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CONTENTS

INTRODUCTION v

SERIAL LIST 1

INDEXES
- Author 4
- Subject 78
- Title 151

ABSTRACTS
- Report 170
- Monographs 170
- Technical Reports 187
- Research Briefs 203
- Dissertations 211
- Reprints 214
- Conference Proceedings 222
- Testimony 223
- Corporate Publications 224
- Occasional Papers 225
- Documented Briefings 227
- Working Papers 228
- RAND Library Reprints (Journal Articles and Book Chapters) 242

ORDER FORM 339

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SB-2065—California (1980–present)
SB-1002—China (Pre-1980)
SB-2002—China (1980–2004)
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CP-253—Civil Justice
SB-1020—Communication Satellites
SB-1021—Communications (Pre-1980)
SB-2021—Communications (1980–2003)
SB-1036—Computing at RAND (1980–1992)
SB-2036—Computing at RAND (1970–1979)
SB-3036—Computing at RAND (Pre-1970)
SB-1061—Cost Analysis (Pre-1980)
SB-2061—Cost Analysis (1980–2003)
SB-1059—Criminality, Justice, and Public Safety (Pre-1985)
SB-2059—Criminality, Justice, and Public Safety (1985–2004)

SB-1072—Critical Technologies
SB-1025—Decisionmaking (Pre-1980)
SB-2025—Decisionmaking (1980–2004)
SB-1019—Delphi and Long-Range Planning
SB-1026—Education (Pre-1980)
SB-2026—Education (1980–1989)
SB-3026—Education (1990–1994)
SB-4026—Education (1995–1999)
SB-5026—Education (2000–2004)
SB-1052—Energy and Nuclear Power (Pre-1980)
SB-2052—Energy and Nuclear Power (1980–1989)
SB-3052—Energy and Nuclear Power (1990–2004)
SB-1032—Environment (Pre-1980)
SB-2032—Environment (1980–1990)
SB-3032—Environment (1991–2004)
SB-1062—Europe (Pre-1980)
SB-2062—Europe (1980–1989)
SB-3062—Europe (1990–2004)
SB-1005—Expert Systems
SB-1071—Former Soviet Union
SB-1050—Gaming (Pre-1970)
SB-2050—Gaming (1970–1984)
SB-3050—Gaming (1985–2004)
SB-1011—Health Care Costs and Coverage (Pre-1980)
SB-2011—Health Care Costs and Coverage (1980–1989)
SB-3011—Health Care Costs and Coverage (1990–1994)
SB-4011—Health Care Costs and Coverage (1995–1998t)
SB-5011—Health Care Costs and Coverage (1999-2002)
SB-6011—Health Care Costs and Coverage (2003–2004)
SB-1027—Health-Related Research (Pre-1980)
SB-2027—Health-Related Research (1980–1989)
SB-3027—Health-Related Research (1990–1994)
SB-4027—Health-Related Research (1995–1998)
SB-5027—Health-Related Research (1999–2000)
SB-6027—Health-Related Research (2001)
SB-7027—Health-Related Research (2002)
SB-8027—Health-Related Research (2003)
SB-9027—Health-Related Research (2004)
SB-1028—Homeland Security (Pre-2000)
SB-2028—Homeland Security (2000–2004)
SB-1067—Housing
SB-1043—Human Resources (Pre-1985)
SB-2043—Human Resources (1985–1994)
SB-3043—Human Resources (1995–2004)
SB-1075—Immigration
SB-1073—Information Sciences (Pre-1970)
SB-2073—Information Sciences (1970–1985)
SB-3073—Information Sciences (1985–2004)
SB-1013—International Trade (Pre-1985)
SB-2013—International Trade (1985-2004)
SB-1018—Latin America (Pre-1980)
SB-2018—Latin America (1980–2004)
SB-1035—Linguistics
SB-1023—Logistics (Pre-1980)
SB-2023—Logistics (1980–1994)
SB-3023—Logistics (1995–2004)
SB-1058—Management (Pre-1985)
SB-2058—Management (1985–2004)
SB-1034—Middle East (Pre-1980)
SB-2034—Middle East (1980–2004)
SB-1063—Military Manpower (Pre-1980)
SB-2063—Military Manpower (1980–1989)
SB-3063—Military Manpower (1990–1994)
SB-4063—Military Manpower (1995–1999)
SB-5063—Military Manpower (2000–2004)
SB-1069—Military Strategy and Tactics (Pre-1980)
SB-2069—Military Strategy and Tactics (1980–1989)
SB-3069—Military Strategy and Tactics (1990–1994)
SB-4069—Military Strategy and Tactics (1995–1999)
SB-5069—Military Strategy and Tactics (2000–2004)
SB-1074—Narcotics
SB-1068—NATO (Pre-1985)
SB-2068—NATO (1985–2004)
SB-1051—New York City (1968–1986)
SB-1037—Policy Sciences (Pre-1985)
SB-2037—Policy Sciences (1985–2004)
SB-1041—Population (Pre-1985)
SB-2041—Population (1985–1995)
SB-3041—Population (1995–2004)
SB-1008—Program Budgeting (Pre-1985)
SB-2008—Program Budgeting (1985–2004)
SB-1029—R&D and Systems Acquisition: Strategy, Policy, and Procedures (Pre-1985)
SB-2029—R&D and Systems Acquisition: Strategy, Policy, and Procedures (1985–2004)
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SB-2066—Regulatory Issues (1985–2004)
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SB-2004—Smoking, Alcohol, and Drug Abuse (1995–2004)
SB-1046—Space Technology and Planning (Pre-1980)
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SB-1055—Systems Analysis: Methods, Techniques, and Theory (Pre-1980)

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CC	City of Cincinnati
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MG-340-OSD
MG-359-WF
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MG-370-AF
MG-372-AF
MG-375-AF
MG-377-AF
MG-382-AF
MG-387-OSD
MG-391-A
MG-403-AF
MG-405-AF
MG-413-AF
MG-415-AF
MG-416-A
MG-417-AF
MG-421-AF
MG-423-HHRY
MG-424-AF
MG-425-NIOSH
MG-429-AF
MG-430-AF
MG-431-AF
MG-432-RC
MG-433-A
MG-434-AF
MG-439-OSD/JFCOM
MG-440-AF
MG-441-AF
MG-442-OSD
MG-445/1-OSD
MG-448-NAVY
MG-449-OSD
MG-451-OSD
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MG-474-OSD
MG-475-NIC
MG-478-1-ARPA/RC
MG-478-ARPA/RC
MG-480-NSF
MG-482-OSD
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TR-317-DHHS
TR-318-DHHS
TR-319-DHHS
TR-320-DHHS
TR-321-RC
TR-322-AF
TR-324-OSD
TR-329-A
TR-331-CDC
TR-337-EC
TR-343-AF
TR-346-CSAT
TR-347-OSD
TR-349-OSD
TR-350-QSCFA
TR-353-A
TR-357-HLTH
TR-358-NAVY
TR-359-DOH
TR-362-HOC
TR-362/1-HOC
TR-368-LACPD
TR-369-RC
TR-370-NCIPC
TR-371-ICJ
TR-374-NAO
TR-376-OSD
TR-377-AF
TR-378-AF
TR-381-EDU
TR-383-AHRQ
TR-384-EFC
TR-388-PAP
TR-389-NIJ
TR-391-CTRMP
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RB-188-AF
RB-189-AF
RB-190-AF
RB-191-AF
RB-192-AF
RB-193-AF
RB-194-AF
RB-195-AF
RB-196-AF
RB-197-AF
RB-198-AF
RB-200-AF
RB-201-AF
RB-202-AF
RB-205-AF
RB-206-AF
RB-208-AF
RB-209-AF
RB-211-AF
RB-212-AF
RB-4519-1
RB-9053-2
RB-9073
RB-9150
RB-9151
RB-9165-OSD
RB-9166-OSD
RB-9167
RB-9169
RB-9170
RB-9171
RB-9172
RB-9173
RB-9174-HHS
RB-9176-FEMA
RB-9178
RB-9179-NIC
RB-9181-ICJ
RB-9182-NAVY
RB-9183
RB-9184-WF
RB-9185-NAVY
RB-9186
RB-9188-EDU
RB-9189
RB-9190
RB-9191
RB-9193-RC
RB-9194-CDC
RB-9195-RC
RB-9196-OSD
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RB-9209-OSD
RB-9210
RB-9211-NSF
RB-9215
RB-9218
RB-9219
RB-9220-RC
RB-9221-EDU
RB-9227
RB-9229
RB-9230
RB-9231-RC
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RGSD-196
RGSD-198
RGSD-199
RGSD-200
RGSD-201
RGSD-202
RGSD-203
RGSD-204
RGSD-205
RGSD-206
RGSD-207

REPRINTS

RP-1185
RP-1186
RP-1190
RP-1191
RP-1192
RP-1193
RP-1194
RP-1199
RP-1200
RP-1201
RP-1202
RP-1203
RP-1206
RP-1207
RP-1208
RP-1211
RP-1212
RP-1213
RP-1214
RP-1215
RP-1216
RP-1217
RP-1218
RP-1219
RP-1220
RP-1223
RP-1227
RP-1232
RP-1233
RP-1234
RP-1240
RP-1241
RP-1242
RP-1249
RP-1250

