbero, Kerry A. Reynolds, Benjamin Colaiaco, Susan L. Lovejoy, Coreen Farris, Christine Anne Vaughan, Jennifer Sloan, Ryan Kandrack, Eric Apaydin, Patricia M. Herman. 2015

Major depressive disorder (MDD) is a prevalent condition associated with significant burden in terms of reduced quality of life, lower productivity, increased prevalence of other conditions and increased health care costs. We conducted a systematic review and qualitative summary of randomized controlled trials (RCTs) that assessed the effectiveness and safety of acupuncture for the treatment of MDD. We searched the databases PubMed, CINAHL, PsycINFO, Web of Science, Embase, CDSR, CENTRAL, clinicaltrials.gov, DARE, and PILOTS for English-language RCTs published through January 2015. Two independent reviewers screened the identified literature against inclusion and exclusion criteria, abstracted study level data, and assessed the risk of bias and methodological quality of included studies. The quality of the evidence was assessed using GRADE. Eighteen studies met inclusion criteria. Eleven assessed acupuncture as monotherapy, seven as adjunct depression treatment. Intervention approaches and comparators varied. Evidence on the effectiveness and comparative effectiveness of acupuncture to treat MDD for the outcomes depression improvement, measured as scale score differences and the number of responders, is very weak. Acupuncture may be superior to waitlist (low quality of evidence) but findings for effect estimates compared to other comparators are inconclusive. Few studies reported on patients achieving remission. The effect of acupuncture on relapse rates could not be determined. Too few studies assessed quality of life to estimate treatment effects. Reported adverse events were typically mild in nature, but the assessment lacked rigor and studies were not designed to detect rare events.

RR-1137-DFID

The Strategic Impact Evaluation Fund (SIEF) was created with funding from the Department for International Development (DFID) to support impact evaluations focusing on human development outcomes, building capacity on impact evaluations, and synthesising and disseminating the findings of impact evaluations along with wider evidence in its thematic subject areas. SIEF's objective is to "strengthen the effectiveness of DFID's
and others’ global aid policies, programmes and partnerships.” In the long run, SIEF is expected to contribute towards an improved delivery of DfID’s and World Bank’s programmes with human development outcomes and to improved human development outcomes for poor populations. DfID commissioned RAND Europe to conduct a Mid Term Review (MTR) of SIEF. The MTR drew on a number of methods to collect a wide range of data upon which the review was based. RAND Europe conducted a survey of applicants to SIEF funding, reviewed all available documentation, and conducted interviews and an online focus group with stakeholders, including in DfID and SIEF. On the basis of the data collected, RAND Europe drafted recommendations to support the future development of SIEF and to help ensure that SIEF can generate an impact in the future. Drawing on expertise in evaluations as well as in impact assessment, RAND Europe aimed to contribute to the goals of SIEF outlined above.

RR-1138-OSD

Meditation for Depression: A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder. Melony E. Sorbero, Sangeeta Ahluwalia, Kerry A. Reynolds, Susan L. Lovejoy, Coreen Farris, Jennifer Sloan, Jeremy N. V. Miles, Christine Anne Vaughan, Ryan Kandrack, Eric Apaydin, Benjamin Colaiaco, Patricia M. Herman. 2015

RAND researchers conducted a systematic review that synthesized evidence from randomized controlled trials of mindfulness-based cognitive therapy (MBCT)—used adjunctively or as monotherapy—to assess its efficacy and safety in treating adults with major depressive disorder. Outcomes of interest included depressive symptoms, relapse, health-related quality of life, and adverse events. Meta-analysis was performed with the Hartung-Knapp-Sidik-Jonkman method for random-effects models, a method suitable when the number of pooled studies is small and there is evidence of heterogeneity. The quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (or GRADE) approach. In total, 17 studies met inclusion criteria. The evidence supports the use of adjunctive MBCT to reduce depressive symptoms among those currently depressed. The evidence also supports the use of adjunctive MBCT to reduce relapse among those with a history of at least three previous depressive episodes. Few studies examined relapse among those with a history of one or two previous depressive episodes. Very few studies assessed monotherapy MBCT, and the evidence was insufficient to determine its effect. Data on quality of life remains sparse, and adverse events have not been systematically assessed.

RR-1139-CMHSA

Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative. Rebecca L. Collins, Eunice C. Wong, Elizabeth Roth, Jennifer L. Cerully, Joyce S. Marks. 2015

Presents results of a one-year follow-up to the 2014 California Statewide Survey, which was developed to track attitudes, beliefs, and behaviors related to mental illness. This report focuses on items measuring stigma.

RR-1141-AF

Demystifying the Citizen Soldier. Raphael S. Cohen. 2015

The National Guard is often portrayed as the modern heir to the colonial militia and retaining at least three of the latter’s defining attributes—a key instrument of American national security, a check on federal power, and home of today’s “citizen soldiers.” This report explores how the term citizen soldier has been defined in academic literature—as compulsory, universal, legitimate service by civilians—and then looks at how the National Guard has evinced these attributes at various periods in its history. Since the United States’ founding, the militia—and later, the National Guard—slowly
evolved into an increasingly formidable warfighting force and increasingly important tool for national security. This evolution, however, has come at the expense of two other attributes of the colonial militia—serving as a check on federal power and filling its ranks with citizen soldiers. The report concludes that there are inherent and increasing tensions among being a warfighting force, serving as a check on federal power, and embodying the ideals of a citizen soldier, and it is not clear that the Guard—or any other force for that matter—can fully reconcile them. Ultimately, the Guard's transformation from citizen soldiers to a professional force may very well be inevitable and is likely a positive development for American national security. It is, however, important to realize that this trend is occurring, to demystify the citizen soldier, and to see the force for what it is.

RR-1142-CFPB

Financial education during elementary and secondary school years can provide a solid foundation of skills and knowledge that students will need for financial decisionmaking later in life. Financial education during the K–12 years can help build students' knowledge of consumer financial products, money management basics, knowledge of where and how to seek balanced or unbiased information, and skills at carrying out financial tasks. There are numerous financial education materials targeted at K–12 students. However, little exists in the way of guidelines or criteria that would allow educators to assess the content, utility, quality, and efficacy of these curricula. In addition, school district leaders and teachers have limited time and other resources to make informed decisions about the adoption and use of appropriate curricula. The Office of Financial Empowerment at the Consumer Financial Protection Bureau contracted with RAND to develop criteria that can be used to assess K–12 financial education curricula. This report documents the current state of the literature and advances a set of criteria—based on the literature and discussions with financial curriculum experts, teachers, and financial education curriculum developers—for assessing financial education curricula on multiple dimensions.

RR-1145-OSD

The United States has been undertaking counterterrorism operations against current threats under authorizations established in 2001 and 2002. Relying on this legislation is far from ideal, however, and it would be better if Congress updated these authorizations to reflect today's terrorism challenge. In early 2015, the Obama administration submitted its own draft authorization for the use of military force (AUMF) to Congress, the content of which has drawn criticism from both sides of the aisle. The United States also faces a developing threat from the Islamic State of Iraq and the Levant (ISIL). The group is responsible for multiple terrorist attacks outside Iraq and Syria, including large-scale attacks in Lebanon and Paris and the downing of a Russian airliner. Limited U.S. air assaults have had some success against ISIL, but the need to dismantle its terrorist and military capacity has gained new urgency, as has the need for a new AUMF. This report surveys the debate over the requirements for a new AUMF. It assesses the terrorist challenge to which any such legislation should respond, outlines the purposes of the legislation, makes specific recommendations about key elements, and offers congressional options. A principal challenge for Congress is to signal support for military operations against both the old, persistent threat (al Qaeda, its affiliates, and other jihadist groups) and the new, emerging threat (ISIL and its allies). Congress faces six considerations in deciding whether and how to move forward to pass a new AUMF: (1) whether to
impose geographical limitations on the authorization, (2) whether to place limits on ground forces, (3) how groups or individuals are identified, (4) the stated purposes for using force, (5) reporting requirements, and (6) sunset and renewal clauses.

RR-1147-IAVI
The International AIDS Vaccine Initiative's capacity building activities in East Africa: Evaluating progress and impacts in Kenya, Uganda and Rwanda. Gavin Cochrane, Enora Robin, Rebecca Hanlin, Sophie Castle-Clarke, Calum MacLure, Sarah Parks, Joanna Chataway. 2015

The International AIDS Vaccine Initiative (IAVI) is one of a number of Product Development Partnerships created to bridge the gap between scientific and technological potential and the needs of low income populations in low and middle income countries. Specifically IAVI is focused on creating a preventative vaccine for HIV/AIDS. Whilst the remit of IAVI is to create new science, technology and products, its work necessarily involves a wide range of stakeholders and different constituencies in industrially developing and developed countries. Its capacity building activities relate to strengthening the ability to conduct clinical trials and are broad based, spanning scientific and technological capacity through to organisational, advocacy and broader development capabilities. The aim of this study was to deepen IAVI's understanding of how it contributes to capacity building activities in East Africa (Uganda, Kenya, and Rwanda), spanning scientific and technological capacity through to organisational, advocacy and broader development capabilities. IAVI's mission to develop an HIV vaccine has become increasingly connected to wider health systems strengthening, through its clinical research activities in East Africa. Since it began its operations in the region, IAVI have made a significant contribution to training interventions to support scientific excellence and good clinical practice and invested in infrastructure and laboratories at Clinical Research Centres in East Africa. Although clear challenges still exist with ensuring sustained investment, accessing marginalised populations and demonstrating progress in capacity building, the experiences of IAVI to date suggest that substantial progress is being made towards wider health systems strengthening in the region.

RR-1150-HE
Building Better Boyhood Programs: Evaluation of Programs Funded by the African American Men and Boys Task Force Initiative. Dana Schultz, Lisa M. Sontag-Padilla. 2015

African-American youth in Pittsburgh and Allegheny County in Pennsylvania face the same challenges as many of their peers across the country, including poor employment, education, and criminal justice system outcomes. To address these obstacles, human services and community-based programs seek to capitalize on the strengths of youth while recognizing the heterogeneity and interactive nature of both positive and negative individual and environmental influences. While these programs often focus on bolstering youth skills, such as academic motivation, self-esteem, and interpersonal competence, implementing them is challenging, and the degree to which these types of programs are effective is not always clear. This report evaluates the implementation of programs funded by The Heinz Endowment's African American Men and Boys Task Force initiative in Allegheny County and to understand how the programs operated, whether they made progress toward achieving their goals, and what can be learned from their implementation.

RR-1151-DOS

The State Department's Bureau of Democracy, Human Rights, and Labor (DRL), as part of its broader effort to protect and advance political and economic freedoms and human rights, champions the United States' strategy for cyberspace
to advocate for fundamental freedoms of speech and association through cyberspace; empower civil society actors, human rights activists, and journalists in their use of digital media; and encourage governments to limit neither the freedom of expression nor the free flow of information. To this end, DRL funds the development of many cyber security and privacy software programs. However, there are trade-offs associated with any such investment. On one hand, security and privacy tools can provide safe, reliable, and anonymous Internet access to people who would otherwise be censored, filtered, or punished for communicating electronically. On the other hand, these tools could also be used to conceal or commit illegal activity. This report examines the portfolio of tools funded by DRL that help support Internet freedom and assesses the impact of these tools in promoting U.S. interests. First, we note the benefits of these tools in promoting DRL’s mission of Internet freedom across the world. Second, we examine their potential for, and examples of, their illicit use. Third, we consider the ability of comparable tools, not funded by the DRL, to be used for such purposes. And fourth, we examine safeguards and design and service models that could limit or restrict the use of the technologies for illicit purposes. The report concludes that DRL’s support for Internet freedom tools has not made them more likely to be used for illicit purposes, relative to alternative technologies not funded by DRL.

RR-1155-NAVY

The Department of Defense is likely to face years of declining resources as the U.S. government grapples with fiscal challenges. These challenges affect every account, including those associated with surface ship maintenance and operations. At the same time, there has been widespread concern that surface ship materiel readiness is declining due to a high pace of operations and a sense that there have been many instances of deferred maintenance. The need to balance fiscal reality and a continued need for ready ships is likely to be an ongoing challenge. At the request of the Assessment Division of the Office of the Chief of Naval Operations, this report: (1) determines the impact on long-term fleet readiness, Operational Availability (Ao), and Expected Service Life (ESL) caused by near-term reductions in Operations and Maintenance (O&M) accounts; (2) recommends potential strategies to minimize negative impacts to Ao and ESL and maintain the largest, most capable fleet possible; (3) develops a maintenance requirement concept, per ship class, that supports ESL, but allows for some risk within the maintenance strategy; and (4) defines the risks to Ao and ESL resulting from the new requirement. The methodology could be applicable to multiple ship classes.

RR-1159-TEU
The Economic Impact of Achievement Gaps in Pennsylvania’s Public Schools. Lynn A. Karoly. 2015

This study documents the magnitude of the gaps in student performance for public school students in Pennsylvania and estimates the economic consequences of those education performance gaps. Although Pennsylvania is one of the top-scoring states on the 2013 National Assessment of Educational Progress (NAEP) on average, the achievement gaps between students classified by race-ethnicity, economic status, and parent education are among the largest in the country. For eighth-grade reading and math, the share of white students in Pennsylvania achieving proficiency or above exceeds the share for African-American and Latino students by as much as 24 to 38 percentage points, depending on the assessment and subject. There are equally large differences in student achievement based on family economic status and parent education, as well as sizeable gaps in performance across school districts. If race-ethnic or socioeconomic achievement gaps were eliminated, average achievement scores for
Pennsylvania would match Massachusetts’ result (the top-scoring state on the NAEP) and likely place the state among the top-scoring countries internationally. The study applies several methods to value the cost of existing gaps in terms of current economic performance and to value the benefits that would accrue in the future from closing current gaps. Notably, race-ethnic academic achievement gaps amount to an estimated annual cost of $1 billion to $3 billion in lost earnings, which equates to 6 to 15 percent of the earnings for African-American and Latino workers. If student performance gaps based on race-ethnicity or family economic status were closed for future cohorts, each annual cohort in Pennsylvania would gain $3 billion to $5 billion in present-value lifetime compensation and nonmarket benefits. These social gains from closing race-ethnic gaps equate to approximately $83,000 to $125,000 in present-value dollars per African-American and Latino student.

RR-1163-DH
Insights on earlier adoption of medical innovations: An international review of emerging and effective practice in improving access to medicines and medical technologies. Steven Wooding, Gavin Cochrane, Jirka Taylor, Adam Kamenetzky, Sonia Sousa, Sarah Parks. 2015

The UK Government launched the Accelerated Access Review, in November 2014, to assess the pathways for the development, assessment, and adoption of innovative medicines and medical technology. As an early phase of this work, RAND Europe was asked to support the review by conducting a study to examine international examples of accelerating the use of drugs, devices and diagnostics. The study explored systems across the world through which drugs, devices and diagnostics pass rapidly, identifying what works both in theory and in practice. The briefing discusses 11 interventions for accelerating adoption in detail, assessing the evidence base of the examples identified, examining the strengths and weaknesses of each approach and considering their applicability for the UK system.

RR-1165/1-VA
Current and Projected Characteristics and Unique Health Care Needs of the Patient Population Served by the Department of Veterans Affairs. RAND Health. 2015

The Veterans Access, Choice, and Accountability Act of 2014 addressed the need for access to timely, high-quality health care for veterans. Section 201 of the legislation called for an independent assessment of various aspects of veterans' health care. The RAND Corporation was tasked with an assessment of the current and projected demographics and health care needs of patients served by the Department of Veterans Affairs (VA). The number of U.S. veterans will continue to decline over the next decade, and the demographic mix and geographic locations of these veterans will change. While the number of veterans using VA health care has increased over time, demand will level off in the coming years. Veterans have more favorable economic circumstances than non-veterans, but they are also older and more likely to be diagnosed with many health conditions. Not all veterans are eligible for or use VA health care. Whether and to what extent an eligible veteran uses VA health care depends on a number of factors, including access to other sources of health care. Veterans who rely on VA health care are older and less healthy than veterans who do not, and the prevalence of costly conditions in this population is projected to increase. Potential changes to VA policy and the context for VA health care, including effects of the Affordable Care Act, could affect demand. Analysis of a range of data sources provided insight into how the veteran population is likely to change in the next decade.

RR-1165/2-VA
Resources and Capabilities of the Department of Veterans Affairs to Provide Timely and Accessible Care to Veterans. RAND Health. 2015

The Veterans Access, Choice, and Accountability Act of 2014 addressed the need for access to
timely, high-quality health care for veterans. Section 201 of the legislation called for an independent assessment of various aspects of veterans' health care. The RAND Corporation was tasked with an assessment of the Department of Veterans Affairs (VA's) current and projected health care capabilities and resources. An examination of data from a variety of sources, along with a survey of VA medical facility leaders, revealed the breadth and depth of VA resources and capabilities: fiscal resources, workforce and human resources, physical infrastructure, interorganizational relationships, and information resources. The assessment identified barriers to the effective use of these resources and capabilities. Analysis of data on access to VA care and the quality of that care showed that almost all veterans live within 40 miles of a VA health facility, but fewer have access to VA specialty care. Veterans usually receive care within 14 days of their desired appointment date, but wait times vary considerably across VA facilities. VA has long played a national leadership role in measuring the quality of health care. The assessment showed that VA health care quality was as good or better on most measures compared with other health systems, but quality performance lagged at some VA facilities. VA will require more resources and capabilities to meet a projected increase in veterans' demand for VA care over the next five years. Options for increasing capacity include accelerated hiring, full nurse practice authority, and expanded use of telehealth.

Pays for health care services from non-VA providers. Purchased care accounted for 10 percent, or around $5.6 billion, of VA's health care budget in fiscal year 2014, and the amount of care purchased from outside VA is growing rapidly. VA purchases non-VA care through an array of programs, each with different payment processes and eligibility requirements for veterans and outside providers. A review and analysis of statutes, regulations, legislation, and literature on VA purchased care, along with interviews with expert stakeholders, a survey of VA medical facilities, and an evaluation of local-level policy documents revealed that VA's purchased care system is complex and decentralized. Inconsistencies in procedures, unclear goals, and a lack of cohesive strategy for purchased care could have ramifications for veterans' access to care. Adding to the complexity of VA's purchased care system is a lack of systematic data collection on access to and quality of care provided through VA's purchased care programs. The analysis also explored concepts of "episodes of care" and their implications for purchased care by the VA.

**RR-1173-USCG**

Enhancing U.S. Coast Guard Metrics. Scott Savitz, Henry H. Willis, Aaron C. Davenport, Martina Melliand, William Sasser, Elizabeth Tencza, Dulani Woods. 2015

The U.S. Coast Guard needs to measure its operational-level performance effectively to make informed decisions about resource allocation. To assist the Coast Guard in this effort, the authors worked with official documentation and subject-matter experts to develop logic models describing each of the 11 statutory missions of the Coast Guard and using the descriptions to ascertain what of these logic models, evaluating the metrics in teasespects of these missions should be measured. The authors examined existing metrics in the light of their validity (how well they measured elements of the logic models), reliability (how consistently measurements can be made), and feasibility (how readily measurements can be made). They also analyzed the extent to which ex-
existing metrics measure elements of the logic models. They then developed and evaluated sets of potential metrics that could improve on or complement the existing metrics, together with a framework for applying metrics in decisionmaking. This report describes the logic models, existing metrics, and potential metrics, including their relationships with one another and their derivation from Coast Guard sources. Note that, as of this writing, the Coast Guard is considering these findings and has not adopted them as doctrine.

RR-1178-OSD


This report examines several issues associated with the cost-per-flying-hour (CPFH) metric used in the Department of Defense (DoD). CPFH is calculated as the ratio of an aircraft fleet’s operating-and-support (O&S) costs divided by its flying hours. Subsets of an aircraft fleet’s total annual O&S cost are budgeted in DoD for the flying-hour program used to achieve and maintain flight-crew proficiency and used to calculate hourly rates when DoD aircraft are flown on a reimbursable basis. In addition, other aggregations of costs are used to calculate CPFH and compare O&S costs of different aircraft for various other reasons, including informing decisions on aircraft acquisition and force structure. This report examines usages of CPFH in DoD, including its use to compare O&S costs of different aircraft. The report recommends a definition of CPFH to be used when comparing aircraft and recommends several ways the cost and usage data should be normalized. The report also recommends a cost-per-aircraft metric (where primary aircraft inventory [PAI] is used for the number of aircraft) as an alternative metric for comparing the O&S costs of aircraft.

RR-1181-HEE

New organisational models of primary care to meet the future needs of the NHS: A brief overview of recent reports. Teresa Bienkowska-Gibbs, Sarah King, Catherine L. Saunders, Marie-Louise Henham. 2015

The NHS in England faces several future challenges for primary care, including an ageing population, increasing numbers of patients with multiple long-term conditions and a limited workforce. The Health Education England Primary Care Workforce Commission has set out to identify innovative models of primary care that will meet these future challenges. As part of this work, RAND Europe was commissioned to present a brief overview of reports from professional bodies and policy-focused organisations – from England and internationally – that describe new models for delivering primary care. These models include: Models that introduce new roles, or change existing roles, in general practice (e.g. introducing physician associates and pharmacists into general practice, extending roles for allied health professionals and primary care nurses); Models of collaboration among professionals and among the primary care, secondary care and social care sectors (e.g. ‘micro-teams’, GPs and specialists working together and/or specialists working in the community, extended roles for community pharmacists); and New organisational forms for general practice (e.g. primary care federations or networks, superpractices, regional multipractice organisations, community health organisations, polyclinics and multispecialty community providers). In addition, we present some examples of communication/information technology used in primary care and discuss recruitment and retention challenges facing health professionals in general practice. Most reports included in this overview are descriptive, and they include recommendations regarding how new models of care could be implemented. From these reports, it was evident that there is no one size fits all model for delivering primary care and that the way in which new models are implemented may be as important as the models themselves.

RR-1186-ALZSOC

A Review of the Dementia Research Land-
scape and Workforce Capacity in the United Kingdom. Sonja Marjanovic, Enora Robin, Catherine A. Lichten, Emma Harte, Calum MacLure, Sarah Parks, Veronika Horvath, Grégoire Côté, Guillaume Roberge, Mohammed Rashid. 2015.

According to a recent report from the Global Observatory for Ageing and Dementia Care, the number of people with dementia worldwide will rise from 36 million in 2010 to 115m in 2050. In the UK, the Alzheimer’s Society has estimated that one in 14 people over age 65 currently have dementia. Several governments, including the UK government, have announced commitments to increase funding for dementia research, with a goal to find a treatment or cure, and to improve the management of the condition through the way health and social care is delivered. It is vital that this funding be allocated effectively, building on existing strengths and targeting research gaps.

RAND Europe was commissioned by the Alzheimer’s Society to analyse the UK’s dementia research landscape and workforce capacity. This report seeks to inform funding and capacity-building efforts in dementia research by answering the following questions: What types of research on dementia are being carried out in the UK? How does the UK perform in comparison to global benchmarks? What does the UK dementia research workforce look like? What are the associated strengths and gaps in this landscape? In order to address these questions, RAND Europe conducted: A bibliometric analysis of the UK dementia research landscape examining the diverse fields of activity and topics within dementia, as well as the UK’s impact An analysis of the dementia workforce pipeline (from PhD to senior researcher levels) A forward-looking assessment of the research system and workforce capacity in terms of strengths, gaps and opportunities.

RR-1186/1-ALZSOC

According to a recent report from the Global Observatory for Ageing and Dementia Care, the number of people with dementia worldwide will rise from 36 million in 2010 to 115m in 2050. In the UK, the Alzheimer’s Society has estimated that one in 14 people over age 65 currently have dementia. Several governments, including the UK government, have announced commitments to increase funding for dementia research, with a goal to find a treatment or cure, and to improve the management of the condition through the way health and social care is delivered. It is vital that this funding be allocated effectively, building on existing strengths and targeting research gaps.

RAND Europe was commissioned by the Alzheimer’s Society to analyse the UK’s dementia research landscape and workforce capacity. This extended summary provides an overview of the findings of a report by the Alzheimer’s Society. It seeks to inform funding and capacity-building efforts in dementia research by answering the following questions: What types of research on dementia are being carried out in the UK? How does the UK perform in comparison to global benchmarks? What does the UK dementia research workforce look like? What are the associated strengths and gaps in this landscape? In order to address these questions, RAND Europe conducted: A bibliometric analysis of the UK dementia research landscape examining the diverse fields of activity and topics within dementia, as well as the UK’s impact An analysis of the dementia workforce pipeline (from PhD to senior researcher levels) A forward-looking assessment of the research system and workforce capacity in terms of strengths, gaps and opportunities.
Science policy is increasingly interested in the role of networks as enablers of research activity and research performance. This project examined the research performance of a networked initiative in the neuroscience field. Cambridge Neuroscience is a strategic research initiative to connect multidisciplinary neuroscience research and teaching across the University of Cambridge and affiliated institutes. Its mission is to increase the "fundamental understanding of brain function and enhance quality of life". It is a virtual centre of excellence with activities organized around five interrelated themes: (i) Developmental Neuroscience; (ii) Cellular and Molecular Neuroscience; (iii) Systems and Computational Neuroscience; (iv) Cognitive and Behavioural Neuroscience; and (v) Clinical and Veterinary Neuroscience. This report summarises the key findings of a bibliometric analysis of research and researchers affiliated with Cambridge Neuroscience. The document aims to serve as an extended summary of the study, intended for dissemination to interested parties. The bibliometric analysis aims to inform and support Cambridge Neuroscience in their strategic direction by providing evidence on the research performance of the network (and its constituent researchers and organisational units) and by exploring collaboration dynamics.

RR-1191-PCORI

The Patient-Centered Outcomes Research Institute (PCORI) is an independent, nonprofit, non-governmental organization authorized under the Affordable Care Act of 2010 to help close gaps in research evidence that are needed to optimize patient and clinician decisionmaking and improve health outcomes. To enhance the nation's capacity to conduct comparative effectiveness research, PCORI has invested more than $100 million in the development of PCORnet, the National Patient-Centered Clinical Research Network. The centerpiece of the PCORnet initiative is a distributed research network that combines clinical data from electronic health records and data contributed directly by patients from participating networks located throughout the United States. A distributed network allows a spectrum of analyses to be conducted without the physical pooling of data, which remain behind the protection of each institution's firewalls. Eventually, even researchers not affiliated with PCORnet may be able to use its network to conduct research with the broad participation of patients, clinicians, and health systems. Phase I of PCORnet's development was dedicated to building its governance, technical, and research infrastructure. This report describes the findings of a formative evaluation of PCORnet's Phase I activities and addresses PCORnet's readiness to achieve Phase II objectives. PCORnet made substantial progress during its initial phase of development and operations. However, many challenges remain. The degree to which PCORnet can scale up quickly in Phase II by expanding the common data model and launching studies that are supported by high-quality data and present a compelling use cases to potential funders will determine the network's future success.

RR-1204-WFHF

The William and Flora Hewlett Foundation engaged RAND to conduct research related to the conceptualization and measurement of skills for deeper learning (e.g., critical thinking). This report explores the feasibility of and challenges associated with building a repository of assessments of hard-to-measure competencies, such as those associated with deeper learning. This feasibility study focused on two aspects of building and maintaining a repository of measures. First, the authors examined the procedures needed to col-
lect, review, document, and catalog assessments for a computerized database. As part of this effort, the authors built a small database of assessments of hard-to-measure competencies, focusing on measures applicable to K–12 students in typical school settings in the United States. Second, the authors examined web-based archives to identify the best functional modules and user-interface features to incorporate into a repository of measures. The study emphasized the collection of assessment information and materials more than the design of a website. Overall, this feasibility study was exploratory in nature. The results are encouraging, but the authors identified some challenges to be overcome in assembling the information needed for a repository.

RR-1214-A

Soon after Operation IRAQI FREEDOM (OIF) began in March 2003, RAND Arroyo Center began compiling an authoritative account of the planning and execution of combat and stability operations in Iraq through 2004 in order to identify key issues that could affect Army plans, operational concepts, doctrine, and other Title 10 functions. The resulting analysis, completed in January 2006, will interest those involved in organizing, training, and equipping military forces to plan for, deploy to, participate in, and support joint and multinational operations. Although focused primarily on Army forces and activities, the analysis also describes aspects of joint and multinational operations. RAND analysts collected the information in this report from many sources, including unit after-action reports, compilations of lessons learned, official databases, media reports, other contemporary records, and interviews with key participants in OIF. This report presents a broad overview of the study findings based on unclassified source material. It traces the operation from its root causes in the first Gulf War through operations up to approximately the end of June 2004. It addresses strategy, planning, and organization for OIF; air and ground force operations; personnel, deployment, and logistics issues; coalition operations; the occupation that followed combat operations; and civil-military operations. Also, because the research conducted for this report covers events only through June 2004, events that occurred after that date would alter some of the conclusions and recommendations. In other cases, some recommendations might already have been implemented in whole or in part. Nevertheless, the report’s recommendations are provided as they were originally formulated.

RR-1215-3IE

Pregnancy-related morbidity and mortality have serious economic and social consequences. The Midwives Service Scheme (MSS) was introduced in 2009 to provide round-the-clock access to skilled care in rural underserved areas of Nigeria. At rollout, the MSS deployed nearly 2,500 midwives to 652 primary health care centers across 36 states. To evaluate the impact of the program, the researchers surveyed 7,104 women in 386 communities across 12 states and conducted in-depth interviews and focus group discussions with policymakers, providers, childbearing women, and community stakeholder groups in three states. They compared changes in pregnancy and birth outcomes in MSS areas to changes in comparison areas over the same period. They found a 12 percent increase in antenatal care use in program clinics and a 6 percent increase in overall use of antenatal care, both in the first year of the program. They also found suggestive but not conclusive evidence of a small increase in skilled birth attendance that was largely confined to the south where there were fewer challenges with maintaining supply of midwives. They found
no improvements in maternal or child health. The researchers found that while the deployment of midwives initially increased access to skilled care, this eroded over time, potentially explaining why initial improvements were not sustained. Such problems as difficulties associated with relocating to new areas, inadequate provision of housing accommodation, and irregular payment of salaries (which worsened over time) contributed to midwives wanting to leave the scheme.

RR-1223-RC


This report is the second in RAND’s ongoing Strategic Rethink series, in which RAND experts explore the elements of a national strategy for the conduct of U.S. foreign and security policy in this administration and the next. The report analyzes defense options available to the United States in responding to the re-emergence of a belligerent Russia, the seizure of significant territory in Iraq and Syria by violent extremists, growing Chinese military power and assertiveness, and other threats to U.S. security and interests. It focuses on ways that the United States might adapt military instruments to meet these emerging challenges, assessing in broad terms the cost of defense investments commensurate with the interests at stake. The report argues that currently projected levels of defense spending are insufficient to meet the demands of an ambitious national security strategy.

RR-1224-RWJ

Using Cost-Effectiveness Analysis to Prioritize Spending on Traffic Safety. Liisa Ecola, Benjamin Batorsky, Jeanne S. Ringel. 2015

This report examines how traffic safety funding could be spent to reduce motor vehicle crash–related injuries and deaths. Specifically, it assesses three issues: the most cost-effective interventions at the national and state levels, whether to allocate incremental funding increases to all states or spend the funds in targeted states, and how best to allocate funds that target drunk driving. The authors base the analysis of the cost-effectiveness of various interventions across the states, as well as the comparisons of different funding scenarios, on the data and analysis of an interactive online tool, the Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS). RAND Corporation researchers developed the tool for the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control, which hosts the tool; additional funding from the Robert Wood Johnson Foundation expanded the tool to include two more interventions and supported these analyses.

RR-1225-LED

Examining the Early Impacts of the Leading Educators Fellowship on Student Achievement and Teacher Retention. Kata Mihaly, Benjamin K. Master, Cate Yoon. 2015

The Leading Educators Fellowship program selects promising mid-career teachers through a competitive application process and develops their skills as leaders of school improvement efforts. The specific objectives of the program are to (1) increase the leadership skills and capacity of teacher leaders in order to improve student achievement in high-need schools and (2) retain highly effective teachers in high-need schools by encouraging commitment to the schools and improving the school leadership pipeline. This report presents findings from preliminary analyses of the program’s impacts on student achievement and teacher retention in both Louisiana and Missouri in the 2011–2012 through 2013–2014 school years for teachers who are program fellows and for the teachers mentored by fellows. The findings from this early analysis of the program impacts of fellows are promising but mixed, and overall do not conclusively demonstrate that the program has affected student achievement. For mentees, the
findings show some positive effects on student achievement among mentees who teach math and social studies in Louisiana. The findings do not point to a consistent pattern of retention impacts across cohorts or states. Future analyses with larger samples of both fellows and mentees will provide greater statistical power for more reliably detecting any true program effects.

RR-1226-EDA
Key Skills and Competences for Defence: Executive Summary. Lucia Retter, Louise Taggart, Jon Freeman. 2015

This is the publishable executive summary of the non-public final report of a study commissioned by the European Defence Agency (EDA) with the aim of defining and identifying the key skills and competences for the European Defence Technological and Industrial Base (EDTIB), within the context of both current and future supply and demand, in order to provide recommendations to ensure key skills and competences for defence can be maintained. Annex C details education courses for key skills and competences.

RR-1226/1-EDA
Key Skills and Competences for Defence: Annex B. Lucia Retter, Louise Taggart, Jon Freeman. 2015

This is Annex B of the non-public final report of a study commissioned by the European Defence Agency (EDA) with the aim of defining and identifying the key skills and competences for the European Defence Technological and Industrial Base (EDTIB). Annex B details current and prospective European equipment programmes.

RR-1226/2-EDA
Key Skills and Competences for Defence: Annex C. Lucia Retter, Louise Taggart, Jon Freeman. 2015

This is Annex C of the non-public final report of a study commissioned by the European Defence Agency (EDA) with the aim of defining and identifying the key skills and competences for the European Defence Technological and Industrial Base (EDTIB), within the context of both current and future supply and demand, in order to provide recommendations to ensure key skills and competences for defence can be maintained. Annex C details education courses for key skills and competences.

RR-1226/3-EDA
Key Skills and Competences for Defence: Annex D. Lucia Retter, Louise Taggart, Jon Freeman. 2015

This is Annex D of the non-public final report of a study commissioned by the European Defence Agency (EDA) with the aim of defining and identifying the key skills and competences for the European Defence Technological and Industrial Base (EDTIB), within the context of both current and future supply and demand, in order to provide recommendations to ensure key skills and competences for defence can be maintained. Annex D provides the taxonomy of key skills and competences.

RR-1226/4-EDA
Key Skills and Competences for Defence: Annex E. Lucia Retter, Louise Taggart, Jon Freeman. 2015

This is Annex E of the non-public final report of a study commissioned by the European Defence Agency (EDA) with the aim of defining and identifying the key skills and competences for the European Defence Technological and Industrial Base (EDTIB), within the context of both current and future supply and demand, in order to provide recommendations to ensure key skills and competences for defence can be maintained. Annex E provides the case studies investigated during the study.

RR-1231-OSD
National Security Implications of Virtual Currency: Examining the Potential for Non-state Actor Deployment. Joshua Baron, Angela O'Mahony, David Manheim, Cynthia Dion-Schwarz. 2015
This report examines the feasibility for non-state actors, including terrorist and insurgent groups, to increase their political and/or economic power by deploying a virtual currency (VC) for use in regular economic transactions. A VC, such as Bitcoin, is a digital representation of value that can be transferred, stored, or traded electronically and that is neither issued by a central bank or public authority, nor necessarily attached to a fiat currency (dollars, euros, etc.), but is accepted by people as a means of payment. We addressed the following research questions from both the technological and political-economic perspectives: (1) Why would a non-state actor deploy a VC? That is, what political and/or economic utility is there to gain? How might this non-state actor go about such a deployment? What challenges would it have to overcome? (2) How might a government or organization successfully technologically disrupt a VC deployment by a non-state actor, and what degree of cyber sophistication would be required? (3) What additional capabilities become possible when the technologies underlying the development and implementation of VCs are used for purposes broader than currency? This report should be of interest to policymakers interested in technology, counterterrorism, and intelligence and law enforcement issues, as well as for VC and cybersecurity researchers.

RR-1237-CMHSA

Reports on an evaluation of online resources developed by the California Mental Health Services Authority’s stigma and discrimination reduction initiative program partners and provides an overview of these resources and the use of partner websites.

RR-1239-1-CFAT
Competency-Based Education Programs in Texas: An Innovative Approach to Higher Education. Lindsay Daugherty, Van L. Davis, Trey Miller. 2015

In recent years, the White House and other key stakeholders have raised concerns about both the effectiveness of higher education in meeting the needs of students and employers, as well as the increasing cost of higher education for students. Stakeholders are calling for new, innovative approaches to address these concerns. Competency-based higher education, which reorients programs to focus on mastery of competencies rather than time in the classroom, has risen as one potential solution to concerns about effectiveness and cost. This report describes the landscape for competency-based education in Texas, documenting six institutions that currently offer these programs and recent efforts of the state to support them. To describe programs in Texas, a review of relevant documents and web pages took place and interviews were conducted with program administrators, a sample of students enrolled in one of the programs, and a state policymaker. Findings show that the programs in Texas are similar across many areas, such as flexible calendars, student-driven learning, and assessment-based progression through courses. Differences in a few areas include tuition structure, student population, and faculty roles. Students interviewed remarked on positive experiences with competency-based education: the program’s low cost, convenience and flexibility, ability to move more quickly through courses, and applied focus. Reviews were also conducted of available literature, placing the Texas experience in the context of the national competency-based higher-education movement. Based on the experiences of the Texas programs and the literature on the national landscape, the report highlights common challenges and some lessons learned.
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This report describes the results of RAND's evaluation of the San Francisco–based Center for Dignity, Recovery, and Empowerment's technical assistance program for stigma-reduction programs through interviews with community-partner participants.