CONFERENCE PROCEEDINGS

CF-214-ICJ
CF-219
CF-223-CMEPP/GCSP
CF-227-NIOSH
CF-231-CC

TESTIMONY

CT-253
CT-254
CT-255
CT-256
CT-257
CT-258
CT-259
CT-260
CT-261
CT-262-1
CT-263
CT-264
CT-265
CT-266
CT-267
CT-268

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WR-345
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WR-371-CTRMP
WR-372-PPS
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WR-374-EDU
WR-375-EDU
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WR-376-EDU
WR-377
WR-378-EDU
WR-379-EDU
WR-380-EDU
WR-381-CHCF
WR-382-EDU
WR-383
WR-384-ICJ
WR-386
WR-387
WR-395
WR-396-AIU
WR-397-DOH
WR-399-SEC
WR-400
WR-401-MEDPAC
WR-404
WR-409
WR-409-1
WR-410
WR-411
WR-415-HLTH
WR-416-HLTH
WR-417-HLTH
WR-418-HLTH
WR-419-HLTH
WR-420-HLTH
WR-421-HLTH
WR-422-HLTH
WR-423-HLTH
WR-424-NYCDOE
WR-428-AIU
WR-429-AHRQ
WR-433-RPC
WR-436
WR-437
WR-441-HLTH
WR-448-MCAN
WR-449-EC
WR-451-PPS
WR-454
WR-457/1-ASPE
WR-457/2-ASPE
WR-494-AIU

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LRP-196107-01
LRP-196109-01
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LRP-196212-01
LRP-196306-01
LRP-196309-01
LRP-196408-01
LRP-196409-01
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LRP-196510-01
LRP-196511-01
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LRP-196512-03
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LRP-196603-01
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LRP-196605-01
LRP-196611-01
LRP-196702-01
LRP-196705-01
LRP-196706-01
LRP-196706-02
LRP-196708-01
LRP-196712-01
LRP-200106-07
LRP-200110-03
LRP-200111-16
LRP-200204-08
LRP-200305-39
LRP-200400-22
LRP-200402-22
LRP-200412-33
LRP-200500-13
LRP-200500-14
LRP-200503-35
LRP-200506-20
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LRP-200507-18
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LRP-200610-01
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LRP-200610-28
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LRP-200611-26
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LRP-200611-28
LRP-200611-29
LRP-200612-01
LRP-200612-02
LRP-200612-03
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LRP-200612-05
LRP-200612-06
LRP-200612-07
LRP-200612-08
LRP-200612-09
LRP-200612-10
LRP-200612-11
LRP-200612-12
LRP-200612-13
LRP-200612-14
LRP-200612-15
LRP-200612-17
LRP-200612-24
LRP-200612-25
LRP-200612-26
LRP-200612-27
LRP-200612-28
LRP-200612-30
LRP-200612-31
LRP-200612-32
LRP-200612-33
LRP-200612-34
LRP-200612-35
LRP-200612-36
LRP-200612-37
LRP-200612-39
LRP-200612-43
LRP-200703-13
LRP-200703-15

AUTHOR INDEX

AARONSON, N. K.
LRP-200609-21 Responsiveness and Minimal Important Differences for Patient Reported Outcomes.

ABLARD, J.
TR-347-OSD Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study.
MG-259/1-NAVY Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer.

ABRAHAM, L.
LRP-200604-13 Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer?

ADAMS, J. L.
RB-9053-2 The First National Report Card on Quality of Health Care in America.
RB-9219 Measuring the Quality of Cancer Care: The National Initiative for Cancer Care Quality (NICCQ).
RP-1241 The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey.
LRP-200602-05 Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients.
LRP-200602-06 What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care?
LRP-200602-14 Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States?
LRP-200603-12 Who Is at Greatest Risk for Receiving Poor-Quality Health Care?
LRP-200605-07 Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care.
LRP-200610-08 The Quality of Pharmacologic Care for Adults in the United States.
LRP-200612-31 Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics?
WR-174-1 The Quality of Health Care Delivered to Adults in the United States: Appendix.

ADAMSON, D. M.
RB-9178 Redefining and Reforming Health Care for the Last Years of Life .

AFIFI, A. A.
LRP-200601-18 An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model.
LRP-200602-23 The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs.

AGANI, F.
LRP-200603-15 The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries.

AGOSTI, J. M.
LRP-200611-21 Reducing Stunting Among Children: The Potential Contribution of Diagnostics.

AINSWORTH, A. T.
LRP-200600-16 Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality.

AKINBAMI, L.
LRP-200601-13 Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden.

AKRAMOV, K.
RB-188-AF Economic Development in Central Asia Is a Long-Term Security Concern.
RGSD-202 Governance and Foreign Aid Allocation.
MG-417-AF Economic Dimensions of Security in Central Asia.

ALEDORT, J. E.
TR-319-DHHS Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies.
TR-320-DHHS Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza.
LRP-200611-18 Developing and Interpreting Models to Improve Diagnostics in Developing Countries.
LRP-200611-20 Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics.
LRP-200611-23 Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics.
LRP-200611-24 Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics.
WR-415-HLTH A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia.
WR-416-HLTH A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa.
WR-417-HLTH A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics.
WR-418-HLTH Determining the Priority Global Health Needs and Quantifying the Health Benefits Resulting from the Introduction of New Diagnostics in the Developing World.

ALEXANDER, J. A.
LRP-200604-03 Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings.

ALEXANDER, R. B.
LRP-200603-10 Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI).
LRP-200610-17 Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome.

ALKIRE, B.
MG-259/1-NAVY Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer.

ALLAN, R.
LRP-200611-22 Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics.

ALLEN, H. M.
RB-4519-1 Effects of Medicare's Prospective Payment System on the Quality of Hospital Care.

ALPERT, G. P.
LRP-200106-07 Police Use of Force: An Analysis of Organizational Characteristics.
LRP-200412-33 Interactive Police-Citizen Encounters That Result in Force.

AMARO, H.
LRP-200609-09 Opportunities in Hispanic Drug Abuse Research.
LRP-200609-10 Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults.

AMOUZEGAR, M. A.
RB-189-AF Positioning War Reserve Materiel Requires a Flexible, Global Approach.
RB-209-AF "Sense and Respond" Capabilities Can Make the Air Force Combat Support System More Agile.
MG-421-AF Evaluation of Options for Overseas Combat Support Basing.
MG-488-AF Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities.

ANANTHANARAYANAN, A.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.

ANDERSEN, R.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.
LRP-200606-20 Variations in Provider Conceptions of Integrative Medicine.
LRP-200612-14 Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System.

ANDERSEN, R. M.
LRP-200110-03 Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons.

ANDERSON, K. G.
LRP-200612-37 Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use.

ANDERSON, R.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.

ANDERSON, R. H.
TR-310-A High-Performance Computing Opportunities and Challenges for Army R&D.

ANDERSON, R. L.
LRP-200600-02 Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs.
LRP-200602-02 Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement.

ANDREYEVA, T.
RGSD-206 An International Comparison of Obesity in Older Adults: Effects and Risk Factors.
LRP-200602-25 Physical Activity and Changes in Health Care Costs in Late Middle Age.
WR-409-1 Self Reported Disability and Reference Groups.

ANGER, J. T.
LRP-200602-10 Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries.
LRP-200602-11 The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey.
LRP-200602-24 True Prevalence of Urinary Incontinence Among Female Nursing Home Residents.
LRP-200611-10 The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey.
LRP-200703-13 Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer.

ANI, C.
LRP-200609-16 Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests.

ANTHONY, C. R.
MG-321-RC Securing Health: Lessons from Nation-Building Missions.

ANTâON, P. S.
TR-303-NIC The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.
RB-9179-NIC Global Technology Revolution 2020: Technology Trends and Cross-Country Variation.
DB-490-OSD Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program.
MG-475-NIC The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.

APPLEBY, J.
TR-359-DOH Understanding Patients' Choices at the Point of Referral.

ARBELAEZ, J. J.
LRP-200605-04 Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression.

ARCH, J. J.
LRP-200601-02 Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients.

ARENA, M. V.
TR-343-AF Historical Cost Growth of Completed Weapon System Programs.
RB-186-AF Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking.
RB-9182-NAVY Why Have Navy Ship Costs Risen?
MG-415-AF Impossible Certainty: Cost Risk Analysis for Air Force Systems.
MG-484-NAVY Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades.

ARKES, J.
LRP-200610-23 Marijuana Use and Depression Among Adults: Testing for Causal Associations.

ARONOFF, J.
RB-9194-CDC Curbing Teen Dating Violence: Evidence from a School Prevention Program.
LRP-200611-09 Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial.

ARORA, N. K.
LRP-200608-02 Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey.

ARREDONDO, S. A.
LRP-200603-14 Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE.

ARROYO, W.
LRP-200612-11 Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation.

ARVIND, J.
LRP-200600-07 Evaluating Statistical Methods for Syndromic Surveillance.

ARâEVALO, S.
LRP-200609-10 Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults.

ASARNOW, J. R.
LRP-200603-23 Adolescent Primary Care Patients' Preferences for Depression Treatment.