**RR-1247-CMHSA**
Effects of Stigma and Discrimination Reduction Trainings Conducted Under the California Mental Health Services Authority: An Evaluation of the National Alliance on Mental Illness Adult Programs. Eunice C. Wong, Rebecca L. Collins, Jennifer L. Cerully, Elizabeth Roth, Joyce S. Marks, Jennifer Yu. 2015

This report evaluated three National Alliance on Mental Illness (NAMI) programs aimed at reducing mental illness stigma and discrimination among adult audiences.

**RR-1254-OSD**
The U.S. Department of Defense’s Earned Value Management–Analyst Workforce. Stephanie Young, Daniel Tremblay, Roland J. Yardley. 2015

The role of earned value management (EVM) as a tool for integrated program management across the U.S. Department of Defense (DoD) has increased in prominence in recent years. The focal point for all policy, guidance, and competency relating to EVM is the deputy director of the Performance Assessments and Root Cause Analyses (PARCA) Earned Value Management (EVM) division, who serves as the functional lead for EVM, a cross-functional acquisition community. As a cross-functional community, EVM faces challenges in workforce management that communities in designated career fields do not face. EVM is not a career field in itself, and DoD does not systematically track its workforce for the purposes of workforce planning in the same way that it tracks members of designated career fields. Yet, insight into the EVM-analyst workforce is necessary for the execution of PARCA’s responsibilities to support the development and integration of EVM competencies across the defense acquisition workforce. The research reported here surveyed the DoD EVM-analyst workforce and described the population across several dimensions. Although this survey was the first of its kind, it should be considered a first rather than final step toward understanding the EVM-analyst workforce.

**RR-1257-CMHSA**
Effects of Stigma and Discrimination Reduction Programs Conducted Under the California Mental Health Services Authority: An Evaluation of Runyon Saltzman Einhorn, Inc., Documentary Screening Events. Jennifer L. Cerully, Rebecca L. Collins, Eunice C. Wong, Elizabeth Roth, Joyce S. Marks, Jennifer Yu. 2015

Describes the methods and results of a RAND evaluation of stigma and discrimination reduction efforts by Runyon Saltzman Einhorn, Inc., involving screenings of a documentary film called “A New State of Mind: Ending the Stigma of Mental Illness.”

**RR-1258-NCMICF**
Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research. Patricia M. Herman, Ian D. Coulter. 2015

This report examines a problem that confronts the complementary and alternative medicine (CAM) professions whereby a profession is defined politically not by its full professional scope but by its treatment modalities. Even when CAM disciplines are defined by legal statutes as broad-based professions, this designation is not honored by such codes as the policies of insurance coverage. This project consisted of three parts: development of a background paper on the policy issues associated with the scope of practice and utilization of CAM practitioners in the health care system, input from a panel of CAM experts, and input from a panel of health care policy decisionmakers. With the increasing utilization of CAM
by the public and the increasing consideration of CAM in all aspects of health policy, this report serves as a valuable reference document to aid in policymaking in terms of the challenges associated with coverage, licensure, scope of practice, institutional privileges, and research.

RR-1267-OSD
The Islamic State We Knew: Insights Before the Resurgence and Their Implications. Howard J. Shatz, Erin-Elizabeth Johnson. 2015

The group calling itself the Islamic State poses a grave threat, not just to Iraq and Syria but to the region more broadly and to the United States and its global coalition partners. A deadly and adaptive foe, the Islamic State seemed to come out of nowhere in June 2014, when it conquered Mosul. However, the Islamic State of today is the direct descendant of a group that Iraq, the United States, and their partners once fought as al-Qa’ida in Iraq and then as the Islamic State of Iraq. The wealth of publicly available information about the group indicates that the Islamic State’s reemergence in 2014, and especially its methods and goals, should not have come as a surprise, although the strength and scope of that reemergence were rightfully shocking. The history considered in this report provides information known by the end of 2011 about the group’s origins, finances, organization, methods of establishing control over territory, and response to airpower. Now that the Islamic State has reemerged, countering it can rely, in part, on the great deal of accumulated knowledge available. Because Iraqis and coalition forces routed the group once, the group’s history can inform four components of a successful strategy against the Islamic State: degrading the group’s finances, eliminating its leadership and potential leadership, creating a better strategy to hold recaptured territory, and making use of airpower.

RR-1269-DOL

Because many people are ill equipped to make complex financial decisions on their own, financial advisers can provide a valuable service in helping investors make such decisions. Given that conflicts of interest may influence advisers’ behavior in ways that may be detrimental to their clients’ interests, it is informative to examine how countries around the world have used regulation to try to improve the quality of financial advice, and how the regulatory tools used have affected their respective financial advice markets. This review compares the financial advice markets in the United States, the United Kingdom, Australia, Germany, Singapore, and the European Union, for a cross-section of countries that recently made regulatory changes aimed at improving financial advice.

RR-1270-DOL
Effective Disclosures in Financial Decisionmaking. Angela A. Hung, Min Gong, Jeremy Burke. 2015

In the financial services market, financial service providers often have better information about the quality, features, fees, risks, and benefits of their products or services than consumers. In a market with this type of asymmetric information, disclosure is an often-used policy tool designed to increase transparency and provide consumers with valuable information to make informed decisions. We define disclosure as a statement that provides relevant information to consumers for informed decisionmaking. A disclosure often reveals estimated costs and impacts to consumers, commitments of the relevant parties, existence of any conflicts of interest, and the nature of the relationship between parties. In this report, we review the literature on consumer disclosures in the financial industry. The primary focus of the review is on disclosures of conflicts of interest, particularly with regard to financial advice, but we also examine use of disclosure associated with other common financial products or services, including credit cards, mortgages, and mutual funds.
RR-1281-CMHSA
Effects of the Integrated Behavioral Health Project’s Efforts to Promote Integrated Care Under Funding from the California Mental Health Services Authority. Jennifer L. Cerully, Rebecca L. Collins, Eunice C. Wong, Rachana Seelam, Elizabeth Roth, Jennifer Yu. 2015

Describes the methods and results of a RAND evaluation of the Integrated Behavioral Health Project’s efforts to promote the integration of mental and physical health care among various health care stakeholders in California.

RR-1284-DC
The Digital Catapult and productivity: A framework for productivity growth from sharing closed data. Stuart Parris, Anton Spisak, Louise Lepetit, Sonja Marjanovic, Salil Gunashekar, Molly Morgan Jones. 2015

The Digital Catapult is a national centre designed to advance rapidly the UK’s best digital ideas and to help unlock new value from sharing closed and proprietary data. RAND Europe was commissioned by the Digital Catapult to conduct a study to develop a conceptual framework to understand the present and prospective contribution of the Digital Catapult’s activities to the UK’s economic productivity. We found that the Digital Catapult targets market and innovation inefficiencies that likely inhibit the rapid commercialisation and uptake of data innovation across firms and industries. If not addressed, these barriers may well hinder the benefits that sharing closed and proprietary data sets and open innovation could deliver to productivity growth in the UK. The Digital Catapult has three main mechanisms of change through which it can unlock these efficiency barriers for different sectors, disciplines and organisational types by: (i) enabling the development of core data infrastructure; (ii) increasing the absorptive capacity of organisations to derive the value from data, assimilate it and use it towards commercial ends; and (iii) convening expertise, providing leadership and fostering trust in key markets.

RR-1287-EC
TACTICS: Policy and strategic impacts, implications and recommendations. Susanne Søndergaard, Giacomo Persi Paoli, Kate Robertson, Richard Warnes, Lindsay Clutterbuck, Rocco Bellanova, Maria Gabrielsen Jumbert, Ingrid Solberg, Joanna Pilner. 2015

In recent years the threat of terrorism in urban environments has become an important issue, emphasised by several successfully carried out terrorist attacks (New York, Madrid, London, Copenhagen and Paris are just some examples). When security forces are alerted to a specific terrorist threat, their main goal is to prevent an actual attack. On the other hand, if prevention fails and the attack is carried out, independent of the degree of success, security forces become responsible for stopping it and mitigating its consequences. The efficiency and effectiveness of the response relies on the ability to respond quickly, decompose threats and efficiently and effectively manage existing capabilities. TACTICS (Tactical Approach to Counter Terrorists in Cities) is an FP7 project commissioned by the European Commission in 2012 to develop a low technology readiness level (TRL) decision support technology to assist security forces in countering terrorist threats in urban environments. The system that was developed as part of this project brings an innovative approach built around threat decomposition, threat management, and capability management. The system can be defined as a counterterrorism decision support technology designed to facilitate a clearer understanding of both the threat and the capabilities available to counteract it, enabling a faster, more efficient and effective security force response. This report assesses the policy implications of introducing a TACTICS like system in Europe.

RR-1289-DOL
Financial advisers can play an important role with helping individuals make better financial decisions and improving their financial situations. In this report, the authors review evidence from the research literature about whether working with an adviser improves savings behavior, in general, as well as saving for long-term goals, particularly retirement. While much of the literature provides evidence that individuals who receive professional financial advice are more financially healthy than those who do not, few papers attempt to address the endogeneity concerns of reverse causation, limiting insights into whether advisers are causing improvements in their clients’ savings behavior.


Many states have recently made major changes to their K–12 student testing programs. The media have reported growing dissatisfaction with the amount of testing happening in schools and the use of tests for high-stakes decisionmaking. However, there is little systematically gathered information on the perspectives of U.S. educators who have firsthand knowledge about testing and its effects on teaching and learning. This report shares U.S. principals’ and teachers’ main concerns about testing, drawing upon new survey tools for understanding educators’ perspectives and implementation of major education policies: RAND’s American Teacher Panel (ATP) and American School Leader Panel (ASLP). The findings are drawn from the ATP and ASLP surveys fielded in February 2015, before the full administration of most state-mandated exams. Findings indicate particular concern with students’ test performance, as well as more prevalent concerns about the PARCC assessment compared with other assessments. The information about U.S. educators’ concerns will serve as a baseline for tracking changes in attitudes over time. This analysis focuses on “the main state-mandated test for mathematics” and “for English language arts” (ELA) that teachers and principals reported their students taking.

Alternatives to the ACA’s Affordability Firewall. Sarah A. Nowak, Evan Saltzman, Amado Cordova. 2015

The Affordable Care Act (ACA) was designed to increase health insurance coverage while limiting the disruption to individuals with existing sources of insurance coverage, particularly those with employer-sponsored insurance (ESI). To limit disruption to those with coverage, the ACA implements the employer mandate, which requires firms with more than 50 employees to offer health insurance or face penalties, and the individual “affordability firewall,” which limits subsidies to individuals lacking access to alternative sources of coverage that are “affordable.” This report examines the policy impacts of the affordability firewall and investigates two potential modifications. Option 1, which is the “entire family” scenario, involves allowing an exception to the firewall for anyone in a family where the family ESI premium contribution exceeds 9.5 percent of the worker’s household income. In Option 2, the “dependents only” scenario, only dependents (and not the worker) become eligible for Marketplace subsidies when the ESI premium contribution exceeds 9.5 percent of the worker’s household income. Relative to the ACA, RAND researchers estimate that nongroup enrollment will increase by 4.1 million for Option 1 and by 1.4 million for Option 2. However, the number without insurance only declines by 1.5 million in Option 1 and 0.7 million in Option 2. The difference between the increase in nongroup enrollment and the decrease in uninsurance is primarily due to ESI crowd-out, which is more pronounced for Option 1. Researchers also estimated that about 1.3 million families who have ESI and unsubsidized nongroup coverage under current ACA
policy would receive Marketplace subsidies under the alternative affordability firewall scenarios. For these families, health insurance coverage would become substantially more affordable; these families’ risk of spending at least 20 percent of income on health care would drop by more than two thirds. We additionally estimated that federal spending will increase by $8.9 billion and $3.9 billion for Options 1 and 2, respectively, relative to the ACA.

RR-1301-OSD
Improving DoD Support to FEMA’s All-Hazards Plans. Michael J. McNerney, Christopher M. Schnaubelt, Agnes Gereben Schaefer, Martina Melliand, Bill Gelfeld. 2015

Disaster preparedness and response is a national priority, in which the U.S. Department of Defense (DoD) plays a supporting—but potentially crucial—role. In the ten years since Hurricane Katrina, the Federal Emergency Management Agency (FEMA) has taken steps to strengthen its ability to plan and coordinate the U.S. government’s response to disasters, while the U.S. Department of Defense (DoD) has worked to improve its support to FEMA. This research reviews and analyzes how DoD and FEMA work together to plan and execute disaster response activities, and recommends areas for improvement. The study team (1) analyzed FEMA plans and DoD policies for Defense Support of Civil Authorities (DSCA); (2) analyzed how DoD provides DSCA support to FEMA, including key stakeholder perceptions, in order to identify potential capability gaps that DoD could fill; and (3) developed recommendations for how DoD can improve its support—in terms of planning, coordination, and providing requested capabilities—to FEMA.

RR-1320-RC
Limiting Regret: Building the Army We Will Need. Timothy M. Bonds, Michael Johnson, Paul S. Steinberg. 2015

This report makes three essential points: The world has changed following the foundational defense planning in the 2014 Quadrennial Defense Review; emerging and growing threats increase the likelihood that U.S. commitments in key regions will be challenged; and planned cuts to the U.S. Army will result in too few ground forces to satisfy declared commitments. In light of these concerns, this report addresses the U.S. Army capacity needed—as part of a joint, interagency, intergovernmental, and multinational force—to help the nation achieve its highest-level national security interests and mitigate the most important risks. The authors consider the terror threat in North Africa, the Middle East, and Afghanistan; potential Russian aggression against NATO Baltic states; and the threats posed by North Korea, including “loose nukes.” In these three contexts, the authors assess the capability of the nation to satisfy existing commitments, given planned force reductions to the U.S. Army. The authors outline shortcomings and propose actions necessary to maintain an Army of sufficient force to satisfy U.S. commitments, meet threats with force, and avoid strategic failure and regret.

RR-1321-NIHCR
Can the Cadillac Tax Be Made Less Regressive by Replacing It with an Exclusion Cap? Methods and Results. Chapin White, Sarah A. Nowak, Christine Eibner. 2015

One of the sources of funding for the coverage expansions in the Affordable Care Act is the so-called Cadillac tax, which is scheduled to take effect in 2018. The Cadillac tax consists of a 40-percent excise tax on premiums for employer-sponsored health plans in excess of a dollar limit. One alternative to the Cadillac tax is an “exclusion cap,” under which individuals enrolled in employer-sponsored plans would be able to exclude premiums from their taxable income only up to a dollar limit (i.e., the cap). This analysis uses RAND’s COMPARE microsimulation model to (1) define an exclusion cap scenario that would produce the same amount of federal tax revenues as the Cadillac tax in 2020 and (2) compare the effects of the exclusion cap and the Cadillac tax on
families in different income ranges. The analysis shows that there is very little difference in progressivity between the Cadillac tax and a revenue-equivalent exclusion cap. This RAND report is the technical appendix that accompanies the National Institute for Health Care Reform's Research Brief No. 20, “Limiting Tax Breaks for Employer-Sponsored Health Insurance: Cadillac Tax vs. Capping the Tax Exclusion,” October 2015.

RR-1336-TUCI

The Urban Child Institute CANDLE Study: Methodological Overview and Baseline Sample Description. Lisa M. Sontag-Padilla, Rachel M. Burns, Regina A. Shih, Beth Ann Griffin, Laurie T. Martin, Anita Chandra, Frances Tylavsky. 2015

The Urban Child Institute (UCI) developed the Conditions Affecting Neurocognitive Development and Learning in Early Childhood (CANDLE) Study. UCI then provided funding to the University of Tennessee Department of Preventive Medicine to start CANDLE in 2006 in Shelby County, Tennessee. The partnership was leveraged to support collection of prenatal and early-childhood data on a healthy and ethnically diverse sample. As part of its broader relationship with UCI (started in 2011), the RAND Corporation was then asked to review the data collected for CANDLE, create a strategic plan for their use, and prepare the data for further analysis. The large-scale UCI CANDLE Study has followed roughly 1,500 pregnant women from their second trimesters until the children’s third birthdays. Enrollment continued through 2011. Data collection is now complete, and data analysis is ongoing. The study was designed to identify what factors during pregnancy and early childhood affect a child’s development and ability to learn. This report provides the CANDLE Study design and summary data from the first year of data collection, covering study participant demographics, prenatal and birth measures, child and family health, child and family nutrition, mothers' mental and behavioral health, mothers' and children's cognitive performance, mothers' and children's psychosocial measures, and biological samples for both mothers and children. The study gives researchers the opportunity to examine early markers of healthy early-childhood development and the influences of genetics, biology, family, and community environment within a racially and economically diverse sample of healthy mothers and children.

RR-1342-TELET

Improving Hospital Efficiency Through Data-Driven Management: A Case Study of Health First, Florida. Janice C. Blanchard, Robert S. Rudin. 2015

This report presents a case study of how one health system—Health First, in Brevard County, Florida—addressed resource challenges by using Lean thinking enabled by information technology. Examining Health First provides an opportunity to learn about how one hospital system addressed these challenges by making fundamental changes in their operations, in advance of the shift toward accountable care. Three years after Health First embarked on an effort to streamline patient flow and improve throughput, adult transfers within the system have increased by more than 300 percent and emergency department times between admission and inpatient bed occupancy decreased by 37 percent.

RR-1349-OSD


The frequent relocations associated with military service place distinct demands on service members and their families and can complicate military spouses' career trajectories. Recognizing this challenge, the White House published a directive in 2011 ordering the Department of Defense to expand the Army Spouse Employment Partnership, which had recruited 52 employer partners since its inception in 2003 to assist military spouses seeking employment, to serve Navy, Marine
Corps, and Air Force spouses. The resulting Military Spouse Employment Partnership, launched on June 29, 2011, is one of four initiatives under the Department of Defense's Spouse Education and Career Opportunities program. In December 2014, the U.S. Congress mandated an evaluation of the Partnership and the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy sponsored RAND to assess the extent to which the Partnership addresses its objectives. This report documents the first phase of research to help meet the Congressional requirement for a “report evaluating the progress of military spouse employment programs.” This research should be of interest to policymakers responsible for programs or oversight of programs supporting military spouse quality of life, as well as scholars who study military spouse issues and program evaluation.

RR-1354-EP
Cybersecurity in the European Union and Beyond: Exploring the Threats and Policy Responses. Nicole van der Meulen, Eun A Jo, Stefan Soesanto. 2015

The European Commission published the European Union Cyber Security Strategy along with the accompanying proposal for a Network and Information Security (NIS) Directive in 2013. Since the proposal was published, the cybersecurity landscape has continued to evolve, leading to questions regarding the nature and seriousness of the cyberthreats faced by the European Union (EU), the capabilities of Member States to manage these threats and respond to incidents, and the effectiveness of these capabilities. At the time of writing, discussions about the content and scope of the proposed NIS Directive are continuing. This study on cybersecurity has been commissioned by the European Parliament (EP) and has five objectives: 1. To identify key cyberthreats facing the EU and the challenges associated with their identification. 2. To identify the main cybersecurity capabilities in the EU. 3. To identify the main cybersecurity capabilities in the United States (US). 4. To assess the current state of transnational cooperation. 5. To explore perceptions of the effectiveness of the current EU response. The main theme in the authors’ findings is that the existing cybersecurity measures in the EU are fragmented, largely due to gaps in operational capabilities as well as strategic priorities of Member States regarding cybersecurity. Whether the EU response to cybersecurity should adopt a formal and mandatory character is also debated. The authors suggest 5 policy options that the EP should consider in order to improve the EU’s overall approach to cybersecurity.

RR-1363-DH

This report presents the findings of a bibliometric analysis of biomedical and health research in England for the period 2004–2013. The purpose of the analysis is to support the third National Institute for Health Research (NIHR) competition for Biomedical Research Centres (BRCs) in England. The report is intended to assist potential applicants in deciding whether to submit a Pre-Qualifying Questionnaire as part of the procurement process, as well as to inform one of the shortlisting criteria in the deliberations of the International Selection Panel for the BRCs.

RR-1365-BMGF

The adoption of personalized learning approaches has increased significantly in recent years. This report examines achievement in 62 public charter and district schools that are pursuing a variety of personalized learning practices, and examines implementation details in 32 of those schools. Re-
searchers obtained achievement data for personalized learning students and a matched comparison group of students attending other schools serving similar populations. They also collected and analyzed data from site visits, interviews, and surveys to create a broad picture of the schools' efforts to implement personalized learning and the perceptions of teachers and students. The achievement findings indicate that compared to peers, students in schools using personalized learning practices are making greater progress over the course of two school years, and that those students who started out behind are catching up to perform at or above national averages. The study finds that teachers at most schools were using data to understand student progress and make instructional decisions, all schools offered time for individual academic support, and the use of technology for personalization was widespread. However, some strategies, such as competency-based progression, were less common and more challenging to implement.

RR-1365/1-BMGF

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Reports results of a survey to assess the impact of CalMHSA's investments in mental health programs at California public colleges and estimates the return on investment in terms of student use of treatment, graduation rates, and lifetime earnings.

Cost-Effective Helicopter Options for Partner Nations. Christopher A. Mouton, David T. Orletsky, Michael Kennedy, Fred Timson, Adam Grissom, Akilah Wallace. 2015

Department of Defense assistance to partner nations often entails supporting their helicopter fleets. In some cases, these fleets are composed of nonstandard rotary-wing aircraft, usually Soviet-era or Russian, European, Chinese, or outdated American equipment. Partner use of these aircraft poses particular problems for U.S. security cooperation activities; understandably, the U.S. military does not have a large base of expertise to support these aircraft in such areas as flight crew training, maintenance, and supply chain management. RAND's National Defense Research Institute identified the aviation requirements of important partner nations, applied this understanding to an analysis of the relative efficiencies of a variety of helicopter platforms, and used these findings to quantify the cost-effectiveness implications of migrating partner nation fleets to alternative aircraft.


The U.S. global defense posture--the size, location, types, and capabilities of the U.S. forward-based military forces--is an integral and critical component of the U.S. security strategy, allowing the U.S. military to respond quickly and effectively to threats and contingencies. Forward deployed Army forces and the military infrastructure associated with them play an important role in the ability of Army forces to project power, deter adversaries, and engage with partner forces. As the security environment continues to evolve, the United States needs to assess continuously the applicability of its global defense posture to the emerging needs. This report develops a methodology and a framework for global Army positioning in the context of the global defense posture of the United States. The key element of the framework is the interplay of missions assigned to Army forces, types of bases, and base locations. The report uses the framework to assess U.S. Army forward stationing from a perspective of maximum responsiveness and effectiveness in addressing potential crises and increased security cooperation. The report identifies locations in several states in which either increased or new Army presence may be useful in advancing national security goals. Further action depends on determination of a need for greater robustness, faster responsiveness, or deepening a critical security and defense relationship in a given region. The framework presented in this report could be used by combatant commands for assessing optimal forward presence. The methodology has the potential to be developed further as a decision support tool for DoD’s future posture decisions.


The September 11, 2001, terrorist attacks caught the United States without a plan for military operations in Afghanistan. In less than 30 days, the Department of Defense created a plan that involved an unprecedented combination of special operations forces (SOF), Afghan fighters, and
airpower. Operations were initiated on October 7, and Afghanistan's Taliban government was toppled in less than two months. An interim administration was installed on December 22, and civil-military operations began. This report describes the preparations for Operation Enduring Freedom at CENTCOM and elsewhere, Army operations and support activities, building a coalition, and civil-military operations in Afghanistan through the end of June 2002. The research used contemporary records and interviews with key participants to gain authoritative perspectives on events and issues. U.S. forces were surprisingly successful in toppling the Taliban. The rigorous preparation of SOF clearly paid off. Air-land operations were decisive. Small-unit soldiers and leaders passed the tests of the harsh Afghan environment. Force protection, logistics operations, and communications each worked well. Nonetheless, several problems emerged. Joint planning and training needed to be pushed to lower levels, underscoring the need for the Army to jointly plan the employment of its fire support assets. Other issues included logistics procedures for small operations and civil-military organization and procedures. Many of these issues were later addressed by Army leaders.

RR-392-AF

Over the past two decades, China’s People’s Liberation Army has transformed itself from a large but antiquated force into a capable, modern military. Its technology and operational proficiency still lag behind those of the United States, but it has rapidly narrowed the gap. Moreover, China enjoys the advantage of proximity in most plausible conflict scenarios, and geographical advantage would likely neutralize many U.S. military strengths. A sound understanding of regional military issues—including forces, geography, and the evolving balance of power—will be essential for establishing appropriate U.S. political and military policies in Asia. This RAND study analyzes the development of respective Chinese and U.S. military capabilities in ten categories of military operations across two scenarios, one centered on Taiwan and one on the Spratly Islands. The analysis is presented in ten scorecards that assess military capabilities as they have evolved over four snapshot years: 1996, 2003, 2010, and 2017. The results show that China is not close to catching up to the United States in terms of aggregate capabilities, but also that it does not need to catch up to challenge the United States on its immediate periphery. Furthermore, although China’s ability to project power to more distant locations remains limited, its reach is growing, and in the future U.S. military dominance is likely to be challenged at greater distances from China’s coast. To maintain robust defense and deterrence capabilities in an era of fiscal constraints, the United States will need to ensure that its own operational concepts, procurement, and diplomacy anticipate future developments in Chinese military capabilities.

RR-393-AHIPF

The need for better management of chronic conditions is urgent. About 141 million people in the United States were living with one or more chronic conditions in 2010, and this number is projected to increase to 171 million by 2030. To address this challenge, many health plans have piloted and rolled out innovative approaches to improving care for their members with chronic conditions. This report documents the current range of chronic care management services, identifies best practices and industry trends, and examines factors in the plans’ operating environment that limit their ability to optimize chronic care pro-
grams. The authors conducted telephone surveys with a representative sample of health plans and made in-depth case studies of six plans. All plans in the sample provide a wide range of products and services around chronic care, including wellness/lifestyle management programs for healthy members, disease management for members with common chronic conditions, and case management for high-risk members regardless of their underlying condition. Health plans view these programs as a "win-win" situation and believe that they improve care for their most vulnerable members and reduce cost of coverage. Plans are making their existing programs more patient-centric and are integrating disease and case management, and sometimes lifestyle management and behavioral health, into a consolidated chronic care management program, believing that this will increase patient engagement and prevent duplication of services and missed opportunities.

**RR-427-AF**


This report documents the modeling framework Project AIR FORCE (PAF) developed to analyze the support of combat operations in a denied environment. The models help illuminate combat support requirements, basing posture vulnerabilities, operational resilience, and capability trade-offs. Specifically, the modeling framework addresses four questions: (1) How does dispersed basing affect combat support resource requirements, and how many operating locations can be supported? (2) Where should combat support resources be stored and maintained to enable rapid deployment and employment of forces in the Pacific theater? (3) How vulnerable are U.S. air bases in denied environments, given current and planned capabilities? (4) What is the right mix and level of investment in active and passive defense material solutions to ensure resilience against a range of adversary kinetic attack strategies? The PAF framework consists of four models. The Strategic Tool for the Analysis of Required Transportation (START) estimates manpower and equipment requirements to support a given basing posture in a combat scenario. The RAND Overseas Basing Optimization Tool (ROBOT) identifies the least-cost allocation of war reserve materiel. The Theater Air Base Vulnerability Assessment Model (TAB-VAM) analyzes trade-offs among basing strategies, determines the effect of adversary attacks on sortie generation, and examines the effectiveness of threat mitigation options. The Theater Air Base Resiliency Optimization Model (TAB-ROM) finds the most cost-effective way to improve sortie generation against a range of enemy attack strategies for a given scenario. Together these models can inform decisions concerning force posture, cost-asymmetric investments, and theater-shaping strategies in denied environments.

**RR-435-OSD**


In the past decade, the number of individuals treated by the MHS for psychological health conditions has grown significantly. Patients with co-occurring psychological health and substance abuse conditions have unique treatment needs, and evidence suggests that integrated treatment for these conditions may be more effective than treating each separately. The Navy's Bureau of Medicine contracted with Hazelden to provide training for clinicians to deliver an evidence-based intervention for treating patients with co-occurring disorders. The Hazelden training, the Co-Occurring Disorders Clinician Training Program (CODP), began in 2008. RAND evaluated the implementation of the training among Substance
Abuse Rehabilitation Program (SARP) personnel to understand the CODP approach and goals, and to describe the training program and materials and trainee perceptions, identify which program elements were implemented and sustained, identify facilitators and barriers to implementation, and describe programs' capabilities to provide integrated care. This report presents the results and makes recommendations for improving training of SARP personnel. RAND researchers formulated the following recommendations: Develop a training plan, obtain leadership support, plan for staff turnover, provide consultation after training, and evaluate training efforts; ensure that clinician training focuses on materials and skills most relevant to their practice; consider requiring that all service members receiving care from a SARP be screened for substance use and psychological health problems; identify and certify select sites as providing enhanced co-occurring disorders services; and implement measures to assess the quality of care at SARPs.

RR-464-OSD
Measuring the Quality of Care for Psychological Health Conditions in the Military Health System: Candidate Quality Measures for Posttraumatic Stress Disorder and Major Depressive Disorder. Kimberly A. Hepner, Carol P. Roth, Coreen Farris, Elizabeth M. Sloss, Grant R. Martsof, Harold Alan Pincus, Katherine E. Watkins, Caroline Batka, Daniel Mandel, Susan D. Hosek, Carrie M. Farmer. 2015

In recent years, the number of U.S. service members treated for psychological health conditions has increased substantially. In particular, at least two psychological health conditions—posttraumatic stress disorder (PTSD) and major depressive disorder (MDD)—have become more common, with prevalence estimates up to 20 percent for PTSD and 37 percent for MDD. Delivering quality care to service members with these conditions is a high-priority goal for the military health system (MHS). Meeting this goal requires understanding the extent to which the care the MHS provides is consistent with evidence-based clinical practice guidelines and its own standards for quality. To better understand these issues, RAND Corporation researchers developed a framework to identify and classify a set of measures for monitoring the quality of care provided by the MHS for PTSD and MDD. The goal of this project was to identify, develop, and describe a set of candidate quality measures to assess care for PTSD and MDD. To accomplish this goal, the authors performed two tasks: (1) developed a conceptual framework for assessing the quality of care for psychological health conditions and (2) identified a candidate set of measures for monitoring, assessing, and improving the quality of care for PTSD and MDD. This document describes their research approach and the candidate measure sets for PTSD and MDD that they identified. The current task did not include implementation planning but provides the foundation for future RAND work to pilot a subset of these measures.

RR-470-OSD

Military life presents a variety of challenges to military families, including frequent separations and relocations as well as the risks that service members face during deployment; however, many families successfully navigate these challenges. Despite a recent emphasis on family resilience, the U.S. Department of Defense (DoD) does not have a standard and universally accepted definition of family resilience. A standard definition is necessary for DoD to more effectively assess its efforts to sustain and improve family resilience. RAND authors reviewed the literature on family resilience and, in this report, recommend a definition that could be used DoD-wide. The authors also reviewed DoD policies related to family resilience, reviewed models that describe family resilience and identified key family resilience factors,
and developed several recommendations for how family-resilience programs and policies could be managed across DoD.

RR-476-OSD

Training Cyber Warriors: What Can Be Learned from Defense Language Training?. Jennifer J. Li, Lindsay Daugherty. 2015

As the importance of cyber operations in national security grows, the U.S. military's ability to ensure a robust cyber workforce becomes increasingly important in protecting the nation. A particular concern has been the growing need for cyber warriors: highly trained and specialized individuals who engage in offensive and defensive operations. The authors seek to help those planning future training for cyber warriors by highlighting what can be learned from another specialty: defense language. While there is no perfect analogy between cyber personnel and another segment of the national security workforce, a number of similarities exist between the need for language skills and cyber warrior expertise, including the need for a highly specialized skill that requires extensive training, the critical role of the skill in mission effectiveness, a need to quickly build capacity, and a potentially limited pipeline of qualified candidates. In this exploratory study, the authors examine what the military services and national security agencies have done to train linguists—personnel with skills in critical languages other than English—and the kinds of language training provided to build and maintain this segment of the workforce. They draw from published documents, research literature, and interviews of experts in both language and cyber. Among key findings, the authors find that shared definitions and metrics are an important first step, training must be closely aligned with mission needs, efforts should focus on building a strong pipeline of candidates, and training must be aligned with overall workforce management efforts.

RR-488-IPMO

The Strategic Perspective and Long-Term Socioeconomic Strategies for Israel: Key Methods with an Application to Aging. Steven W. Popper, Howard J. Shatz, Shmuel Abramzon, Claude Berrebi, Shira Efron. 2015

RAND Corporation researchers provided support to an Israeli government team of high-level officials charged with improving the processes for long-term socioeconomic strategy within the government. This report highlights selected inputs the researchers made to the government team to summarize the essential mechanics and roles for bringing a strategic perspective to the consideration of policy. In doing so, it provides the example of problems associated with an aging population as an illustration of how one can use a strategic perspective in an analysis of policy choices. Israel will benefit from bringing a systemic strategic perspective into its policy process. The concept is integral to formal strategic planning but distinct; although the latter places emphasis on an output (a strategic plan), a strategic perspective is a process for bringing an analytical element into policy decisionmaking. A strategic perspective helps to bridge not only the gap between a short-term focus and longer-term outcomes but also that across ministerial portfolios and responsibilities. A strategic perspective typically begins with a vision of what a desirable future state of the world might be. Translating a vision into policy requires an understanding of the challenges to achieving the vision and employing processes for setting specific goals to meet those challenges, identifying indicators to measure both status and progress toward goals, and designing and implementing policy measures that will contribute to achievement of goals.

RR-498-ARA

A Surprise Out of Zion? Case Studies in Israel's Decisions on Whether to Alert the United States to Preemptive and Preventive Strikes, from Suez to the Syrian Nuclear Reactor. Warren Bass. 2015

Might U.S. officials be surprised by an Israeli strike on Iran's nuclear facilities? This study examines some key historical precedents, consider-
ing four key cases in which Israeli prime ministers chose preemptive or preventive military strikes and had to decide whether to notify or consult with the United States: the Suez crisis of 1956, the Six-Day War of 1967, the 1981 strike on Iraq's nuclear reactor, and the 2007 bombing of the mysterious Syrian nuclear facility known as al-Kibar. The Eisenhower and Reagan administrations were indeed surprised by Israel's actions in 1956 and 1981, but U.S.-Israel relations were put under far less strain by the bilateral discussions that preceded Israeli military action in 1967 and 2007. With the widening and deepening of the U.S.-Israel special relationship over the decades, Israeli prime ministers will have to think very carefully before choosing confrontation over consultation with the United States.

RR-505-OSD

This report describes RAND Corporation researchers' assessment of SimCoach, a computer program featuring a virtual human that speaks and gestures in a video game–like interface, designed to encourage service members, especially those with signs or symptoms of posttraumatic stress disorder (PTSD) or depression, to seek help to improve their psychological health. The assessment included a formative component assessing SimCoach's design, development, and implementation approaches and a summative component assessing outcomes among participants in a user experience survey and a randomized controlled trial (RCT). Results of the formative evaluation identified both strengths and opportunities for improvement. For example, although SimCoach development processes were well-aligned with best practices for software engineering, SimCoach content development and evaluation processes could have been more tightly coupled to best practices in psychological health. The summative evaluation RCT did not show any SimCoach-related benefit in intent to seek help compared with that of control users not exposed to any intervention. However, secondary outcomes indicated that SimCoach users had satisfying experiences without distress. If SimCoach development is continued, greater attention to clinical processes and outcomes is needed so that the program can have its intended impact on help-seeking for PTSD and depression.

RR-549-AF
Identifying and Managing Acquisition and Sustainment Supply Chain Risks. Nancy Y. Moore, Elvira N. Loredo, Amy G. Cox, Clifford A. Grammich. 2015

In recent years, the Air Force and its suppliers have adopted a variety of practices that have improved efficiency and effectiveness but have also made supply chains more brittle and increased risks of supply disruption. This document seeks to help the Air Force develop a strategy for managing supply chain risks during acquisition and sustainment. The authors review the literature on supply chain risk management and report on a series of interviews they conducted with acquisition and sustainment personnel and supply chain experts from commercial enterprises, including representatives of Air Force commodity councils, and the Defense Logistics Agency. They find that many supply chain risks are not considered directly by the Air Force acquisition and sustainment community and that, while some risks are acknowledged, there is little or no strategy in place to mitigate them. They describe a prototype methodology that the Air Force may wish to use in identifying and managing supply chain risks.

RR-562-OSD
Evaluation of the Operational Stress Control and Readiness (OSCAR) Program. Christine Anne Vaughan, Carrie M. Farmer, Joshua Breslau, Crystal Burnette. 2015

The Marine Corps Operational Stress Control
The Objective of this study was to examine existing evidence about the effect of EU membership on health research in the UK and to develop a conceptual approach for assessing the costs and benefits of membership. The first phase of work was to establish the background and context of the issue through a rapid evidence assessment of literature. The second phase was to develop a conceptual framework for understanding the research inputs, processes, outputs, and outcomes for UK health research. This framework was then discussed, amended, and validated through a small number of scoping interviews with UK health researchers and funders across different health subjects areas with varying degrees of experience of EU-funded health research. The final phase of work was to develop future scenarios for UK health research looking at different possible arrangements between the UK and the EU and to analyse each scenario to judge how the current strengths of the UK health research system could be preserved should there be any change in the UK's current membership of the EU. UK health research benefits from EU support through funding (the UK is a net recipient of support relative to population size), 'softer' elements such as skills and labour, and access to collaborative networks, and wider strategic value from European engagement. The impact of the UK withdrawing from EU membership is difficult to assess as it would depend greatly upon the terms and conditions of any such change.


With many service members now returning to the United States from the recent conflicts in Iraq and Afghanistan, concern over adequate access to behavioral health care (treatment for mental, behavioral, or addictive disorders) has risen. Yet data remain very sparse regarding how many
service members (and their dependents) reside in locations remote from behavioral health providers, as well as the resulting effect on their access to and utilization of care. Little is also known about the effectiveness of existing policies and other efforts to improve access to services among this population. To help fill these gaps, a team of RAND researchers conducted a geospatial analysis using TRICARE and other data, finding that roughly 300,000 military service members and 1 million dependents are geographically distant from behavioral health care, and an analysis of claims data indicated that remoteness is associated with lower use of specialty behavioral health care. A review of existing policies and programs discovered guidelines for access to care, but no systematic monitoring of adherence to those guidelines, limiting their value. RAND researchers recommend implementing a geospatial data portal and monitoring system to track access to care in the military population and mark progress toward improvements in access to care. In addition, the RAND team highlighted two promising pathways for improving access to care among remote military populations: telehealth and collaborative care that integrates primary care with specialty behavioral care.