ASCH, B. J.
TR-199-OSD Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals.

ASCH, S.
LRP-200600-10 California Acupuncturists Comment on Their Training.

ASCH, S. M.
RB-9053-2 The First National Report Card on Quality of Health Care in America.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.
RB-9219 Measuring the Quality of Cancer Care: The National Initiative for Cancer Care Quality (NICCQ).
LRP-200602-02 Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement.
LRP-200603-12 Who Is at Greatest Risk for Receiving Poor-Quality Health Care?
LRP-200603-24 Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California.
LRP-200606-08 Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management.
LRP-200610-08 The Quality of Pharmacologic Care for Adults in the United States.
WR-174-1 The Quality of Health Care Delivered to Adults in the United States: Appendix.

ASHWOOD, J. S.
LRP-200602-21 Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study.
LRP-200611-01 Public Parks and Physical Activity Among Adolescent Girls.

ASMUS, G. J.
TR-430-RC Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students.
RB-9231-RC How the 2005 Hurricanes Affected Students in Louisiana .

ATHEY, L.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.

ATTANASIO, O. P.
RP-1206 Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom.

AUGUSTINE, C. H.
TR-428-LA Governing Urban School Districts: Efforts in Los Angeles to Effect Change.
DB-442-OSD The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training.
WR-399-SEC An Introduction to Qatar's Primary and Secondary Education Reform.

AUINGER, P.
LRP-200610-19 Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children.

AUSINK, J. A.
RB-181-AF The Air Force Should Rethink Its Plan for Sustainment Surge.
MG-372-AF Rethinking How the Air Force Views Sustainment Surge.

AVILA, J. L.
LRP-200612-03 A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence.

AYANIAN, J. Z.
LRP-200608-02 Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey.

AYDEDE, S. K.
LRP-200603-36 The Effects of Reinsurance in Financing Children's Health Care.

AZEN, S. P.
LRP-200610-13 Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life.

AZRIN, S. T.
LRP-200603-18 Behavioral Health Insurance Parity for Federal Employees.

AZZONE, V.
LRP-200603-18 Behavioral Health Insurance Parity for Federal Employees.

BABEY, S. H.
LRP-200602-13 A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma.

BACHMAN, J.
LRP-200601-20 Depression in Primary Care: Learning Lessons in a National Quality Improvement Program.

BAJORSKA, A.
LRP-200602-28 Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York.

BAKER, C. L.
LRP-195610-01 PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701.

BAKER, J. C.
MG-445/1-OSD Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary.

BAKER, L. C.
LRP-200601-10 Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships.

BAKER, R. S.
LRP-200604-23 An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study.
LRP-200608-16 Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos.

BALABANIS, M. H.
LRP-200602-19 Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy.

BALAKRISHNAN, A.
OP-140-RC Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences.
WR-400 Measuring and Reporting the Performance of Disease Management Programs.

BALDWIN, L. H.
RB-180-AF Commercial Purchasing and Supply Management Practices Can Help the Air Force Reduce Costs.
RB-201-AF Analysis of Alternatives for Recapitalizing the Air Force's KC-135 Aerial Refueling Tanker.
MG-495-AF Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary.

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FITZMARTIN, C.
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TR-381-EDU Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress.
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FRANKS, P.
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FREMONT, A. M.
TR-407-AHRQ Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees.
LRP-200602-16 Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons.
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GAVRIELI, D.
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RB-201-AF Analysis of Alternatives for Recapitalizing the Air Force's KC-135 Aerial Refueling Tanker.
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LE, V.
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RB-189-AF Positioning War Reserve Materiel Requires a Flexible, Global Approach.
RB-198-AF Transforming Combat Support in the Air National Guard Would Support Air Force Deployment and Sustainment Goals.
RB-209-AF "Sense and Respond" Capabilities Can Make the Air Force Combat Support System More Agile.
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RB-4519-1 Effects of Medicare's Prospective Payment System on the Quality of Hospital Care.
RP-1201 Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems?
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SORKIN, D. H.
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LRP-200612-07 Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC).
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WR-336-EDU Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics.
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WR-373-EDU Measuring Instructional Responses to Standards-Based Accountability.
WR-375-EDU Using Test-Score Data in the Classroom.
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LRP-200611-19 Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics.

STEM, D. E.
RB-190-AF New Techniques Help to Estimate Systems Engineering and Program Management Costs for Military Aircraft and Guided Weapons.
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STOLK, C. VAN
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TR-429-NAO German Introduction to Single Farm Payments.

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LRP-200611-10 The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey.

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TR-314-CDC Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review.
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RB-178-AF South Asia's New Strategic Importance Calls for Stronger U.S. Military Relations in the Region.
MG-321-RC Securing Health: Lessons from Nation-Building Missions.
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LRP-200609-10 Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults.

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TALLEY, E. L.
LRP-200611-29 Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors.
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TANNER, M. S.
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LRP-200611-26 Physician Communication About the Cost and Acquisition of Newly Prescribed Medications.

TARR, P. I.
LRP-200611-21 Reducing Stunting Among Children: The Potential Contribution of Diagnostics.

TAYLOR, R.
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TELEKI, S. S.
TR-407-AHRQ Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees.
CF-214-ICJ Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work.
LRP-200611-12 Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians.
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THIE, H.
TR-349-OSD Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey.
RB-9166-OSD Acquiring Simulation Training: Evaluating and Implementing an Innovative Approach.
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LRP-200601-21 African American Women and Family Planning Services: Perceptions of Discrimination.

THURSTON, C.
MG-329-A Assessing the Value of U.S. Army International Activities.

TIAN, H.
RGSD-204 Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey.

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TILLES, J. G.
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MG-321-RC Securing Health: Lessons from Nation-Building Missions.

TIMSON, F. S.
RB-201-AF Analysis of Alternatives for Recapitalizing the Air Force's KC-135 Aerial Refueling Tanker.
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LRP-200602-06 What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care?
LRP-200612-31 Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics?

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LRP-200610-17 Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome.

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RB-182-AF Enhancing Airlift Planning and Execution in the Joint Theater Distribution System.
RB-183-AF Integrated Operational and Combat Support Planning Will Support Air and Space Expeditionary Forces.
RB-189-AF Positioning War Reserve Materiel Requires a Flexible, Global Approach.
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RP-1193 Sex Differences in Predictors of Adolescent Smoking Cessation.
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LRP-200612-39 An Update on Adolescent Drug Use: What School Counselors Need to Know.

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WR-345 Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement.
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LRP-200605-20 Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions.

WANG, C. J.
LRP-200606-12 Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process.

WANG, J.
LRP-200605-03 Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care.

WANG, J. K.
LRP-200604-06 Costs and Benefits of Health Information Technology.

WANG, M.
LRP-200609-18 Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service.

WANG, M. C.
LRP-200611-11 Redesigning Health Systems for Quality: Lessons from Emerging Practices.

WANG, N.
LRP-200605-04 Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression.

WANG, Y.
LRP-200603-10 Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI).
LRP-200610-17 Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome.

WARD, C. R.
LRP-200602-23 The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs.

WARE, J. E.
RB-9174-HHS The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate.

WARE, W. H.
LRP-195310-01 The Logical Principles of a New Kind of Binary Counter.

WASSERMAN, J.
TR-316-DHHS Quality Improvement: Implications for Public Health Preparedness.
TR-317-DHHS Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs.
TR-318-DHHS Organizing State and Local Health Departments for Public Health Preparedness.
RB-9197 Emergency Preparedness Is Stimulating Changes in Public Health Practice.
RB-9198-DHHS Quality Improvement Methods Can Be Used to Improve Public Health Emergency Preparedness.
LRP-200607-07 Public Health Preparedness: Evolution or Revolution?
LRP-200609-12 Massachusetts Health Reform: Beauty Is in the Eye of the Beholder.
LRP-200611-17 Global Health Diagnostics.
LRP-200611-18 Developing and Interpreting Models to Improve Diagnostics in Developing Countries.

WATKINS, K. E.
RB-9189 Integrating Treatment for People with Co-Occurring Mental Health and Substance Abuse Disorders in Public Systems of Care.
LRP-200512-26 Research-Practice Partners Assess Their First Joint Project.
LRP-200601-03 Improving Care for Depression in Patients with Comorbid Substance Misuse.
LRP-200605-11 Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care.
LRP-200612-39 An Update on Adolescent Drug Use: What School Counselors Need to Know.
WR-328 A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment.

WATSON, P. J.
LRP-200600-06 Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge.

WAY, S.
LRP-200609-14 Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing.

WEBER PRINE, D.
RB-9166-OSD Acquiring Simulation Training: Evaluating and Implementing an Innovative Approach.
MG-442-OSD Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions.
MG-445/1-OSD Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary.
WR-451-PPS Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program.

WECHSLER, H.
LRP-200600-05 College Students' Use of Cocaine.

WEECH-MALDONADO, R.
LRP-200610-03 Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees.
LRP-200610-25 Cultural Competency and Quality of Care: Obtaining the Patient's Perspective /.

WEED, J.
RB-125-1-AF Managing Cost and Capacity Data in the Air Force's Education and Training Command.

WEGRICH, K.
TR-429-NAO German Introduction to Single Farm Payments.

WEIDMER, B.
RB-9194-CDC Curbing Teen Dating Violence: Evidence from a School Prevention Program.
LRP-200609-02 Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics.
LRP-200610-25 Cultural Competency and Quality of Care: Obtaining the Patient's Perspective /.

WEINE, S.
LRP-200603-15 The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries.

WEISMAN, M. H.
LRP-200602-17 Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire.

WEISS, A.
LRP-200111-16 Reducing Firearms Violence Through Directed Police Patrol.

WEISS, R.
LRP-200605-22 Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression?

WELLS, K. B.
RB-9190 Three Steps for Improving the Quality of Mental Health Care in the United States.
LRP-200601-03 Improving Care for Depression in Patients with Comorbid Substance Misuse.
LRP-200601-09 Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults.
LRP-200603-23 Adolescent Primary Care Patients' Preferences for Depression Treatment.
LRP-200605-15 What Is Necessary to Transform the Quality of Mental Health Care.
LRP-200609-19 Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment.
LRP-200612-01 The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise.
LRP-200612-02 Witness for Wellness: Preliminary Findings from a Community-Academic Participatory Research Mental Health Initiative.
LRP-200612-03 A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence.
LRP-200612-05 Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience.
LRP-200612-07 Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC).
LRP-200612-08 Talking Wellness: A Description of a Community-Academic Partnered Project to Engage an African-American Community Around Depression Through the Use of Poetry, Film, and Photography.

WELLS, R.
LRP-200604-03 Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings.

WENGER, N. S.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.
RP-1201 Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems?

LRP-200602-05 Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients.
LRP-200603-05 Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People.
LRP-200603-31 Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors.
LRP-200604-05 Quality of Osteoarthritis Care for Community-Dwelling Older Adults.
LRP-200605-07 Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care.
LRP-200606-20 Variations in Provider Conceptions of Integrative Medicine.
LRP-200611-16 A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions.
LRP-200611-26 Physician Communication About the Cost and Acquisition of Newly Prescribed Medications.
LRP-200612-36 A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy.

WENZEL, S. L.
LRP-200512-26 Research-Practice Partners Assess Their First Joint Project.
LRP-200602-03 Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women.
LRP-200603-29 The Dimensions of Change in Therapeutic Community Treatment Instrument.
LRP-200605-16 Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need.
LRP-200606-02 Toward a More Comprehensive Understanding of Violence Against Impoverished Women.
LRP-200609-01 Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County.
WR-328 A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment.
WR-441-HLTH Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies.

WERMUTH, M. A.
CT-253 Enhancing Emergency Preparedness in California.
MG-445/1-OSD Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary.

WHIPPLE, F. L.
LRP-195302-01 Report of the Standing Committee on Problems of the Upper Atmosphere, 1951–1952.

WHITE, B. L.
LRP-200606-19 A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy.

WHITE-CHU, F.
LRP-200606-08 Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management.

WHITMORE, E.
LRP-200600-09 Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice.

WHITTEN, S. T.
RP-1211 Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model.

WHITWORTH, W. C.
LRP-200608-09 Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease.
LRP-200608-10 Familia Risk Assessment for Early-Onset Coronary Heart Disease.

WHOLEY, D. R.
LRP-200605-23 A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001.

WICKIZER, T. M.
CF-214-ICJ Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work.

WILFERT, C. M.
LRP-200611-20 Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics.

WILKES, M. S.
LRP-200604-20 A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians.

WILLEY, V.
LRP-200609-11 Benefit Design and Specialty Drug Use.

WILLIAM, J.
LRP-200600-05 College Students' Use of Cocaine.

WILLIAMS, A. P.
WR-411 China Rural Health Insurance Experiment: Final Report.

WILLIAMS, P.
LRP-200612-01 The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise.

WILLIAMS, T. R.
LRP-200603-22 Pay for Performance: Its Influence on the Use of IT in Physician Organizations.

WILLIAMS, V. L.
TR-316-DHHS Quality Improvement: Implications for Public Health Preparedness.
TR-370-NCIPC Using Logic Models for Strategic Planning and Evaluation.
RB-9198-DHHS Quality Improvement Methods Can Be Used to Improve Public Health Emergency Preparedness.
RB-9211-NSF Does Reform-Oriented Teaching Make a Difference? The Relationship Between Teaching Practices and Achievement in Mathematics and Science.
MG-480-NSF Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement.
WR-338-NSF Teachers as Implementers of Mathematics and Science Systemic Reform Policies.
WR-396-AIU Math Science Partnership of Southwest Pennsylvania: Year Three Evaluation Report.
WR-428-AIU Professional Development Participation and the Role of Administrator Involvement in the Math Science Partnership of Southwest Pennsylvania.
WR-494-AIU Math Science Partnership of Southwest Pennsylvania: Year Four Evaluation Report.

WILLIAMS, W. A.
RB-198-AF Transforming Combat Support in the Air National Guard Would Support Air Force Deployment and Sustainment Goals.
MG-375-AF Strategic Analysis of Air National Guard Combat Support and Reachback Functions.

WILLIAMSON, S.
TR-357-HLTH Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles.
LRP-200602-22 System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures.

WILLIS, H. H.
RP-1220 Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports.
CT-265 Analyzing Terrorism Risk.
CP-22-0608 RAND Review. Vol. 30, No. 2, Summer 2006.
MG-425-NIOSH Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events.
MG-520-CTRMP Maritime Terrorism: Risk and Liability.
WR-371-CTRMP Guiding Resource Allocations Based on Terrorism Risk.

WILSON, B.
TR-329-A The Impact of Network Performance on Warfighter Effectiveness.

WILSON, I. B.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.
LRP-200503-35 Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users.

WILSON, J. M.
CP-22-0604 RAND Review. Vol. 30, No. 1, Spring 2006.
LRP-200111-16 Reducing Firearms Violence Through Directed Police Patrol.
LRP-200600-03 Measurement and Association in the Structure of Municipal Police Organizations.
LRP-200605-13 Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems.
LRP-200606-03 Reducing Homicide Through "Level-Pulling" Strategy.

WILSON, M. R.
LRP-200611-14 Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning.

WILSON, P.
LRP-200611-25 Requirements for High Impact Diagnostics in the Developing World.

WILSON, P. A.
RB-9185-NAVY New Combat and Noncombat Roles for U. S. Aircraft Carriers .
MG-391-A Joint Paths to the Future Force: A Report on Unified Quest 2004.
MG-448-NAVY Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet.

WINAWER, S. J.
LRP-200610-12 How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment.

WITT, M. D.
LRP-200606-17 Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578).

WOHL, D. A.
LRP-200606-19 A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy.

WOHLSTETTER, A. J.
LRP-196100-02 Defense Decisions: Design Vs. Analysis.

WOLD, C.
LRP-200601-11 Differences in Individual-Level Terrorism Preparedness in Los Angeles County.

WOLF, C.
RB-178-AF South Asia's New Strategic Importance Calls for Stronger U.S. Military Relations in the Region.
MG-367-1-AF War and Escalation in South Asia.
MG-515-OSD Russia's Economy: Signs of Progress and Retreat on the Transitional Road.

WONG, A.
TR-303-NIC The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.
RB-9179-NIC Global Technology Revolution 2020: Technology Trends and Cross-Country Variation.
MG-329-A Assessing the Value of U.S. Army International Activities.
MG-475-NIC The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.

WONG, C.
RB-186-AF Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking.
MG-415-AF Impossible Certainty: Cost Risk Analysis for Air Force Systems.

WONG, E. C.
LRP-200605-14 Acculturation and Driving under the Influence: A Study of Repeat Offenders.
LRP-200612-32 Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees.

WONG, M.
LRP-200612-07 Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC).

WONG, M. D.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.
LRP-200503-35 Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users.

WONG, Y. H.
RGSD-201 Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations.

WOODING, S.
RB-9199-ARC Reviewing the Returns of Research: Capturing Payback from Funding by the Arthritis Research Campaign.

WOODWARD, J. D.
RP-1185 Biometrics: Trust, but Identify.

RP-1186 DoD's Collaborative Approach to Developing Biometrics Standards.
RP-1194 Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism.
CT-267 Radicalization: Homeland Security Implication.

WU, A. W.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.

WU, C. S.
LRP-196605-01 Reply by Authors to R. W. Porter and A. B. Cambel.

WU, F.
TR-303-NIC The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.
RB-186-AF Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking.
RB-9179-NIC Global Technology Revolution 2020: Technology Trends and Cross-Country Variation.
MG-415-AF Impossible Certainty: Cost Risk Analysis for Air Force Systems.
MG-475-NIC The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications.

WU, J.
LRP-200603-30 In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study.
LRP-200610-13 Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life.

WU, M.
RB-9220-RC Preparing for Future Floods: Analyzing Reconstruction Pathways from Past Floods Can Help.
OP-164-RC From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years.

WU, S.
LRP-200601-08 Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care.
LRP-200604-06 Costs and Benefits of Health Information Technology.
LRP-200605-03 Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care.
LRP-200607-01 Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States?

WU, T.
LRP-200603-31 Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors.