RR-578/1-OSD

With many service members now returning to the United States from the recent conflicts in Iraq and Afghanistan, concern over adequate access to behavioral health care (treatment for mental, behavioral, or addictive disorders) has risen. Yet data remain very sparse regarding how many service members (and their dependents) reside in locations remote from behavioral health providers, as well as the resulting effect on their access to and utilization of care. Little is also known about the effectiveness of existing policies and other efforts to improve access to services among this population. To help fill these gaps, a team of RAND researchers conducted a geospatial analysis using TRICARE and other data, finding that roughly 300,000 military service members and 1 million dependents are geographically distant from behavioral health care, and an analysis of claims data indicated that remoteness is associated with lower use of specialty behavioral health care. A review of existing policies and programs discovered guidelines for access to care, but no systematic monitoring of adherence to those guidelines, limiting their value. RAND researchers recommend implementing a geospatial data portal and monitoring system to track access to care in the military population and mark progress toward improvements in access to care. In addition, the RAND team highlighted two promising pathways for improving access to care among remote military populations: telehealth and collaborative care that integrates primary care with specialty behavioral care.

RR-586-OSD

The U.S. Department of Defense (DoD) has been struggling with increasing rates of suicide among military personnel for the past decade. As DoD continues to implement new programs and examine its policies in an effort to prevent military personnel from taking their own lives, it is important to assess its current responses to suicide and to identify opportunities to enhance these programs and policies. Unfortunately, there is little scientific evidence on how best to respond to suicides, how to ensure that surveillance activities are managed appropriately and that loss
survivors are given sufficient support to grieve, how additional suicides can be prevented, and how to honor and respect the decedent and his or her loved ones. At the same time, there are many resource guides intended to provide recommendations for organizations (mostly schools) in responding to suicides. A review of the existing scientific evidence on postvention (responses to prevent additional suicides in the aftermath of a suicide) and guidance for other types of organizations provides potential insights for DoD, however. Complemented by the perspectives of those most intimately touched by military suicide—the family and friends of those who have died—these sources may help DoD formulate its guidance in a practical and sensitive way.

RR-588-OSD
Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil). Eunice C. Wong, Lisa H. Jaycox, Lynsay Ayer, Caroline Batka, Racine Harris, Scott Naftel, Susan M. Paddock. 2015

A RAND team conducted an independent implementation evaluation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) Program, a system of care designed to screen, assess, and treat posttraumatic stress disorder and depression among active duty service members in the Army's primary care settings. Evaluating the Implementation of the Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) presents the results from RAND's assessment of the implementation of RESPECT-Mil in military treatment facilities and makes recommendations to improve the delivery of mental health care in these settings. Analyses were based on existing program data used to monitor fidelity to RESPECT-Mil across the Army's primary care clinics, as well as discussions with key stakeholders. During the time of the evaluation, efforts were under way to implement the Patient Centered Medical Home, and uncertainties remained about the implications for the RESPECT-Mil program. Consideration of this transition was made in designing the evaluation and applying its findings more broadly to the implementation of collaborative care within military primary care settings.

RR-599-AF

The U.S. Air Force, wanting to gain greater insight into the well-being of its members who have sustained mental or physical injuries in combat or combat-related situations, including their quality of life and the challenges they will confront in their reintegration following separation or retirement, asked the RAND Corporation for assistance in gauging the current status of the Air Force's wounded warriors, including their use of and satisfaction with Air Force programs designed to serve them. This report presents the baseline findings from a longitudinal analysis of enrollees in the Air Force Wounded Warrior (AFW2) program who were receiving benefits or undergoing evaluation to receive benefits, the majority of whom had a primary administrative diagnosis of post-traumatic stress disorder (PTSD). A high proportion of the Airmen in the sample screened positive for PTSD (roughly 78 percent) and major depressive disorder (MDD) (roughly 75 percent); 69 percent screened positive for both. Although more than 90 percent of those in the sample who screened positive for PTSD or MDD were receiving treatment, about half indicated that there was at least one instance during the past year in which they desired mental health treatment but did not receive it. Participants reported concerns about stigma, confidentiality, and the quality of available treatment as barriers to receiving mental health care, though the current data do not link these concerns to a particular treatment setting. About 10 percent of Airmen reported a financial situation that could be considered as living in poverty based on U.S. Department of Health and Human
Services' poverty guidelines. Similarly, close to 15 percent of those in the labor force could be considered unemployed. Reserve and National Guard Airmen evidenced heightened challenges across examined domains. Respondents were overall satisfied with the services they received from the AFW2 and Air Force Recovery Care Coordinator programs.

RR-603-DIR
Home Health Care for California’s Injured Workers: Options for Implementing a Fee Schedule. Barbara O. Wynn, Anne Boustead. 2015

The California Department of Industrial Relations/Division of Worker’s Compensation asked RAND to provide technical assistance in developing a fee schedule for home health services provided to injured workers. The fee schedule needs to address the full spectrum of home health services ranging from skilled nursing and therapy services to unskilled personal care or chore services that may be provided by family members. RAND researchers consulted with stakeholders in the California workers’ compensation system to outline issues the fee schedule should address, reviewed home health fee schedules used by other payers, and conducted interviews with WC administrators from other jurisdictions to elicit their experiences. California stakeholders identified unskilled attendant services as most problematic in determining need and payment rates, particularly services furnished by family members. RAND researchers concentrated on fee schedule options that would result in a single fee schedule covering the full range of home health care services furnished to injured workers and made three sets of recommendations. The first set pertains to obtaining additional information that would highlight the policy issues likely to occur with the implementation of the fee schedule and alternatives for assessing an injured worker’s home health care needs. Another approach conforms most closely with the Labor Code requirements. It would integrate the fee schedules used by Medicare, In-Home Health Supportive Services, and the federal Office of Workers’ Compensation. The third approach would base the home health fee schedule on rules used by the federal Office of Workers’ Compensation.

RR-620-AF

While combat support communities are not responsible for defending cyber networks, they are required to ensure mission execution, including when under cyber attack. Assessing mission assurance for combat support when under a cyber attack is challenging. The fact that many combat support systems do not reside on the most secure networks indicates potential vulnerabilities to cyber attack. Yet the sheer number of information systems that can be attacked, the range of vulnerabilities that these might have, the large number of combat support functions they support, and the complicated connections all of these have to operational missions makes assessments difficult. Add to this the evolving nature of the threats and vulnerabilities in cyberspace, and the task of finding adequate mitigation plans for all possibilities is formidable. RAND researchers developed a tool that presents a sequential process for identifying those functions and information systems most likely to be problematic for the operational mission during cyber attacks.

RR-622/1-KBV
Best practice: Medizinische Aus- und Weiterbildung aus internationaler Perspektive: (German Translation). Celine Miani, Saba Hinrichs, Emma Pitchforth, Teresa Bienkowska-Gibbs, Stefanie Disbeschl, Martin Roland, Ellen Nolte. 2015

This report seeks to help inform the further development of medical education and training for primary care in Germany. It explores approaches to medical education and training in a small
number of high-income countries and how these seek to address shortages of doctors practising in primary or ambulatory care through reforming their education and training systems. It does so by means of an exploratory analysis of the experiences of three countries: England, France and the Netherlands, with Germany included for comparison. Data collection involved a review of the published and grey literature, using a structured template, complemented by information provided by key informants in the selected countries. The report sets out the general context within which the medical education and training systems in the four countries operate, and describe the education and training pathways for general practice for each. We highlight options for medical education and training in Germany that arise from this study by placing our observations in the context of ongoing reform activity. This study will be of relevance for decisionmakers and practitioners concerned with ensuring a medical workforce that is prepared for the demands in a changing healthcare environment. This is a German-language version of the original English-language report (RR-622-KBV).

RR-630-AF

This report identifies and characterizes conditions present in six U.S. Air Force Major Defense Acquisition Programs (MDAPs) experiencing extreme cost growth, using case study analysis. This report is a companion to Air Force Major Defense Acquisition Program Cost Growth Is Driven by Three Space Programs and the F-35: Fiscal Year 2013 President's Budget Selected Acquisition Reports (RR-477-AF, 2014), which analyzed cost growth trends in current U.S. Air Force MDAPs using Selected Acquisition Report (SAR) data. The case study analysis provided in this document is based on government program documentation and publically available open source materials, as well as interviews with program officials and subject matter experts. The authors find that the key common attributes among the six programs with extreme cost growth can be grouped into two broad areas: (1) premature approval of Milestone B and (2) suboptimal acquisition strategies and program structure. They offer two broad recommendations for improving cost and schedule outcomes for Air Force MDAPs: (1) Establish credible baseline cost estimates at MS B to provide realistic baseline metrics for accurately measuring real cost growth, and (2) develop, refine, and implement robust evolutionary or incremental acquisition strategies and policies that reduce and control technological and programmatic risk, unless timely operational need has clear priority over cost savings.

RR-645-NIJ
Improving Information-Sharing Across Law Enforcement: Why Can't We Know?. John S. Hollywood, Zev Winkelman. 2015

Law enforcement capabilities increasingly depend on records management systems (RMSs) that maintain agencies' case histories, computer-aided dispatch (CAD) systems that maintain agencies' calls for service and call response histories, and other data systems. There are also increasing demands to share information with regional, state, and federal repositories of criminal justice information. A good deal of progress has been made on developing information-sharing standards, developing repositories of shared law enforcement information, developing common policies, and improving affordability. However, there are limitations with respect to existing information-sharing technology and policy. Commercial providers can have business models that do not support greater and cheaper information-sharing. Widespread concerns remain regarding the cost of RMSs, CAD, and other key systems. To address these barriers in the short term, we have identified information-sharing items to include in RFPs. We identify indicators that can help agencies determine whether bidding providers are interested in supporting information-sharing at comparatively low costs, and we provide some tips on writing requirements and
pursuing new, lower-cost business models. In the longer term, we discuss building on existing developments to create a comprehensive framework for information-sharing. We identify critical interfaces that have not yet been captured. We present elements to be included in model policy and RFP language related to information-sharing, information assurance, and privacy and civil rights. Finally, we recommend further support for the new technology and business models that can help make these systems more affordable.

RR-653-OSD
Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury. Lynsay Ayer, Coreen Farris, Carrie M. Farmer, Lily Geyer, Dionne Barnes-Proby, Gery W. Ryan, Lauren Skrabala, Deborah M. Scharf. 2015

Improvised explosive devices (IEDs) have been one of the leading causes of death and injury among U.S. troops. Those who survive an IED blast or other injuries may be left with a traumatic brain injury (TBI) and attendant or co-occurring psychological symptoms. In response to the need for specialized services for these populations, the U.S. Department of Defense (DoD) established the National Intrepid Center of Excellence (NICoE) in Bethesda, Maryland, in 2010. The NICoE’s success in fulfilling its mission is impacted by its relationships with home station providers, patients, and their families. The RAND Corporation was asked to evaluate these relationships and provide recommendations for strengthening the NICoE’s efforts to communicate with these groups to improve patients’ TBI care. Through surveys, site visits, and interviews with NICoE staff, home station providers, service members who have received care at the NICoE, and the families of these patients, RAND’s evaluation examined the interactions between the NICoE and the providers responsible for referring patients and implementing treatment plans.

RR-662-CMS
Development of a Model for the Validation of Work Relative Value Units for the Medicare Physician Fee Schedule. Barbara O. Wynn, Lane F. Burgette, Andrew W. Mulcahy, Edward N. Okeke, Ian Brantley, Neema Iyer, Teague Ruder, Ateev Mehrotra. 2015

The Centers for Medicare & Medicaid Services (CMS) uses the resource-based relative value scale to pay physicians and other practitioners for professional services. The work values measure the relative levels of professional time and intensity (physical effort, skills, and stress) associated with providing services. CMS asked RAND to develop a model to validate the work values using external data sources. RAND’s goal was to test the feasibility of using external data and regression analysis to create prediction models to validate work values. Data availability limited the models to surgical procedures and selected medical procedures typically performed in an operating room. Key findings from the study include the following: RAND estimates of intra-service time using external data are shorter than the current CMS estimates. Model assumptions about how shorter intra-service times affect procedure intensity have implications for the work estimates. RAND estimates for work on average were similar to current work values if shorter intra-service time is assumed to increase procedure intensity and were on average up to 10 percent lower than current work values if shorter intra-service time is assumed to not impact on procedure intensity. The RAND estimates could be used for two key applications: CMS could flag codes as potentially misvalued if the RAND estimates are notably different from the current CMS values. CMS could also use the RAND estimates as an independent estimate of the work values. In some cases, further review will identify a clinical rationale for why a code is valued differently than the RAND model predictions.

RR-664-OSD
Federal Educational Assistance Programs Aval-
able to Service Members: Program Features and Recommendations for Improved Delivery. Peter Buryk, Thomas E. Trail, Gabriella C. Gonzalez, Laura L. Miller, Esther M. Friedman. 2015

The Department of Defense (DoD), the Department of Veterans Affairs, and the Department of Education administer a variety of programs that provide educational assistance to military service members. These programs range from examinations that provide college credit for knowledge and experience gained in the military to various kinds of tuition assistance and student aid. The Department of Defense (DoD) Office of Military and Community and Family Policy asked RAND to review major, federal-level military educational assistance programs; develop a holistic system overview; identify program outcomes that program managers either currently measure or should be measuring; consider benchmarks of success to compare these programs against; and recommend ways to improve how educational benefits for military personnel are managed and used, thereby potentially improving cost efficiencies of programs. The authors reviewed publicly available program information and discussed specific characteristics with program managers, as well as reviewed the academic literature on both civilian and military education benefit programs to identify common characteristics, performance measures, and outcome measures. The research did not, however, extend to examining outcomes; the emphasis was on establishing a framework and baselines for further exploration. Among other observations, the authors did note significant overlap among programs and that individuals did not always pursue the most efficient pathways through the system for long-term benefit.

RR-666-DH

Returns on research funded under the NIHR Health Technology Assessment (HTA) Programme: Economic analysis and case studies. Susan Guthrie, Marco Hafner, Teresa Bienkowska-Gibbs, Steven Wooding. 2015

The Department of Health (England) requested that RAND Europe conduct an economic analysis of the impact of the HTA Programme. This report describes the results of that work, which consisted of analysis of the potential economic benefits of a sample of HTA funded studies and comparison to programme costs, supplemented by a set of short case studies exploring the impacts of the HTA Programme on policy and practice. Based on our analysis, if 12 per cent of the potential net benefit of implementing the findings of this sample of 10 studies for one year was realised, it would cover the cost of the HTA Programme from 1993 to 2012. Drawing on the case studies and the economic analysis, we have also made a number of observations that could help ensure that the HTA Programme maximises the likelihood of findings being adopted.

RR-676-AF

Precision and Purpose: Airpower in the Libyan Civil War. Karl P. Mueller. 2015

Between March and October 2011, a coalition of North Atlantic Treaty Organization (NATO) member states and several partner nations waged a war against Muammar Qaddafi's Libyan regime that stemmed and then reversed the tide of Libya's civil war, preventing Qaddafi from crushing the nascent rebel movement seeking to overthrow his dictatorship and going on to enable opposition forces to prevail. The central element of this intervention was a relatively small multinational force's air campaign operating from NATO bases in several countries, as well as from a handful of aircraft carriers and amphibious ships in the Mediterranean Sea. The study details each country's contribution to that air campaign, examining such issues as the limits of airpower and coordination among nations. It also explores whether the Libyan experience offers a potential model for the future.

RR-680-OSD

Improving the Timeliness of Equal Employment
Opportunity Complaint Processing in Department of Defense. Miriam Matthews, Nelson Lim. 2015

The Department of Defense (DoD) employs hundreds of thousands of full-time civilian employees, and federal laws and executive orders stipulate that it is illegal to discriminate against these persons on the basis of several protected categories, including race, color, religion, sex, age, national origin, and disability. The Offices of Diversity Management and Equal Opportunity (OD-MEO) and Civilian Personnel Policy (CPP) aim to ensure that DoD abides by these laws and orders, thereby allowing DoD civilian employees to work in an environment that is free from discrimination. If a DoD civilian employee perceives that he or she has been discriminated against, the employee can contact the local Equal Employment Opportunity (EEO) office to discuss the discrimination experience(s). If the complaint cannot be immediately resolved, the individual may subsequently file a formal EEO complaint with the local EEO office. Once a person files a formal EEO complaint, federal regulations stipulate that, barring specific circumstances, the complaint should be processed within 180 days. This 180-day time period encompasses the time of formal filing to the time an EEO office mails the report of investigation (ROI) for the complaint to the complainant. Since at least 2005, 38 percent to 53 percent of EEO complaints filed each year in DoD have not been processed within this regulated 180-day time frame. This report aims to provide information that will assist DoD in addressing this lag of formal EEO complaints.

RR-687-LAFD


In 2014, the City of Los Angeles Mayor's Office sought assistance from the RAND Corporation to find ways to improve the process the city uses to hire firefighters into the Los Angeles Fire Department. RAND conducted a three-month review of Los Angeles's firefighter hiring policies and practices, paying particular attention to their effectiveness and fairness. This report presents the results of that three-month effort. It reviews the city's hiring practices used in the 2013 hiring cycle and in place at the time of the study and outlines a recommended new firefighter hiring process that is intended to increase efficiency of the hiring process, bolster the evidence supporting the validity of it, and make it more transparent and inclusive.

RR-701-A

Developing a Methodology for Risk-Informed Trade-Space Analysis in Acquisition. Craig A. Bond, Lauren A. Mayer, Michael E. McMahon, James G. Kallimani, Ricardo Sanchez. 2015

This report describes the methodology for risk-informed trade-space analysis developed by the U.S. Army Materiel Systems Analysis Activity Risk Integrated Product Team and researchers from the RAND Corporation and the first iteration of the associated Risk-Informed Trade Analysis Model. The framework combines elements of system engineering, production economics, and risk analysis to functionally and probabilistically relate performance, schedule, and cost outcomes and their uncertainties holistically and understandably. The technology development process is conceptualized as one in which the physical system is described as a portfolio of technologies with associated technical capabilities, and the completion of each technology's development is a discrete random variable. The performance characteristics of the final system are stochastic. In addition, the time of technology development is also stochastic and, in part, drives the overall cost of the system. In a departure from previous analyses, the authors incorporate technology-specific courses of action, or risk-mitigation behaviors, that are assumed to take place in the event that the technology is not developed at the milestone date. For example, one might assume that a lesser-performing
but existing substitute could replace a particular developmental technology or that, if that technology is of critical importance, the schedule might be allowed to slip. Through analysis of alternative courses of action and their effects on the resultant probability distributions estimated for performance, schedule, and cost, decisionmakers have a means to understand the implications of certain risk-mitigating actions. Technology, schedule, and cost trades can be examined between or within individual systems.

RR-704-EC


This study reports public preferences for security, surveillance and privacy across 27 European Member States measured using a stated preference survey. It focuses on three real life contexts: train/metro travel, internet use and storage of health records – each exploring different dimensions of privacy. Over 26,000 responses were collected using internet and face-to-face surveys in autumn of 2013. The questionnaire included questions on respondent’s demographics, questions measuring trust in institutions, general distrust, and attitudes to risk taking. Depending on familiarity to travel by train/metro and internet, each respondent was presented with five stated preference questions from two out three of the above mentioned contexts. The stated preference experiments were designed to understand preferences relating to surveillance, amount of data collected, access to data, storage of data, and cost of security, surveillance and data handling. In the travel context experiment also collected preferences for presence and type of security personnel and physical security checks. Preferences in all three contexts were analysed using discrete choice modelling. Clear differences in preferences for privacy, security and surveillance are found, depending on the context. The study finds that preferences for security and privacy are surprisingly consistent across the EU. Attitudes and demographic characteristics also influence preferences. This study which is one of the largest applications of discrete choice modelling in this domain, provides an important missing element on public perceptions to the debate on security and privacy.

RR-705-RE

Understanding the factors that matter in the implementation of Bolsa Família: Using an analysis of federal datasets to look inside the programme’s ‘black box’. Christian van Stolk, Sunil Patil. 2015

This report aims to promote a greater understanding of how the ‘black box’ of implementation in a conditional cash transfer (CCT) programme interacts with the quality of implementation. The ‘black box’ of implementation refers here to factors both within the programme itself and externally, all of which may influence the outcome of the programme. These include the capacity of municipalities; the supply of services; the integration of services; geography; political motivations; levels of poverty; and urban versus rural contexts. Bolsa Família in Brazil and similar CCT programmes have been established in Latin America and other continents and countries such as the Philippines, Indonesia, Uganda and India. Evidence suggests that CCTs help to raise household expenditure and promote the take-up of health and education services, contributing in some cases to significant reductions in poverty rates (Fiszbein & Schady 2009; Fried 2012). Impact evaluations have increased our understanding of the relationship between the coverage of beneficiaries, targeting of households and incentive levels (level of benefits) in a CCT programme with the effectiveness of these programmes at household level (Fiszbein & Schady 2009). The supply-side appears to matter, both in terms of the quality of BF services and how they are provided. As a result, the report suggests that those designing CCTs should invest more resources in thinking about how local services are supplied, coordinated and integrated.
RR-713-OSD


Building the capacity of Afghan special operations forces (SOF) is a key goal of the United States and its coalition partners. In February and March of 2013, RAND analysts conducted extensive battlefield circulations in Afghanistan and visited multiple training sites for Afghan SOF. The mentors at these sites hailed from a variety of International Security Assistance Force contributing nations, including the United States, Lithuania, Romania, Australia, Norway, and the United Kingdom. This report summarizes key partnering practices across these international partners and presents findings from SOF partnership case studies in Iraq and Colombia. The goal is to identify best practices for SOF partnership that can benefit the development of the Afghan special operations capability. These best practices also have broader applicability for special operations partnerships beyond Afghanistan.

RR-716-A


Comparing U.S. Army Systems with Foreign Counterparts: Identifying Possible Capability Gaps and Insights from Other Armies provides the U.S. Army's Force Development and others an opportunity to contrast selected U.S. Army systems and capabilities with comparable foreign weapons. The sponsor of the research, G-8, Headquarters, Department of the Army, was interested in gaining insights into how various U.S. Army systems compared with similar foreign counterparts in order to identify possible capability gaps, as well as good ideas that other armies might have that the U.S. Army could consider adopting. Based on the time and resources that were available, the research focused on armored fighting vehicles, helicopters, rocket and cannon artillery, and various logistics platforms. The armies that were selected for the comparisons included U.S. allies as well as potential future opponents. The organizing principle for the research was the Army's warfighting functions. These functions include movement and maneuver (air and ground), intelligence, fires (indirect), sustainment, mission command, and protection. The comparison of the Army's systems with their foreign counterparts was performed within this framework. The primary data used to develop comparisons were the on-the-record attributes of a system, such as the range of weapons and the munitions they fire, weight and protection levels of vehicles, carrying capacity of vehicles either in terms of numbers of personnel or cargo, and range and payload characteristics of helicopters. In addition to performing direct system-to-system comparisons, the research was able to identify crosscutting insights and issues that spanned several of the warfighting functions.

RR-717-EMKF

The Adoption of New Smart-Grid Technologies: Incentives, Outcomes, and Opportunities. Christopher Guo, Craig A. Bond, Anu Narayanan. 2015

Studies in the academic and gray literatures have touted the potential large-scale benefits of a smart grid for the United States. Despite an overall lack of technological constraints, however, the empirical evidence shows a potential gap between ex ante expectations and ex post realizations of the benefits of modernization, as well as some reluctance on the part of utilities and consumers to adopt or use the technologies as expected. The surge in technological deployment during the early 2010s, in fact, was a result of federal funding via the American Recovery and Reinvestment Act of 2009. In this report, RAND Corporation researchers review the current technical, regulatory, and
economic context of the electricity market and theoretical benefits of developing a smart grid. They then discuss some of the entrepreneurial opportunities associated with smart-grid data once the grid is fully modernized. Next, they examine the existing empirical evidence related to smart-grid adoption and implementation and investigate the potential reasons for these experiences. Finally, they offer some policy suggestions that might help overcome the identified barriers and discuss their relative merits.

RR-718-A

The Army owns and operates a large fleet of wheeled combat and support vehicles, divided into three categories: heavy, medium, and light tactical vehicles. It also often uses ground mobility capabilities that are not formally identified in any of the categories, such as all-terrain vehicles and motorcycles, as well as some continuing use of pack animals. These vehicles are informally classified as ultra-light tactical mobility (UTM). Most recently, forces in Afghanistan have used several types of UTM, to include ATVs and pack animals. In April 2014 Army Forces Command (FORSCOM) initiated a plan to develop established sets of UTM vehicles for airborne forces. Given the persistent use of UTM currently and throughout the Army’s history, a more detailed examination is warranted to determine whether the Army should formally acquire and equip units with such vehicles. This report assesses the unvalidated needs (demands), validated needs (requirements), current ad hoc capabilities, and key considerations for developing and sustaining formal Army UTM fleets. The various potential UTM investments and applications do not provide equal opportunity to improve current and future Army operations. Furthermore, the threats and risks associated with some UTM applications make their use in combat less likely and investments in them harder to justify. This report identifies and assesses various potential methods for Army development of UTM capabilities. The Army should consider likely impact, risks and threats, and emerging technologies when prioritizing the employment methods, or Tactical Activities, described in this report to address with UTM program investments.

RR-720-EPA

The U.S. Environmental Protection Agency (USEPA), together with its state and local partners, develops watershed implementation plans designed to meet total maximum daily load (TMDL) water quality standards. Uncertainty regarding the impacts of climate change, future land use, the effectiveness of best management practices, and other drivers may make it difficult for these implementation plans to meet water quality goals. But the methods and processes used to develop implementation plans typically do not address uncertainty in these key drivers of change. In this study, RAND researchers explored how Robust Decision Making (RDM) methods could help USEPA and its partners develop implementation plans that are more robust to such uncertainty. Through two pilot case studies—one on the Patuxent River in Maryland and one on the North Farm Creek tributary of the Illinois River—this study shows how analytic RDM methods can be used to identify future vulnerabilities in TMDL implementation plans and suggest appropriate responses. In both case studies, proposed plans meet their water quality goals under current assumptions, but do not meet water quality goals in many climate and other futures. The study finds that modified plans and adaptive management approaches can often reduce these vulnerabilities. Moving forward, USEPA and its partners can better manage future uncertainty by
employing iterative risk management processes and adopting TMDL implementation plans that are robust and flexible.

RR-723-OSD
United States Service Academy Admissions: Selecting for Success at the Military Academy/West Point and as an Officer. Lawrence M. Hansen, Mustafa Oguz. 2015

This report explores the relationship between the current scoring of data for applicants to the U.S. Military Academy at West Point and two subsequent outcomes: probability of graduating and probability of officer promotion. These outcomes are important because when a cadet enters but does not graduate, he or she fills a class seat that could have been filled by someone else who might have graduated, and the cost cannot be recouped. The authors considered candidate scores on several characteristics, including aptitude, athletics, extracurriculars, faculty appraisal, and school ranking. Using a series of logistic regression models and a boosted logistic regression, the results suggest that the current candidate scoring system as the primary basis for admission decisions at West Point is effective.

RR-726-HEFCE

The higher education councils for England and Wales and the Scottish funding council asked RAND Europe to review the preparation process for the impact element of the Research Excellence Framework 2014 within higher education institutions in the UK, in order to assess the process and understand how it could be further improved. This report summarises the approach adopted for the evaluation and describes the key findings and observations arising from the analysis. It is intended for those responsible for the REF and, more broadly, for those in the higher education sector. It may also be of interest to others working in the evaluation of research impact.

RR-730-AACN
The DNP by 2015: A Study of the Institutional, Political, and Professional Issues that Facilitate or Impede Establishing a Post-Baccalaureate Doctor of Nursing Practice Program. David I. Auerbach, Grant R. Martsolf, Marjorie L. Pearson, Erin Audrey Taylor, Mikhail Zaydman, Ashley N. Muchow, Joanne Spetz, Catherine Dower. 2015

In 2004, members of the American Association of Colleges of Nursing (AACN) voted to endorse a position statement identifying the doctor of nursing practice (DNP) degree as the most appropriate degree for advanced-practice registered nurses (APRNs) to enter practice. At the same time, AACN members voted to approve the position that all master's programs that educate APRNs to enter practice should transition to the DNP by 2015. While the number of DNP programs for APRNs
has grown significantly and steadily over this period, at this time, not all nursing schools have made this transition. To better understand why, the AACN contracted with RAND to investigate schools' progress toward this goal and the factors that facilitate or impede this transition. This report describes the results of a mixed-method RAND study undertaken between October 2013 and April 2014 that sought to understand schools' program offerings to prepare APRNs to enter practice and the reasons for those offerings, as well as the barriers or facilitators to nursing schools' full adoption of the DNP.

**RR-737-NIJ**


This study reports on strategic planning activities supporting the National Institute of Justice (NIJ) in the area of information technology, collecting and analyzing data on law enforcement needs and offering potential solutions through technology assessment studies, extensive outreach and liaison activities, and subject matter expert panels. Strategic planning will help NIJ make the best investments to leverage its limited funds and help the range of technology developers supporting law enforcement better understand the law enforcement community's needs and priorities. By looking across the top-ranking needs, the authors identified 11 crosscutting themes in total. These themes are further grouped into three overarching keynotes—a broad need to improve the law enforcement community's knowledge of technology and practices, a broad need to improve the sharing and use of law enforcement-relevant information, and a broad need to conduct research, development, testing, and evaluation on a range of topics. The latter category includes research on both the "nonmateriel" side of technology, including policy and practices, and more traditional technical development.

**RR-738-A**

Active Component Responsibility in Reserve Component Pre- and Postmobilization Training. Ellen M. Pint, Matthew W. Lewis, Thomas F. Lippiatt, Philip Hall-Partyka, Jonathan P. Wong, Tony Puharic. 2015

In response to readiness problems in Army reserve component (RC) units mobilized for Operation Desert Storm in 1990 and 1991, Congress passed legislation establishing requirements for RC personnel and training and active component support to RC units. Since then, Army policies and organizations supporting RC training have evolved to meet rotational demands for forces in Iraq and Afghanistan, and they continue to evolve as these operations come to an end and defense budgets decline. This report examines the congressional intent underlying existing law, the Army's recent experience preparing RC units for deployments, and its future plans for RC training requirements and training support. It recommends changes to law and policy needed to support future RC training plans. This research suggests that premobilization training should focus on individual soldier qualifications and collective training at the crew, squad, and platoon levels, particularly for combat units. In addition, the Army should maintain a multicomponent RC training support structure to ensure that training standards do not diverge across components. Furthermore, some provisions of existing legislation no longer reflect the current operating environment, although others remain relevant.

**RR-739-OSD**


Sleep disturbances are a common reaction to stress and are linked to a host of physical and mental health problems. Given the unprecedented demands placed on U.S. military forces since
2001, there has been growing concern about the prevalence and consequences of sleep problems for servicemembers. Sleep problems often follow a chronic course, persisting long after servicemembers return home from combat deployments, with consequences for their reintegration and the readiness and resiliency of the force. Therefore, it is critical to understand the role of sleep problems in servicemembers’ health and functioning and the policies and programs available to promote healthy sleep. This report provides the first comprehensive review of sleep-related policies and programs across the U.S. Department of Defense (DoD), along with a set of actionable recommendations for DoD, commanders, researchers, and medical professionals who treat U.S. servicemembers. The two-year multimethod study also examined the rates and correlates of sleep problems among post-deployed servicemembers, finding negative effects on mental health, daytime impairment, and perceived operational readiness. The research reviewed evidence-based interventions to treat sleep disturbances among servicemembers and veterans and exposed several individual- and system-level barriers to achieving healthy sleep. Implementing evidence-based treatments is just one step toward improving sleep across the force; as the research recommendations highlight, it is equally important that policies and programs also focus on preventing sleep problems and their consequences.

RR-740-1-DCR


For much of the past century, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for decades, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. This study estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated. The study’s focus emerged from an extensive scoping exercise designed to identify how RAND’s objective, fact-based approach might promote fruitful policy discussion. The overarching goal is to give all parties comprehensive, reliable information about available choices and their expected costs and consequences. Seven key findings were identified: A two-state solution provides by far the best economic outcomes for both Israelis and Palestinians. Israelis would gain over two times more than the Palestinians in absolute terms—$123 billion versus $50 billion over ten years. But the Palestinians would gain more proportionately, with average per capita income increasing by approximately 36 percent over what it would have been in 2024, versus 5 percent for the average Israeli. A return to violence would have profoundly negative economic consequences for both Palestinians and Israelis; per capita gross domestic product would fall by 46 percent in the West Bank and Gaza and by 10 percent in Israel by 2024. In most scenarios, the value of economic opportunities gained or lost by both parties is much larger than expected changes in direct costs. Unilateral withdrawal by Israel from the West Bank would impose large economic costs on Israelis unless the international community shoulders a substantial portion of the costs of relocating settlers. Intangible factors, such as each party’s security and sovereignty aspirations, are critical considerations in understanding and resolving the impasse. Taking advantage of the economic opportunities of a two-state solution would
require substantial investments from the public and private sectors of the international community and from both parties.

**RR-740-DCR**


For much of the past century, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for decades, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. This study estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated. The study's focus emerged from an extensive scoping exercise designed to identify how RAND's objective, fact-based approach might promote fruitful policy discussion. The overarching goal is to give all parties comprehensive, reliable information about available choices and their expected costs and consequences. Seven key findings were identified: A two-state solution provides by far the best economic outcomes for both Israelis and Palestinians. Israelis would gain over three times more than the Palestinians in absolute terms—$123 billion versus $50 billion over ten years. But the Palestinians would gain more proportionately, with average per capita income increasing by approximately 36 percent over what it would have been in 2024, versus 5 percent for the average Israeli. A return to violence would have profoundly negative economic consequences for both Palestinians and Israelis; per capita gross domestic product would fall by 46 percent in the West Bank and Gaza and by 10 percent in Israel by 2024. In most scenarios, the value of economic opportunities gained or lost by both parties is much larger than expected changes in direct costs. Unilateral withdrawal by Israel from the West Bank would impose large economic costs on Israelis unless the international community shoulders a substantial portion of the costs of relocating settlers. Intangible factors, such as each party's security and sovereignty aspirations, are critical considerations in understanding and resolving the impasse. Taking advantage of the economic opportunities of a two-state solution would require substantial investments from the public and private sectors of the international community and from both parties.

**RR-740/1-1-DCR**


For much of the past century, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for decades, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. This executive summary highlights findings from a study that estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated.
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RR-740/1-DCR


Since 1948, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for over 60 years, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. More than 90 percent of Israelis and Palestinians were born after 1948 and have known nothing except some version of the impasse. This executive summary highlights findings from a study that estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated. The study's focus emerged from an extensive scoping exercise designed to identify how RAND's objective, fact-based approach might promote fruitful policy discussion. The overarching goal is to give all parties comprehensive, reliable information about available choices and their expected costs and consequences. Seven key findings were identified: A two-state solution provides by far the best economic outcomes for both Israelis and Palestinians. Israelis would gain over three times more than the Palestinians in absolute terms—$123 billion versus $50 billion over ten years. But the Palestinians would gain more proportionately, with average per capita income increasing by approximately 36 percent over what it would have been in 2024, versus 5 percent for the average Israeli. A return to violence would have profoundly negative economic consequences for both Palestinians and Israelis; per capita gross domestic product would fall by 46 percent in the West Bank and Gaza and by 10 percent in Israel by 2024. In most scenarios, the value of economic opportunities gained or lost by both parties is much larger than expected changes in direct costs. Unilateral withdrawal by Israel from the West Bank would impose large economic costs on Israelis unless the
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RR-740/2-DCR

For much of the past century, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for decades, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. This is an Arabic translation of an executive summary which highlights findings from a study that estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated. The study’s focus emerged from an extensive scoping exercise designed to identify how RAND’s objective, fact-based approach might promote fruitful policy discussion. The overarching goal is to give all parties comprehensive, reliable information about available choices and their expected costs and consequences. Seven key findings were identified: A two-state solution provides by far the best economic outcomes for both Israelis and Palestinians. Israelis would gain over two times more than the Palestinians in absolute terms—$123 billion versus $50 billion over ten years. But the Palestinians would gain more proportionately, with average per capita income increasing by approximately 36 percent over what it would have been in 2024, versus 5 percent for the average Israeli. A return to violence would have profoundly negative economic consequences for both Palestinians and Israelis; per capita gross domestic product would fall by 46 percent in the West Bank and Gaza and by 10 percent in Israel by 2024. In most scenarios, the value of economic opportunities gained or lost by both parties is much larger than expected changes in direct costs. Unilateral withdrawal by Israel from the West Bank would impose large economic costs on Israelis unless the international community shoulders a substantial portion of the costs of relocating settlers. Intangible factors, such as each party’s security and sovereignty aspirations, are critical considerations in understanding and resolving the impasse. Taking advantage of the economic opportunities of a two-state solution would require substantial investments from the public and private sectors of the international community and from both parties.

RR-740/3-DCR
The Costs of the Israeli-Palestinian Conflict: Executive Summary: (Hebrew translation). C. Ross Anthony, Daniel Egel, Charles P. Ries, Mary E. Vaiana. 2015

For much of the past century, the conflict between Israelis and Palestinians has been a defining feature of the Middle East. Despite billions of dollars expended to support, oppose, or seek to resolve it, the conflict has endured for decades, with periodic violent eruptions, of which the Israel-Gaza confrontation in the summer of 2014 is only the most recent. This is a Hebrew translation of an executive summary which highlights findings from a study that estimates the net costs and benefits over the next ten years of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal,
nonviolent resistance, and violent uprising—compared with the costs and benefits of a continuing impasse that evolves in accordance with present trends. The analysis focuses on economic costs related to the conflict, including the economic costs of security. In addition, intangible costs are briefly examined, and the costs of each scenario to the international community have been calculated. The study’s focus emerged from an extensive scoping exercise designed to identify how RAND’s objective, fact-based approach might promote fruitful policy discussion. The overarching goal is to give all parties comprehensive, reliable information about available choices and their expected costs and consequences. Seven key findings were identified: A two-state solution provides by far the best economic outcomes for both Israelis and Palestinians. Israelis would gain over two times more than the Palestinians in absolute terms—$123 billion versus $50 billion over ten years. But the Palestinians would gain more proportionately, with average per capita income increasing by approximately 36 percent over what it would have been in 2024, versus 5 percent for the average Israeli. A return to violence would have profoundly negative economic consequences for both Palestinians and Israelis; per capita gross domestic product would fall by 46 percent in the West Bank and Gaza and by 10 percent in Israel by 2024. In most scenarios, the value of economic opportunities gained or lost by both parties is much larger than expected changes in direct costs. Unilateral withdrawal by Israel from the West Bank would impose large economic costs on Israelis unless the international community shoulders a substantial portion of the costs of relocating settlers. Intangible factors, such as each party’s security and sovereignty aspirations, are critical considerations in understanding and resolving the impasse. Taking advantage of the economic opportunities of a two-state solution would require substantial investments from the public and private sectors of the international community and from both parties.

RR-757-AF
Fuel Reduction for the Mobility Air Forces. Christopher A. Mouton, James D. Powers, Daniel M. Romano, Christopher Guo, Sean Bednarz, Caolionn O’Connell. 2015

Reducing aviation fuel use is an ongoing goal for military and civil operators, and Air Mobility Command is feeling increasing pressure to further reduce fuel use by implementing and following known best practices. Although the Air Force had achieved a 12 percent reduction in fuel consumption by March 2012, it must continue to pursue cost-effective options to reduce fuel use even further. The authors considered 16 options for reducing fuel use and determined that 12 of these were cost-effective. However, about half of these have some negative implications. These 16 options, including installing winglets on the Mobility Air Forces fleet, vortex surfing to take advantage of the upwash created during flight, and engine-out taxiing to reduce engine use when the aircraft is on the ground, are examined in detail although only six options are both cost-effective and can be reasonably implemented.

RR-757/1-AF
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of the upwash created during flight, and engine-out taxiing to reduce engine use when the aircraft is on the ground, are examined in detail although only six options are both cost-effective and can be reasonably implemented.

**RR-759-OSD**

Assessing the Quality and Value of Psychological Health Care in Civilian Health Plans: Lessons and Implications for the Military Health System. Grant R. Martsolf, Karen Chan Osilla, Daniel Mandel, Kimberly A. Hepner, Carrie M. Farmer. 2015

The Military Health System (MHS) strives to provide high-quality care and improve outcomes for individuals with psychological health conditions. Over the last decade, the MHS has provided care to a growing number of individuals with psychological health conditions, such as post-traumatic stress disorder (PTSD) and major depressive disorder (MDD). However, little is known about the extent to which the MHS delivers care that is consistent with evidence-based clinical practice guidelines or if it is achieving positive outcomes for its service members. To better understand these issues, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) asked the RAND Corporation to describe civilian health plans’ approaches to systematically measuring the quality of psychological health care delivered by providers in their networks. This work was part of a larger effort by RAND to develop a framework and identify a set of measures for monitoring the quality of care provided by the MHS for psychological health conditions.

**RR-763-CMS**

Specialty Payment Model Opportunities and Assessment: Oncology Model Design Report. Peter J. Huckfeldt, Chris Chan, Samuel Hirshman, Aaron Kofner, Jodi L. Liu, Andrew W. Mulcahy, Ioana Popescu, Clare Stevens, Justin W. Timbie, Peter S. Hussey. 2015

This report describes research related to the design of a payment model for specialty oncology services for possible testing by the Center for Medicare and Medicaid Innovation at the Centers for Medicare & Medicaid Services (CMS). Cancer is a common and costly condition. Episode-based payment, which aims to create incentives for high-quality, low-cost care, has been identified as a promising alternative payment model for oncology care. Episode-based payment systems can provide flexibility to health care providers to select among the most effective and efficient treatment alternatives, including activities that are not currently reimbursed under Medicare payment policies. However, the model design also needs to ensure that high-quality care is delivered and that beneficial treatments are not withheld from patients. CMS asked MITRE and RAND to conduct analyses to inform design decisions related to an episode-based oncology model for Medicare beneficiaries undergoing chemotherapy treatment for cancer. In particular, this report focuses on analyses of Medicare claims data related to the definition of the initiation of an episode of chemotherapy, patterns of spending during and surrounding episodes of chemotherapy, and attribution of episodes of chemotherapy to physician practices. We found that the time between the primary cancer diagnosis and chemotherapy initiation varied widely across patients, ranging from one day to over seven years, with a median of 2.4 months. The average level of total monthly payments varied considerably across cancers, with the highest spending peak of $9,972 for lymphoma, and peaks of $3,109 for breast cancer and $2,135 for prostate cancer.

**RR-784-OSD**


Since the move to an all-volunteer force, the U.S. military has increasingly provided an array of programs, services, and facilities to support military families, including programs to assist spous-
es in pursuing their educational and employment goals. These programs are particularly important, given that military spouses face challenges related to military life that can make it difficult for them to maintain and develop careers. One program designed to help spouses of junior military personnel meet their educational and employment objectives is the My Career Advancement Account (MyCAA) scholarship. This report analyzes data collected from November 2012 to March 2013 on the 2012 Active Duty Spouse Survey to examine MyCAA scholarship use in the previous year and educational and employment goals and barriers faced by recent MyCAA users and nonusers. The survey showed that nearly one in five eligible spouses used MyCAA in the previous year, and more than half of nonusers were unaware of the scholarship. Key reasons for not using the scholarship among those who were aware of it include perceived program ineligibility and lack of time for education. Reported barriers to achieving educational and employment goals were remarkably similar for recent MyCAA users and nonusers. Cost was the key reason spouses reported for not pursuing higher education. Barriers to both education and employment among interested spouses included competing family responsibilities and difficulties with child care. The authors conclude with recommendations for improving and complementing the existing MyCAA scholarship to help military spouses achieve their educational and career objectives.

RR-793-WB
Employability of the Poor. Joachim Krapels, Marco Hafner, Ben Baruch, Christian van Stolk. 2015

While the number of people living in extreme poverty, defined as persons living on less than $1.25 per day, has declined over the last decades, estimates of global poverty remain high in the 21st century. In order to lift people out of poverty, employment is crucial. The World Bank asked RAND Europe to conduct a stocktaking exercise to map the diversity of employment interventions in South Asia and to review evidence of the impact of interventions. The stocktaking exercise aimed to map the most prominent employment interventions in a number of countries suggested by the World Bank: Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka. The second step involved an assessment of the impact of such interventions to understand if they are effective vehicles to increase employment. The evidence of the impact of interventions has been assessed through a meta-regression based on a scoping of academic literature.

RR-799-CMS
Specialty Payment Model Opportunities and Assessment: Oncology Simulation Report. Chapin White, Chris Chan, Peter J. Huckfeldt, Aaron Kofner, Andrew W. Mulcahy, Julia Pollak, Ioana Popescu, Justin W. Timbie, Peter S. Hussey. 2015

This report describes the results of a simulation analysis of a payment model for specialty oncology services that is being developed for possible testing by the Center for Medicare and Medicaid Innovation at the Centers for Medicare & Medicaid Services (CMS). CMS asked MITRE and RAND to conduct simulation analyses to preview some of the possible impacts of the payment model and to inform design decisions related to the model. The simulation analysis used an episode-level dataset based on Medicare fee-for-service (FFS) claims for historical oncology episodes provided to Medicare FFS beneficiaries in 2010. Under the proposed model, participating practices would continue to receive FFS payments, would also receive per-beneficiary per-month care management payments for episodes lasting up to six months, and would be eligible for performance-based payments based on per-episode spending for attributed episodes relative to a per-episode spending target. The simulation offers several insights into the proposed payment model for oncology: (1) The care management payments used in the simulation analysis—$960 total per six-month episode—represent only 4 percent of projected average total spending per episode (around $27,000 in 2016),
but they are large relative to the FFS revenues of participating oncology practices, which are projected to be around $2,000 per oncology episode. By themselves, the care management payments would increase physician practices' Medicare revenues by roughly 50 percent on average. This represents a substantial new outlay for the Medicare program and a substantial new source of revenues for oncology practices. (2) For the Medicare program to break even, participating oncology practices would have to reduce utilization and intensity by roughly 4 percent. (3) The break-even point can be reduced if the care management payments are reduced or if the performance-based payments are reduced.

RR-800-NIJ

Mobile phones, the networks they connect to, the applications they use, and the services they access all collect and retain enormous amounts of information that can be useful in criminal investigations. However, state and local law enforcement face two substantial challenges when accessing these data: (1) maintaining awareness of the sources and nature of commercial data available to an investigator and (2) determining the legal rules for access to these data. This report explores these issues and describes the development of a prototype tool—the Mobile Information and Knowledge Ecosystem (MIKE)—intended to help law enforcement, commercial entities, and policy analysts explore the mobile ecosystem and understand the laws regulating law enforcement's use of data contained within the mobile ecosystem. The tool might also serve as a mechanism for sharing best practices in electronic surveillance.

RR-804-1-NIJ

Biased expert testimony is a leading cause of wrongful convictions, and new techniques are needed to reduce such biases. This study conducted an experimental investigation of two potential contributors to biased testimony within adversarial litigation involving forensic evidence: (1) experts' knowledge of their party representation (i.e., prosecution vs. defense counsel), and (2) lack of input from the relevant scientific community. A sample of 580 scientists was asked to read a vignette about a hypothetical criminal case and solve a statistical reasoning problem bearing on the case evidence. Participants were randomly assigned to one of three types of party representation (prosecution, defense, or blinded). Approximately half the participants in each representation were given the correct solution in advance of their responses. The correct solution was derived by an independent panel of 12 experts, and presented as “consensus feedback.” The other half of participants in each representation received the consensus feedback after providing an initial response and received an opportunity to change their initial response following that feedback. We found no evidence of an effect of blinding on accuracy. The results revealed a consistent, positive effect of expert consensus feedback on response accuracy. We conclude that expert consensus feedback could improve the validity of expert testimony, and discuss the importance of educating scientists about ways to reduce testimonial bias.
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RR-808-A

This report explores the nature of the risks inherent in U.S. security sector assistance to the fragile states of Africa and how the United States might better anticipate and mitigate these risks. It examines these issues through a review of qualitative and quantitative literature from both the academic and policy fields and through interviews conducted throughout the agencies of the U.S. government. The quantitative literature suggests a stark dilemma for those responsible for U.S. security sector assistance to the AFRICOM area of responsibility: The countries that are most in need of assistance are usually the ones least able to make positive use of it. Case studies of security sector assistance in the fragile countries in Africa are used to trace multiple specific pathways by which such assistance can have negative second- and third-order effects. Finally, the report provides numerous recommendations about ways in which the United States can improve the processes by which it monitors and evaluates, plans, and implements security sector assistance in the fragile states of Africa and more generally.

RR-809/1-OSD

To achieve key national security objectives, the U.S. government and the U.S. Department of Defense (DoD) must communicate effectively and credibly with a broad range of foreign audiences. DoD spends more than $250 million per year on inform, influence, and persuade (IIP) efforts, but how effective (and cost-effective) are they? How well do they support military objectives? Could some of them be improved? If so, how? It can be difficult to measure changes in audience behavior and attitudes, and it can take a great deal of time for DoD IIP efforts to have an impact. DoD has struggled with assessing the progress and effectiveness of its IIP efforts and in presenting the results of these assessments to stakeholders and decisionmakers. To address these challenges, a RAND study compiled examples of strong assessment practices across sectors, including defense, marketing, public relations, and academia, distilling and synthesizing insights and advice for the assessment of DoD IIP efforts and programs. These insights and attendant best practices will be useful to personnel who plan and assess DoD IIP efforts and those who make decisions based on assessments, particularly those in DoD and Congress who are responsible for setting national defense priorities and allocating the necessary resources. In addition to identifying where and why efforts have been successful, assessment can

RR-809/2-OSD

To achieve key national security objectives, the U.S. government and the U.S. Department of Defense (DoD) must communicate effectively and credibly with a broad range of foreign audiences. DoD spends more than $250 million per year on inform, influence, and persuade (IIP) efforts, but how effective (and cost-effective) are they? How well do they support military objectives? Could some of them be improved? If so, how? DoD has struggled with assessing the progress and effectiveness of its IIP efforts and in presenting the results of these assessments to stakeholders and decisionmakers. To address these challenges, a RAND study compiled examples of strong assessment practices across sectors, including defense, marketing, public relations, and academia, distilling insights and advice for the assessment of DoD IIP efforts and programs. This handbook was designed to be an easy-to-navigate, quick-reference guide to planning and conducting assessments of DoD IIP efforts, analyzing the data generated, and presenting the results. It also offers some background on current assessment practices in DoD and the typical users and uses of DoD IIP assessment results. A companion volume, Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference, offers a more detailed exploration and additional examples of assessment in practice.

RR-809/3-OSD

The U.S. Department of Defense (DoD) has struggled to assess the progress and effectiveness of its efforts to inform, influence, and persuade audiences in support of key national security objectives. One reason is that it lacks personnel with sufficient expertise in assessment and evaluation. Although the department is making an effort to infuse sound assessment principles in doctrine and to expand assessment-related course offerings in the military-academic sector, these efforts will take time to bear fruit. These temporary shortfalls extend to the evaluation and assessment of DoD efforts to inform, influence, and persuade. To help fill the gap, RAND produced a reading list for self-study in best assessment practices across a range of sectors. The reading list has two purposes: to provide resources for new assessment personnel to cement and broaden their assessment and evaluation expertise and to serve as a general list of assessment resources that can be made available to assessment stakeholders to improve their assessment expertise. It supplements two companion volumes, Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Desk Reference and Assessing and Evaluating Department of Defense Efforts to Inform, Influence, and Persuade: Handbook for Practitioners.

RR-812-NETL

In the past, West Virginia's energy sector was primarily based on mining and combusting coal
for industry or electricity. In recent years, the production and industrial application of natural gas and natural gas liquids from shale resources have increased demand for workers in the energy sector. In 2013, the National Energy Technology Laboratory (NETL) asked RAND to work closely with the Community and Technical College System of West Virginia (CTCS) to develop a strategy for energy-sector employers and education and training institutions to collaborate to ensure that the local talent pool is prepared to enter the workforce with the competencies to fill energy-sector jobs now and in the future. To develop that strategy we examined data from the Occupational Information Network (O*NET) and interviewed energy-sector employers in West Virginia to determine the key knowledge areas, skills, and abilities required of energy-sector employees across the country and within West Virginia. We then analyzed data from the West Virginia Higher Education Policy Commission, interviews with representatives of academic and training providers within CTCS, apprenticeship programs, a regional Workforce Investment Board (WIB), and CTCS students enrolled in energy-related programs to determine whether education and training is aligned with the sector's needs and what may impede such alignment. We conducted a national review of promising practices from training provider–employer partnerships across the United States. Based on this analysis, we developed ten recommended action items CTCS and other regional stakeholders can implement to support a well-aligned and coherent energy-sector workforce-development pipeline.


The agencies of the U.S. corrections enterprise manage offenders confined in prisons and jails and those who have been released into the community on probation and parole. The enterprise is one of the three central pillars of the criminal justice system, along with police and the courts. Corrections agencies face major challenges from declining budgets, increasing populations under supervision, problems of equity and fairness in administrating justice, and other concerns. To better achieve its objectives and play its role within the criminal justice enterprise, the sector needs innovation in corrections technology, policy, and practice. This report draws on published literature and new structured deliberations of a practitioner Corrections Advisory Panel to frame an innovation agenda. It identifies and prioritizes potential improvements in technology, policy, and practice in both community and institutional corrections. Some of the top-tier needs identified by the panel and researchers include adapting transcription and translation tools for the corrections environment, developing training for officers on best practices for managing offenders with mental health needs, and changing visitation policies (for example, using video visitation) to reduce opportunities for visitors to bring contraband into jails and prisons. Such high-priority needs provide a menu of innovation options for addressing key problems or capitalizing on emerging opportunities in the corrections sector. This report is part of a larger effort to assess and prioritize technology and related needs across the criminal justice community for the National Institute of Justice's National Law Enforcement and Corrections Technology Center system.


The Defense Logistics Agency (DLA) supplies common military items to the armed services and other organizations while seeking to achieve cus-
tomer service goals and minimize cost. When demand for an item rises unexpectedly, providing effective customer service is challenging, and when demand for an item falls unexpectedly, DLA can be left with the sunk cost of excess inventory that it then disposes. The more quickly and efficiently DLA can respond to changes in demand—that is, the more agile the DLA supply chain—the more it can minimize such impacts. This report examines DLA supply chain agility and ways to improve it. Specifically, it focuses on the value of and the approaches DLA could take for reducing lead times, optimizing order quantities, and improving information flow from customers. The overarching recommendation is to increase enterprisewide emphasis on supply chain agility, with involvement from the most-senior management levels across the DoD supply chain management enterprise and flowing downward to all levels. Continuous attention to supply chain agility should become part of the supply chain DNA. More-specific business practice recommendations are also provided in the report.

RR-830-ACPO
Making and Breaking Barriers: Assessing the value of mounted police units in the UK. Chris Giacomantonio, Ben Bradford, Matthew Davies, Richard Martin. 2015

While the use of mounted police (i.e. police horses and riders) can be traced back to before the advent of the modern police service in 1829, very little is known about the actual work of mounted police from either academic or practitioner standpoints. In recent years, mounted units have come under resource scrutiny in the UK due to austerity measures. Some forces have eliminated their mounted capacities altogether, while others have developed collaborative or mutual assistance arrangements with neighbouring forces. The relative costs and benefits of the available options – maintaining units, merging and centralizing mounted resources, or eliminating them in whole or part – cannot at present be assessed confidently by individual forces or by national coordinating agencies.

To address this limitation in available evidence, the Association of Chief Police Officers' Mounted Working Group commissioned a project to consider ways in which the relative value of mounted police work may be measured and understood, as well as provide evidence testing the value of mounted police in various deployment scenarios. This main report details the multi-method and exploratory research undertaken for this project, and examines mounted police in neighbourhood policing, football policing and public order policing in festival and demonstration settings. The report also includes a full account of the research activities designed to understand the costs of mounted policing, and an international survey of senior mounted police in other countries.

RR-830/2-ACPO
Making and Breaking Barriers: Assessing the value of mounted police units in the UK: Appendices. Chris Giacomantonio, Ben Bradford, Matthew Davies, Richard Martin. 2015

These appendices include the research tools used by the research team in different stages of the project, as well as additional data referenced in the main report.

RR-831-CMS
Specialty Payment Model Opportunities and Assessment: Gastroenterology and Cardiology Model Design Report. Andrew W. Mulcahy, Chris Chan, Samuel Hirshman, Peter J. Huckfeldt, Aaron Kofner, Jodi L. Liu, Susan L. Lovejoy, Ioana Popescu, Justin W. Timbie, Peter S. Hussey. 2015

Gastroenterology and cardiology services are common and costly among Medicare beneficiaries. Episode-based payment, which aims to create incentives for high-quality, low-cost care, has been identified as a promising alternative payment model. This report describes research related to the design of episode-based payment models for ambulatory gastroenterology and cardiology services for possible testing by the Center for Medicare and Medicaid Innovation at the Centers for
Medicare and Medicaid Services (CMS). The authors analyzed Medicare claims data to describe the frequency and characteristics of gastroenterology and cardiology index procedures, the practices that delivered index procedures, and the patients that received index procedures. The results of these analyses can help inform CMS decisions about the definition of episodes in an episode-based payment model; payment adjustments for service setting, multiple procedures, or other factors; and eligibility for the payment model.

RR-833/1-TRC


This report sets out our approach and findings in developing a research impact performance management system for The Research Council (TRC), Oman. RAND Europe was asked to design and apply a research impact performance management system that demonstrates and communicates the impact of TRC’s programmes in relation to TRC’s mandate, as outlined in Royal Decree 54/2005 (which established TRC), Royal Decree 30/2010 (which gave TRC administrative and financial independence from civil services system) and in the vision set out in the National Research Strategy. TRC is the main funding body in Oman and plays an important role in implementing the National Research Strategy. The mission of TRC as outlined in its strategy is “to create an innovation ecology that is responsive to local needs and international trends, fosters social harmony, and leads to creativity and excellence.” Designing and applying the research impact performance management system is different from a full implementation in a dashboard-based system. That would require a full data collection and validation process across all indicators specified in the dashboard, as well as development, testing and implementation of an IT system which would integrate data across TRC. The aim of this project is to build the basic architecture of the research impact performance management system in such a way that it is tailored to the context in Oman and that of TRC, and apply and test the logic within that system by applying some of the data collected through the various phases.

RR-835-OSD

The Likely Effects of Price Increases on Commissary Patronage: A Review of the Literature. Craig A. Bond, Julia Pollak, Bernard D. Rostker, Cate Yoon. 2015

To determine the likely effects of increased commissary prices, should the annual taxpayer subsidy to the Defense Commissary Agency (DeCA) be reduced, this report reviews how price changes have affected grocery retailers in the private sector through changes in store choice and analyzes how these results might translate into changes in sales and revenues within the commissary system. Prior research from the private sector suggests that commissary consumers are likely to be relatively responsive to price changes, so price increases should be expected to result in both decreased commissary unit sales and decreased revenues. Raising overall price levels will likely not be a successful strategy to cover shortfalls in costs caused by the elimination of the annual U.S. Department of Defense appropriation. Commissary patrons will see their grocery bills increase, though not by the full amount of the price increase if they substitute non-grocery goods and services and/or alternative retailers of groceries. In addition, changes in commissary pricing may have negative secondary and nonmarket effects, including effects on retention and recruitment; reductions in contributions to Morale, Well-Being, and Recreation programs; possible demand reductions for military exchanges; and changes in the calculated cost of living adjustment. The report also provides a strategy for gathering the information needed to estimate the relevant effects of a price increase on the activities of DeCA with greater precision.

The authors analyze the practice of tankering fuel, which seeks to lower total fuel costs by having aircraft carry excess fuel when traveling from locations where fuel is cheaper than it is at the destination. To determine whether savings might be achieved, historical flying patterns, fuel prices, and other factors are examined for the C-5, C-17, and C-130 aircraft. The authors examine the changing potential for future cost savings as Air Mobility Command transitions from wartime to peacetime operations. They also discuss the four different price regimes in place at the Defense Logistics Agency—the agency that purchases fuel on behalf of the Department of Defense—and fluctuating market rates. Their research compares the fuel costs of more than 94,700 flights completed without tankering during FY 2012 with estimated costs of those same flights if they had tankered fuel to the maximum extent possible.

Innovation Models: Enabling new defence solutions and enhanced benefits from science and technology. Jon Freeman, Tess Hellgren, Michele Mastroeni, Giacomo Persi Paoli, Kate Robertson, James Black. 2015

The UK Ministry of Defence (MOD) is interested in innovation models and the ways in which they can be used to better harness and absorb innovation from external sources. To this end, the MOD commissioned RAND Europe to conduct a study of innovation models and make recommendations on changes the MOD could make. The research considered different innovation models and developed a framework that describes innovation systems in general and is applicable to defence in particular. The analysis was built around this framework, with four recommendations being developed for changes the MOD should make internally. These recommendations are based on how the MOD engages with external actors, how it should create and participate in innovation networks and how it could create and use spaces for innovation. This report has been prepared for the Defence Science and Technology (DST) staff in the MOD and for the Defence Science and Technology Laboratory (Dstl). It will be of interest to those working in innovation, science, and technology policy more generally and those with a specific interest in defence research and technology development.


To meet the challenges of the cyberspace era—including the rapid rate of change in technology, the growing cyber threat, and the need to integrate cyber with operations in other warfighting domains—the U.S. Air Force (USAF) must find effective ways to organize, train, and equip its cyber forces. Cyber Practices: What Can the U.S. Air Force Learn from the Commercial Sector? identifies approaches to cyber organizational and workforce issues. Specifically, this report describes efforts to identify successful processes and practices from the commercial sector that might be applicable to USAF. To ascertain successful commercial practices, the authors took a twofold approach: a wide-ranging literature review and interviews with a carefully crafted set of commercial organizations, selected for their similarities to USAF and for their reputations of cyber excellence. Companies were identified to be similar to USAF in size, cyber functions performed, exposure to cyber threats, and operational environment. The authors found strong parallels in the commercial sector for Department of Defense information network operations and defensive cyber operations. Although
none of the companies interviewed were as large as USAF or required to function in deployed and contested operating environments, the commercial practices described in the report are likely to be applicable to USAF and result in effectiveness and efficiency gains. The authors describe the basis for each practice, the benefits it conveys, and how it could be implemented by USAF.

RR-848-OAAPN
The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio. Grant R. Martsof, David I. Auerbach, Aziza Arifkhanova. 2015

Advanced practice registered nurses (APRNs) make up the fastest-growing segment of the primary-care professional workforce in the United States. States are considering expanding scope-of-practice (SOP) laws for these APRNs as a potential approach to improve access to care, maintain or enhance care quality, and decrease overall health-care costs. Previous studies have demonstrated that APRNs deliver care that is of equal quality to the care provided by their physician counterparts. As part of an extensive literature review, RAND Corporation researchers identified three high-quality studies addressing the impact that expanded SOP laws could have on health-care access, quality, and costs. Informed by this review of literature, the authors describe the potential effect of removing SOP restrictions for APRNs in the state of Ohio. Their review of the literature and effect estimates demonstrate that granting APRNs full practice authority would likely increase access to health-care services for Ohioans, with possible increases in quality and no clear increase in costs.

RR-849-AF

This report reviews the scientific literature on the epidemiology, prevention, and treatment of problematic Internet use (PIU) with the goal of informing Air Force policies aimed at mitigating PIU’s negative impact on operations and the mental health of Airmen. The report is motivated by a recent RAND study estimating that 6 percent of Airmen have PIU. Individuals with PIU, similar to people with substance addictions, suffer from excessive and compulsive online activities, symptoms of tolerance and withdrawal, and functional impairment. PIU is also strongly associated with other mental health problems including major depression. However, at present there is no single accepted definition of PIU, and no up-to-date estimates of the prevalence of PIU in the general U.S. population are available. A range of prevention and treatment approaches have been developed, but none has been rigorously tested in clinical trials. Prevention programs rely on workplace Internet policies and strategies to help individuals self-regulate their Internet use. Treatment approaches that have proven feasible and acceptable to patients with PIU include adaptations of cognitive-behavioral therapy, an evidence-based treatment for depression and anxiety, to the specific symptoms of PIU. Based on our findings, we recommend: (1) increasing awareness of PIU among organizational leadership and mental health professionals, (2) incorporating content related to PIU into existing trainings related to mental health, (3) providing support for self-regulation of Internet use on the job by incorporating PIU management principles into Internet use policies, and (4) continuing monitoring of the emerging scientific literature on PIU.

RR-859-CMEPP
Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan. Shelly Culbertson, Louay Constant. 2015

With four million Syrian refugees as of September 2015, there is urgent need to develop both short-term and long-term approaches to providing education for the children of this population. This report reviews Syrian refugee education for
children in the three neighboring countries with the largest population of refugees—Turkey, Lebanon, and Jordan—and analyzes four areas: access, management, society, and quality. Policy implications include prioritizing the urgent need to increase access to education among refugees; transitioning from a short-term humanitarian response to a longer-term development response; investing in both government capacity to provide education and in formal, quality alternatives to the public school systems; improving data in support of decisionmaking; developing a deliberative strategy about how to integrate or separate Syrian and host-country children in schools to promote social cohesion; limiting child labor and enabling education by creating employment policies for adults; and implementing particular steps to improve quality of education for both refugees and citizens.

RR-861-TI
Costs of Selected Policies to Address Air Pollution in China. Keith Crane, Zhimin Mao. 2015

Air pollution has been one of the most pernicious consequences of China’s last three decades of economic transformation and growth. Concentrations of pollutants exceed standards recommended by the World Health Organization in virtually every major urban area. The large costs of air pollution are driven by health impacts and loss of productivity, running 6.5 percent of China’s gross domestic product each year between 2000 and 2010, and rising as China’s population becomes more urbanized and productive. This report estimates the costs of three measures to reduce air pollution in China: replacing coal with natural gas for residential and commercial heating, replacing half of China’s coal-fired electric power generation with renewables or nuclear power, and scrapping highly polluting vehicles. The recurring annual costs of replacing coal with natural gas for residential and commercial heating could run from $32 billion to $52 billion, and replacing half of China’s coal-fired electric power generation with renewables or nuclear power would run about $184 billion, for total recurring costs ranging from $215 billion to $235 billion annually. China could also incur one-off costs of $21 billion to $42 billion for scrapping highly polluting vehicles. Subtracting the value of the coal ($75 billion) for which these fuels would substitute, net annual costs in aggregate would run $140 billion to $160 billion annually, less than one-third of the annual cost of air pollution in China, which was roughly $535 billion in 2012.

RR-864

Marijuana legalization is a controversial and multifaceted issue that is now the subject of serious debate. Since 2012, four U.S. states have passed ballot initiatives to remove prohibition and legalize a for-profit commercial marijuana industry. Voters in Washington, D.C., took the more limited step of passing an initiative to legalize home production and personal possession. In December 2013, Uruguay became the first country to experiment with legalization nationwide. In May 2014, Vermont Governor Peter Shumlin signed a bill into law that required the Secretary of Administration to provide a report about the consequences of legalizing marijuana. This report was produced for the Secretary of Administration in response to that legislation. The report does not make a recommendation about whether Vermont should change its marijuana laws. The goal is to inform, not sway, discussions about the future of marijuana policy in Vermont and other jurisdictions considering alternatives to traditional marijuana prohibition. The principal message of the report is that marijuana policy should not be viewed as a binary choice between prohibition and the for-profit commercial model we see in Colorado and Washington. Legalization encompasses a wide range of possible regimes, distinguished along at least four dimensions: the kinds of organizations that are allowed to provide the drug, the regulations under which
those organizations operate, the nature of the products that can be distributed, and price. These choices could have profound consequences for health and social well-being, as well as job creation and government revenue.

**RR-866-OSD**


This report assesses the advantages and disadvantages of continuing to fund the Defense Finance and Accounting Service (DFAS) using a Defense Working Capital Fund (DWCF) mechanism versus funding it through direct appropriations. Abetted by reduced prices made possible by using automated approaches, DFAS has successfully induced its clients to evolve toward less costly approaches for paying Department of Defense (DoD) contractors and personnel. DFAS has also implemented customer-specific pricing for several outputs, thereby rewarding customers who put fewer burdens on DFAS with reduced prices. However, under DoD policy, DFAS must set prices to recover its full costs of operations. As a result, its prices are almost certainly greater than the organization's marginal costs of performing services. This means that DFAS's costs do not fall commensurably with decreases in workload. Additionally, DWCF prices provide more incentives to DFAS customers than to DFAS itself. Customers are charged less when they adopt approaches that put less burden on DFAS. DFAS itself, however, remains a monopoly, so DWCF pricing, all by itself, does not provide any direct incentive for DFAS to reduce its costs. However, DFAS's constant dollar costs have fallen over time, even as overall DoD spending has increased. On balance, we do not recommend that DFAS return to being funded solely by direct appropriation. However, it may be beneficial to reform DFAS (and, more generally, DWCF) pricing to allow nonlinear approaches, such as quantity discounts and direct funding of fixed costs.

**RR-869-AMA**

Effects of Health Care Payment Models on Physician Practice in the United States. Mark W. Friedberg, Peggy G. Chen, Chapin White, Olivia Jung, Laura Raaen, Samuel Hirschman, Emily Hoch, Clare Stevens, Paul B. Ginsburg, Lawrence P. Casalino, Michael Tutty, Carol Vargo, Lisa Lipinski. 2015

The project reported here, sponsored by the American Medical Association (AMA), aimed to describe the effects that alternative health care payment models (i.e., models other than fee-for-service payment) have on physicians and physician practices in the United States. These payment models included capitation, episode-based and bundled payment, shared savings, pay for performance, and retainer-based practice. Accountable care organizations and medical homes, which are two recently expanding practice and organizational models that frequently participate in one or more of these alternative payment models, were also included. Project findings are intended to help guide efforts by the AMA and other stakeholders to make improvements to current and future alternative payment programs and help physician practices succeed in these new payment models—i.e., to help practices simultaneously improve patient care, preserve or enhance physician professional satisfaction, satisfy multiple external stakeholders, and maintain economic viability as businesses. The report provides both findings and recommendations.

**RR-870/2-OSD**


In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked
the RAND National Defense Research Institute to conduct an independent assessment of the rates of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by the Department of Defense using the Workplace and Gender Relations Survey of Active Duty Members. The resulting RAND Military Workplace Study invited close to 560,000 U.S. service members to participate in a survey fielded in August and September of 2014. This volume presents results from this survey for active- and reserve-component service members in the Army, Navy, Air Force, and Marine Corps. It includes estimates of the number of service members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems for both male and female service members. It also describes service members' beliefs and attitudes about these problems.

RR-870/3-OSD

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked the RAND National Defense Research Institute to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by DoD using the Workplace and Gender Relations Survey of Active Duty Members. The Coast Guard also requested inclusion of its members. The resulting RAND Military Workplace Study included a survey of 560,000 U.S. service members fielded in August and September of 2014. About 14,000 active-component Coast Guard members and all 7,592 Coast Guard Reserve members were among those invited to participate in the survey. This volume presents results from this survey for the U.S. Coast Guard and the Coast Guard Reserve. It includes estimates of the number of Coast Guard members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems. It also describes Coast Guard members' beliefs and attitudes about these problems.

RR-870/4-USCG

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked the RAND National Defense Research Institute to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by DoD using the Workplace and Gender Relations Survey of Active Duty Members. The Coast Guard also requested inclusion of its members. The resulting RAND Military Workplace Study included a survey of 560,000 U.S. service members fielded in August and September of 2014. About 14,000 active-component Coast Guard members and all 7,592 Coast Guard Reserve members were among those invited to participate in the survey. This volume presents results from this survey for the U.S. Coast Guard and the Coast Guard Reserve. It includes estimates of the number of Coast Guard members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems. It also describes Coast Guard members' beliefs and attitudes about these problems.

RR-870/5-USCG
Sexual Assault and Sexual Harassment in the U.S. Military: Annex to Volume 3. Tabular Results
from the 2014 RAND Military Workplace Study for Coast Guard Service Members. Andrew R. Morral, Kristie L. Gore, Terry L. Schell. 2015

In early 2014, the Department of Defense Sexual Assault Prevention and Response Office asked the RAND National Defense Research Institute to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by the Department of Defense using the Workplace and Gender Relations Survey of Active Duty Members. The Coast Guard also requested inclusion of its members. The resulting RAND Military Workplace Study included a survey of 560,000 U.S. service members fielded in August and September of 2014. About 14,000 active-component Coast Guard members and all 7,592 Coast Guard Reserve members were among those invited to participate in the survey. This Annex to Volume 3 contains detailed tabular results from this survey for the Coast Guard active component. It includes estimates of the number of Coast Guard members who experienced sexual assault, sexual harassment, or gender discrimination in the past year, as well as detailed information about the characteristics of those incidents, decisions to report, and experiences with response and legal systems. It also describes Coast Guard members’ beliefs and attitudes about these problems.

RR-871-DHURDGP
Quality of Life Indicators and Policy Strategies to Advance Sustainability in the Pearl River Delta. Debra Knopman, Johanna Zmud, Liisa Ecola, Zhimin Mao, Keith Crane. 2015

This report proposes a set of land use and transportation goals and strategies and an accompanying system of indicators to characterize and monitor quality of life in the Pearl River Delta (PRD) of Guangdong Province in the People’s Republic of China. Goals, strategies, and indicators are also developed in less detail for the environment, housing, and economic development policy areas. The purpose of the indicator system is to provide an analytical foundation for guiding policy choices that strike a balance between meeting residents’ needs and at the same time attracting new employers and employees to the region. The indicator system is designed to be flexible enough to work at the provincial, municipal, and district/county levels of government. Indicators are placed within a decision framework that first defines regional challenges, policy goals to meet those challenges, and strategies to address policy goals. The report identifies 12 challenges and proposes 21 goals and 53 strategies to address the challenges, as well as a set of 85 indicators to monitor progress. The authors prioritize strategies based on their likely impact on progress toward goals, degree of difficulty, and time required to put the strategy in place. Implementation of the indicator system will require several years and periodic updating after that to keep it fresh and relevant to Guangdong’s needs. Although strategies will be implemented at the provincial and local levels by multiple agencies, central oversight and maintenance of the indicator system will be crucial to its success. RAND recommends a cross-agency and cross-government council approach with a single agency lead.

RR-872-ROSFO
Public Safety Realignment in Twelve California Counties. Susan Turner, Terry Fain, Shirley Hunt. 2015

Following long bouts of litigation among inmates, prison guards, and state officials, in May 2011, the U.S. Supreme Court affirmed the ruling of a three-judge panel that imposed a cap on California’s prison population and ordered the state to reduce its prison population to 137.5 percent of “design capacity” within two years. The primary basis for the court ruling was that the overcrowded prison system violated inmates’ constitutional right to adequate health care. In response to the 2011 Supreme Court decision, California adopted two measures, Assembly Bill (AB) 109 and AB 117, collectively known as realignment. These mea-
sures shift responsibility for certain low-level offenders, parole violators, and parolees, previously the state’s responsibility, to California counties. Realignment gives counties a great deal of flexibility in how they treat these offenders and allows them to choose alternatives to custody for realignment offenders. As time has passed since realignment began in October 2011, several studies have evaluated various aspects of the planning and implementation of realignment. The study reported here focused on the flexibility that the state granted counties in implementing realignment. In particular, the authors wanted to determine whether counties essentially continued and expanded what they were already doing in county corrections or whether they used realignment as an opportunity to change from “business as usual.”