WULF, O. R.
LRP-195302-01 Report of the Standing Committee on Problems of the Upper Atmosphere, 1951–1952.

WYLLY, A.
LRP-195210-01 A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil.

WYNN, B. O.
TR-257-CMS Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System.
CF-214-ICJ Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work.

XIA, N.
WR-424-NYCDOE Ending Social Promotion in Grades K-8: Insights Regarding Policy Implementation.

XIAOYAN, L.
LRP-200610-28 Discouraged Workers? Job Search Outcomes of Older Workers.

YANO, E. M.
LRP-200603-26 Management of Mental Disorders in VA Primary Care Practices.

YARDLEY, R. J.
TR-358-NAVY Impacts of the Fleet Response Plan on Surface Combatant Maintenance.
RB-9196-OSD A Strategic Approach to Reserve Joint Officer Management .
MG-517-OSD Framing a Strategic Approach for Reserve Component Joint Officer Management.

YEGIAN, J. M.
RB-9151 Consumer Decisionmaking in the Insurance Market.
LRP-200605-05 Consumer Decision Making in the Individual Health Insurance Market.

YOON, P. W.
LRP-200602-18 Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention?
LRP-200608-09 Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease.
LRP-200608-10 Familia Risk Assessment for Early-Onset Coronary Heart Disease.

YOOS, H. L.
LRP-200602-28 Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York.

YOUNG, A. S.
LRP-200603-18 Behavioral Health Insurance Parity for Federal Employees.
LRP-200603-33 Patterns of HIV Care for Patients with Serious Mental Illness.
LRP-200604-11 Toward the Implementation of Mental Health Consumer Provider Services.
LRP-200608-12 Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection.

YOUNG, D. M.
LRP-195312-01 On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation.
LRP-195402-01 On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion.

YOUNG, R.
RP-1201 Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems?
LRP-200602-05 Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients.
LRP-200605-07 Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care.

YOUNOSSI, O.
TR-343-AF Historical Cost Growth of Completed Weapon System Programs.
RB-186-AF Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking.

RB-190-AF New Techniques Help to Estimate Systems Engineering and Program Management Costs for Military Aircraft and Guided Weapons.
RB-194-AF "Evolutionary Acquisition" Is a Promising Strategy, but has Been Difficult to Implement.
RB-9182-NAVY Why Have Navy Ship Costs Risen?
MG-413-AF Systems Engineering and Program Management: Trends and Costs for Aircraft and Guided Weapons Programs.
MG-415-AF Impossible Certainty: Cost Risk Analysis for Air Force Systems.
MG-431-AF Evolutionary Acquisition: Implementation Challenges for Defense Space Programs.
MG-484-NAVY Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades.

YPMA, J. Y.
WR-283-1 Measurement Error and Misclassification: A Comparison of Survey and Register Data.

YU, H.
RB-9215 Triple Jeopardy for Vulnerable Children: Greater Health Needs, Less Access, Poorer Primary Care.
LRP-200602-13 A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma.
LRP-200605-24 Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey.
LRP-200612-15 Role of SCHIP in Serving Children with Special Health Care Needs.

YUAN, C.
LRP-200600-07 Evaluating Statistical Methods for Syndromic Surveillance.

YUEN, J.
RB-179-AF New Analytic Methods Can Improve the Development of Air Force Space and Missile Officers.
MG-382-AF Improving the Development and Utilization of Air Force Space and Missile Officers.

ZAMCHECK, N.
LRP-196001-01 Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides.

ZASLAVSKY, A. M.
LRP-200608-02 Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey.
LRP-200612-27 Are Finite Population Corrections Appropriate When Profiling Institutions?

ZAUBER, A. G.
LRP-200600-11 The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer.
LRP-200610-12 How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment.

ZAZZALI, J. L.
TR-317-DHHS Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs.
TR-318-DHHS Organizing State and Local Health Departments for Public Health Preparedness..
LRP-200604-03 Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings.
LRP-200604-10 Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003.
LRP-200611-04 Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices.

ZELLMAN, G.
TR-279-OSD Examining Child Care Need Among Military Families.
RB-9218 Need for High-Quality Child Care Affects Military Readiness and Retention.
MG-387-OSD Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy.
WR-399-SEC An Introduction to Qatar's Primary and Secondary Education Reform.

ZEMAN, L. L.
MG-391-A Joint Paths to the Future Force: A Report on Unified Quest 2004.

ZENG, F.
LRP-200610-20 The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions.

ZHANG, L.
LRP-200601-03 Improving Care for Depression in Patients with Comorbid Substance Misuse.
LRP-200601-09 Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults.

ZHAO, H.
LRP-200611-16 A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions.

ZHOU, A. J.
LRP-200605-21 Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample.

ZIERLER, S.
RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study.

ZIMA, B. T.
LRP-200612-14 Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System.

ZIMMER, R. W.
OP-157-EDU Making Sense of Charter Schools: Evidence from California.
LRP-200600-19 Charter School Performance in Two Large Urban Districts.
LRP-200600-20 Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan.
WR-451-PPS Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program.

ZISSIMOPOULOS, J. M.
WR-345 Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement.

ZWANZIGER, J.

LRP-200601-05 Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price.

LRP-200602-28 Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York.

SUBJECT INDEX

ABORTION, LEGAL
Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy LRP-200606-11

ABSENTEEISM
Reducing Substance Use Improves Adolescents' School Attendance LRP-200612-25

ACADEMIC ACHIEVEMENT
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205
Ending Social Promotion in Grades K-8: Insights Regarding Policy Implementation WR-424
Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement MG-480
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

ACADEMIC ACHIEVEMENT—CALIFORNIA
Assessing the Effectiveness of California Charter Schools CT-264

ACADEMIC ACHIEVEMENT—ILLINOIS
Effect of Teacher Pay on Student Performance: Findings from Illinois WR-378
Using Test Scores to Rank Performance of Districts: Findings from Illinois WR-379

ACADEMIC ACHIEVEMENT—MICHIGAN
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

ACADEMIC ACHIEVEMENT—TENNESSEE
Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress TR-381

ACCIDENTAL FALLS
Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting LRP-200609-04
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

ACCOUNTING—STANDARDS
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

ACCULTURATION
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21

ACHIEVEMENT TESTS
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205

ACQUIRED IMMUNODEFICIENCY SYNDROME—DRUG THERAPY
Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006) LRP-200605-19

ACQUIRED IMMUNODEFICIENCY SYNDROME—MORTALITY
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20

ACQUIRED IMMUNODEFICIENCY SYNDROME—PHYSIOPATHOLOGY
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11

ACTIVITIES OF DAILY LIVING
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22
Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People LRP-200603-05
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03

ACUPUNCTURE
Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California LRP-200612-04

ACUPUNCTURE THERAPY—METHODS
California Acupuncturists Comment on Their Training LRP-200600-10

ACUPUNCTURE—EDUCATION
California Acupuncturists Comment on Their Training LRP-200600-10

ACUPUNCTURE—STANDARDS
California Acupuncturists Comment on Their Training LRP-200600-10

ADAPTATION, PSYCHOLOGICAL
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17

ADMINISTRATION, CUTANEOUS
Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers LRP-200604-19
Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy LRP-200602-19

ADOLESCENCE
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20

ADOLESCENT
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37
Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use LRP-200610-15
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383
Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes RP-1192
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Perspectives on Therapeutic Treatment from Adolescent Probationers LRP-200612-43
Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study LRP-200602-21
Public Parks and Physical Activity Among Adolescent Girls LRP-200611-01
Reducing Substance Use Improves Adolescents' School Attendance LRP-200612-25
Sex Differences in Predictors of Adolescent Smoking Cessation RP-1193

Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

ADOLESCENT BEHAVIOR
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21
Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television LRP-200612-17
Time Trends and Demographic Differences in Youth Exposure to Alcohol Advertising on Television LRP-200610-22

ADOLESCENT BEHAVIOR—PSYCHOLOGY
Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment LRP-200606-21
Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes RP-1192
Sex Differences in Predictors of Adolescent Smoking Cessation RP-1193
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04
Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health LRP-200610-05

ADOLESCENT HEALTH SERVICES
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04

ADRENAL GLANDS—PHYSIOLOGY
Evaluation of the Pituitary-Adrenal Axis in Simple Hirsutism LRP-196007-01

ADULT
From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses LRP-200605-12
Marijuana Use and Depression Among Adults: Testing for Causal Associations LRP-200610-23
The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males LRP-200601-04

ADVERSE DRUG REACTION REPORTING SYSTEMS
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10

ADVERTISING
Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes LRP-200603-16
Time Trends and Demographic Differences in Youth Exposure to Alcohol Advertising on Television LRP-200610-22

AERODYNAMICS, HYPERSONIC—MATHEMATICAL MODELS
A Summary of the Supersonic Pressure Drag of Bodies of Revolution LRP-196107-01

AERODYNAMICS, SUPERSONIC
A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil LRP-195210-01

AERODYNAMICS, SUPERSONIC—MATHEMATICAL MODELS
A Summary of the Supersonic Pressure Drag of Bodies of Revolution LRP-196107-01

AEROFOILS
A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil LRP-195210-01

AERONAUTICS, COMMERCIAL—SECURITY MEASURES—CALIFORNIA
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

AERONAUTICS, MILITARY—STUDY AND TEACHING—UNITED STATES
A User's Guide to the Technical Training Schoolhouse Model TR-378

AFRICA, SUB-SAHARAN—EPIDEMIOLOGY
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22

AFRICAN AMERICANS
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13
Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans LRP-200609-23
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10
Talking Wellness: A Description of a Community-Academic Partnered Project to Engage an African-American Community Around Depression Through the Use of Poetry, Film, and Photography LRP-200612-08

AFRICAN AMERICANS—PSYCHOLOGY
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21

AFRICAN AMERICANS—STATISTICS & NUMERICAL DATA
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01

AFTER-SCHOOL PROGRAMS—PENNSYLVANIA—PITTSBURGH
Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program WR-451

AGE AND EMPLOYMENT
Discouraged Workers? Job Search Outcomes of Older Workers LRP-200610-28

AGE DISTRIBUTION (DEMOGRAPHY)—EUROPE
The New Pronatalism? The Policy Consequences of Population Ageing LRP-200603-32
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

AGE DISTRIBUTION (DEMOGRAPHY)—SWEDEN—ECONOMETRIC MODELS
Measurement Error and Misclassification: A Comparison of Survey and Register Data WR-283-1

AGE FACTORS
Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes LRP-200601-19

AGE FACTORS—EUROPE
An International Comparison of Obesity in Older Adults: Effects and Risk Factors RGSD-206

AGE FACTORS—UNITED STATES
Discouraged Workers? Job Search Outcomes of Older Workers LRP-200610-28

AGE OF ONSET
Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease LRP-200608-09
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10

AGED
Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients LRP-200602-05
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care LRP-200605-07
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10
Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? LRP-200612-28

AGED FACTORS
Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening LRP-200604-07

AGED, 80 AND OVER
Quality of Osteoarthritis Care for Community-Dwelling Older Adults LRP-200604-05

AGED—ECONOMIC CONDITIONS
Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS WR-410

AGED—MEDICAL CARE—COST EFFECTIVENESS
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
Evaluation of AHRQ's Children's Health Activities: Final Report WR-429

AGGRESSION—PSYCHOLOGY
The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds LRP-200603-20

AGING
The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review LRP-200601-26

AGING—SOCIAL ASPECTS—EUROPE
Measurement Error and Misclassification: A Comparison of Survey and Register Data WR-283-1
The New Pronatalism? The Policy Consequences of Population Ageing LRP-200603-32
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

AGRICULTURE—GOVERNMENT POLICY—GERMANY
German Introduction to Single Farm Payments TR-429

AID TO FAMILIES WITH DEPENDENT CHILDREN
Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey LRP-200605-24

AID TO FAMILIES WITH DEPENDENT CHILDREN—ORGANIZATION & ADMINISTRATION
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15

AIDS (DISEASE)—AFRICA
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

AIR AND SPACE EXPEDITIONARY FORCES
Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces MG-303

AIR BASES, AMERICAN—FOREIGN COUNTRIES—EVALUATION
Evaluation of Options for Overseas Combat Support Basing MG-421

AIR FORCE. AIR EDUCATION AND TRAINING COMMAND
A User's Guide to the Technical Training Schoolhouse Model TR-378

AIR FORCE—APPROPRIATIONS AND EXPENDITURES
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495
Impossible Certainty: Cost Risk Analysis for Air Force Systems MG-415

AIR FORCE—APPROPRIATIONS AND EXPENDITURES — HANDBOOKS, MANUALS, ETC.
Implementing Purchasing and Supply Chain Management: Best Practices in Market Research MG-473

AIR FORCE—AVIATION SUPPLIES AND STORES
The Maintenance Costs of Aging Aircraft: Insights from Commercial Aviation MG-486

AIR FORCE—COMBAT SUSTAINABILITY
Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities MG-488
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

AIR FORCE—COST CONTROL
Impossible Certainty: Cost Risk Analysis for Air Force Systems MG-415

AIR FORCE—COSTS
Impossible Certainty: Cost Risk Analysis for Air Force Systems MG-415

AIR FORCE—EQUIPMENT—MAINTENANCE AND REPAIR
Strategic Analysis of Air National Guard Combat Support and Reachback Functions MG-375

AIR FORCE—GROUND SUPPORT—EVALUATION
Evaluation of Options for Overseas Combat Support Basing MG-421

AIR FORCE—HISTORY—20TH CENTURY
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

AIR FORCE—HISTORY—21ST CENTURY
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

AIR FORCE—MATERIALS MANAGEMENT—HANDBOOKS, MANUALS, ETC.
Implementing Purchasing and Supply Chain Management: Best Practices in Market Research MG-473

AIR FORCE—OFFICERS—TRAINING OF
Improving the Development and Utilization of Air Force Space and Missile Officers MG-382

AIR FORCE—OPERATIONAL READINESS
The Closed-Loop Planning System for Weapon System Readiness MG-434
Evaluation of Options for Overseas Combat Support Basing MG-421
Rethinking How the Air Force Views Sustainment Surge MG-372
Shaping the Future Air Force TR-322

AIR FORCE—PERSONNEL MANAGEMENT
Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO MG-492
A User's Guide to the Technical Training Schoolhouse Model TR-378

AIR FORCE—PROCUREMENT
Evolutionary Acquisition: Implementation Challenges for Defense Space Programs MG-431
Rethinking How the Air Force Views Sustainment Surge MG-372

AIR FORCE—PROCUREMENT—HANDBOOKS, MANUALS, ETC.
Implementing Purchasing and Supply Chain Management: Best Practices in Market Research MG-473

AIR FORCE—PROCUREMENT—COSTS
Systems Engineering and Program Management: Trends and Costs for Aircraft and Guided Weapons Programs MG-413

AIR FORCE—PROCUREMENT—DECISION MAKING
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207

AIR FORCE—PROCUREMENT—EVALUATION
Evaluation of Options for Overseas Combat Support Basing MG-421
The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses MG-424

AIR FORCE—PROCUREMENT—MATHEMATICAL MODELS
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495

AIR FORCE—PUBLIC RELATIONS
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

AIR FORCE—REORGANIZATION
Shaping the Future Air Force TR-322

AIR FORCE—SUPPLIES AND STORES
The Closed-Loop Planning System for Weapon System Readiness MG-434
Rethinking How the Air Force Views Sustainment Surge MG-372
Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities MG-488
Strategic Analysis of Air National Guard Combat Support and Reachback Functions MG-375
Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces MG-303
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

AIR FORCE—SUPPLIES AND STORES—EVALUATION
The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses MG-424

AIR FORCE—TRANSPORTATION
A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System MG-377

AIR FORCE—WEAPONS SYSTEMS—COSTS
Impossible Certainty: Cost Risk Analysis for Air Force Systems MG-415

AIR FORCE—WEAPONS SYSTEMS—MAINTENANCE AND REPAIR
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207

AIR NATIONAL GUARD
Strategic Analysis of Air National Guard Combat Support and Reachback Functions MG-375

AIR POWER
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

AIR WARFARE
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

AIRCRAFT CARRIERS
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358
Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet MG-448

AIRFRAMES—MAINTENANCE AND REPAIR—MANAGEMENT
A Survey of Aircraft Structural Life Management Programs in the U.S. Navy, the Canadian Forces, and the U.S. Air Force MG-370

AIRLIFT, MILITARY
A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System MG-377
Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities MG-488
Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces MG-303

AIRPLANES, MILITARY—CANADA—MAINTENANCE AND REPAIR
A Survey of Aircraft Structural Life Management Programs in the U.S. Navy, the Canadian Forces, and the U.S. Air Force MG-370

AIRPLANES, MILITARY—COSTS
Systems Engineering and Program Management: Trends and Costs for Aircraft and Guided Weapons Programs MG-413

AIRPLANES, MILITARY—MAINTENANCE AND REPAIR
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495
The Closed-Loop Planning System for Weapon System Readiness MG-434
The Maintenance Costs of Aging Aircraft: Insights from Commercial Aviation MG-486
Rethinking How the Air Force Views Sustainment Surge MG-372
Strategic Analysis of Air National Guard Combat Support and Reachback Functions MG-375

AIRPLANES, MILITARY—MAINTENANCE AND REPAIR — MANAGEMENT
A Survey of Aircraft Structural Life Management Programs in the U.S. Navy, the Canadian Forces, and the U.S. Air Force MG-370

AIRPLANES, MILITARY—MODIFICATION—COSTS
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495

AIRPLANES—AIR REFUELING
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495

AIRPORTS—SECURITY MEASURES
Border Control RP-1216

AIRPORTS—SECURITY MEASURES—CALIFORNIA
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

AIRTANKERS (MILITARY SCIENCE)
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495

ALCOHOL DRINKING
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

ALCOHOL DRINKING—EPIDEMIOLOGY
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

ALCOHOL DRINKING—LEGISLATION & JURISPRUDENCE
Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court LRP-200607-18

ALCOHOL DRINKING—PSYCHOLOGY
Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use LRP-200610-07
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

ALCOHOL INDUSTRY—EUROPE
An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies TR-412

ALCOHOL-RELATED DISORDERS
Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults LRP-200601-09