RR-873-KRG
Making an Impact in the Kurdistan Region—Iraq: Summary of Four Studies to Assess the Present and Future Labor Market, Improve Technical Vocational Education and Training, Reform the Health Sector, and Build Data Collection Capacity. C. Ross Anthony, Louay Constant, Shelly Culbertson, Peter Glick, Krishna B. Kumar, Robin C. Meili, Melinda Moore, Howard J. Shatz, Georges Vernez. 2015

This executive summary describes key results from four studies carried out by the RAND Corporation as part of Phase II of its work for the Kurdistan Regional Government (KRG). The KRG asked RAND to undertake several studies aimed at improving the economic and social development of the Kurdistan Region—Iraq (KRI). RAND’s work is intended to help the KRG expand access to high-quality technical and vocational education and training; improve access to and quality of health care through financing policy development, implementation of primary care recommendations, and quality and patient safety assessment and recommendations; assess the present and projected supply of labor and labor demand in the KRI to improve labor market responsiveness to private sector needs; and build capacity at the Kurdistan Region Statistics Office to prepare, conduct, and analyze the first round of the Kurdistan Region Labor Force Survey.

RR-879-OSD

The RAND National Defense Research Institute assessed the potential impact that fielding the five Army vehicle modernization programs would have on the operational energy requirements of combat, combat support, and combat service support forces. The modernization programs planned at the start of the research were the Ground Combat Vehicle (since cancelled), the Armored Multi-Purpose Vehicle, the Joint Light Tactical Vehicle, the Paladin Integrated Management program vehicle, and the Modular Fuel System. The authors developed and applied a methodology that leveraged detailed combat effectiveness models to account for the operational energy needs associated with supporting combat missions. RAND’s methodology enables a system-level examination of the battlefield. Using this framework, one can examine both the interplay between the Blue combat force and the Red threat, and the interactions among all the elements on the battlefield, including the support force and the protection force. The team assessed the modernization programs by simulating an MCO scenario with three phases: a combat phase, a combat support phase, and a combat service support phase, examining both the operational energy needs within these phases along with the combat effectiveness of the force. The methodology developed by RAND is suitable for a range of analyses that aim to address the systemwide impact of force modernization initiatives to specifically include both logistics and combat effectiveness.
RR-880-OSD

Issues with Access to Acquisition Data and Information in the Department of Defense: Policy and Practice. Jessie Riposo, Megan McKernan, Jeffrey A. Drezner, Geoffrey McGovern, Daniel Tremblay, Jason Kumar, Jerry M. Sollinger. 2015

Acquisition data underpin the management and oversight of the U.S. defense acquisition portfolio. However, balancing security and transparency has been an ongoing challenge. Some acquisition professionals are not getting the data they need to perform their assigned duties or are not getting the data and information in an efficient manner. To help guide the Office of the Secretary of Defense (OSD) in addressing these problems, the RAND Corporation identified access problems at the OSD level—including those organizations that require access to data and information to support OSD, such as analytic support federally funded research and development centers and direct support contractors—and evaluated the role of policy in determining access. Issues with Access to Acquisition Data and Information in the Department of Defense finds that the process for gaining access to data is inefficient and may not provide access to the best data to support analysis, and that OSD analytic groups and support contractors face particular challenges in gaining access to data. Given the inherent complexity in securing data and sharing data, any solutions to problems associated with data sharing must be well thought out to avoid the multitude of unintended consequences that could arise.

RR-881-AF

Understanding Low Survey Response Rates Among Young U.S. Military Personnel. Laura L. Miller, Eyal Aharoni. 2015

Because both scholars and policymakers draw from military personnel survey results, survey participants need to be representative of the population. This research examined response rates for several major online U.S. Department of Defense military personnel surveys and found that younger service members, particularly younger enlisted personnel, tend to have very low response rates, even when surveys that are only 50 percent complete are defined as completed. The authors identify possible explanations, including military- and nonmilitary-specific situational and technological barriers and motivational factors. Low response rates do not necessarily yield results with bias. No minimum response rate has ever been estab-
lished as a scientific threshold for minimizing non-response bias. Strategies to increase response rates can be costly, and previous research shows that they might not necessarily change the results in any perceptible or practically significant way. Thus, the authors propose ways to first understand how well surveys are capturing a representative sample of service members. Weighting the data along demographic characteristics might correct for some biases, but significant gaps in attitudes and experiences could remain. If nonresponse biases are present, the authors recommend reporting the limitations along with the results and identifying the factors that contribute to the bias (e.g., lack of access, trust) so that the survey researchers and sponsors invest only in recruitment strategies that would actually target the source of the problem and not just exacerbate it.

RR-882-OSD

In early 2013, the leadership of the Federal Voting Assistance Program (FVAP) commissioned the RAND National Defense Research Institute to undertake a collaborative, multiyear work program known as “FVAP and the Road Ahead.” The project was established to assist FVAP in aligning its strategy and operations to better serve its mission and stakeholders, and to strengthen FVAP’s capacity to set its own course, greet change, and communicate its role in the voting community. The RAND project team worked with FVAP to compare, reconcile, and align what was in the agency’s strategy and typical of its operations and what should be, through an evidence-based approach that included logic modeling, stakeholder outreach, and a requirements assessment. This report documents the project and resulting changes within FVAP, which enabled a significant realignment of the agency’s strategy and operations. The report concludes with final recommendations and guidance largely proposed to lock in and build on gains.

RR-883-DOE

The U.S. economy depends on reliable and affordable distribution of energy. However, energy distribution systems are vulnerable to a diverse and dynamic set of disruptions. In response, the U.S. Department of Energy is developing strategy to improve the resilience of the nation’s energy systems, and it asked RAND to develop a framework for measuring the resilience of energy distribution systems and to summarize the state of metrics for resilience of the electric power, refined oil, and natural gas distribution systems. This report summarizes the concepts addressed by measures of resilience, describes a framework for organizing alternative metrics used to measure resilience of energy distribution systems, and reviews the state of metrics for resilience of energy distribution systems. To better understand how industry, governments, and communities measure the resilience of energy systems, authors reviewed 58 published reports and peer-reviewed journal articles published between 1997 and 2014. The literature review provides examples of the many approaches that are being used to measure resilience of energy systems, and it highlights that measures must be selected based on the decision context being supported. The report also suggests recommendations that could improve the metrics available to support energy policy.

RR-885-OSD
Building the Guatemalan Interagency Task Force Tecún Umán: Lessons Identified. Gillian S. Oak. 2015

Guatemala is a major transit point for drugs bound for the United States and the recipient of U.S. counternarcotics aid and technical assistance, much of which is provided through U.S. Southern Command (USSOUTHCOM) and U.S.
Army South. As a first step by Guatemala in putting this aid to work toward developing its own counternarcotics capacity, the president of Guatemala established the Interagency Task Force (IATF) Tecún Umán. USSOUTHCOM has expressed the intent to apply the IATF as a model to other similarly porous border regions in the area. Thus, documenting and using lessons from the IATF Tecún Umán will help in the development of new and similar units. This report is intended to support that lessons-learned function, demonstrate how these preliminary lessons are being applied to future IATF development, and provide recommendations on how to resolve remaining IATF challenges. Lessons learned include the importance of establishing the interagency legal framework early, clearly defining the interagency relationships, developing an intelligence capability organic to the task force, implementing police authority and leadership, identifying measures of success, communicating the IATF’s purpose and success to the public, and maintaining equipment. Remaining tasks include resolving the duality-of-command issue, improving operational planning capability, addressing corruption problems, and addressing IATF Tecún Umán issues before refocusing efforts to IATF Chortí. The United States has played a key role in supporting Guatemala’s efforts to overcome these challenges. By investing in the IATF and building capacity, the United States will contribute to the Guatemalans’ ability to sustain the IATF themselves.

RR-886-CMS

In December 2009, President Barack Obama directed the Department of Health and Human Services to implement a three-year demonstration to support federally qualified health centers (FQHCs) in becoming advanced primary care practices (APCPs) for Medicare beneficiaries. Under this demonstration, FQHCs are expected to obtain Level 3 recognition as patient-centered medical homes (PCMHs) from the National Committee for Quality Assurance by the end of the demonstration, with the ultimate goals of better health outcomes and management of chronic conditions, decreased use of certain health care services (e.g., hospitalizations, emergency department visits, duplicative/unnecessary tests and procedures), increased use of other services (e.g., preventive services), and reductions in health care expenditures. RAND was asked by the Centers for Medicare and Medicaid Services to study the processes and challenges involved in transforming FQHCs into APCPs and assess the effects of the APCP model on access, quality, and cost of care provided to Medicare and Medicaid beneficiaries served by FQHCs. This first report in a series of three is an introduction to the evaluation and a statement of the evaluation team’s approaches to important methodological challenges that we have identified.

RR-886/1-CMS

In December 2009, President Barack Obama directed the Department of Health and Human Services, acting through the Centers for Medicare and Medicaid Services (CMS), to implement a three-year demonstration intended to support the transformation of federally qualified health centers (FQHCs) into advanced primary care practices (APCPs) in support of Medicare beneficiaries. RAND is conducting an independent evaluation of the FQHC APCP demonstration for CMS. The
evaluation includes studying the processes and challenges involved in transforming FQHCs into APCPs and assessing the effects of the APCP model on access, quality, and cost of care provided to Medicare and Medicaid beneficiaries currently served by FQHCs. This is the second of three annual reports on this project.

RR-888-DFT

Road traffic demand elasticities: A rapid evidence assessment. Fay Dunkerley, Charlene Rohr, Andrew Daly. 2015

The aim of this review was to gain a better understanding of the factors driving road transport demand for both passengers and freight in the UK by reviewing the literature on elasticity of road traffic demand, with a particular focus on key economic and demographic factors: namely, population growth, income growth and changes in fuel costs. The primary aim was to identify, by means of a rapid evidence assessment, what elasticity estimates were available in the literature with respect to these variables and, where evidence exists, how these elasticity values have changed over time, if indeed they have changed at all. The range of estimated fuel price elasticity values reported in the studies in this review is quite small (-0.1 to -0.5), although a variety of data types and methodologies were used. Fuel price elasticities will be expected to vary by distance, area type and trip purpose. For passenger transport, reported income elasticity values are predominately in the range 0.5 to 1.4. The evidence indicates that car ownership has a strong, positive, indirect effect on the income elasticity of demand. For freight transport, elasticity estimates of economic activity are mainly in the range 0.5 to 1.5 for an aggregate commodity sector but there the evidence suggests a much greater variation between sectors. The evidence on changes in fuel price and income elasticities of car demand over time is limited and for freight transport, the evidence is mixed. Much of the data for the UK on car traffic is rather old. This has implications for the use of elasticities in forecasting and strategic planning.

RR-889-AETNA


Over the past half-century, the Gulf Cooperation Council (GCC) countries—Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates—have experienced rapid economic growth and, with it, dramatic lifestyle changes. Low levels of physical activity and calorie-dense diets have led to an increase in the prevalence of chronic disease, most prominently diabetes. After having successfully controlled communicable diseases and made advanced acute care accessible locally, the GCC countries now face the challenge of orienting their health care systems toward prevention and treatment of chronic diseases. In this report, Dr. Mattke and his colleagues argue that this challenge presents GCC countries with a historic opportunity to reestablish the thought leadership role that Arab medicine had in the Islamic Golden Age. They propose that GCC countries could apply their considerable wealth to design and implement innovative health care systems based on population health management principles and sophisticated health information technology. Taking this path would not only improve prevention and management of chronic disease in the GCC countries but also contribute to the diversification of their economies and localization of knowledge industries.

RR-890-NIJ


This report describes the results of a National Institute of Justice (NIJ)-sponsored research effort
to identify and prioritize criminal justice needs related to digital evidence collection, management, analysis, and use. With digital devices becoming ubiquitous, digital evidence is increasingly important to the investigation and prosecution of many types of crimes. These devices often contain information about crimes committed, movement of suspects, and criminal associates. However, there are significant challenges to successfully using digital evidence in prosecutions, including inexperience of patrol officers and detectives in preserving and collecting digital evidence, lack of familiarity with digital evidence on the part of court officials, and an overwhelming volume of work for digital evidence examiners. Through structured interaction with police digital forensic experts, prosecuting attorneys, a privacy advocate, and industry representatives, the effort identified and prioritized specific needs to improve utilization of digital evidence in criminal justice. Several top-tier needs emerged from the analysis, including education of prosecutors and judges regarding digital evidence opportunities and challenges; training for patrol officers and investigators to promote better collection and preservation of digital evidence; tools for detectives to triage analysis of digital evidence in the field; development of regional models to make digital evidence analysis capability available to small departments; and training to address concerns about maintaining the currency of training and technology available to digital forensic examiners.

RR-892-OSD

This report examines the prospects for stabilization in Mali following the political and military crisis that began in 2012. To this end, it examines Mali's peace settlements since the early 1990s to identify flaws and successes. The authors find that five recurrent issues have impeded the implementation of successive accords: the lack of representativeness of the peace-accord signatories; a flawed understanding of decentralization and democracy; the limited perceived legitimacy, in the north, of Bamako; persistent insecurity; and an absence of transitional justice and reconciliation. The report recommends building representativeness through a variety of measures to simultaneously address these issues and help craft a peaceful way forward for Mali. The report also explores whether Mali's neighbor Niger owes its current stability to a more favorable context, shrewd policies, or sheer luck and whether it might offer a model of resilience for Mali. The authors recommend emulating some of the policies that could account for Niger's sustained stability, such as better integration of Tuareg populations and a focus on development programs in addition to security, while recognizing that these do not make Niger impervious to a resurgence of the political turmoil it experienced in the past.

RR-893-USCC

Through extensive primary source analysis and independent analysis, this report seeks to answer a number of important questions regarding the state of China’s armed forces. What have been the overall scope and scale of People’s Liberation Army (PLA) modernization since the mid-1990s, and what is its likely trajectory through 2025? What are the missions Beijing has assigned to the PLA? What are the weaknesses in the PLA’s organization and human capital? What are the weaknesses in the PLA’s combat capabilities in the land, air, maritime, space, and electromagnetic domains? What are the weaknesses in China’s defense industry (research and development and production)? The authors found that the PLA is keenly aware of its many weaknesses and is vigorously striving to correct them. Chinese military publications recognize that this is a tall order. Indeed, the
PLA leaders and official media frequently state that the force seeks to harness the capabilities of the information age to conduct complex joint operations, even though it is not yet fully mechanized or structured to command and control the campaigns it aspires to conduct. Although it is only natural to focus on the PLA’s growing capabilities, the authors found that understanding the PLA’s weaknesses—and its self-assessments of the shortcomings—is no less important. Doing so can help provide a sense of the PLA’s priorities for future modernization efforts, support U.S. military engagement with the PLA, and inform the development of strategies to deter or defeat Chinese coercion or use of force.

RR-896-RC
Are Changing Constituencies Driving Rising Polarization in the U.S. House of Representatives?. Jesse Sussell, James A. Thomson. 2015

This report addresses two questions: first, whether the spatial distribution of the American electorate has become more geographically clustered over the last 40 years with respect to party voting and socioeconomic attributes; and second, whether this clustering process has contributed to rising polarization in the U.S. House of Representatives. We find support for both hypotheses and estimate that long-term geographical clustering of voters is responsible for roughly 30 percent of the increase in polarization in the House between the 93rd and 112th Congresses. An important ancillary finding is that the within-district percentage of adults who are married dwarfs other socioeconomic variables—including those measuring race, education, income, and urbanicity—as a predictor of local partisanship, as measured by both the party affiliation of the House representative and the presidential vote share.

RR-902-A

As the United States Army winds down from over a decade of contingency operations, the Army's demand for repair parts is expected to de-
crease. Army Materiel Command (AMC) executives are concerned that a decrease in orders to suppliers could raise the risk that either the suppliers will shift production or fail, potentially disrupting the Army's supply chain. AMC is currently implementing a Strategic Sourcing and Supplier Relationship Management initiative to help the Army reduce supply chain costs by identifying strategic suppliers and working closely with them to improve performance. As part of that initiative, AMC asked RAND to determine the supply chain risk by supplier and the supply chain risk factors that are critical to AMC. This report documents a process and methodology that allow AMC to assess supply chain risk by repair part, supplier, and weapon system. It also presents the results of a workshop conducted with AMC's Strategic Sourcing Working Group to elicit their concerns about supplier risks facing the Army. The researchers concluded that only a few hundred of the 9,300 parts analyzed have much risk, mainly because of the large inventory still on hand. Among the factors that increase supply chain risk are lack of technical drawings, expired contracts, and unpredictable demand patterns. A key recommendation is that the Army should institute a regimen to track the risk associated with the supply of repair parts.

RR-903-A


Vladimir Putin's decision to annex Crimea and attempt to destabilize eastern Ukraine have sparked widespread concern among Western policymakers that Russia has embarked on a confrontational national security policy that could have far-reaching implications for Russia's relations with the United States and for European stability. The annexation of Crimea challenges two basic assumptions underlying U.S. policy toward Europe in the post–Cold War era: (1) that Europe is essentially stable and secure, thereby freeing the United States to focus greater attention on other areas, particularly Asia and the Middle East, and (2) that Russia had become more of a partner than an adversary. The annexation of Crimea and attempt to destabilize eastern Ukraine suggests that both these assumptions need to be revisited because Russia can hardly be viewed as a partner. The requirement that NATO may now have to build a much more robust deterrence and defense posture in Eastern Europe would require the Army and the Air Force to revisit their planning assumptions that have minimized U.S. military commitments to the region since the end of the Cold War.

RR-905-A


This report explores China's rapidly expanding involvement in Africa in order to better inform U.S. thinking about its relations both with China and with African states. The report pays particular attention to geostrategic competition in Africa, potential security threats, and opportunities on the continent. It examines the economic, political, and security interests driving Chinese engagement with African states and assesses potential medium-term changes in Sino-African relations across these three dimensions. It then assesses how China's interests and behavior on the continent affect the interests of the United States. In this matter, misperceptions often result from faulty assumptions about the potential for conflict over resources, images of Cold War–style geopolitical competition, and the nature of China's economic engagement with the continent. The report concludes by offering policy recommendations for U.S. and Army leaders concerned with U.S. security relationships with African states and with managing Sino-American relations in Africa. In particular, the report recommends that the United States should view China's sometimes-unfavorable activities in Africa in context and continue to seek opportunities to engage Beijing on mutual interests, such as defeating violent extremists, improving African infrastructure to promote trade and development,
and encouraging economic and political stability on the continent.

**RR-907-ICJ**


One of the most significant developments in asbestos litigation in the past 15 years is the rising rate of bankruptcy among asbestos defendants. More than 100 companies have filed for bankruptcy at least in part because of asbestos lawsuits. As a result, contemporary asbestos litigation now involves both tort suits against solvent defendants and claims for compensation filed with the specially created asbestos bankruptcy trusts. The outcome of an asbestos lawsuit crucially depends on whether litigants in the tort case introduce evidence of exposure to the products of bankrupt parties. If some of these exposures are not identified, more fault can be assigned to the remaining solvent defendants. These defendants are thus likely to end up paying more when such evidence is not developed than when it is. Plaintiffs might also receive more in compensation from the courts and trusts combined if fault is not allocated to the bankrupt parties. This analysis provides empirical evidence that bankruptcy reduces the likelihood that interrogatories and depositions will identify exposure to the asbestos-containing products of the bankrupt parties. It also presents plaintiff and defense perspectives on whether the findings are a cause for concern and what, if anything, should be done in response.

**RR-908-NIJ**


This report describes the results of the Law Enforcement Futuring Workshop, which was held at RAND’s Washington Office in Arlington, Virginia, from July 22 to 25, 2014. The objective of this workshop was to identify high-priority technology needs for law enforcement based on consideration of current and future trends in society, technology, and law enforcement over a ten- to 20-year time period. During the workshop, participants developed sets of future scenarios, constructed pathways from the present to alternative futures, and considered how law enforcement use of technology might affect these pathways. They then identified technology needs (including training and changes in policies or practice) that, if addressed, could enable pathways to desirable futures or prevent or mitigate the effects of pathways to undesirable futures. On the final day of the workshop, the technology needs were prioritized using a Delphi method. The output of this workshop described in the report included ten future scenarios and 30 technology needs. The technology needs fell into three general categories—technology-related knowledge and practice, information sharing and use, and technological research and development—and were placed into three priority tiers.

**RR-909-DH**

Treatment for dementia: Learning from breakthroughs for other conditions. Jirka Taylor, Sonja Marjanovic, Ellen Nolte, Alexandra Pollitt, Jennifer Rubin. 2015

The past few decades have seen a number of medical breakthroughs that enabled the effective treatment of a range of conditions, transforming them from fatal into manageable ones. Examples include certain cancers and HIV. Conversely, progress on dementia has been limited. There are currently no treatments that will cure or even alter the progressive course of dementia, despite ongoing research investigating new therapies and care options. The UK Department of Health is interested in the potential to learn from other disease areas to better understand the particular social, economic, political, legislative and scientific contexts that have contributed to accelerating progress and breakthroughs in treatment. Such learning could helpfully inform dementia research and innova-
tion efforts, and help identify levers for supportive policy development. This project analysed break-throughs in the treatment of four selected conditions of ill health and seeks to identify potentially transferable lessons for the dementia context. Using evidence review and key informant interviews we sought to identify the series of ‘events’ that eventually led to a given breakthrough, and the key milestones in the process that have helped improve understanding and potential for treatment. We also aimed to capture the temporal and causal relationships between ‘notable’ events looking at a variety of factors implicated in the breakthrough pathway. The focus of this work was on political, economic, social, scientific and technological, and legal, regulatory and environmental factors.

RR-916-MOJ
Self-inflicted Deaths in NOMS’ Custody Amongst 18–24 Year Olds: Staff Experience, Knowledge and Views. Amy Ludlow, Bethany Schmidt, Thomas Akoensii, Alison Liebling, Chris Giacomantonio, Alex Sutherland. 2015

This Report presents the findings of research into self-inflicted deaths (SID) in custody amongst 18–24 year olds in National Offender Management Service (NOMS) custody in England and Wales. This research was commissioned by the Harris Review into Self-Inflicted Deaths In Custody Amongst 18–24 Year Olds, and was undertaken by RAND Europe and the Prisons Research Centre, Institute of Criminology, University of Cambridge. This research focused on staff experience, knowledge and views, which have been gathered through interviews and observations at five prisons in England and Wales. The document will be of interest to government, civil society and academic audiences interested in improving prisoner wellbeing and safety generally and SID reduction and risk management specifically. The Report consists of seven sections that address the research questions set out by the Harris Review. Sections 1 and 2 provide an overview of the background, context and methods of the study. Sections 3–6 present the findings of the study relating to four key themes – how staff conceive of risk of SID, how SID risk is managed, staff training and institutional and individual responses to SID. The report closes with a review of promising practice and areas for improvement based on staff suggestions.

RR-919-CDSS

The California Budget Act of 2012, through a trailer bill known as Senate Bill (SB) 1041, contained significant reforms to the California Work Opportunity and Responsibility to Kids (CalWORKs) program. CalWORKs is California’s Temporary Assistance for Needy Families (TANF) program, a central component of the safety net that provides cash aid for low-income families with children. The SB 1041 reforms to CalWORKs aim to engage recipients in more-intensive work activities as early as possible, while also providing more flexibility in work activity options and increased incentives for work as recipients move toward self-sufficiency. The California legislature included a provision in the bill for an independent evaluation to determine if SB 1041 achieves its objectives and if there are any unintended consequences. Evaluation of the SB 1041 Reforms to California’s CalWORKs Program: Background and Study Design provides background on the SB 1041 policy changes and an overview of the evaluation plan. The authors highlight the factors that motivated the changes to CalWORKs, summarize the key reforms, delineate the questions underlying the SB 1041 evaluation and the evaluation approach, and explain the evaluation timetable, products, and expected utility. To determine if SB 1041 is achieving its objectives and if there are any unintended consequences, a series of reports will document the way the SB 1041 reforms were implemented across California’s 58 counties, how the changes affected the number
and composition of CalWORKs recipients and their experience with program services, and the impact of the reforms on families and children, as well as the operations of county welfare offices. The multiyear, multicomponent evaluation will draw on primary and secondary data and employ qualitative and quantitative methods. The project was launched in July 2014 and will be completed in December 2017. Results will be made available through a series of reports released at the end of calendar years 2015, 2016, and 2017.

RR-920/1-EC

This Research Report forms part of our series on global societal trends and their impact on the EU in 2030. This analysis is embedded within the framework of the European Strategy and Policy Analysis System (ESPAS) set up to develop a lasting framework to assess global trends and to develop policy responses across EU institutions over the next institutional cycle (2014–2019). The first phase of the project assessed the long-term, international, domestic, economic and political trends facing the European Union over the next two decades; the second phase of the project split trends into three streams, namely the economy, governance and power, and society. RAND Europe's assessment of likely global societal trends constituted 'Trend Report 2 – Society' for this second phase. This report presents the evidence base, uncertainties and potential trajectories surrounding trends in one of the six major themes which form part of Trend Report 2 – Society, namely education, technology and connectedness. It analyses how the spread of technology and its relationship to education will transform the education and power of citizens, forming a significant societal challenge for the EU in the coming decades. These changes stem from technological progress and the adoption of new technologies by businesses and citizens, and the potential for growing connectedness, although these changes may not offset inequalities and fragmentation. At the same time, alternative forms of education may enhance access to education and outcomes, while e-government has the potential to empower citizens through online engagement.

RR-920/2-EC

This Research Report forms part of our series on global societal trends and their impact on the EU in 2030. This analysis is embedded within the framework of the European Strategy and Policy Analysis System (ESPAS) set up to develop a lasting framework to assess global trends and to develop policy responses across EU institutions over the next institutional cycle (2014–2019). The first phase of the project assessed the long-term, international, domestic, economic and political trends facing the European Union over the next two decades; the second phase of the project split trends into three streams, namely the economy, governance and power, and society. RAND Europe's assessment of likely global societal trends constituted 'Trend Report 2 – Society' for this second phase. This report presents the evidence base, uncertainties and potential trajectories surrounding trends in one of the six major themes which form part of Trend Report 2 – Society, namely education, technology and connectedness. It analyses how the spread of technology and its relationship to education will transform the education and power of citizens, forming a significant societal challenge for the EU in the coming decades. These changes stem from technological progress and the adoption of new technologies by businesses and citizens, and the potential for growing connectedness, although these changes may not offset inequalities and fragmentation. At the same time, alternative forms of education may enhance access to education and outcomes, while e-government has the potential to empower citizens through online engagement.

RR-920/3-EC
This Research Report forms part of our series on global societal trends and their impact on the EU in 2030. This analysis is embedded within the framework of the European Strategy and Policy Analysis System (ESPAS) set up to develop a lasting framework to assess global trends and to develop policy responses across EU institutions over the next institutional cycle (2014–2019). The first phase of the project assessed the long-term, international, domestic, economic and political trends facing the European Union over the next two decades; the second phase of the project split trends into three streams, namely the economy, governance and power, and society. RAND Europe’s assessment of likely global societal trends constituted ‘Trend Report 2 – Society’ for this second phase. This report presents the evidence base, uncertainties and potential trajectories surrounding trends in one of the six major themes which form part of Trend Report 2 – Society, namely migration. The report analyses the impact of migration worldwide, the factors influencing migration and its relation to urbanisation, and examines the future of migration to Europe. The changes explored in this report relate to a transformation in the nature of migration, and the many types of existing migration flows.

RR-920/5-EC

This Research Report forms part of our series on global societal trends and their impact on the EU in 2030. This analysis is embedded within the framework of the European Strategy and Policy Analysis System (ESPAS) set up to develop a lasting framework to assess global trends and to develop policy responses across EU institutions over the next institutional cycle (2014–2019). The first phase of the project assessed the long-term, international, domestic, economic and political trends facing the European Union over the next two decades; the second phase of the project split trends into three streams, namely the economy, governance and power, and society. RAND Europe’s assessment of likely global societal trends constituted ‘Trend Report 2 – Society’ for this second phase. This report presents the evidence base, uncertainties and potential trajectories surrounding trends in one of the six major themes which form part of Trend Report 2 – Society, namely labour and employment. The report anal-
yses important features of the global workforce, the new types of entrants to the labour market, and vulnerable individuals in the labour force, as well as the skills mismatch affecting employers in many regions of the world. Finally, the report analyses the impact of new technologies on the workplace. In doing so, it touches on issues as diverse as youth unemployment, migration and the ageing workforce.

RR-920/6-EC

This Research Report forms part of our series on global societal trends and their impact on the EU in 2030. This analysis is embedded within the framework of the European Strategy and Policy Analysis System (ESPAS) set up to develop a lasting framework to assess global trends and to develop policy responses across EU institutions over the next institutional cycle (2014–2019). The first phase of the project assessed the long-term, international, domestic, economic and political trends facing the European Union over the next two decades; the second phase of the project split trends into three streams, namely the economy, governance and power, and society. RAND Europe’s assessment of likely global societal trends constituted ‘Trend Report 2 – Society’ for this second phase. This report presents the evidence base, uncertainties and potential trajectories surrounding trends in one of the six major themes which form part of Trend Report 2 – Society, namely the rise of a global middle class. The report analyses the rise of a middle class beyond national boundaries, as well as issues of inequality. It notes that while inequality between countries is decreasing, within-country inequality is on the rise. The report also examines the extent to which this global middle class shares the same values.

RR-928-NIJ

Future World Wide Web technologies commonly labeled as being part of Web 3.0 and Web 4.0 could substantially change how the criminal justice enterprise operates. These notably include Semantic Web technologies, intelligent agents, and the Internet of Things. In September 2014, RAND conducted an expert panel for the National Institute of Justice to discuss how the criminal justice community can take advantage of (and reduce the risks from) these emerging technologies. The top unifying theme from the panel was to leverage web technologies to improve information-sharing and protection across the criminal justice enterprise, and to address challenges that the new technologies raise. Another major theme was improving practitioners’ knowledge of web technologies. Priorities included general education on key web technologies, and model policies and procedures for using them. A third theme was to improve the networking infrastructure needed to support web technologies (and other applications), especially for courts and corrections. Fourth, several needs became apparent related to leveraging wearable and embedded sensors (part of the Internet of Things), with an emphasis on using sensors to improve officer health and safety. Finally, panelists frequently noted the importance of civil rights, privacy rights, and cybersecurity protections in using the emerging technologies for criminal justice. While there were few needs about these topics specifically, panelists noted that more than half of the needs raised security, privacy, or civil rights concerns, or had implied requirements on these topics.

RR-931-RC
Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support. Laura Werber, Kathryn Pitkin Derose, Mollie Rudnick, Margaret C. Harrell, Diana Naranjo. 2015

Faith-based organizations (FBOs) are an important community-based resource for veterans
as they readjust to civilian life. Through interviews with both national-level and smaller, local FBOs, the authors sought to understand better the current and potential roles for FBOs in veteran reintegration. Interviewees suggested that veterans may look to FBOs for support because they offer privacy and confidentiality, two features that may be especially critical when a potential stigma is involved. Some FBOs have also developed a reputation as safe places for veterans, providing supportive, judgment-free environments. FBOs not only help veterans with spiritual matters but address diverse areas of veteran health and wellness, including vocation, education, financial and legal stability, shelter, access to goods and services, mental health, access to health care, physical health, family, and social networks. In some cases, the support is offered to veterans directly; in other instances, the support is indirect, via training individuals to help veterans or educating the public about them. In the process of providing support, FBOs interact with varied organizations, including government entities, private nonprofits, and one another, for training, outreach, referrals, information exchange, obtaining donations, and collaboration. Yet challenges exist, including insufficient connections with chaplains working in different settings and others in the web of support, resource and capacity constraints, lack of awareness of experience with veterans, issues related to religious philosophy or orientation, and characteristics of veterans themselves. To move forward, the authors offer recommendations for policymakers, organizations that interact with FBOs, and FBOs themselves to help FBOs engage fully in the web of reintegration support.

RR-932-OSD


In recent years, policymakers and members of the media have raised concerns regarding access to behavioral health care for service members and veterans of the U.S. military and their families. Particular concern has been raised regarding the availability and accessibility of care to individuals covered by the U.S. Department of Defense Military Health System and the Veterans Health Administration. In this report, researchers analyzed the National Study of Drug Use and Health to examine utilization of behavioral health care among current or former wives of service members and veterans who are covered by either TRICARE or CHAMP-VA. Three findings of interest emerged from the analysis. First, relative to the comparison group, military wives were more likely to receive behavioral health services, but this pattern was exclusively due to use of prescription psychiatric medications. No difference was found for specialty behavioral health treatment. Second, residing in rural areas was negatively associated with behavioral health care service use for both groups. Third, contrary to expectations, military wives who live more than 30 minutes from a military treatment facility were more likely than military wives who lived closer to receive prescription psychiatric medications but not other types of behavioral health services.

RR-934-DH

Leadership as a health research policy intervention: An evaluation of the NIHR Leadership programme (Phase 2). Sonja Marjanovic, Gavin Cochrane, Catriona Manville, Emma Harte, Joanna Chataway, Molly Morgan Jones. 2015

In early 2012, the National Institute for Health Research (NIHR) leadership programme was recommissioned for a further three years following an evaluation by RAND Europe. During this new phase of the programme, we conducted a real-time evaluation, the aim of which was to allow for reflection on and adjustment of the programme on an on-going basis as events unfold. This approach also allowed for participants on the programme to contribute to and positively engage in the evaluation. The study aimed to understand the outputs and impacts from the programme, and to
test the underlying assumptions behind the NIHR Leadership Programme as a science policy intervention. Evidence on outputs and impacts of the programme were collected around the motivations and expectations of participants, programme design and individual-, institutional and system-level impacts.

RR-935-OSD


For both diplomatic and national security reasons, security cooperation continues to be important for the United States. The Department of Defense conducts an assortment of programs aimed at building the capacity of partner nations, and training is an important element of these efforts. The needs and existing capabilities of various nations differ, however, as will results. Planning for each building partner capacity (BPC) effort carefully, assessing progress while the effort is in progress, and assessing results are all important to ensure that it meets U.S. goals and partner expectations. This report presents a framework intended to aid all these steps. Before execution, the framework can help determine and plan for what might go wrong with the intended BPC effort. During BPC execution, the framework can help monitor progress to discover whether everything is going according to plan and, if not, what is wrong and what can be done about it. Finally, the framework can help determine whether the BPC has achieved its objectives and, if not, why and what can be done about it in the future.

RR-937-OSD


For both diplomatic and national security reasons, security cooperation continues to be important for the United States. The needs and existing capabilities of various nations differ, however, as will results. In previous research, RAND identified a series of factors that correlate with the success of building partner capacity (BPC) efforts. Some of these are under U.S. control, and some are inherent in the partner nation or under its control. Strategic imperatives sometimes compel the United States to work with PNs that lack favorable characteristics but with which the United States needs to conduct BPC anyway. This report explores what the United States can do, when conducting BPC in challenging contexts, to maximize prospects for success. The authors address this question using the logic model outlined in a companion report and examining a series of case studies, looking explicitly at the challenges that can interfere with BPC. Some of the challenges stemmed from U.S. shortcomings, such as policy or funding issues; others from the partner's side, including issues with practices, personalities, baseline capacity, and lack of willingness; still others from disagreements among various stakeholders over objectives and approaches. Among the factors correlated with success in overcoming these challenges were consistency of funding and implementation, shared security interests, and matching objectives with the partner nation's ability to absorb and sustain capabilities.

RR-941-OSD


Initiation activities have long been part of U.S. military culture as a way to mark significant transitions, status changes, and group membership. However, along with these activities have often come acts of hazing, in which individuals were subjected to abusive and harmful treatment that went beyond sanctioned ceremonies. In recent
years, extreme cases of alleged hazing have led to the high-profile deaths of several service members, resulting in renewed interest from the public and Congress in seeing these hazing rituals eliminated from military culture. The Department of Defense (DoD) asked RAND to examine and provide recommendations on current hazing policy and practices across the services. To do so, the researchers examined current DoD and service-specific policy, practices, and data collection related to hazing; reviewed the scientific literature and interviewed leading experts in the field; and reviewed existing DoD incident tracking databases. This report addresses ways to improve the armed forces’ definition of hazing, the effects of and motivations for hazing, how the armed forces can prevent and respond to hazing, and how the armed forces can improve the tracking of hazing incidents.

RR-947-RC
Methodology of the RAND Health Reform Opinion Study. Katherine Grace Carman, Christine Eibner. 2015

The Affordable Care Act has already and will continue to lead to significant changes in health insurance coverage. Understanding insurance transitions is critical to evaluating the success of the reform and to identifying opportunities for improvement. The RAND Health Reform Opinion Study uses the American Life Panel to study transitions in health insurance enrollment from 2013 through 2015. Methodology of the RAND Health Reform Opinion Study provides a description of the methodology the authors use to track health insurance choices between November 2014 and December 2015.

RR-948-RC
Insurance Transitions Following the First ACA Open Enrollment Period. Katherine Grace Carman, Christine Eibner. 2015

While most of the Affordable Care Act’s (ACA’s) coverage-related provisions took effect in January 2014, there is limited information on insurance transitions that occurred in the period before and after these changes became operational. In Insurance Transitions Following the First ACA Open Enrollment Period, the authors examine insurance transitions between September 2013 and November 2014 using longitudinal data from the RAND Health Reform Opinion Study, a part of the RAND American Life Panel (ALP). The ALP includes 2,953 respondents—ages 18 to 64, in a population-based sample—who were approached to participate in this data collection. Out of the 2,953 individuals, 2,329 (79 percent) responded in September 2013, and 1,972 (67 percent) responded in November 2014; 1,636 (55 percent) responded in both months, and 1,628 (55 percent) provided clear information about their source of insurance. The authors report the type of coverage people had before the law’s major provisions took effect (September 2013) and at the end of the Marketplace enrollment year (November 2014). They estimate that 20.4 million nonelderly adults became newly insured and 7.4 million lost coverage, for a net increase of 12.9 million between September 2013 and November 2014. Among those previously uninsured, most (7.5 million) enrolled in Medicaid, followed by employer plans (7.3 million), the Marketplaces (3.1 million), and other insurance sources. Among those losing coverage, most (3.4 million) lost employer coverage, with the remaining insurance losses spread across a variety of coverage sources. The authors estimate that 7.6 million people enrolled in Marketplace plans; this includes the 3.1 million people who became newly insured in Marketplace plans and another 4.5 million people who transitioned to Marketplace plans from another coverage source. The majority of those insured at baseline (81 percent) experienced no change in source of coverage during the study period, suggesting that disruption from the law has been limited. The majority of Americans continue to be enrolled in employer coverage, and more gained coverage in employer plans than through the ACA’s Marketplaces. These findings suggest that the ACA is expanding coverage
through a variety of insurance sources, perhaps because the individual mandate is encouraging people to take up insurance offers that they might otherwise have declined.

RR-949-OSD

The NATO Special Operations Component Command–Afghanistan/Special Operations Joint Task Force–Afghanistan has tasked Special Operations Advisory Groups with the responsibility of advising headquarter elements of the Afghan Special Security Forces. This report identifies best practices for operational-level advising from this special operations advisory mission. The report also identifies recommendations that are intended to address key challenges in operational-level partnering. Findings are presented on the topics of rapport building, the advising engagement, integration, sustainability, pre-deployment training, and continuity of operations.

RR-953-CMHSA
Mental Health Trainings in California’s K-12 System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students. Karen Chan Osilla, Asha Goldweber, Rachana Seelam, Courtney Ann Kase, Elizabeth Roth, Bradley D. Stein. 2015

Reports on an evaluation of California mental health trainings offered to staff in California’s K–12 system.

RR-954-CMHSA
Mental Health Trainings in California’s Higher Education System Are Associated with Increased Confidence and Likelihood to Intervene with and Refer Students. Karen Chan Osilla, Michelle W. Woodbridge, Rachana Seelam, Courtney Ann Kase, Elizabeth Roth, Bradley D. Stein. 2015

Reports on an evaluation of California mental health trainings offered to staff and students in California’s higher education system.

RR-955-CMHSA
California College and University Collaborations: Facilitators, Challenges, and Impact on Student Mental Health. Michelle W. Woodbridge, Jennifer Yu, Asha Goldweber, Shari Golan, Bradley D. Stein. 2015

Reports on an evaluation of student mental health collaboration activities among California higher education systems, community agencies, and county mental health.

RR-956-CMHSA

Reports on an evaluation of student mental health collaboration activities among California K–12 school districts, counties, and regions.

RR-957-TSF

The United States developed the European Phased Adaptive Approach (EPAA) missile defense system to defend against a variety of current and future Iranian missile threats. Russia has expressed dissatisfaction with the system, protesting that it presented a significant threat to Russia’s nuclear deterrent. U.S. officials have repeatedly stated that the EPAA does not pose a threat to Russia’s missile forces, arguing that the system is designed for ballistic missile threats from outside the Euro-Atlantic area and can neither negate nor undermine Russia’s strategic deterrent capabilities. Nevertheless, in 2013, the Obama administration canceled Phase 4 of the system. This report demonstrates that the restructured EPAA system
is able to defend against a range of current and future Iranian missile threats and does not pose a threat to Russian intercontinental ballistic missiles. Canceling Phase 4 of the EPAA system has opened a window for the United States and Russia to come together on additional bilateral nuclear arms reduction measures and missile defense cooperation.

RR-959-FMOD
Crisis and conflict prevention strategies: An international comparison. Sophie-Charlotte Brune, Anne Kovacs, Anais Reding, Maryse Penny. 2015

In February 2012, RAND Europe was commissioned by the Delegation for Strategic Affairs of the French Ministry of Defence (Délégation aux Affaires stratégiques du ministère de la Défense) to conduct a study on different approaches to conflict and crisis prevention at both the national and international level. The original report, La prévention des crises et des conflits: enjeux et rôle pour la défense, was completed in November 2012 and authored by Sophie-Charlotte Brune, Anne Kovacs, Anais Reding and Maryse Penny. This report is a translated excerpt from the original report, focusing on conflict prevention approaches in four national cases: France, the United Kingdom, the United States and Germany. It was translated and revised from the original French by Giacomo Persi Paoli, Tess Hellgren and Sophie-Charlotte Brune. While some national mechanisms and structures may have evolved since 2012, this report presents the evidence that was accurate as of the report's initial completion date.

RR-964-AF

In response to several high-profile incidents of sexual misconduct by military training instructors (MTIs) during Basic Military Training (BMT), in 2012 the U.S. Air Force's Air Education and Training Command (AETC) asked RAND Project AIR FORCE to develop an integrated survey system to help address abuse and misconduct toward trainees in the BMT environment. Based on an extensive review of relevant materials—including internal AETC investigations of these incidents, Air Force and Department of Defense policies, and the scientific literature—RAND developed two complementary surveys, one for trainees and one for MTIs. The trainee survey assesses trainee experiences and related reporting behaviors for the following abuse and misconduct categories: trainee bullying, maltreatment and maltraining, unprofessional relationships, sexual harassment, and unwanted sexual experiences. The survey also measures individual perceptions of the squadron climate and BMT feedback and support systems. The MTI survey assesses the extent to which
MTIs were aware of trainees experiencing abuse, as well as their perceptions of the related squadron climate and MTI reporting behaviors. The MTI survey also includes a section on MTI quality of life, including job attitudes, the work environment, and job stressors. An Integrated Survey System for Addressing Abuse and Misconduct toward Air Force Trainees During Basic Military Training concludes with recommendations about survey administration, reporting the results, and additional areas for improvement to better track and monitor actual instances of and the potential for abuse and misconduct.

**RR-965-OSD**

An Assessment of Fiscal Year 2013 Beyond Yellow Ribbon Programs. Laura Werber, Jennie W. Wenger, Agnes Gereben Schaefer, Lindsay Daugherty, Mollie Rudnick. 2015

In 2011, Congress appropriated funding to expand the Yellow Ribbon Reintegration Program, authorizing “service- and state-based programs to provide access to service members and their families of all components.” This supplemental funding—Beyond Yellow Ribbon (BYR)—supports programs that are intended to provide critical outreach services to personnel returning from deployments. BYR's overall goal is to ease service members' transition back into civilian life. In response to a congressional request to identify programs with strong records of success and to develop a nationwide set of promising practices, the Office of the Assistant Secretary of Defense for Reserve Affairs asked the RAND Corporation to provide an assessment of 13 programs in the ten states that received fiscal year 2013 BYR funding. The objectives of RAND's study were to: (1) examine the extent to which BYR programs have met their stated goals and the degree to which they have been effective in supporting reserve-component service members and their families, (2) identify promising practices in the programs that could be transferred across the broader set of BYR programs, and (3) suggest ways to improve the effectiveness of those programs as a whole. In RAND's determination, nearly all of the BYR programs are at least partially meeting their goals. This report concludes with recommendations to program leadership and to Department of Defense and congressional policymakers as they consider general program oversight and future BYR funding allocations.

**RR-966-OSD**

Tailoring the Acquisition Process in the U.S. Department of Defense. Megan McKernan, Jeffrey A. Drezner, Jerry M. Sollinger. 2015

Regulations and guidance have permitted tailoring of the acquisition process as one of many ways in which the acquisition workforce can more efficiently achieve program objectives. Tailoring is frequently mentioned in regulations and guidance. Policy allows, and even encourages, program managers to customize regulation-based reviews, processes, and information requirements to accommodate the unique characteristics of a program while still meeting the regulations' intent for appropriate decision criteria and oversight processes. The extent to which programs take advantage of opportunities to tailor processes and documentation is not clear, but anecdotal evidence suggests that tailoring is more difficult in practice than guidance suggests. Widespread use of tailoring appears to be constrained by a variety of factors inherent in defense acquisition. The exploratory research reported here reviewed the literature and conducted interviews within the Office of the Secretary of Defense and the RAND Corporation to determine whether this policy area would benefit from additional in-depth research.

**RR-968-AF**

Air Base Attacks and Defensive Counters: Historical Lessons and Future Challenges. Alan J. Vick. 2015

Since the end of the Cold War, U.S. dominance in conventional power projection has allowed American airpower to operate from sanctuary, largely free from enemy attack. This led to a reduced emphasis on air-base defense measures...
and the misperception that sanctuary was the normal state of affairs rather than an aberration. The emergence of the long-range, highly accurate, conventional missile (both ballistic and cruise) as a threat to air bases is now widely recognized in the U.S. defense community, and, with that recognition, there is a growing appreciation that this era of sanctuary is coming to an end. Consequently, there is renewed interest in neglected topics, such as base hardening, aircraft dispersal, camouflage, deception, and air-base recovery and repair. This report is intended to provide a reference on air-base attack and defense to inform public debate, as well as government deliberations, on what has become known as the anti-access problem, specifically as it applies to air-base operations. The report explores the history of air-base attacks in the past century and describes the American way of war that emerged after the fall of the Soviet Union. It then argues that emerging threat systems are disruptive to this way of war and will require new concepts of power projection. Finally, the report identifies five classes of defensive options that have proven valuable in past conflicts and offers recommendations on how best to win the battle of the airfields.

RR-969-CTRMA
The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas. Thomas Light, Sunil Patil, Gregory D. Erhardt, Flavia Tsang, Peter Burge, Paul Sorensen, Mia Zmud. 2015

The Impact of Adopting Time-of-Day Tolling: Case Study of 183A in Austin, Texas evaluates the traffic and revenue effects of moving from a fixed toll rate on the 183A Turnpike in Texas to a toll structure that varies by time of day. To conduct the analysis, RAND administered a stated preference survey and developed discrete choice models to understand how motorists are likely to respond to alternative tolling arrangements. The analysis suggests that shifting to time-of-day tolling on 183A is not likely to meet the tolling authority's objectives of reducing congestion downstream in the transportation network, given other constraints facing the toll road operator.

RR-971-CMHSA
Evaluation of California’s Statewide Mental Health Prevention and Early Intervention Programs: Summary of Key Year 2 Findings. Nicole K. Eberhart, M. Audrey Burnam, Sandra H. Berry, Rebecca L. Collins, Patricia A. Ebener, Rajeev Ramchand, Bradley D. Stein, Michelle W. Woodbridge. 2015

This report summarizes key findings from the second year of an evaluation of the California Mental Health Services Authority’s statewide prevention and early intervention programs.

RR-972-CMHSA
Reviewing the Evidence Base for Mental Health First Aid: Is There Support for Its Use with Key Target Populations in California?. Eunice C. Wong, Rebecca L. Collins, Jennifer L. Cerully. 2015

This report reviews the current state of evidence for Mental Health First Aid’s effectiveness in key target populations, to help the California Mental Health Services Authority’s planning for future prevention and early intervention activities.

RR-974-AF

Risks are increasing that the United States will find itself in confrontations with nuclear-armed regional adversaries—that is, hostile states with small nuclear arsenals. This research seeks to help the U.S. Air Force understand and prepare for such confrontations. The authors explore circumstances in which the United States might be able to neutralize a regional opponent’s nuclear capabilities, and describe how and in what cir-
cumstances the United States can manage escalation while defeating nuclear-armed opponents in conventional conflict. The analysis finds that there is probably no case in which U.S. forces could neutralize an opponent's nuclear capabilities with a high enough probability of success that U.S. leaders would let them attempt it. However, U.S. forces should be able to manage escalation in some conventional conflicts, as long as the United States does not threaten the survival of the enemy regime or its nuclear deterrent forces. U.S. leaders must deter the adversary from escalating above critical U.S. thresholds and manage U.S. forces to avoid inadvertent and accidental escalation. The authors recommend that the Air Force continue research and development on methods and capabilities to find, fix, track, target, and assess enemy nuclear weapons capabilities; continue research and development on ballistic and cruise missile defenses; and conduct research on how to rebalance the force to better enable posturing airpower to conduct conventional strike operations from afar, in order to defeat a nuclear-armed regional adversary's conventional forces while operating from bases beyond the range of its conventional and nuclear strike capabilities.

RR-980-RC
The Effect of Eliminating the Affordable Care Act's Tax Credits in Federally Facilitated Marketplaces. Evan Saltzman, Christine Eibner. 2015

In this research report, RAND Corporation researchers assess the expected change in enrollment and premiums in the Patient Protection and Affordable Care Act (ACA)—compliant individual market in federally facilitated marketplace (FFM) states if the U.S. Supreme Court decides to eliminate subsidies in FFM states. The analysis used the Comprehensive Assessment of Reform Efforts (COMPARE) microsimulation model, an economic model developed by RAND researchers, to assess the impact of proposed health reforms. The authors found that enrollment in the ACA-compliant individual market, including plans sold in the marketplaces and those sold outside of the marketplaces that comply with ACA regulations, would decline by 9.6 million, or 70 percent, in FFM states if subsidies were eliminated. They also found that unsubsidized premiums in the ACA-compliant individual market would increase 47 percent in FFM states. This corresponds to a $1,610 annual increase for a 40-year-old nonsmoker purchasing a silver plan.

RR-990-OSD

To better understand trends in Chinese unmanned systems research, development, acquisition, and employment, and their potential implications, RAND undertook exploratory analysis to lay an initial foundation for future research on China’s development and use of unmanned systems, including unmanned aerial vehicles (UAVs), unmanned undersea vehicles (UUVs), and unmanned surface vessels (USVs). The exploratory analysis focused on identifying sources related to Chinese development of maritime unmanned systems, including UUVs, USVs, and maritime UAVs, with an emphasis on systems intended for the maritime environment because of their relevance to maritime territorial disputes in the East and South China Seas; understanding the roles that China sees for unmanned systems; analyzing trends in Chinese development of UUVs, USVs, and UAVs, with an emphasis on systems intended for the maritime environment because of their relevance to maritime territorial disputes in the East and South China Seas; and identifying areas for further research and potential future developments. The remainder of this report highlights the key findings of this exploratory research project and presents some preliminary analysis of their potential implications.

RR-991-IMFO
The Future of Mobility: Scenarios for China in
What might the future of mobility be in China in 2030? Mobility is defined as the ability to travel from one location to another, regardless of mode or purpose. RAND researchers, working with the Institute for Mobility Research, used a six-step process to develop two scenarios that address this question. The six steps are (1) select influencing areas (domains that affect mobility directly: demographics, economics, energy, and transportation supply and constraints); (2) elicit projections on descriptors (via expert workshops in Washington, D.C., and Beijing); (3) integrate these into scenario frameworks (using two analysis methods and a computer-based tool); (4) produce scenario narratives (based on the clusters produced by the tool); (5) draw qualitative consequences for future mobility; and (6) create a wild-card scenario (by looking at events that might disrupt trends). Three key drivers differentiate the resulting scenarios: economic growth, the presence of constraints on vehicle ownership and driving, and environmental conditions. In scenario 1, the Great Reset, continued (albeit slightly slower than previous) economic growth fuels demand for automobiles, including hybrids, but cities also invest heavily in transit and nonmotorized infrastructure. Scenario 2, Slowing but Growing, assumes that the economy goes through a downturn marked by instability and that future growth in travel demand is lower than in the first scenario. By making potential long-term mobility futures more vivid, the aim is to help decisionmakers at different levels of government and in the private sector better anticipate and prepare for change.

Foreign financing of Islamic institutions in the Netherlands: A study to assess the feasibility of conducting a comprehensive analysis. Stijn Hoorens, Joachim Krapels, Magda Long, Tom Keatinge, Nicole van der Meulen, Kristy Kruijthof, Jacopo Bellasio, Anna Psiaki, Gursel Rafiq oglu Aliyev. 2015

Funding of Islamic institutions by foreign government entities has received considerable attention in the Netherlands in recent years. Concerns have risen over the possibility that these donations may be granted under certain conditions, for example in return for influence on the daily management or religious practicing. It is difficult to say whether these concerns are justified, as little is known about size and nature of foreign funding of religious institutions. The Research and Documentation Centre (WODC) has commissioned a study to assess the feasibility of conducting a full analysis of the size and scope of foreign funding of Islamic institutions in the Netherlands and the possible conditions under which funding may be provided. This document reports on the results of that feasibility study. RAND Europe systematically and rigorously surveyed the available information for a sample of institutions in the Netherlands (39 of a purported 450). Using public data and confidential information made available to us, some examples of foreign funding as reported in the media could be verified for individual institutions in this sample. However, we expect it will be legally and practically complicated and very resource intensive to carry out a comprehensive assessment of all ca. 450 Islamic institutions in the Netherlands. The report recommends facilitating self-reporting of foreign donations and focusing efforts and resources on the sample of non-transparent institutions. This would increase trust and transparency within the community of Islamic institutions as a whole.

Developing a Repeatable Methodology to Calculate Retrograde Planning Factors. Kristan Klinghoffer, Kenneth J. Girardini, Arthur Lackey, Cheryl Kravchuck, Bonnie Magnuson. 2015

Retrograde is the movement or return of both serviceable and unserviceable materiel back through the distribution system to a designated ship-to location, repair facility, or point of disposal. To plan for and field a force capable of efficient retrograde operations, the Army must possess
accurate planning factors, by class of supply, to estimate the retrograde workload that will occur, both during ongoing theater operations and during redeployment operations. The flow of retrograde during operations over the past decade has been very slow. This has led to an almost continuous backlog in theater of materiel to be retrograded that the Army had difficulty eliminating. It appears that the Army regularly underresourced the theater organizations involved in retrograde operations, in part due to inadequate retrograde planning factors. To address this problem, RAND Arroyo Center developed and demonstrated a repeatable methodology for developing accurate retrograde planning factors, informed by process mapping, empirical data analysis, and discussions with Army supply officers. The methodology determines retrograde planning factors as a percentage of customer issues and is agnostic to theater, theater development, and unit type variances. The output of this report is a series of retrograde planning factors, by class of supply and by phase of operation, expressed as a percentage of forward flows of supplies to units.

RR-994-NYSF/MTF

Public-Private Partnerships for Providing Behavioral Health Care to Veterans and Their Families: What Do We Know, What Do We Need to Learn, and What Do We Need to Do?. Eric R. Pedersen, Nicole K. Eberhart, Kayla M. Williams, Terri Tanielian, Caroline Batka, Deborah M. Scharf. 2015

American veterans and their family members struggle with behavioral health problems, yet few engage in treatment to address these problems. Barriers to care include trouble accessing treatment and limited communication between civilian and military health care systems, which treat veterans and their family members separately. Even though the Department of Veterans Affairs (VA) is making efforts to address barriers to care, more work is needed to effectively serve veterans and their families. Public-private partnerships have been discussed as a potential solution and could include collaborations between a public agency, such as the VA, and a private organization, such as a veteran service organization, private industry, or private hospital. Despite the call for such partnerships, not much is known about what a public-private partnership would entail for addressing behavioral health concerns for veterans and their families. The health care literature is sparse in this area, and published examples and recommendations are limited. Thus, the authors wrote this report to inform the creation of public-private partnerships to better serve veterans and their families. The report outlines nine key components for public-private partnerships addressing veteran behavioral health care. These components are supported by qualitative interview data from five successful public-private partnerships that serve veterans and their families. This report will assist policymakers in the VA and other federal agencies in developing and fostering public-private partnerships to address the behavioral health care needs of veterans and their families. The report also discusses next steps for research and policymaking efforts with regard to these partnerships.

RR-996-HEFCE

Learning gain in higher education. Cecile Hoareau McGrath, Benoit Guerin, Emma Harte, Michael Frearson, Catriona Manville. 2015

There is growing interest around the world in measuring how much students in higher education learn, and the contribution that disciplines, courses and particular educational activities make to that learning. Amongst other factors, such measures can be seen as important to the debates about the quality and impact of higher education, how we evidence the value of investment in it, and how we evidence students' skills acquisition for employers. The question of how to measure the student learning gained in higher education has been much debated. The debate is healthy - any attempt to measure a process which is as multi-dimensional as learning can encourage a focus on what is effective - but it also risks distorting activity. There is an evident need to consider different approaches to the measurement of gains
in learning and consider their impact on practice and on outcomes. Debate on the measurement of the learning students gain in higher education has been prominent internationally, but the concept has not been studied extensively in the English higher education context. This research explores the concept of learning gain, as well as current national and international practice, to investigate whether a measure of learning gain could be used in England.

RR-998-OSD
360-Degree Assessments: Are They the Right Tool for the U.S. Military?. Chaitra M. Hardison, Mikhail Zaydman, Oluwatobi A. Oluwatola, Anna Rosensky Saavedra, Thomas Bush, Heather Peterson, Susan G. Straus. 2015

In response to the National Defense Authorization Act for fiscal year 2014, which directed the Secretary of Defense to assess “the feasibility of including a 360-degree assessment [360] approach . . . as part of performance evaluation reports,” the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD/P&R) asked the RAND Corporation to provide an outside assessment of the advisability of using 360s for evaluation purposes in the military. In addition, OUSD/P&R also requested information on the role of 360s more broadly. Thus, this report explores the pros and cons of using 360s for evaluation and development purposes in the military. The research was based on information gleaned from a number of sources: existing research literature and expert guidance on 360 best practices; policy documents and other sources summarizing current performance and promotion practices in the military services, including the use of 360s; and interviews with a sample of stakeholders and subject-matter experts in the Department of Defense. The results suggest that using 360 feedback as part of the military performance evaluation system is not advisable at this time, though the services could benefit from using 360s as a tool for leader development and to gain an aggregate view of leadership across the force.

TOOLS

TL-144-CDC

The Centers for Disease Control and Prevention offers an interactive calculator, called the Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS). This online tool can help state decisionmakers prioritize 14 effective motor vehicle injury–prevention interventions based on the costs and effectiveness for their states. MV PICCS not only calculates the expected number of injuries prevented and lives saved at the state level and the costs of implementation, but it selects those interventions that are most cost-effective for a given budget. A fact sheet for each intervention and a final report with a user guide are included.

TL-144/1-CDC

This report documents the approach, data, and assumptions used to produce an online tool that allows state decisionmakers to assess the costs and effectiveness of implementing up to 14 interventions and to select those most effective in reducing deaths and injuries from motor vehicle crashes for a given implementation budget. It also provides examples of how costs and benefits were identified for certain interventions, as well as instructions about using the tool in various
modes of analysis. The tool was developed for and is hosted by the Centers for Disease Control and Prevention’s National Center for Injury Prevention and Control.

TL-150-CMHSA


Report describes the methods for developing and testing a silent monitoring protocol for California suicide crisis call centers to evaluate call content and quality, document staff strengths and weaknesses, and identify areas for further training.

TL-157-GF


Launched in 2011, Mapping Pathways continues to provide and refine a multi-layered synthesis of the evidence base for antiretroviral (ARV)-based prevention strategies to tackle the HIV epidemic. Through community-based research conducted in the United States, India, and South Africa, Mapping Pathways provided a synthesized, research-driven, community-led, and collaborative understanding of the emerging evidence base for the possible adoption of ARV-based prevention strategies. The findings of our first report "Developing evidence-based, people-centered strategies for the use of antiretrovirals as prevention" underline the broad, often divergent nature of evidence and views related to the viability of ARV-based prevention strategies, varying within and across the three countries. This toolkit was designed for HIV community planners in the United States. The first draft of the toolkit was utilized with participants of the Mapping Pathways Train-the-Trainer Workshop held in Chicago, 11th-12th November 2014. Feedback from the 26 workshop participants, who represented the 13 cities hardest hit by the HIV epidemic in the United States, is incorporated into the current version of this document. The toolkit provides a set of scenario planning exercises to help community stakeholders carefully consider the implementation ARV-based prevention strategies in their local contexts.

TL-158-NIJ

Corrections Technology and Practice Taxonomy. Brian A. Jackson, Dulani Woods. 2015

Institutional and community corrections agencies face increasingly complex tasks and challenges today. It is important, therefore, to identify opportunities where changes in tools, technology, practices, or approaches can help agencies respond more effectively to solve problems and mitigate risks in their role to protect the public. Identifying and prioritizing possible corrections innovations was the goal of this research effort, the results of which are described Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector. The starting point for considering future technological and other innovations is the baseline that exists today. As a result, the effort developed a map or taxonomy of technologies and populated it based on information on tools and practices that are already in use. This tool presents that map in dynamic form, allowing the user to explore the different areas of corrections technology and practice and to make comparisons between community and institutional corrections.

TL-159-NIJ


Institutional and community corrections agencies face increasingly complex tasks and challenges today. It is important, therefore, to identify opportunities where changes in tools, technology,
practices, or approaches can help agencies respond more effectively to solve problems and mitigate risks in their role to protect the public. Given resource constraints, setting priorities among many possible innovations is necessary. This interactive tool allows users to leverage the research in Fostering Innovation in Community and Institutional Corrections: Identifying High-Priority Technology and Other Needs for the U.S. Corrections Sector and also to see how the identified priorities would change, based on their own policies and/or organizational priorities.

TL-160-OSD


Veterans have a great deal to offer to potential civilian employers, including valuable nontechnical—or “soft”—skills, such as leadership, decision-making, persistence, and attention to detail. However, for civilian employers, understanding what nontechnical skills veterans have received formal training in and can likely demonstrate on the job can be challenging, because military and civilian workplace cultures and languages can seem radically different from one another. This pilot toolkit is intended to help civilian employers understand the full value veterans can bring to their organizations. It focuses on the nontechnical skills addressed through selected formal military education courses for enlisted personnel in the Army and Marine Corps. The toolkit consists of four parts: (1) a letter that can be sent to veterans explaining the purpose of the other materials enclosed in the packet; (2) an introductory section that provides more information on the materials and how to use them; (3) descriptions of the specific training programs that the Army and Marine Corps use to teach and develop nontechnical skills; and (4) summary tables that concisely break down which specific skills and competencies each course focuses on, as well as which ranks of military personnel take each course.

TL-160/1-OSD

What Veterans Bring to Civilian Workplaces: A Prototype Toolkit for Helping Veterans Communicate to Private-Sector Employers About the Nontechnical Skills Taught in the Military. Chaitra M. Hardison, Michael G. Shanley, Anna Rosefsky Saavedra, James C. Crowley, Jonathan P. Wong, Paul S. Steinberg. 2015

Veterans have a great deal to offer to potential civilian employers, including valuable nontechnical—or “soft”—skills, such as leadership, decision-making, persistence, and attention to detail. However, for civilian employers, understanding what nontechnical skills veterans have received formal training in and can likely demonstrate on the job can be challenging, because military and civilian workplace cultures and languages can seem radically different from one another. This pilot toolkit is intended to help veterans communicate with civilian employers about the skills that are developed in formal military training. It focuses on the nontechnical skills addressed through selected formal military education courses for enlisted personnel in the Army and Marine Corps. The toolkit consists of four parts: (1) a letter that can be sent to veterans explaining the purpose of the other materials enclosed in the packet; (2) an introductory section that provides more information on the materials and how to use them; (3) descriptions of the specific training programs that the Army and Marine Corps use to teach and develop nontechnical skills; and (4) summary tables that concisely break down which specific skills and competencies each course focuses on, as well as which ranks of military personnel take each course.

TL-160/2-OSD

Essential Skills Veterans Gain During Professional Military Training: A Resource for Leaders
and Hiring Managers. Chaitra M. Hardison, Michael G. Shanley. 2015

Reference card that identifies many of the potential skills that transitioning service members and veterans have learned in formal, in-residence professional military training programs, created to help better evaluate résumés, conduct interviews, and make informed hiring decisions by increasing awareness of skills veterans have to offer. Derived from research found in What Veterans Bring to Civilian Workplaces by Chaitra M. Hardison, Michael G. Shanley, Anna Rosefsky Saavedra, James C. Crowley, Jonathan P. Wong, and Paul S. Steinberg. Santa Monica, CA: RAND Corporation, 2015.


For children to flourish and succeed in the 21st century, they must be able to problem solve, to develop resilience and handle stress, and to interact appropriately with peers and adults. While there is significant focus on the racial/ethnic and economic disparities in academic achievement and other cognitive outcomes, far less attention has been paid to the capacities that help build social and emotional skills. Drawing on national, state, and local data, the Urban Child Institute partnered with the RAND Corporation to explore the social and emotional well-being of children in Memphis and Shelby County, Tenn. The book highlights the importance of factors in the home, child care setting, and community that contribute to social and emotional development in young children and provides a narrative around the importance of investing in efforts that have the potential to impact social and emotional development during the first few years of life. Through this book, UCI and RAND call for a dialogue on how to support the youngest citizens of the Memphis and Shelby County community, and catalyze action in this direction.


This toolkit is intended to teach people about community resilience so that they can then educate others about resilience and resilience building. It uses a train-the-trainer approach. The LEARN section of the toolkit educates community members or organizations about basic community resilience concepts by providing definitions, stories, and additional resources. The TELL section provides tips, talking points, games, and exercises about resilience to help users teach others about resilience. In addition to community members, organizations can use this toolkit to communicate with their staff and service populations about resilience.

The Hungrier Games: Disaster Resilience Skills for Youth. Joie D. Acosta, Vivian L. Towe, Ramya Chari, Lori Uscher-Pines, Clarissa Sellers, Anita Chandra. 2015

This guide contains an introduction to the key principles of community resilience. It is intended for high school youth (ages 14–18). The introduction is presented through youth-friendly talking points and the use of a scavenger hunt game. Adults who work with or supervise high school youth may apply the toolkit. For example, youth-serving organizations, which are working on community service or community development projects and activities related to emergency preparedness, may employ the guide. The activities are scalable to any group size and can be tailored based on the amount of time available (e.g., from several days of activities to an hour of activities).

To successfully accomplish their missions, Marine Expeditionary Units (MEUs) must have both the right personnel and the right equipment, as well as access to the personnel and equipment. However, in many cases, the available space on an MEU’s ships falls far short of what is needed to transport the full set of required equipment. Thus, the MEU commander and mission planners must determine which equipment to take and which to leave behind. What is the impact of this shortfall on the MEU’s ability to complete the tasks associated with its mission? One way to identify the equipment and number of units needed for a given MEU mission is to deconstruct that mission into its component tasks and subtasks and then determine the equipment needed to complete each task. The process also involves prioritizing equipment based on its capabilities, as well as identifying the sequencing of equipment use and overlaps between tasks that require the same equipment. To assist commanders in making these difficult decisions in the context of limited equipment inventories, a RAND team developed a software tool, the Marine Air-Ground Task Force (MAGTF) Equipment Structural Assessment (MESA) application. The tool guides users through the decision-making process by comparing mission task needs to available equipment and allowing full customization of the mission timeline, component tasks and subtasks, sequencing, available equipment, and equipment and activity prioritization preferences. The tool guides users through the deconstruction of the mission, its component tasks and subtasks, sequencing, and equipment and activity prioritization preferences. The application with step-by-step instructions for populating and modifying the tool to support mission needs.


This tool provides a short overview of hazing for military commanders and was derived from research documented in Hazing in the U.S. Armed Forces: Recommendations for Hazing Prevention Policy and Practice, by Kirsten M. Keller, Miriam Matthews, Kimberly Curry Hall, William Marcellino, Jacqueline A. Mauro, and Nelson Lim, RR-941-OSD, RAND Corporation, 2015.

Propensity Scores for Multiple Treatments: A Tutorial for the MNPS Macro in the TWANG SAS Macros. Daniel F. McCaffrey, Lane F. Burgette, Beth Ann Griffin, Craig Martin. 2015

This tutorial explains the syntax and features related to the implementation of the MNPS function in the SAS TWANG macros. The MNPS function, which stands for multinomial propensity scores, estimates propensity score weights for studies involving more than two treatment or exposure groups. The SAS TWANG macros were developed to support the use of the TWANG tools without requiring analysts to learn R.

Toolkit for Weighting and Analysis of Nonequivalent Groups: A Tutorial on the TWANG Commands for Stata. Matthew Cefalu, Shuangshuang Liu, Craig Martin. 2015

The Toolkit for Weighting and Analysis of Nonequivalent Groups, TWANG, contains a set of commands to support causal modeling of observational data through the estimation and evaluation of propensity scores and associated weights. The TWANG package was first developed in 2004 by RAND researchers for the R statistical computing language and environment. The R version of
the package contains functions for creating high-quality propensity score weights that can be used to estimate treatment effects with two or more treatment groups. The Stata TWANG commands were developed in 2015 to support the use of the TWANG tools without requiring researchers and analysts to learn R. This tutorial provides an introduction to TWANG and demonstrates its use through illustrative examples. This tool includes the TWANG commands for Stata, a tutorial on their use, and the sample code and datasets used in the tutorial.

TL-175-NIJ

With digital devices becoming ubiquitous, digital evidence is increasingly important to the investigation and prosecution of many types of crimes. Identifying and prioritizing criminal justice needs related to digital evidence collection, management, analysis, and use was the goal of this research effort, the results of which are described in Digital Evidence and the U.S. Criminal Justice System: Identifying Technology and Other Needs to More Effectively Acquire and Utilize Digital Evidence. This tool presents the prioritized needs and allows the user to see how their priorities would change when the importance of different digital evidence objectives are changed. Criminal justice agencies have a range of different objectives with respect to digital evidence from acquiring it effectively to improving the efficiency of analyzing it. This research effort identified a wide variety of different needs that would enable criminal justice agencies to perform better in this area, and determined the relative ranking of the different needs based on their potential contribution to one or more of the objectives. In our analysis, each of the five different digital evidence was weighted the same—that is, it was viewed as equally important to acquire digital evidence more effectively as it was to search and organize it better. Since views about the relative importance of these different goals could legitimately differ, this tool allows the user to see how the rankings of the digital evidence needs would change as the relative weight put on the different objectives is changed.

TL-178-DCR
Costs of the Conflict Calculator. Daniel Egel, Mary E. Vaiana, Chara Williams, Joel Kline, C. Ross Anthony, Charles P. Ries. 2015

The RAND Costs of Conflict study by a team of RAND researchers estimates the net costs and benefits of five alternative trajectories—a two-state solution, coordinated unilateral withdrawal, uncoordinated unilateral withdrawal, nonviolent resistance, and violent uprising—for the current Israeli-Palestinian impasse. The intent is to give all parties comprehensive, reliable information about available options and their expected costs and consequences. With this interactive calculator, the user may explore how modifying key assumptions from the RAND Costs of Conflict study affects direct costs, opportunity costs, and total change in gross domestic product (GDP).

TL-179-NIDA

Continuous quality improvement (CQI) is a performance improvement process that prescribes planned, formal, systematic, and ongoing changes to improve program delivery and outcomes. This guide offers practical steps for conducting CQI in community service organizations (CSOs). It was created in collaboration with a CSO addressing substance use with additional input from a number of other CSOs that provide different types of services, and it provides tools that are of specific relevance to CSOs, such as for addressing outreach and referrals, admissions, service delivery, and outcomes aspects of a CSO program. The CQI process detailed in this guide is based on a broader program management tool called Getting
To Outcomes® (GTO). GTO is designed to help practitioners better plan, implement, evaluate, improve, and sustain programs.

**TL-180-A**
Interactive Database of the Army’s Local Economic Effects. Christopher M. Schnaubelt, Craig A. Bond, Cole Sutera, Zev Winkelman, Chuck Stelzner, James Gazis, Paul Ng. 2015

To help inform decisionmaking in the event that the Army experiences significant changes to its budget, the U.S. Army Quadrennial Defense Review Office asked the RAND Arroyo Center to provide an empirical understanding of how Army spending affects communities and states. The main report, The Army’s Local Economic Effects, presents findings on the economic activity supported by all Army spending at the local level. This interactive, web-based tool provides detailed results of the analysis, mapped by state and congressional district. It includes estimates of the overall economic effects of national-level Army spending for each state and congressional district for fiscal years 2012-2014.

**TL-181-CFPB**

There is a broad array of curricula and materials available to support K–12 financial education. To help educators think about which curriculum to use, and to better understand the strengths and gaps in the curriculum currently being used, the RAND Corporation developed this tool for reviewing financial education curricula. This guide is designed for teachers and others who might need a straightforward tool that can be used without substantial training and time. It is based on a much more detailed review rubric in a companion report, the Development of a K–12 Financial Education Curriculum Assessment Rubric, which can be used when time and resources permit a full and complete review.

**TL-186-DHS**
A Framework for Programming and Budgeting for Cybersecurity. John S. Davis II, Martin C. Libicki, Stuart E. Johnson, Jason Kumar, Michael Watson, Andrew Karode. 2015

When defending an organization against cyberattacks, cybersecurity professionals are faced with the dilemma of selecting from a large set of cybersecurity defensive measures while operating with a limited set of resources with which to employ the measures. Engaging in this selection process is not easy and can be overwhelming. Furthermore, the challenge is exacerbated by the fact that many cybersecurity strategies are presented as itemized lists, with few hints at how to position a given action within the space of alternative actions. This report aims to address these difficulties by explaining the menu of actions for defending an organization against cyberattack and recommending an approach for organizing the range of actions and evaluating cybersecurity defensive activities.

**TL-188-ASPR**

Hurricane Sandy highlighted the invaluable role of community-based organizations (CBOs) in disaster recovery. The RAND Corporation, in partnership with the New York City Department of Health and Mental Hygiene (DOHMH); the University of Colorado—Denver; and the University of California, Los Angeles, conducted a study of the New York City DOHMH Office of Emergency Preparedness and Response’s Community Resilience and Recovery Planning committee and its partners to show how partnerships help government agencies, and particularly public health en-
ties, support more efficient and effective recovery. This toolkit, called Partnerships for Recovery Across The Sectors (PRACTIS), leverages the lessons learned from that study and translates them into actionable guidance for local health departments (LHDs). The PRACTIS toolkit can be used to strengthen disaster recovery partnerships between LHDs and CBOs in a community. The toolkit aims to strengthen community-wide disaster response and recovery by offering LHDs three tools: (1) a sample survey and steps for fielding the survey to help LHDs identify the key CBOs that contribute to disaster response and recovery, (2) a quality improvement guide and sample quality improvement report to help generate guidance about the strengths and weaknesses of the partnerships between LHDs and CBOs and between CBOs, and (3) a tabletop recovery exercise that can be used to improve the relationship between LHDs and CBOs.