ALCOHOLIC BEVERAGES—SUPPLY & DISTRIBUTION
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

ALCOHOLIC INTOXICATION—PREVENTION & CONTROL
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

ALCOHOLIC INTOXICATION—PSYCHOLOGY
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

ALCOHOLISM—EUROPE—PREVENTION
An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies TR-412

ALCOHOLISM—REHABILITATION
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37

ALCOHOLISM—THERAPY
Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence LRP-200605-09

ALGERIA—FOREIGN RELATIONS—FRANCE
Pacification in Algeria, 1956–1958 MG-478-1

ALGERIA—HISTORY
Pacification in Algeria, 1956–1958 MG-478-1
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

ALGORITHMS
An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients LRP-200601-22
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

ALTERNATIVE FUEL VEHICLES
Policy Issues for Alternative Fuels for Military Operations CT-268

AMBULATORY CARE
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings LRP-200601-25

AMBULATORY CARE—ECONOMICS
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20

AMBULATORY CARE—STATISTICS & NUMERICAL DATA
Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? LRP-200612-31
What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? LRP-200602-06

AMPHETAMINES
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

ANDROGEN ANTAGONISTS
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34

ANGLE MODULATION
On the Origin and Characteristics of Single-Sided Angle Modulation LRP-196512-02

ANIMALS
The Effective Use of Both Positive and Negative Controls in Screening Experiments LRP-196706-01

ANIMALS, LABORATORY—DRUG EFFECTS
The Effective Use of Both Positive and Negative Controls in Screening Experiments LRP-196706-01

ANTHRAX—PREVENTION
Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary MG-445/1

ANTI-BACTERIAL AGENTS—ADMINISTRATION & DOSAGE
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-20061 1-19

ANTI-HIV AGENTS
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

ANTI-HIV AGENTS—ADMINISTRATION & DOSAGE
A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy LRP-200612-36
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

ANTI-HIV AGENTS—THERAPEUTIC USE
A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions LRP-200611-16
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19

ANTI-RETROVIRAL AGENTS — THERAPEUTIC USE
Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006) LRP-200605-19

ANTI-RETROVIRAL AGENTS—THERAPEUTIC USE
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19

ANTICHOLESTEREMIC AGENTS—ECONOMICS
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12

ANTICHOLESTEREMIC AGENTS—THERAPEUTIC USE
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12

ANTIDEPRESSIVE AGENTS
A Framework to Improve the Quality of Treatment for Depression in Primary Care LRP-200605-08

ANTIDEPRESSIVE AGENTS—THERAPEUTIC USE
Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence LRP-200605-09

ANTIGENS, CD4—IMMUNOLOGY
The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV LRP-200605-17
Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006) LRP-200605-19

ANTIMALARIALS—DIAGNOSTIC USE
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22

ANTINEOPLASTIC AGENTS—PHARMACOLOGY
The Effective Use of Both Positive and Negative Controls in Screening Experiments LRP-196706-01

ANTIOXIDANTS—THERAPEUTIC USE
Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer LRP-200607-03

ANTIPSYCHOTIC AGENTS—ADMINISTRATION & DOSAGE
The Effects of State Parity Laws on the Use of Mental Health Care LRP-200606-15

ANTIRETROVIRAL THERAPY, HIGHLY ACTIVE
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33

ANTIVIRAL AGENTS—ECONOMICS
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10

ANTIVIRAL AGENTS—THERAPEUTIC USE
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10

ANXIETY
In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study LRP-200603-30

ANXIETY DISORDERS—DRUG THERAPY
Reinforcing Effects of Diazepam under Anxiogenic Conditions in Individuals with Social Anxiety LRP-200511-12

ANXIETY DISORDERS—THERAPY
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02

ANXIETY—EPIDEMIOLOGY
In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study LRP-200603-30

APPROXIMATION THEORY
An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems LRP-196603-02

ARAB-ISRAELI CONFLICT
Building a Successful Palestinian State: Security MG-146/2

ARCHIVES
The Manuscripts of Social Welfare LRP-196001-02

ARMED FORCES—APPOINTMENTS AND RETIREMENTS
Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals TR-199

ARMED FORCES—CIVIC ACTION
Strengthening the Partnership RP-1208

ARMED FORCES—CIVILIAN EMPLOYEES
Civilian Workforce Planning in the Department of Defense: Different Levels, Different Roles MG-449

ARMED FORCES—CIVILIAN EMPLOYEES—EDUCATION (CONTINUING EDUCATION)
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

ARMED FORCES—CIVILIAN EMPLOYEES—TRAINING OF
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

ARMED FORCES—COMMUNICATION SYSTEMS
The Impact of Network Performance on Warfighter Effectiveness TR-329

ARMED FORCES—MILITARY LIFE
Monitoring Employment Conditions of Military Spouses TR-324

ARMED FORCES—MILITARY POLICE
Options for Transitional Security Capabilities for America TR-353

ARMED FORCES—OFFICERS
Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey TR-349

ARMED FORCES—OFFICERS—MANAGEMENT
Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management MG-451
Framing a Strategic Approach for Reserve Component Joint Officer Management MG-517

ARMED FORCES—OFFICERS—TRAINING OF
Framing a Strategic Approach for Reserve Component Joint Officer Management MG-517
Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey TR-349

ARMED FORCES—OPERATIONS OTHER THAN WAR
Strengthening the Partnership RP-1208

ARMED FORCES—PAY, ALLOWANCES, ETC.
An Overview of Past Proposals for Military Retirement Reform TR-376
Activation and the Earnings of Reservists MG-474

ARMED FORCES—PERSONNEL MANAGEMENT
An Overview of Past Proposals for Military Retirement Reform TR-376
Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management MG-451
How Deployments Affect Service Members MG-432
Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey TR-349

ARMED FORCES—PROCUREMENT
Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions MG-442

ARMED FORCES—PROCUREMENT—COSTS
Historical Cost Growth of Completed Weapon System Programs TR-343

ARMED FORCES—PROMOTIONS
Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management MG-451

ARMED FORCES—RECRUITING, ENLISTMENT, ETC.
How Deployments Affect Service Members MG-432

ARMED FORCES—RECRUITING, ENLISTMENT, ETC. — HISTORY
I Want You! The Evolution of the All-Volunteer Force MG-265
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

ARMED FORCES—REORGANIZATION
Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense MG-340

ARMED FORCES—RESERVES
Activation and the Earnings of Reservists MG-474
The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism TR-321
Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals TR-199

ARMED FORCES—RESERVES—MANAGEMENT
Framing a Strategic Approach for Reserve Component Joint Officer Management MG-517

ARMED FORCES—WEAPONS SYSTEMS—COSTS
Historical Cost Growth of Completed Weapon System Programs TR-343

ARMS CONTROL
Good Disarmament -and Bad LRP-196105-01

ARMY MEDICAL DEPT
Army Medical Department Transformation: A Summary of Five Workshops MG-416
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

ARMY MEDICAL DEPT—CONGRESSES
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

ARMY — MEDICAL CARE
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

ARMY—CONGRESSES
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

ARMY—AUTOMATION
High-Performance Computing Opportunities and Challenges for Army R&D TR-310

ARMY—DATA PROCESSING
High-Performance Computing Opportunities and Challenges for Army R&D TR-310

ARMY—FORECASTING
Joint Paths to the Future Force: A Report on Unified Quest 2004 MG-391

ARMY—FOREIGN SERVICE
Assessing the Value of U.S. Army International Activities MG-329

ARMY—MEDICAL CARE
Army Medical Department Transformation: A Summary of Five Workshops MG-416

ARMY—OFFICERS—TRAINING OF
Something Old, Something New: Army Leader Development in a Dynamic Environment MG-281

ARMY—PERSONNEL MANAGEMENT
Human Resource Management and Army Recruiting: Analyses of Policy Options MG-433
Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda OP-156

ARMY—RECRUITING, ENLISTMENT, ETC.
Human Resource Management and Army Recruiting: Analyses of Policy Options MG-433

ARMY—REORGANIZATION
Army Medical Department Transformation: A Summary of Five Workshops MG-416
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

AROUSAL
The Role of Hyperarousal in the Manifestation of Posttraumatic Psychological Distress Following Injury LRP-200608-11

ART COMMISSIONS
The Arts and State Governments: At Arm's Length or Arm in Arm MG-359

ARTHRITIS, RHEUMATOID—DRUG THERAPY
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17

ASCORBIC ACID—THERAPEUTIC USE
Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer LRP-200607-03

ASIA, CENTRAL—ECONOMIC CONDITIONS
Economic Dimensions of Security in Central Asia MG-417

ASIA, CENTRAL—RELATIONS—ASIA
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

ASIA, CENTRAL—SOCIAL CONDITIONS
Economic Dimensions of Security in Central Asia MG-417

ASIA, CENTRAL—STRATEGIC ASPECTS
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

ASIA, SOUTHEASTERN—FOREIGN RELATIONS
Demographics and Security in Maritime Southeast Asia RP-1219

ASIAN COOPERATION
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

ASIA—RELATIONS
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

ASIA—RELATIONS—ASIA, CENTRAL
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