TL-189-AF

Modern military operations are executed in complex, uncertain, and rapidly changing operational environments that defy the warfighting standards of the past. To meet these challenges, the Air Force has expanded its approach to diversity from one that focuses on race, ethnicity, and gender to one that includes skills, background, and ways of thinking. This transition will require an adaptive and agile leadership that can leverage diversity while maintaining unit cohesion. This tool explores definitions of diversity and inclusion, examines their importance to the Air Force, and describes how to create a diverse workplace and foster diversity leadership, which is both a fundamental way of thinking and a set of skills at which all Air Force leaders must excel to get the best performance possible from the service members they lead.

WORKING PAPERS

WR-1070

This paper measures the causal effect of time out of the labor force on subsequent employment of Social Security Disability Insurance (SSDI) applicants and distinguishes it from the discouragement effect of receiving disability benefits. Using a unique Social Security Administration workload database to identify exogenous variation in decision times induced by differences in processing speed among disability examiners to whom applicants are randomly assigned, we find that longer processing times reduce the employment and earnings of SSDI applicants for multiple years following application, with the effects concentrated among applicants awarded benefits during their initial application. A one standard deviation (2.1 month) increase in initial processing time reduces long-run "substantial gainful activity" rates by 0.36 percentage points (3.5%) and long-run annual earnings by $178 (5.1%). Because applicants initially denied benefits spend on average more than 15 additional months appealing their denials, previous estimates of the benefit receipt effect are confounded with the effect of delays on subsequent employment. Accounting separately for these channels, we find that the receipt effect is at least 50% larger than previously estimated. Combining the delay and benefits receipt channels reveals that the SSDI application process reduces subsequent employment of applicants on the margin of award by twice as much as prior literature suggests.

WR-1071
Valuing Coastal Natural Capital in a Bioeconomic Framework. Craig A. Bond. 2015

The wetlands of the Gulf Coast region of the United States are under pressure from relative sea
level rise and subsidence pressures that threaten to alter fishery breeding grounds and increase expected damage from stochastic storm events, among other issues. Barrier islands, marshes, and swamps are thus forms of natural capital that serve both an intermediate role in supporting fishery stocks, as well as a final demand role in providing direct protection to infrastructure. In order to make good policy choices related to land loss, the values associated with these interacting stocks must be estimated. We extend the numerical approach of Fenichel and Abbott (2014) to illustrate the valuation both fish and wetlands stocks, allowing for the recovery of both final demand and intermediate service values, taking into account the scarcity value of each resource. We also present examples of policies which, when implemented, will change the subsequent valuation of each resource.

WR-1072
Can Institutional Deliveries Reduce Newborn Mortality? Evidence from Rwanda. Amalavoyal V. Chari, Edward N. Okeke. 2015

Current global health policies emphasize institutional deliveries as a pathway to achieving reductions in newborn mortality in developing countries. There is however remarkably little evidence regarding a causal relationship between institutional deliveries and newborn mortality. In this paper we take advantage of a shock to institutional deliveries provided by the randomized rollout of a government performance-based financing (PBF) program in Rwanda, to provide the first estimates of this causal effect. Using a combination of difference-in-differences and regression discontinuity approaches, we find that program-induced increases in the rate of institutional delivery have not been successful in reducing the rate of newborn mortality. The findings suggest that attempts to increase institutional deliveries without addressing supply-side constraints are unlikely to result in the large reductions in mortality that policy makers expect.

WR-1073
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi. Susan Godlonton, Edward N. Okeke. 2015

Informal health providers ranging from drug vendors to traditional healers account for a large fraction of health care consumption in developing countries. They are, however, largely unlicensed and unregulated leading to concern that they provide ineffective and, in some cases, even harmful care. A new and controversial policy tool that has been proposed to alter household health seeking behavior is an outright ban on these informal providers. The theoretical effects of such a ban are ambiguous. In this paper, we study the effect of a ban on informal (traditional) birth attendants imposed by the Malawi government in 2007. To measure the effect of the ban, we exploit variation across time and space in the intensity of exposure to the ban i.e., a difference-in-difference strategy. Our most conservative estimates suggest that the ban decreased use of traditional attendants by about 15 percentage points. Consistent with policy objectives, the ban shifted births to the formal sector, increasing use of formal sector providers by about 10 percentage points. The rest of the decrease is accounted for by an increase in the use of other informal substitutes, primarily relative-attended births. Despite the rather large shift from the informal to the formal sector, we find no evidence of a reduction in newborn deaths. This result is consistent with recent studies that argue that increasing the use of formal sector providers is, by itself, unlikely to result in significant improvements in health outcomes.

WR-1073-1
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi. Susan Godlonton, Edward N. Okeke. 2015

Informal health providers ranging from drug vendors to traditional healers account for a large fraction of health care provision in developing countries. They are, however, largely unlicensed and unregulated leading to concern that they provide ineffective and, in some cases, even harmful care. A new and controversial policy tool that has been proposed to alter household health seeking behavior is an outright ban on these informal provid-
ers. The theoretical effects of such a ban are ambiguous. In this paper, we study the effect of a ban on informal (traditional) birth attendants imposed by the Malawi government in 2007. To measure the effect of the ban, we use a difference-in-difference strategy exploiting variation across time and space in the intensity of exposure to the ban. Our most conservative estimates suggest that the ban decreased use of traditional attendants by about 15 percentage points. Approximately three quarters of this decline can be attributed to an increase in use of the formal sector and the remainder is accounted for by an increase in relative/friend-attended births. Despite the rather large shift from the informal to the formal sector, we do not find any evidence of a statistically significant reduction in newborn mortality on average. The results are robust to a triple difference specification using young children as a control group. We examine several explanations for this result and find evidence consistent with quality of formal care acting as a constraint on improvements in newborn health.

WR-1075

Trust plays an important role in financial decision-making, particularly regarding financial advice. In fact, investors cite “trust” as the most important determinant in seeking a financial service professional for advice (Hung et al., 2010). In this paper, we explore the relationships between financial trust and behaviors, attitudes, knowledge and preferences related to utilizing professional financial advice. Using survey and experiment data from the RAND-USC American Life Panel, we find that financial trust is correlated with advice usage and likelihood of seeking advisory services. Analysis of the experiment shows that trust is an important predictor of who chooses to receive advice, even after controlling for demographic characteristics and financial literacy. However, providing unsolicited advice has little impact on behavior, even for individuals with high levels of trust.

WR-1076

Americans are increasingly being asked to take responsibility for their own retirement security. However, many people are ill-equipped to make financial decisions and have turned to professional financial advisors for help. While financial advisors often provide valuable services, it can be difficult for individual investors to evaluate the advice they receive and to identify when it has been influenced by a conflict of interest. In this literature review, we examine if and how financial advisors are influenced by their compensation schemes and how this influence impacts retail investors’ financial well-being. We find empirical evidence suggesting that financial advisors act opportunistically to the detriment of their clients. However, the current body of literature generally cannot account for selection issues and the intangible benefits financial advisors provide. In our broader review of conflicts of interest in the financial services industry, we find considerable evidence that investment analysts were excessively optimistic prior to regulation seeking to mitigate bias. There is mixed evidence on how this excessive optimism impacted investors, though the literature generally concludes that retail investors were more acutely impacted, as compared to institutional investors. We also find evidence that conflicts of interest extend to mutual fund management, with actively managed funds imposing sizeable trading costs and brokerage commissions which are not easily observed by retail investors. Regulation and disclosure are often suggested methods for reducing bias. We find evidence that regulation designed to mitigate conflicts of interest can help reduce the prevalence of biased advice, but regulation that penalizes bad advice may be less effective because bias may be unconscious. Disclosure is unlikely to be an effective strategy if employed in isolation, but may be an important part of a comprehensive mitigation strategy.

WR-1078
Medicare’s Role in the Recent Health Care Spending Slowdown. Chapin White. 2015

This paper focuses on the Medicare program and its role in the slowdown in overall health care
spending. The goals are to quantify Medicare's role in the overall slowdown, identify the factors behind Medicare spending trends, and discuss implications for future trends.

WR-1079

Labor supply models and research underpinned by labor supply decisions typically assume the agents' choices are functions of wage and wage offers. However, there is evidence that these selections are not only wage-driven, but at least in part depend on non-wage benefits encompassed in jobs and occupations. In this paper, I develop and estimate a stochastic dynamic model of occupational and job choice, where non-wage benefits are directly incorporated into the decision alongside wages. A nested model within this is a wage model, representing common practice in the literature, where non-wage benefits are disregarded. I separately estimate the full model and the nested wage model in order to compare the implications of omitting non-wage benefits. Three analyses are compared: elasticities, economy-wide structural changes in occupations, and inequality reduction intervention policies. I find that while disregarding non-wage benefits generally causes biases, there are cases when the two models predict very similar outcomes and have close estimates, such as in occupational-specific elasticities and job transition elasticities. However, I demonstrate that these special cases are products of canceling biases, and that the same estimates on subpopulations are biased. These results suggest that in most cases, ignoring non-wage benefits will bias estimates by overestimating the importance of wage in the selection process (and so any intervention or change in wages will be over-emphasized) and by disregarding changes in relative prices between wage and non-wage benefits, such as happens through changes in wage taxes or in non-wage benefits. These biases can be severe. The results suggest that ignoring non-wage benefits in labor supply decisions is appropriate only in the special case in which subpopulation biases negate each other, which is atypical.

WR-1080-NIJ

Synthetic control methods are an increasingly popular tool for analysis of economic programs. Here, they are applied to a neighborhood-specific crime intervention in Roanoke, VA, and several novel contributions are made to the synthetic control toolkit. We examine high-dimensional data at a granular level (the treated area has several cases, a large number of untreated comparison cases, and multiple outcome measures). Calibration is used to develop weights that exactly match the synthetic control to the treated region across several outcomes and time periods. Further, we illustrate the importance of adjusting the estimated effect of treatment for the design effect implicit within the weights. A permutation procedure is proposed wherein countless placebo areas can be constructed, enabling estimation of p-values under a robust set of assumptions. An omnibus statistic is introduced that is used to jointly test for the presence of an intervention effect across multiple outcomes and post-intervention time periods. Analyses indicate that the Roanoke crime intervention did decrease crime levels, but the estimated effect of the intervention is not as statistically significant as it would have been had less rigorous approaches been used.

WR-1082
The (Non-) Effect of Violence on Education: Evidence from the “War on Drugs” in Mexico. Fernanda Marquez-Padilla, Francisco Perez-Arce, Carlos Rodriguez-Castelan. 2015

There is a growing interest in economic literature on the pervasive effects of violence exposure on human capital accumulation. However, this literature has come short on disentangling the direct effects of violence on individuals' schooling decisions from the indirect effects related to the destruction of infrastructure which inevitably accompanies armed conflict. In this paper we study
the sharp increase in violence experienced in Mexico after 2006, known as “The War on Drugs” and its effects on human capital accumulation. This upsurge in violence is expected to have direct effects on individuals' schooling decisions but not indirect effects as severe destruction of infrastructure was absent. In addition, the fact that the marked increases in violence were concentrated in some municipalities (and not in others) allows us to implement a fixed effects methodology to study the effects of violence on education outcomes. Differently to several recent studies that have found significant negative effects of violence on economic outcomes in Mexico, we find evidence that this is not the case, at least in terms of human capital accumulation. By using several sources of data we show that at most very small effects on total enrollment exist. We also show that these small effects on enrollment may be driven by some students being displaced from high violence municipalities to low violence municipalities; but the education decisions of individuals do not seem to be highly impacted. We also discard the possibility that the effects on enrollment of young adults appear small due to a counteracting effect from ex-workers returning to school (i.e. we discard the possibility that crime reduced labor force participation, and those affected enrolled in school). These results stand in contrast with recent evidence of the negative effects of crime on short-term economic growth since minimal to null effects of violence on human capital accumulation today should have little to none adverse effects on long-term growth outcomes in Mexico.

WR-1083-MHP

The Effect of Montana’s 24/7 Sobriety Program on DUI Re-arrest: Insights from a Natural Experiment with Limited Administrative Data. Gregory Midgette, Beau Kilmer. 2015

Alcohol imposes significant social costs on the residents of Montana. The state has one of the highest alcohol-related traffic fatality rates in the nation, and alcohol accounts for more than one-eighth of deaths among working aged adults statewide. 24/7 Sobriety requires alcohol-involved offenders to abstain from alcohol and submit to frequent alcohol testing; those failing or missing a test face an immediate, but brief, jail term. The State of Montana began piloting 24/7 among driving-under-the-influence (DUI) arrestees in Lewis and Clark County in early-2010 and expanded to 22 counties with the passage of House Bill 106 in May 2011. The program also grew to include other alcohol-involved offenses, though DUI arrestees account for more than 75% of program participants. In Montana, 24/7 participants are monitored for an average of 160 days, with a median time of 104 days. Using data from everyone who was convicted of their second DUI charge (DUI-2) from January 2008 to August 2014, this analysis examines the effect of 24/7 participation on the probability of DUI re-arrest for participants within twelve months of their second (DUI-2) arrest date. Results from bivariate probit models which instrument with 24/7 availability to account for potential selection issues provide suggestive evidence that 24/7 participation reduced the probability of DUI re-arrest in Montana (perhaps on the order of 45% to 70% when considering both our main results and sensitivity analysis findings), but missing criminal history information for approximately half of the sample precludes us from making stronger inferences about causality.

WR-1084

Financing Integrated Care for Adults with Serious Mental Illness in Community Mental Health Centers: An Overview of Program Components, Funding Environments, and Financing Barriers. Nicole Schmidt Hackbarth. 2015

Adults with serious mental illness (SMI) experience higher rates of physical illness and early mortality compared to the general population. Co-morbid SMI and physical illness are also associated with high costs of care, particularly to public payers. To address these disparities, a number of initiatives have promoted the integration of physical health care into mental health treatment settings: for example, the Substance Abuse and Mental Health Services Administration (SAMHSA) Primary and Behavioral Health Care Integration (PBHCI) grants, which provide four years of funding to community mental health centers (CMHCs)
to support integrated care for adults with SMI. Despite some early successes, such programs may face considerable barriers to the sustainability of their programs, particularly given grant funding is non-renewable. This paper provides an overview of financing considerations for CMHC-based integrated care programs for adults with SMI, drawing on existing literature as well as anecdotal reports provided by program informants. Variation in program components (e.g., specific services provided, information-sharing capabilities), sources of funding (e.g., grants, reimbursement), and payment models (e.g., fee for service, shared risk/savings) may affect the sustainability of CMHC-based programs. Ongoing implementation of recent policy changes (e.g., Affordable Care Act, and mental health parity legislation) is also likely to affect program sustainability. Current barriers to financing include general limitations in CMHC funding, licensing/credentialing requirements, insufficient reimbursement, lack of coordination among payers and regulatory agencies, and difficulty developing cost-efficient workflow models. Policy changes by multiple stakeholders, including payers, regulatory agencies, and provider organizations, are likely needed to improve physical health care for adults with SMI through integrated care.

Job Insecurity, Unemployment Insurance and On-the-Job Search: Evidence from Older American Workers. Italo Gutierrez. 2015

In this study I estimate that about 23% to 47% of older American on-the-job seekers search for another job because they feel insecure at their current employment. I also analyze whether unemployment insurance (UI) affects this relationship between job insecurity and on-the-job search. I find evidence that UI discourages on-the-job search, which in turn reduces the probability of starting a new job at a different employer. The average estimated effects are moderate but they mask important heterogeneities. On one hand, UI does not affect the search behavior of workers who do not believe to be at risk of job loss. These workers make up the majority of the employed population over 50. On the other hand, however, the effects can be substantial for workers with high levels of job insecurity.

Human Capital and Labor Informality in Chile: A Life-Cycle Approach. Italo Lopez Garcia. 2015

Labor informality accounts for nearly 40% of the labor force in Latin America. While a more traditional view sees this phenomenon as a consequence of barriers to mobility resulting from poorly designed labor regulations, recent work provides evidence that individuals choose informal jobs based on their comparative advantage. In this paper, I develop a dynamic life-cycle model estimated with rich Chilean longitudinal data, in which individuals jointly decide on their schooling and labor participation, to investigate the extent to which comparative advantage drives participation in informal labor markets. I find that human capital accumulation and preferences for job amenities explain up to 72% of transitions between the informal and the formal sector while labor market segmentation accounts for 28%. These barriers to mobility are decreasing in education. These results are largely driven by heterogeneous preferences and returns to skills across sectors. For example, more educated individuals assign a higher relative importance to non-wage benefits,
particularly in formal jobs, while less educated individuals value more monetary rewards; high ability workers are more productive in the formal sector, while low ability workers are more productive in the informal sector; and unlike labor market experience acquired in informal activities, experience acquired in formal jobs is transferable across sectors. Finally, using the model to simulate the effects of a 20% wage subsidy in formal jobs for young workers, I find that individuals react to labor market expectations and their decisions are persistent. The subsidy would decrease the incentives to informality for both targeted groups and younger workers, while the reduction in informality rates as a consequence of the policy would remain persistent for all the life-cycle.

WR-1088
Disability Insurance and the Great Recession. Nicole Maestas, Kathleen J. Mullen, Alexander Strand. 2015

This paper reports research on the Social Security Disability Insurance (SSDI) program, which is designed to provide income to support workers who become unable to work because of a severe, long-lasting disability. The research used administrative data to estimate the effect of labor market conditions, as measured by the unemployment rate, on the number of SSDI applications, the number and composition of initial allowances and denials, and the timing of applications relative to disability onset. The authors analyzed the period of the Great Recession, and compare this period with business cycle effects over the past two decades, from 1992 through 2012. The analysis isolates the quantity and composition of applicants who are induced to apply for SSDI benefits when labor market opportunities decline, and therefore provides important new evidence about the group for whom SSDI application is a substitute for labor force participation, and their impact on the SSDI program.

WR-1089
Effects of Demographic and Educational Changes on the Labor Markets of Brazil and Mexico. Ernesto F. L. Amaral, Bernardo L. Queiroz, Julia A. Calazans. 2015

This paper estimates the impact of demographic and educational changes on the earnings and returns to schooling of workers in Brazil and Mexico. Our analysis takes into account demographic, educational and economic variations within each country over time, using Censuses microdata from Brazil and Mexico. Results suggest that demographic and educational transitions generate impact on earnings and on returns to education. The proportion of people in age-education groups tends to have a negative impact on earnings. These impacts are more detrimental among age-education groups with higher education, but they are having less of a negative effect over time. We also find that the concentration of skilled labor has positive impacts on the rates of returns to education and that they are greater than those observed in more developed countries. Moreover, in Brazil and Mexico, these effects are observed throughout the income distribution, contrary to what is observed in studies for the United States.

WR-1090

This paper deals with the impact of internal migration flows on the earnings of male workers. The availability of jobs and income levels in sending and receiving areas also influence internal population flows. Thus, migration is an endogenous variable that cannot be simply introduced as an exogenous variable when estimating labor outcomes. A methodological approach is developed to introduce migration into our models, dealing with the issue of reverse causality between migration and earnings. We implement this strategy using the 1970–2000 Brazilian Demographic Censuses. Our findings reflect our initial hypothesis, indicating that migration flows have a negative impact on male earnings, when considering cohort size as a factor. A ten percent increase in migration rates would have reduced the wages of competing workers by up to three percent in 2000.
These methodological strategies can be applied to other countries that have similar available migration data.

WR-1091


We analyze the 1970, 1980, 1991, 2000, and 2010 Brazilian Demographic Censuses, in order to investigate the associated factors with a woman having had a live birth during the year prior to each census. We estimated logistic regression models for women aged 10–49 years. As independent variables, we selected region of residence, rural/urban location, presence of electricity, color/race, religion, marital status, labor market participation, time of residence in the municipality, information about whether they had a stillbirth, age, education, and parity. Our findings confirm that the probability a woman had a child is higher in the North and Northeast regions, as well as in households without electricity. Women that have a greater chance of having had a child are black/brown, Catholic, married, non-labor market participants, short-term migrants, experienced a stillbirth, between 20–29 years of age, have less education, and have higher parity. Patterns have been changing throughout time, thus posing questions for further analyses.

WR-1092


This study analyzes the profile of female sterilization in Brazil by age, parity, type of delivery, place of delivery, color/race, region of residence, years of schooling, marital status, and number of unions. Data are from the 2006 Brazilian National Survey on Demography and Health of Women and Children (PNDS), which has information on history of pregnancies with live births from 2001 to 2006. Results suggest that: (1) women with high levels of sterilization, high percentages of more than one pregnancy in the period, and larger parity than the desired number of children tend to have high parity, be black, brown, or indigenous, reside in the North or Northeast, have low levels of education, and have two or more unions; and (2) women with high levels of sterilization, low percentages of more than one pregnancy, and lower parity than the desired number of children tend to have cesarean sections, give birth utilizing private health care obtained through a private insurance plan or direct out-of-pocket payment at private hospitals, and be married.

WR-1092-1


This study analyzes the profile of female sterilization in Brazil by age, parity, type of delivery, place of delivery, color/race, region of residence, years of schooling, marital status, and number of unions. Data are from the 2006 Brazilian National Survey on Demography and Health of Women and Children (PNDS), which has information on history of pregnancies with live births from 2001 to 2006. Results suggest that: (1) women with high levels of sterilization, high percentages of more than one pregnancy in the period, and larger parity than the desired number of children tend to have high parity, be black, brown, or indigenous, reside in the North or Northeast, have low levels of education, and have two or more unions; and (2) women with high levels of sterilization, low percentages of more than one pregnancy, and lower parity than the desired number of children tend to have cesarean sections, give birth utilizing private health care obtained through a private insurance plan or direct out-of-pocket payment at private hospitals, and be married.

WR-1093


This study aims to investigate the determinants of female sterilization in Brazil. The analysis is innovative because it adds the time of exposure to the risk of sterilization into survival models. The models control for postpartum duration, age at delivery, parity at delivery, place of delivery, region
of residence at the time of interview, color/race, and years of schooling at the time of interview. Data is from the 2006 Brazilian National Survey on Demography and Health of Children and Women (PNDS). The strongest probability that sterilization might occur was observed among women who gave birth at private hospitals and received support from health insurance companies at childbirth. The findings suggest years of schooling do not predict the risk of sterilization. The higher chances of getting sterilized among black women are specific to the public sector at higher-order postpartum duration (interval sterilization).

WR-1094

This paper presents a unified theory of human capital with both health capital and, what we term, skill capital endogenously determined within the model. By considering joint investment in health capital and in skill capital, the model highlights similarities and differences in these two important components of human capital. Health is distinct from skill: health is important to longevity, provides direct utility, provides time that can be devoted to work or other uses, is valued later in life, and eventually declines, no matter how much one invests in it (a dismal fact of life). Lifetime earnings are strongly multiplicative in skill and health, so that investment in skill capital raises the return to investment in health capital, and vice versa. The theory provides a conceptual framework for empirical and theoretical studies aimed at understanding the complex relationship between education and health, and generates several new testable predictions.

WR-1096-RC
Understanding the Upstream Social Determinants of Health. Nazleen Bharmal, Kathryn Pitkin Derose, Melissa Felician, Margaret M. Weden. 2015

The term social determinants of health (SDOH) is often used to refer to any nonmedical factors influencing health, including health-related knowledge, attitudes, beliefs, or behaviors (e.g., smoking); however, SDOH also include “upstream” factors, such as social disadvantage, risk exposure, and social inequities that play a fundamental causal role in poor health outcomes—and thus represent important opportunities for improving health and reducing health disparities. This paper describes and categorizes three types of approaches used to examine upstream SDOH. Social disadvantage approaches focus on the link between health and neighborhood conditions, working conditions, education, income and wealth, and race/ethnicity and racism; a potential causal link is the role of stress related to coping with these factors. Life course approaches focus on the link between health and critical or sensitive periods in exposure to risk (adverse childhood experiences, intergenerational transfer of advantage) as well as cumulative exposures; the potential causal link here may derive from the effect of social status on the regulation of genes controlling physiologic functions (e.g., immune functioning). Health equity approaches consider the link between health and social inequities stemming from socio-demographic factors, such as class, immigration status, gender, sexual orientation, and disability status; social capital can serve to moderate or mediate the effects of these factors. The paper identifies several challenges to understanding upstream SDOH, including the long and complex causal pathways linking these factors with health, multiple intervening factors, limited ability to study these factors using randomized experiments, single-disease-focused research funding, and limited understanding of community buffers that can mitigate the effects of SDOH.

WR-1097-WB
Social Capital and Community Monitoring of Healthcare Services in Tajikistan. Olesya Tkacheva, Sebastian Bauhoff. 2015

Although cross-country and cross-jurisdiction variation in the quality of services is a well-established fact, very little is known about whether and how individuals decide to complain about poor quality of services. This study contributes to this research area by identifying the mechanisms that affect individual decisions to complain about
the quality of services in Tajikistan. The analysis is based on qualitative and quantitative data and seeks to understand why individuals are often unwilling to complain about poor quality of healthcare services. We show that the decision to complain is correlated with individual social capital and socioeconomic status. These results suggest that the correlates of whistleblowing are similar to other forms of political participation. Thus the design of bottom-up approaches to monitoring healthcare providers in developing countries should take into account the sociocultural context in which they are implemented.

WR-1098

The English rule for fee allocation prescribes that the loser of a lawsuit pay the winner's litigation costs. Economic theory predicts that the English rule discourages settlement by raising the threshold payment necessary for settlement. The principal empirical work on the impact of the English rule by Hughes and Snyder (1990, 1995) relies on data from Florida's use of the Rule for medical malpractice claims between 1980 and 1985. Their principal findings are that plaintiffs win more often at trial, receive higher awards in these trials, and receive larger settlements. These findings are consistent with the notion that the English rule tends to screen out less meritorious cases. One potential difficulty with these studies is that they may not be robust to the method of controlling for case selection under alternative rules. In this paper we reexamine the Florida experiment with the English rule by placing bounds on the selection effects. We find that the mean and median settlement amount increases. We find less conclusive evidence that the litigation costs and payments to plaintiffs at trial increase although these results are not robust to the most extreme possible selection mechanisms. Collectively these findings are consistent with the predictions of the simplest models of the English rule's impact.

WR-1099-ICJ

The use of so-called "pay-for-delay" settlements in patent litigation – in which a branded manufacturer and generic entrant settle a Paragraph IV patent challenge and agree to forestall entry – has come under considerable scrutiny in recent years. Critics argue that these settlements are collusive and lower consumer welfare by maintaining monopoly prices after patents should have expired. We estimate the impact of Paragraph IV challenges and settlements on generic entry and evaluate the implications for drug prices and quantity. To address the potential endogeneity of Paragraph IV challenges and settlements we estimate the model using instrumental variables. Our instruments include standard measures of patent strength and a measure of settlement legality based on a split between several Circuit Courts of Appeal. We find that Paragraph IV challenges increase generic entry, lower drug prices and increase quantity, while settlements effectively reverse the effect. These effects persist over time, inflating price and depressing quantity for up to 5 years after the challenge. We also find that eliminating settlements would result in a relatively small reduction in research and development (R&D) expenditures.

WR-1100
Life-Cycle Consumption Patterns at Older Ages in the US and the UK: Can Medical Expenditures Explain the Difference?. James Banks, Richard Blundell, Peter Levell, James P. Smith. 2015

Our data indicate significantly steeper declines in nondurable expenditures in the UK compared to the US in spite of income paths at older ages exhibiting similar declines. We examine several possible causes, including different employment paths, housing ownership and expenses, levels and paths of health status, and out-of-pocket medical expenditures. Among all the factors we considered, we find that differences in levels, age paths, and uncertainty in medical expenses is the most likely reason for the steeper declines in nondurable expenses in the US compared to the UK.
The Effect of Housing and Stock Wealth Losses on Spending in the Great Recession. Marco Angrisani, Michael D. Hurd, Susann Rohwedder. 2015

We use panel data at the household level on a complete inventory of household spending and assets to estimate the spending response to the sharp and largely unexpected declines in house and stock market prices that occurred in the Great Recession. Our data span the period 2001-2011, so that we are able to separate trends in spending from innovations in response to unexpected wealth change. We find the marginal propensity to consume out of an unexpected housing wealth change to be seven cents per dollar, and about four cents per dollar out of financial wealth.


This paper reviews competing theories about the causes of informality in developing countries and uses new data to determine the reasons for informality in Indonesia. We find that most of Indonesia's informal firms are very small, micro firms that pay low wages, are relatively unproductive, and serve local markets. Small-scale interviews reveal that firms are informal either because they have no desire to expand or borrow from banks, or because of tax evasion. Finally, we demonstrate that a major program to reduce registration costs had no effects on informality. Together, the evidence suggests that rational exit and the dual economy theories of informality best explain Indonesia's informal sector.

Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases. James M. Anderson, Eric Helland, Merritt McAlister. 2015

Under the federal judicial recusal rules, judges and justices who directly own stock in companies must recuse themselves in cases involving those companies. However, there has been little effort to measure the impact of these recusals on the pool of judges and justices that hear cases involving publicly traded corporations. Our empirical analysis finds that a surprisingly high rate of direct stock ownership partly shapes the group of judges and justices that decide these cases, resulting in judges that are more likely to be male, African-American, younger, with fewer personal assets, appointed by a Republican president, and more likely to be a former law professor. Since these corporations are important repeat-player litigants, this phenomenon raises important concerns about the federal judicial process. We propose and discuss several policies that might address this issue including requiring divestment, the use of financial derivatives to perfectly hedge the judge's equity position, the use of blind trusts, changing the recusal rules, equalizing the treatment of mutual funds and individual shares, and increasing transparency.

Occupational Safety and Health in Brazil: Risks and Policies. John Mendeloff. 2015

This report describes selected workplace safety and health conditions and policies in Brazil. The discussion of conditions focuses on the quality of reporting about acute fatal and non-fatal work injuries. The review of policies focuses on the enforcement of safety regulations, but surveys other public interventions as well.


Methodological appendix to the journal article, “Implementing Computerized Provider Order Entry in Acute Care Hospitals in the United States Could Generate Substantial Savings to Society.”

Do Financial Advisers Influence Savings Be-
There is substantial evidence that Americans tend to have low financial literacy (Lusardi and Mitchell, 2014) and are struggling with building sufficient wealth for a secure retirement (EBRI, 2014). Financial advisers may play an important role by helping individuals make better financial decisions and improving their financial situations. One benefit that financial advisers may provide is helping clients improve their financial and savings habits. In this report, we review the literature providing evidence about whether working with an adviser improves saving behavior, in general, as well as saving for long-term goals, particularly retirement.

WR-1114

Using data from the RAND American Life Panel we quantify the frequency that employers violate the U.S. Fair Labor Standards Act's overtime rules. Among employees paid by the hour who work over 40 hours in a week, 19.0 percent were paid less than the "time-and-a half" standard for overtime. Among salaried workers, those purportedly earning above a specified threshold and having professional-level duties that together exempt them from overtime compensation rules, 11.5 percent did not actually meet the exemption criteria. Using data from the Census Bureau's 2013 Current Population Survey; we estimate the effects of increasing the salary threshold for exemption. At the population mean for hours worked, we find no statistically significant effects on hours or earnings. However, workers above the 72nd percentile of the hours distribution would lose between 5 and 10 overtime hours per week.

WR-1115
Defauliting In and Cashing Out? The Impact of Retirement Plan Design on the Savings Accumulation of Separating Employees. Angela A. Hung, Jill E. Luoto, Jeremy Burke. 2015

The shift to defined contribution (DC) retirement savings plans among employers has given both more freedom and more responsibility to employees who must decide whether and how much to save for retirement. Importantly, DC plans allow employees to decide what to do with their accumulated savings at points of job separation. While the advent of automatic enrollment (AE) policies has helped increase overall participation rates in DC plans, little consideration has been given to the interplay between the rise of AE policies and what happens to accumulated retirement savings at points of job separation. We use administrative data from Vanguard covering the accounts of over a half million participants from 385 plans to explore the participation and distribution decisions of those who separate from their employers. We find that job separation is a significant source of leakages from retirement accounts among our sample. Over 50 percent of separating employees take a cash distribution. Notably, even after controlling for income and account balance size, those separating from AE plans are significantly more likely to take a cash distribution than are those separating from plans in which they enrolled voluntarily. Though AE policies may help encourage retirement savings among those who otherwise would not save, such policies may fail to realize their full potential if savings accumulated during periods of employment effectively dissipate at points of job separation, and with taxes and penalties paid out in some cases.

WR-1117

While there has been considerable research investigating the impact of automatic enrollment on participation and savings outcomes, less research has focused on characterizing individuals who actively choose to opt out of a DC plan in which they were automatically enrolled. In this study, we use data from the 2008 and 2010 waves of the HRS to examine how employers' automatic enrollment policies influence longer-run participa-
tion and contribution status among older Americans, with a focus on examining demographic, financial, and health differences between those who choose not to participate under automatic enrollment, those who choose not to participate under voluntary enrollment policies, and those who are actively participating. We find large socioeconomic and health differences between individuals who are participating in their employer’s DC plan and those who are not. Plan participants are significantly more likely to be white, married, college educated, enjoy higher incomes, be longer tenured at their current employers, in good health, and have higher wealth both within and outside of retirement accounts than individuals not participating in their plan. While there are large differences between individuals who are participating in their employer-sponsored DC plan and those who are not, we find relatively little differences in characteristics across enrollment regimes when we condition on participation decisions. In particular, those who have chosen to opt out of participating in a plan in which they were automatically enrolled appear fairly similar to those who have elected not to participate under voluntary enrollment and both groups appear to be largely financially unprepared for retirement. Similar to previous analyses, we find that automatic enrollment is associated with a large increase in plan participation and is particularly effective at getting lower income, less educated, and minority individuals to participate. However, automatic enrollment is not positively associated with longer-run contribution status in our sample – those who opt-in are more likely to continue making contributions over time.

WR-1118
Evaluation of a Female Sterilization Campaign in Peru: An Application of Propensity Score Reweighting Methods with Unobserved Participation Status. Tanya Byker, Italo Gutierrez. 2015

We evaluate the impact of a female sterilization campaign in Peru in the 1990s using a propensity score reweighting (PSR) method that accounts for a contaminated treatment group problem: while we observe sterilizations, we do not know which sterilizations were part of the campaign and which would have occurred in the absence of a campaign. Using our PSR method, we estimate that women sterilized as part of the campaign had on average 1.2 fewer children by 2004. In contrast, women sterilized outside the campaign had 0.6 fewer children by 2004. We also estimate impacts of the campaign on other household outcomes.

WR-1124

We describe research fusing heterogeneous information in an effort eventually to detect terrorists, reduce false alarms, and exonerate those falsely identified. The specific research is more humble, using synthetic data and first versions of fusion methods. Both the information and the fusion methods are subject to deep uncertainty. The information may also be fragmentary, indirect, soft, conflicting, and even deceptive. We developed a research prototype of an analyst-centric fusion platform. This uses (1) causal computational models rooted in social science to relate observable information about individuals to an estimate of the threat that the individual poses and (2) a battery of different methods to fuse across information reports. We account for uncertainties about the causal model, the information, and the fusion methods. We address structural and parametric uncertainties, including uncertainties about the uncertainties, at different levels of detail. We use a combination of (1) probabilistic and parametric methods, (2) alternative models, and (3) alternative fusion methods that include nonlinear algebraic combination, Bayesian inference, and an entropy-maximizing approach. This paper focuses primarily on dealing with deep uncertainty in multiple dimensions.

WR-1127

We use 42 waves of the Financial Crisis Surveys
collected in the American Life Panel to estimate the causal effect of work transitions, in particular unemployment and reemployment, on subjective well-being (SWB) between November 2009 and April 2013 in the US. We find unemployment to negatively affect evaluative and experienced SWB in the first month of unemployment, with very little changes in subsequent months, thus indicating a lack of adaptation. Reemployment leads to significant increases in SWB, with no evidence of adaptation after the first month. The consequences of work transitions spill over at the household level, with individuals being affected by their spouses' work transitions. We find no evidence of a "scarring" effect of unemployment. Given this lack of adaption to unemployment, policies supporting the unemployed are necessary. Financial support is crucial, but should also be complemented with measures targeting the non-pecuniary loss in SWB suffered due to unemployment, for instance through the provision of a support network or job search assistance.

WR-1130
Do Medical Marijuana Laws Reduce Addiction and Deaths Related to Pain Killers?. David Powell, Rosalie Liccardo Pacula, Mireille Jacobson. 2015

If medical marijuana laws facilitate the substitution of marijuana for powerful and addictive pain relievers, a potential overlooked positive impact of these laws may be a reduction in the harms associated with opioid pain relievers. We study the impact of medical marijuana laws on problematic opioid use. Based on standard differences-in-differences models, event study analyses, and synthetic control models, we find that states permitting medical marijuana dispensaries experience a relative decrease in opioid addictions and opioid overdose deaths. The mitigating effect of medical marijuana laws is specific to states that permit dispensaries. We also evaluate potential mechanisms.

WR-1131
Health IT and Ambulatory Care Quality. Carole Roan Gresenz, Scott P. Laughey, Amalia R. Miller, Catherine E. Tucker. 2015

US government investments in health information technology (IT) have focused on giving incentives for digital health records in hospital settings and by individual physicians. We evaluate the omission of ambulatory care centers, by studying the effects of healthcare IT on ambulatory care quality, which we measure using the rate of hospital admissions for conditions identified as sensitive to ambulatory care quality, using data from Medicare and the Nationwide Inpatient Sample. Results from difference-indifferences models that control for location and time fixed effects, as well as observable factors related to healthcare quality and population demographics, indicate that increased ambulatory IT adoption lowers local area ambulatory care sensitive (ACS) hospitalizations, suggesting quality improvements. The magnitudes imply that a 45% increase in ambulatory IT adoption in a county (the average increase over our sample period 2003-2012) lowers the ACS admission rate in that county by about 1.6%.

WR-861/8

User guide (health behavior, version A) for the harmonization of cross-national studies of aging to the health and retirement study.

WR-1070

This paper measures the causal effect of time out of the labor force on subsequent employment of Social Security Disability Insurance (SSDI) applicants and distinguishes it from the discouragement effect of receiving disability benefits. Using a unique Social Security Administration workload database to identify exogenous variation in deci-
sion times induced by differences in processing speed among disability examiners to whom applicants are randomly assigned, we find that longer processing times reduce the employment and earnings of SSDI applicants for multiple years following application, with the effects concentrated among applicants awarded benefits during their initial application. A one standard deviation (2.1 month) increase in initial processing time reduces long-run "substantial gainful activity" rates by 0.36 percentage points (3.5%) and long-run annual earnings by $178 (5.1%). Because applicants initially denied benefits spend on average more than 15 additional months appealing their denials, previous estimates of the benefit receipt effect are confounded with the effect of delays on subsequent employment. Accounting separately for these channels, we find that the receipt effect is at least 50% larger than previously estimated. Combining the delay and benefits receipt channels reveals that the SSDI application process reduces subsequent employment of applicants on the margin of award by twice as much as prior literature suggests.

WR-1071
Valuing Coastal Natural Capital in a Bioeconomic Framework. Craig A. Bond. 2015

The wetlands of the Gulf Coast region of the United States are under pressure from relative sea level rise and subsidence pressures that threaten to alter fishery breeding grounds and increase expected damage from stochastic storm events, among other issues. Barrier islands, marshes, and swamps are thus forms of natural capital that serve both an intermediate role in supporting fishery stocks, as well as a final demand role in providing direct protection to infrastructure. In order to make good policy choices related to land loss, the values associated with these interacting stocks must be estimated. We extend the numerical approach of Fenichel and Abbott (2014) to illustrate the valuation both fish and wetlands stocks, allowing for the recovery of both final demand and intermediate service values, taking into account the scarcity value of each resource. We also present examples of policies which, when implemented, will change the subsequent valuation of each resource.

WR-1072
Can Institutional Deliveries Reduce Newborn Mortality? Evidence from Rwanda. Amalavoyal V. Chari, Edward N. Okeke. 2015

Current global health policies emphasize institutional deliveries as a pathway to achieving reductions in newborn mortality in developing countries. There is however remarkably little evidence regarding a causal relationship between institutional deliveries and newborn mortality. In this paper we take advantage of a shock to institutional deliveries provided by the randomized rollout of a government performance-based financing (PBF) program in Rwanda, to provide the first estimates of this causal effect. Using a combination of difference-in-differences and regression discontinuity approaches, we find that program-induced increases in the rate of institutional delivery have not been successful in reducing the rate of newborn mortality. The findings suggest that attempts to increase institutional deliveries without addressing supply-side constraints are unlikely to result in the large reductions in mortality that policy makers expect.

WR-1073
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi. Susan Godlonton, Edward N. Okeke. 2015

Informal health providers ranging from drug vendors to traditional healers account for a large fraction of health care consumption in developing countries. They are, however, largely unlicensed and unregulated leading to concern that they provide ineffective and, in some cases, even harmful care. A new and controversial policy tool that has been proposed to alter household health seeking behavior is an outright ban on these informal providers. The theoretical effects of such a ban are ambiguous. In this paper, we study the effects of a ban on informal (traditional) birth attendants imposed by the Malawi government in 2007. To measure the effects of the ban, we exploit variation across time and space in the intensity of ex-
posure to the ban i.e., a difference-in-difference strategy. Our most conservative estimates suggest that the ban decreased use of traditional attendants by about 15 percentage points. Consistent with policy objectives, the ban shifted births to the formal sector, increasing use of formal sector providers by about 10 percentage points. The rest of the decrease is accounted for by an increase in the use of other informal substitutes, primarily relative-attended births. Despite the rather large shift from the informal to the formal sector, we find no evidence of a reduction in newborn deaths. This result is consistent with recent studies that argue that increasing the use of formal sector providers is, by itself, unlikely to result in significant improvements in health outcomes.

WR-1073-1
Does a Ban on Informal Health Providers Save Lives? Evidence from Malawi. Susan Godlonton, Edward N. Okeke. 2015

Informal health providers ranging from drug vendors to traditional healers account for a large fraction of health care provision in developing countries. They are, however, largely unlicensed and unregulated leading to concern that they provide ineffective and, in some cases, even harmful care. A new and controversial policy tool that has been proposed to alter household healthseeking behavior is an outright ban on these informal providers. The theoretical effects of such a ban are ambiguous. In this paper, we study the effect of a ban on informal (traditional) birth attendants imposed by the Malawi government in 2007. To measure the effect of the ban, we use a difference-in-difference strategy exploiting variation across time and space in the intensity of exposure to the ban. Our most conservative estimates suggest that the ban decreased use of traditional attendants by about 15 percentage points. Approximately three quarters of this decline can be attributed to an increase in use of the formal sector and the remainder is accounted for by an increase in relative/friend-attended births. Despite the rather large shift from the informal to the formal sector, we do not find any evidence of a statistically significant reduction in newborn mortality on average. The results are robust to a triple difference specification using young children as a control group. We examine several explanations for this result and find evidence consistent with quality of formal care acting as a constraint on improvements in newborn health.

WR-1075

Trust plays an important role in financial decision-making, particularly regarding financial advice. In fact, investors cite “trust” as the most important determinant in seeking a financial service professional for advice (Hung et al., 2010). In this paper, we explore the relationships between financial trust and behavior, attitudes, knowledge and preferences related to utilizing professional financial advice. Using survey and experiment data from the RAND-USC American Life Panel, we find that financial trust is correlated with advice usage and likelihood of seeking advisory services. Analysis of the experiment shows that trust is an important predictor of who chooses to receive advice, even after controlling for demographic characteristics and financial literacy. However, providing unsolicited advice has little impact on behavior, even for individuals with high levels of trust.

WR-1076

Americans are increasingly being asked to take responsibility for their own retirement security. However, many people are ill-equipped to make financial decisions and have turned to professional financial advisors for help. While financial advisors often provide valuable services, it can be difficult for individual investors to evaluate the advice they receive and to identify when it has been influenced by a conflict of interest. In this literature review, we examine if and how financial advisors are influenced by their compensation schemes and how this influence impacts retail investors’ financial well-being. We find empirical evidence suggesting that financial advisors act opportunistically to the detriment of their clients. However,
the current body of literature generally cannot account for selection issues and the intangible benefits financial advisors provide. In our broader review of conflicts of interest in the financial services industry, we find considerable evidence that investment analysts were excessively optimistic prior to regulation seeking to mitigate bias. There is mixed evidence on how this excessive optimism impacted investors, though the literature generally concludes that retail investors were more acutely impacted, as compared to institutional investors. We also find evidence that conflicts of interest extend to mutual fund management, with actively managed funds imposing sizeable trading costs and brokerage commissions which are not easily observed by retail investors. Regulation and disclosure are often suggested methods for reducing bias. We find evidence that regulation designed to mitigate conflicts of interest can help reduce the prevalence of biased advice, but regulation that penalizes bad advice may be less effective because bias may be unconscious. Disclosure is unlikely to be an effective strategy if employed in isolation, but may be an important part of a comprehensive mitigation strategy.

WR-1078
Medicare’s Role in the Recent Health Care Spending Slowdown. Chapin White. 2015

This paper focuses on the Medicare program and its role in the slowdown in overall health care spending. The goals are to quantify Medicare’s role in the overall slowdown, identify the factors behind Medicare spending trends, and discuss implications for future trends.

WR-1079

Labor supply models and research underpinned by labor supply decisions typically assume the agents’ choices are functions of wage and wage earners. However, there is evidence that these selections are not only wage-driven, but at least in part depend on non-wage benefits encompassed in jobs and occupations. In this paper, I develop and estimate a stochastic dynamic model of occupational and job choice, where non-wage benefits are directly incorporated into the decision alongside wages. A nested model within this is a wage model, representing common practice in the literature, where non-wage benefits are disregarded. I separately estimate the full model and the nested wage model in order to compare the implications of omitting non-wage benefits. Three analyses are compared: elasticities, economy-wide structural changes in occupations, and inequality reduction intervention policies. I find that while disregarding non-wage benefits generally causes biases, there are cases when the two models predict very similar outcomes and have close estimates, such as in occupational-specific elasticities and job transition elasticities. However, I demonstrate that these special cases are products of canceling biases, and that the same estimates on subpopulations are biased. These results suggest that in most cases, ignoring non-wage benefits will bias estimates by overestimating the importance of wage in the selection process (and so any intervention or change in wages will be over-emphasized) and by disregarding changes in relative prices between wage and non-wage benefits, such as happens through changes in wage taxes or in non-wage benefits. These biases can be severe. The results suggest that ignoring non-wage benefits in labor supply decisions is appropriate only in the special case in which subpopulation biases negate each other, which is atypical.

WR-1080-NIJ

Synthetic control methods are an increasingly popular tool for analysis of economic programs. Here, they are applied to a neighborhood-specific crime intervention in Roanoke, VA, and several novel contributions are made to the synthetic control toolkit. We examine high-dimensional data at a granular level (the treated area has several cases, a large number of untreated comparison cases, and multiple outcome measures). Calibra-
tion is used to develop weights that exactly match the synthetic control to the treated region across several outcomes and time periods. Further, we illustrate the importance of adjusting the estimated effect of treatment for the design effect implicit within the weights. A permutation procedure is proposed wherein countless placebo areas can be constructed, enabling estimation of p-values under a robust set of assumptions. An omnibus statistic is introduced that is used to jointly test for the presence of an intervention effect across multiple outcomes and post-intervention time periods. Analyses indicate that the Roanoke crime intervention did decrease crime levels, but the estimated effect of the intervention is not as statistically significant as it would have been had less rigorous approaches been used.

WR-1082

The (Non-) Effect of Violence on Education: Evidence from the “War on Drugs” in Mexico. Fernanda Marquez-Padilla, Francisco Perez-Arce, Carlos Rodriguez-Castelan. 2015

There is a growing interest in economic literature on the pervasive effects of violence exposure on human capital accumulation. However, this literature has come short on disentangling the direct effects of violence on individuals' schooling decisions from the indirect effects related to the destruction of infrastructure which inevitably accompanies armed conflict. In this paper we study the sharp increase in violence experienced in Mexico after 2006, known as “The War on Drugs” and its effects on human capital accumulation. This upsurge in violence is expected to have direct effects on individuals' schooling decisions but not indirect effects as severe destruction of infrastructure was absent. In addition, the fact that the marked increases in violence were concentrated in some municipalities (and not in others) allows us to implement a fixed effects methodology to study the effects of violence on education outcomes. Differently to several recent studies that have found significant negative effects of violence on economic outcomes in Mexico, we find evidence that this is not the case, at least in terms of human capital accumulation. By using several sources of data we show that at most very small effects on total enrollment exist. We also show that these small effects on enrollment may be driven by some students being displaced from high violence municipalities to low violence municipalities; but the education decisions of individuals do not seem to be highly impacted. We also discard the possibility that the effects on enrollment of young adults appear small due to a counteracting effect from ex-workers returning to school (i.e. we discard the possibility that crime reduced labor force participation, and those affected enrolled in school). These results stand in contrast with recent evidence of the negative effects of crime on short-term economic growth since minimal to null effects of violence on human capital accumulation today should have little to none adverse effects on long-term growth outcomes in Mexico.

WR-1083-MHP

The Effect of Montana’s 24/7 Sobriety Program on DUI Re-arrest: Insights from a Natural Experiment with Limited Administrative Data. Gregory Midgette, Beau Kilmer. 2015

Alcohol imposes significant social costs on the residents of Montana. The state has one of the highest alcohol-related traffic fatality rates in the nation, and alcohol accounts for more than one-eighth of deaths among working aged adults statewide. 24/7 Sobriety requires alcohol-involved offenders to abstain from alcohol and submit to frequent alcohol testing; those failing or missing a test face an immediate, but brief, jail term. The State of Montana began piloting 24/7 among driving-under-the-influence (DUI) arrestees in Lewis and Clark County in early-2010 and expanded to 22 counties with the passage of House Bill 106 in May 2011. The program also grew to include other alcohol-involved offenses, though DUI arrestees account for more than 75% of program participants. In Montana, 24/7 participants are monitored for an average of 160 days, with a median time of 104 days. Using data from everyone who was convicted of their second DUI charge (DUI-2) from January 2008 to August 2014, this analysis examines the effect of 24/7 participation on the probability of DUI re-arrest for participants within
twelve months of their second (DUI-2) arrest date. Results from bivariate probit models which instrument with 24/7 availability to account for potential selection issues provide suggestive evidence that 24/7 participation reduced the probability of DUI re-arrest in Montana (perhaps on the order of 45% to 70% when considering both our main results and sensitivity analysis findings), but missing criminal history information for approximately half of the sample precludes us from making stronger inferences about causality.

WR-1084

Financing Integrated Care for Adults with Serious Mental Illness in Community Mental Health Centers: An Overview of Program Components, Funding Environments, and Financing Barriers. Nicole Schmidt Hackbarth. 2015

Adults with serious mental illness (SMI) experience higher rates of physical illness and early mortality compared to the general population. Comorbid SMI and physical illness are also associated with high costs of care, particularly to public payers. To address these disparities, a number of initiatives have promoted the integration of physical health care into mental health treatment settings: for example, the Substance Abuse and Mental Health Services Administration (SAMHSA) Primary and Behavioral Health Care Integration (PBHCI) grants, which provide four years of funding to community mental health centers (CMHCs) to support integrated care for adults with SMI. Despite some early successes, such programs may face considerable barriers to the sustainability of their programs, particularly given grant funding is non-renewable. This paper provides an overview of financing considerations for CMHC-based integrated care programs for adults with SMI, despite some early successes, such programs may face considerable barriers to the sustainability of their programs, particularly given grant funding is non-renewable. This paper provides an overview of financing considerations for CMHC-based integrated care programs for adults with SMI, drawing on existing literature as well as anecdotal reports provided by program informants. Variation in program components (e.g., specific services provided, information-sharing capabilities), sources of funding (e.g., grants, reimbursement), and payment models (e.g., fee for service, shared risk/savings) may affect the sustainability of CMHC-based programs. Ongoing implementation of recent policy changes (e.g., Affordable Care Act, and mental health parity legislation) is also likely to affect program sustainability. Current barriers to financing include general limitations in CMHC funding, licensing/credentialing requirements, insufficient reimbursement, lack of coordination among payers and regulatory agencies, and difficulty developing cost-efficient workflow models. Policy changes by multiple stakeholders, including payers, regulatory agencies, and provider organizations, are likely needed to improve physical health care for adults with SMI through integrated care.

WR-1085

Job Insecurity, Unemployment Insurance, and On-the-Job Search. Italo Gutierrez. 2015

I use the Health and Retirement Study to document that job insecurity is an important factor behind on-the-job search. I find that job insecurity can explain 25% of the cases in which older workers report to be looking for another job. Then, I analyze whether unemployment insurance can affect this relationship between job insecurity and job search. I find evidence that unemployment insurance discourages on-the-job search, which in turn reduces the probability of starting a new job at a different employer. The average estimated effects are moderate but they mask important heterogeneities. On one hand, UI does not affect the search behavior of workers who do
not believe to be at risk of job loss. These workers make up the majority of the employed population over 50. On the other hand, however, the effects can be substantial for workers with high levels of job insecurity.

WR-1087
Human Capital and Labor Informality in Chile: A Life-Cycle Approach. Italo Lopez Garcia. 2015

Labor informality accounts for nearly 40% of the labor force in Latin America. While a more traditional view sees this phenomenon as a consequence of barriers to mobility resulting from poorly designed labor regulations, recent work provides evidence that individuals choose informal jobs based on their comparative advantage. In this paper, I develop a dynamic life-cycle model estimated with rich Chilean longitudinal data, in which individuals jointly decide on their schooling and labor participation, to investigate the extent to which comparative advantage drives participation in informal labor markets. I find that human capital accumulation and preferences for job amenities explain up to 72% of transitions between the informal and the formal sector while labor market segmentation accounts for 28%. These barriers to mobility are decreasing in education. These results are largely driven by heterogeneous preferences and returns to skills across sectors. For example, more educated individuals assign a higher relative importance to non-wage benefits, particularly in formal jobs, while less educated individuals value more monetary rewards; high ability workers are more productive in the formal sector, while low ability workers are more productive in the informal sector; and unlike labor market experience acquired in informal activities, experience acquired in formal jobs is transferable across sectors. Finally, using the model to simulate the effects of a 20% wage subsidy in formal jobs for young workers, I find that individuals react to labor market expectations and their decisions are persistent. The subsidy would decrease the incentives to informality for both targeted groups and younger workers, while the reduction in informality rates as a consequence of the policy would remain persistent for all the life-cycle.

WR-1088
Disability Insurance and the Great Recession. Nicole Maestas, Kathleen J. Mullen, Alexander Strand. 2015

This paper reports research on the Social Security Disability Insurance (SSDI) program, which is designed to provide income to support workers who become unable to work because of a severe, long-lasting disability. The research used administrative data to estimate the effect of labor market conditions, as measured by the unemployment rate, on the number of SSDI applications, the number and composition of initial allowances and denials, and the timing of applications relative to disability onset. The authors analyzed the period of the Great Recession, and compare this period with business cycle effects over the past two decades, from 1992 through 2012. The analysis isolates the quantity and composition of applicants who are induced to apply for SSDI benefits when labor market opportunities decline, and therefore provides important new evidence about the group for whom SSDI application is a substitute for labor force participation, and their impact on the SSDI program.

WR-1089
Effects of Demographic and Educational Changes on the Labor Markets of Brazil and Mexico. Ernesto F. L. Amaral, Bernardo L. Queiroz, Julia A. Calazans. 2015

This paper estimates the impact of demographic and educational changes on the earnings and returns to schooling of workers in Brazil and Mexico. Our analysis takes into account demographic, educational and economic variations within each country over time, using Censuses microdata from Brazil and Mexico. Results suggest that demographic and educational transitions generate impact on earnings and on returns to education. The proportion of people in age-education groups tends to have a negative impact on earnings. These impacts are more detrimental among age-education groups with higher education, but they are having less of a negative effect over time. We also find that the concentration of skilled labor has
positive impacts on the rates of returns to education and that they are greater than those observed in more developed countries. Moreover, in Brazil and Mexico, these effects are observed throughout the income distribution, contrary to what is observed in studies for the United States.

WR-1090

This paper deals with the impact of internal migration flows on the earnings of male workers. The availability of jobs and income levels in sending and receiving areas also influence internal population flows. Thus, migration is an endogenous variable that cannot be simply introduced as an exogenous variable when estimating labor outcomes. A methodological approach is developed to introduce migration into our models, dealing with the issue of reverse causality between migration and earnings. We implement this strategy using the 1970–2000 Brazilian Demographic Censuses. Our findings reflect our initial hypothesis, indicating that migration flows have a negative impact on male earnings, when considering cohort size as a factor. A ten percent increase in migration rates would have reduced the wages of competing workers by up to three percent in 2000. These methodological strategies can be applied to other countries that have similar available migration data.

WR-1091

We analyze the 1970, 1980, 1991, 2000, and 2010 Brazilian Demographic Censuses, in order to investigate the associated factors with a woman having had a live birth during the year prior to each census. We estimated logistic regression models for women aged 10–49 years. As independent variables, we selected region of residence, rural/urban location, presence of electricity, color/race, religion, marital status, labor market participation, time of residence in the municipality, information about whether they had a stillbirth, age, education, and parity. Our findings confirm that the probability a woman had a child is higher in the North and Northeast regions, as well as in households without electricity. Women that have a greater chance of having had a child are black/brown, Catholic, married, non-labor market participants, short-term migrants, experienced a stillbirth, between 20–29 years of age, have less education, and have higher parity. Patterns have been changing throughout time, thus posing questions for further analyses.

WR-1092

This study analyzes the profile of female sterilization in Brazil by age, parity, type of delivery, place of delivery, color/race, region of residence, years of schooling, marital status, and number of unions. Data are from the 2006 Brazilian National Survey on Demography and Health of Women and Children (PNDS), which has information on history of pregnancies with live births from 2001 to 2006. Results suggest that: (1) women with high levels of sterilization, high percentages of more than one pregnancy in the period, and larger parity than the desired number of children tend to have high parity, be black, brown, or indigenous, reside in the North or Northeast, have low levels of education, and have two or more unions; and (2) women with high levels of sterilization, low percentages of more than one pregnancy, and lower parity than the desired number of children tend to have cesarean sections, give birth utilizing private health care obtained through a private insurance plan or direct out-of-pocket payment at private hospitals, and be married.

WR-1092-1

This study analyzes the profile of female sterilization in Brazil by age, parity, type of delivery, place of delivery, color/race, region of residence,
years of schooling, marital status, and number of unions. Data are from the 2006 Brazilian National Survey on Demography and Health of Women and Children (PNDS), which has information on history of pregnancies with live births from 2001 to 2006. Results suggest that: (1) women with high levels of sterilization, high percentages of more than one pregnancy in the period, and larger parity than the desired number of children tend to have high parity, be black, brown, or indigenous, reside in the North or Northeast, have low levels of education, and have two or more unions; and (2) women with high levels of sterilization, low percentages of more than one pregnancy, and lower parity than the desired number of children tend to have cesarean sections, give birth utilizing private health care obtained through a private insurance plan or direct out-of-pocket payment at private hospitals, and be married.

WR-1093

This study aims to investigate the determinants of female sterilization in Brazil. The analysis is innovative because it adds the time of exposure to the risk of sterilization into survival models. The models control for postpartum duration, age at delivery, parity at delivery, place of delivery, region of residence at the time of interview, color/race, and years of schooling at the time of interview. Data is from the 2006 Brazilian National Survey on Demography and Health of Children and Women (PNDS). The strongest probability that sterilization might occur was observed among women who gave birth at private hospitals and received support from health insurance companies at childbirth. The findings suggest years of schooling do not predict the risk of sterilization. The higher chances of getting sterilized among black women are specific to the public sector at higher-order postpartum duration (interval sterilization).

WR-1094

This paper presents a unified theory of human capital with both health capital and, what we term, skill capital endogenously determined within the model. By considering joint investment in health capital and in skill capital, the model highlights similarities and differences in these two important components of human capital. Health is distinct from skill: health is important to longevity, provides direct utility, provides time that can be devoted to work or other uses, is valued later in life, and eventually declines, no matter how much one invests in it (a dismal fact of life). Lifetime earnings are strongly multiplicative in skill and health, so that investment in skill capital raises the return to investment in health capital, and vice versa. The theory provides a conceptual framework for empirical and theoretical studies aimed at understanding the complex relationship between education and health, and generates several new testable predictions.

WR-1096-RC
Understanding the Upstream Social Determinants of Health. Nazleen Bharmal, Kathryn Pitkin Derose, Melissa Felician, Margaret M. Weden. 2015

The term social determinants of health (SDOH) is often used to refer to any nonmedical factors influencing health, including health-related knowledge, attitudes, beliefs, or behaviors (e.g., smoking); however, SDOH also include “upstream” factors, such as social disadvantage, risk exposure, and social inequities that play a fundamental causal role in poor health outcomes—and thus represent important opportunities for improving health and reducing health disparities. This paper describes and categorizes three types of approaches used to examine upstream SDOH. Social disadvantage approaches focus on the link between health and neighborhood conditions, working conditions, education, income and wealth, and race/ethnicity and racism; a potential causal link is the role of stress related to coping with these factors. Life course approaches focus on the link between health and critical or sensitive periods in exposure to risk (adverse childhood experiences, intergenerational transfer of advan-
tage) as well as cumulative exposures; the potential causal link here may derive from the effect of social status on the regulation of genes controlling physiologic functions (e.g., immune functioning). Health equity approaches consider the link between health and social inequities stemming from socio-demographic factors, such as class, immigration status, gender, sexual orientation, and disability status; social capital can serve to moderate or mediate the effects of these factors. The paper identifies several challenges to understanding upstream SDOH, including the long and complex causal pathways linking these factors with health, multiple intervening factors, limited ability to study these factors using randomized experiments, single-disease-focused research funding, and limited understanding of community buffers that can mitigate the effects of SDOH.

WR-1097-WB

Social Capital and Community Monitoring of Healthcare Services in Tajikistan. Olesya Tkacheva, Sebastian Bauhoff. 2015

Although cross-country and cross-jurisdiction variation in the quality of services is a well-established fact, very little is known about whether and how individuals decide to complain about poor quality of services. This study contributes to this research area by identifying the mechanisms that affect individual decisions to complain about the quality of services in Tajikistan. The analysis is based on qualitative and quantitative data and seeks to understand why individuals are often unwilling to complain about poor quality of healthcare services. We show that the decision to complain is correlated with individual social capital and socioeconomic status. These results suggest that the correlates of whistleblowing are similar to other forms of political participation. Thus the design of bottom-up approaches to monitoring healthcare providers in developing countries should take into account the sociocultural context in which they are implemented.

WR-1098


The English rule for fee allocation prescribes that the loser of a lawsuit pay the winner's litigation costs. Economic theory predicts that the English rule discourages settlement by raising the threshold payment necessary for settlement. The principal empirical work on the impact of the English rule by Hughes and Snyder (1990, 1995) relies on data from Florida's use of the Rule for medical malpractice claims between 1980 and 1985. Their principal findings are that plaintiffs win more often at trial, receive higher awards in these trials, and receive larger settlements. These findings are consistent with the notion that the English rule tends to screen out less meritorious cases. One potential difficulty with these studies is that they may not be robust to the method of controlling for case selection under alternative rules. In this paper we reexamine the Florida experiment with the English rule by placing bounds on the selection effects. We find that the mean and median settlement amount increases. We find less conclusive evidence that the litigation costs and payments to plaintiffs at trial increase although these results are not robust to the most extreme possible selection mechanisms. Collectively these findings are consistent with the predictions of the simplest models of the English rule's impact.

WR-1099-ICJ


The use of so-called “pay-for-delay” settlements in patent litigation – in which a branded manufacturer and generic entrant settle a Paragraph IV patent challenge and agree to forestall entry – has come under considerable scrutiny in recent years. Critics argue that these settlements are collusive and lower consumer welfare by maintaining monopoly prices after patents should have expired. We estimate the impact of Paragraph IV challenges and settlements on generic entry and evaluate the implications for drug prices and quantity. To address the potential endogeneity of Paragraph IV challenges and settlements we estimate the model using instrumental variables. Our instruments include standard measures of patent strength and
a measure of settlement legality based on a split between several Circuit Courts of Appeal. We find that Paragraph IV challenges increase generic entry, lower drug prices and increase quantity, while settlements effectively reverse the effect. These effects persist over time, inflating price and depressing quantity for up to 5 years after the challenge. We also find that eliminating settlements would result in a relatively small reduction in research and development (R&D) expenditures.

WR-1100

Life-Cycle Consumption Patterns at Older Ages in the US and the UK: Can Medical Expenditures Explain the Difference?. James Banks, Richard Blundell, Peter Levell, James P. Smith. 2015

Our data indicate significantly steeper declines in nondurable expenditures in the UK compared to the US in spite of income paths at older ages exhibiting similar declines. We examine several possible causes, including different employment paths, housing ownership and expenses, levels and paths of health status, and out-of-pocket medical expenditures. Among all the factors we considered, we find that differences in levels, age paths, and uncertainty in medical expenses is the most likely reason for the steeper declines in nondurable expenses in the US compared to the UK.

WR-1101

The Effect of Housing and Stock Wealth Losses on Spending in the Great Recession. Marco Angrisani, Michael D. Hurd, Susann Rohwedder. 2015

We use panel data at the household level on a complete inventory of household spending and assets to estimate the spending response to the sharp and largely unexpected declines in house and stock market prices that occurred in the Great Recession. Our data span the period 2001-2011, so that we are able to separate trends in spending from innovations in response to unexpected wealth change. We find the marginal propensity to consume out of an unexpected housing wealth change to be seven cents per dollar, and about four cents per dollar out of financial wealth.

WR-1102


This paper reviews competing theories about the causes of informality in developing countries and uses new data to determine the reasons for informality in Indonesia. We find that most of Indonesia’s informal firms are very small, micro firms that pay low wages, are relatively unproductive, and serve local markets. Small-scale interviews reveal that firms are informal either because they have no desire to expand or borrow from banks, or because of tax evasion. Finally, we demonstrate that a major program to reduce registration costs had no effects on informality. Together, the evidence suggests that rational exit and the dual economy theories of informality best explain Indonesia’s informal sector.

WR-1103-ICJ

Measuring How Stock Ownership Affects Which Judges and Justices Hear Cases. James M. Anderson, Eric Helland, Merritt McAlister. 2015

Under the federal judicial recusal rules, judges and justices who directly own stock in companies must recuse themselves in cases involving those companies. However, there has been little effort to measure the impact of these recusals on the pool of judges and justices that hear cases involving publicly traded corporations. Our empirical analysis finds that a surprisingly high rate of direct stock ownership partly shapes the group of judges and justices that decide these cases, resulting in judges that are more likely to be male, African-American, younger, with fewer personal assets, appointed by a Republican president, and more likely to be a former law professor. Since these corporations are important repeat-player litigants, this phenomenon raises important concerns about the federal judicial process. We propose and discuss several policies that might address this issue including requiring divestment, the use of financial derivatives to perfectly hedge the judge’s equity position, the use of blind trusts, changing the recusal rules, equalizing the treat-
ment of mutual funds and individual shares, and increasing transparency.

WR-1105-ALCF
Occupational Safety and Health in Brazil: Risks and Policies. John Mendeloff. 2015

This report describes selected workplace safety and health conditions and policies in Brazil. The discussion of conditions focuses on the quality of reporting about acute fatal and non-fatal work injuries. The review of policies focuses on the enforcement of safety regulations, but surveys other public interventions as well.

WR-1108

Methodological appendix to the journal article, “Implementing Computerized Provider Order Entry in Acute Care Hospitals in the United States Could Generate Substantial Savings to Society.”

WR-1111

There is substantial evidence that Americans tend to have low financial literacy (Lusardi and Mitchell, 2014) and are struggling with building sufficient wealth for a secure retirement (EBRI, 2014). Financial advisers may play an important role by helping individuals make better financial decisions and improving their financial situations. One benefit that financial advisers may provide is helping clients improve their financial and savings habits. In this report, we review the literature providing evidence about whether working with an adviser improves saving behavior, in general, as well as saving for long-term goals, particularly retirement.

WR-1114
The Fair Labor Standards Act: Worker Misclas-
sification and the Hours and Earnings Effects of Expanded Coverage. Susann Rohwedder, Jeffrey B. Wenger. 2015

Using data from the RAND American Life Panel we quantify the frequency that employers violate the U.S. Fair Labor Standards Act's overtime rules. Among employees paid by the hour who work over 40 hours in a week, 19.0 percent were paid less than the “time-and-a half” standard for overtime. Among salaried workers, those purportedly earning above a specified threshold and having professional-level duties that together exempt them from overtime compensation rules, 11.5 percent did not actually meet the exemption criteria. Using data from the Census Bureau's 2013 Current Population Survey; we estimate the effects of increasing the salary threshold for exemption. At the population mean for hours worked, we find no statistically significant effects on hours or earnings. However, workers above the 72nd percentile of the hours distribution would lose between 5 and 10 overtime hours per week.

WR-1115
Defaulting In and Cashing Out? The Impact of Retirement Plan Design on the Savings Accumulation of Separating Employees. Angela A. Hung, Jill E. Luoto, Jeremy Burke. 2015

The shift to defined contribution (DC) retirement savings plans among employers has given both more freedom and more responsibility to employees who must decide whether and how much to save for retirement. Importantly, DC plans allow employees to decide what to do with their accumulated savings at points of job separation. While the advent of automatic enrollment (AE) policies has helped increase overall participation rates in DC plans, little consideration has been given to the interplay between the rise of AE policies and what happens to accumulated retirement savings at points of job separation. We use administrative data from Vanguard covering the accounts of over a half million participants from 385 plans to explore the participation and distribution decisions of those who separate from their employers. We find that job separation is a significant source of leakages from retirement accounts among our sample.
Over 50 percent of separating employees take a cash distribution. Notably, even after controlling for income and account balance size, those separating from AE plans are significantly more likely to take a cash distribution than are those separating from plans in which they enrolled voluntarily. Though AE policies may help encourage retirement savings among those who otherwise would not save, such policies may fail to realize their full potential if savings accumulated during periods of employment effectively dissipate at points of job separation, and with taxes and penalties paid out in some cases.

WR-1117

While there has been considerable research investigating the impact of automatic enrollment on participation and savings outcomes, less research has focused on characterizing individuals who actively choose to opt out of a DC plan in which they were automatically enrolled. In this study, we use data from the 2008 and 2010 waves of the HRS to examine how employers’ automatic enrollment policies influence longer-run participation and contribution status among older Americans, with a focus on examining demographic, financial, and health differences between those who choose not to participate under automatic enrollment, those who choose not to participate under voluntary enrollment policies, and those who are actively participating. We find large socioeconomic and health differences between individuals who are participating in their employer’s DC plan and those who are not. Plan participants are significantly more likely to be white, married, college educated, enjoy higher incomes, be longer tenured at their current employers, in good health, and have higher wealth both within and outside of retirement accounts than individuals not participating in their plan. While there are large differences between individuals who are participating in their employer-sponsored DC plan and those who are not, we find relatively little differences in characteristics across enrollment regimes when we condition on participation decisions. In particular, those who have chosen to opt out of participating in a plan in which they were automatically enrolled appear fairly similar to those who have elected not to participate under voluntary enrollment and both groups appear to be largely financially unprepared for retirement. Similar to previous analyses, we find that automatic enrollment is associated with a large increase in plan participation and is particularly effective at getting lower income, less educated, and minority individuals to participate. However, automatic enrollment is not positively associated with longer-run contribution status in our sample – those who opt-in are more likely to continue making contributions over time.

WR-1118
Evaluation of a Female Sterilization Campaign in Peru: An Application of Propensity Score Re-weighting Methods with Unobserved Participation Status. Tanya Byker, Italo Gutierrez. 2015

We evaluate the impact of a female sterilization campaign in Peru in the 1990s using a propensity score reweighting (PSR) method that accounts for a contaminated treatment group problem: while we observe sterilizations, we do not know which sterilizations were part of the campaign and which would have occurred in the absence of a campaign. Using our PSR method, we estimate that women sterilized as part of the campaign had on average 1.2 fewer children by 2004. In contrast, women sterilized outside the campaign had 0.6 fewer children by 2004. We also estimate impacts of the campaign on other household outcomes.

WR-1124

We describe research fusing heterogeneous information in an effort eventually to detect terrorists, reduce false alarms, and exonerate those falsely identified. The specific research is more humble, using synthetic data and first versions of fusion methods. Both the information and the fu-
sion methods are subject to deep uncertainty. The information may also be fragmentary, indirect, soft, conflicting, and even deceptive. We developed a research prototype of an analyst-centric fusion platform. This uses (1) causal computational models rooted in social science to relate observable information about individuals to an estimate of the threat that the individual poses and (2) a battery of different methods to fuse across information reports. We account for uncertainties about the causal model, the information, and the fusion methods. We address structural and parameteric uncertainties, including uncertainties about the uncertainties, at different levels of detail. We use a combination of (1) probabilistic and parameteric methods, (2) alternative models, and (3) alternative fusion methods that include nonlinear algebraic combination, Bayesian inference, and an entropy-maximizing approach. This paper focuses primarily on dealing with deep uncertainty in multiple dimensions.

WR-1127


We use 42 waves of the Financial Crisis Surveys collected in the American Life Panel to estimate the causal effect of work transitions, in particular unemployment and reemployment, on subjective well-being (SWB) between November 2009 and April 2013 in the US. We find unemployment to negatively affect evaluative and experienced SWB in the first month of unemployment, with very little changes in subsequent months, thus indicating a lack of adaptation. Reemployment leads to significant increases in SWB, with no evidence of adaptation after the first month. The consequences of work transitions spillover at the household level, with individuals being affected by their spouses’ work transitions. We find no evidence of a “scarring” effect of unemployment. Given this lack of adaption to unemployment, policies supporting the unemployed are necessary. Financial support is crucial, but should also be complemented with measures targeting the non-pecuniary loss in SWB suffered due to unemployment, for instance through the provision of a support network or job search assistance.

WR-1130

Do Medical Marijuana Laws Reduce Addiction and Deaths Related to Pain Killers?. David Powell, Rosalie Liccardo Pacula, Mireille Jacobson. 2015

If medical marijuana laws facilitate the substitution of marijuana for powerful and addictive pain relievers, a potential overlooked positive impact of these laws may be a reduction in the harms associated with opioid pain relievers. We study the impact of medical marijuana laws on problematic opioid use. Based on standard differences-in-differences models, event study analyses, and synthetic control models, we find that states permitting medical marijuana dispensaries experience a relative decrease in opioid addictions and opioid overdose deaths. The mitigating effect of medical marijuana laws is specific to states that permit dispensaries. We also evaluate potential mechanisms.

WR-1131

Health IT and Ambulatory Care Quality. Carole Roan Gresenz, Scott P. Laughery, Amalia R. Miller, Catherine E. Tucker. 2015

US government investments in health information technology (IT) have focused on giving incentives for digital health records in hospital settings and by individual physicians. We evaluate the omission of ambulatory care centers, by studying the effects of healthcare IT on ambulatory care quality, which we measure using the rate of hospital admissions for conditions identified as sensitive to ambulatory care quality, using data from Medicare and the Nationwide Inpatient Sample. Results from difference-indifferences models that control for location and time fixed effects, as well as observable factors related to healthcare quality and population demographics, indicate that increased ambulatory IT adoption lowers local area ambulatory care sensitive (ACS) hospitalizations, suggesting quality improvements. The magnitudes imply that a 45% increase in ambulatory IT adoption in a county (the average increase over
our sample period 2003-2012) lowers the ACS admission rate in that county by about 1.6%.

WR-861/8

User guide (health behavior, version A) for the harmonization of cross-national studies of aging to the health and retirement study.
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