ASTHMA
Engaging the Community in Coalition Efforts to Address Childhood Asthma LRP-200604-16
From Formation to Action: How Allies Against Asthma Coalitions Are Getting the Job Done LRP-200604-17

ASTHMA IN CHILDREN—DIAGNOSIS
Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature WR-448

ASTHMA IN CHILDREN—TREATMENT
Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York LRP-200602-28

ASTHMA—DIAGNOSIS
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature WR-448

ASTHMA—EPIDEMIOLOGY
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden LRP-200601-13

ASTHMA—ETHNOLOGY
Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden LRP-200601-13

ASTHMA—PREVENTION & CONTROL
Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York LRP-200602-28
Integrating Asthma Prevention and Control: The Roles of the Coalition LRP-200604-18

ASTHMA—THERAPY
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York LRP-200602-28
Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions LRP-200604-15

ASTHMA—TREATMENT—COST EFFECTIVENESS
Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature WR-448

ASTRONAUTICS AND STATE
National Security Space Launch Report MG-503

ASTRONAUTICS, MILITARY
Improving the Development and Utilization of Air Force Space and Missile Officers MG-382
National Security Space Launch Report MG-503

ASTRONAUTICS, MILITARY—EQUIPMENT AND SUPPLIES
Evolutionary Acquisition: Implementation Challenges for Defense Space Programs MG-431

ATMOSPHERE, UPPER
Report of the Standing Committee on Problems of the Upper Atmosphere, 1951–1952 LRP-195302-01

ATMOSPHERE, UPPER—ROCKET OBSERVATIONS
Daytime and Nighttime Atmospheric Properties Derived from Rocket and Satellite Observations LRP-196103-01

ATOMIC SPECTRA
General Impact Theory of Pressure Broadening LRP-195811-01
Problem of Overlapping Lines in the Theory of Pressure Broadening LRP-195807-01

ATTITUDE
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14
Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes LRP-200603-16
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08

ATTITUDE (PSYCHOLOGY)
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

ATTITUDE OF HEALTH PERSONNEL
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10
Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users LRP-200503-35
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

ATTITUDE TO HEALTH
Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services LRP-200606-18

ATTITUDE—ETHNOLOGY
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21

AUDITING—STANDARDS
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

AURORAL SUBSTORMS
Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets LRP-196104-01

AURORAS
Reply to Some Comments by Malville Concerning the Midnight Auroral Maximum LRP-196103-02
Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets LRP-196104-01

AUTOMOBILE DRIVING—LEGISLATION & JURISPRUDENCE
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court LRP-200607-18
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08

BACCALAUREATE ADDRESSES
Commencement Address 2006: Pardee RAND Graduate School CP-517-0609

BATTERED WOMEN—STATISTICS & NUMERICAL DATA
Toward a More Comprehensive Understanding of Violence Against Impoverished Women LRP-200606-02

BAYES THEOREM
A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine LRP-200606-01
Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models LRP-200607-09
Loss Function Based Ranking in Two-Stage, Hierarchical Models LRP-200600-13

BAYESIAN STATISTICAL DECISION THEORY
Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models LRP-200607-09
Studies in Probabilistic Information Processing LRP-196603-01

BEER—STATISTICS & NUMERICAL DATA
Price Elasticity of Demand for Malt Liquor Beer: Findings from a US Pilot Study LRP-200605-01

BEHAVIORAL ASSESSMENT
A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization WR-354

BEHAVIORAL MEDICINE
Health Plans Respond to Parity: Managing Behavioral Health Care in the Federal Employees Health Benefits Program LRP-200600-01

BENCHMARKING—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

BEVERIDGE CURVE
Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy WR-436

BINARY SYSTEM (MATHEMATICS)
The Logical Principles of a New Kind of Binary Counter LRP-195310-01

BIOMEDICAL RESEARCH
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

BIOMEDICAL RESEARCH—ECONOMICS
Funding for Biomedical Research LRP-200603-09

BIOMEDICAL RESEARCH—STANDARDS
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23

BIOMEDICAL TECHNOLOGY
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03

BIOMETRIC IDENTIFICATION
Biometrics: Trust, but Identify RP-1185
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186
Radicalization: Homeland Security Implication CT-267
Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism RP-1194

BIOMETRY
Biometrics: Trust, but Identify RP-1185
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186
The Effective Use of Both Positive and Negative Controls in Screening Experiments LRP-196706-01

BIOMETRY—GOVERNMENT POLICY
Radicalization: Homeland Security Implication CT-267

BIOPSY
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14

BIOTECHNOLOGY—FORECASTING
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

BIOTERRORISM—HEALTH ASPECTS
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250

BIOTERRORISM—PREVENTION
Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary MG-445/1

BIOTERRORISM—PREVENTION & CONTROL
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

BIPOLAR DISORDER—EPIDEMIOLOGY
Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder LRP-200601-06

BIPOLAR DISORDER—THERAPY
Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder LRP-200601-06

BIRTH WEIGHT, LOW
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

BLADDER NEOPLASMS—SURGERY
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

BODY OF REVOLUTION—MATHEMATICAL MODELS
A Summary of the Supersonic Pressure Drag of Bodies of Revolution LRP-196107-01

BODY WEIGHT—HEALTH ASPECTS
Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health LRP-200602-01

BOMBERS (TERRORISTS)—PSYCHOLOGY
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

BOUNDARIES—CANADA
Border Security and the Terrorist Threat CT-266

BOUNDARIES—MEXICO
Border Security and the Terrorist Threat CT-266

BOUNDARIES—SAFETY MEASURES
Border Control RP-1216

BOUNDARY LAYER STABILITY
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

BOUNDARY LAYER TRANSITION
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

BREAST NEOPLASMS—DIAGNOSIS
The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer LRP-200600-11

BREAST NEOPLASMS—DRUG THERAPY
Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends LRP-200600-04

BREAST NEOPLASMS—ETHNOLOGY
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13

BREAST NEOPLASMS—MORTALITY
Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends LRP-200600-04

BREAST NEOPLASMS—PATHOLOGY
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14

BREAST NEOPLASMS—RADIOGRAPHY
Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening LRP-200604-07

BREAST NEOPLASMS—THERAPY
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14

BRITAIN, BATTLE OF, GREAT BRITAIN, 1940
The Role of Intelligence in Deciding the Battle of Britain LRP-200606-16

BUDGETS—METHODS
What Drug Policies Cost: Estimating Government Drug Policy Expenditures LRP-200603-02

BUILDING FAILURES—HEALTH ASPECTS
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

BUILDING FAILURES—SAFETY MEASURES
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

BUILDING LAWS—CALIFORNIA—COSTS
Estimating the Compliance Costs for California SB1953 LRP-200204-08
SB1953 and the Challenge of Hospital Seismic Safety in California LRP-200612-24

BUILDINGS—DESIGN AND CONSTRUCTION
Building on a Legacy CP-514

BUILDINGS—REPAIR AND RECONSTRUCTION
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
The Repopulation of New Orleans After Hurricane Katrina TR-369

BUSINESS ENTERPRISES—OECD COUNTRIES—SIZE
Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size WR-454

BUSINESS LOGISTICS—GOVERNMENT POLICY
Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program DB-490

CALIFORNIA
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14
California Acupuncturists Comment on Their Training LRP-200600-10
Consumer Decision Making in the Individual Health Insurance Market LRP-200605-05
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20
The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial LRP-200611-27
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price LRP-200601-05
How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06
Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California LRP-200607-05
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data LRP-200609-05
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13
Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model LRP-200602-07
Pay for Performance: Its Influence on the Use of IT in Physician Organizations LRP-200603-22
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13
Toward the Implementation of Mental Health Consumer Provider Services LRP-200604-11

CALIFORNIA—EPIDEMIOLOGY
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24
Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs LRP-200600-02
Toward a More Comprehensive Understanding of Violence Against Impoverished Women LRP-200606-02
Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement LRP-200602-02

CAMBODIA—ETHNOLOGY
Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees LRP-200612-32
Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees LRP-200610-14

CANADA—BOUNDARIES
Border Security and the Terrorist Threat CT-266

CANNABIS
The Evidence Base for the Classification of Drugs TR-362

The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

CAPITAL PUNISHMENT
Race and the Decision to Seek the Death Penalty in Federal Cases TR-389

CARBON DIOXIDE
High-Dispersion Spectroscopic Observations of Mars: I. the CO2 Content and Surface Pressure LRP-196611-01

CARBON—ENVIRONMENTAL ASPECTS—ECONOMETRIC MODELS
Analysis of US Energy Scenarios: Meta-Scenarios, Pathways, and Policy Implications LRP-200305-39

CARDIOVASCULAR SURGICAL PROCEDURES—STANDARDS
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16

CAREER DEVELOPMENT—GREAT BRITAIN—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

CAREER DEVELOPMENT—NETHERLANDS—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

CARICATURES AND CARTOONS—POLITICAL ASPECTS—GERMAN
Humor-Auch Fur Musliminnen Die Scharfste Waffe: Humor in the Muslim World: The Cartoon Controversy and the Rest of the Story RP-1227

CASE MANAGEMENT
Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons LRP-200110-03

CATARACT—SURGERY—TREATMENT
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14

CD4 LYMPHOCYTE COUNT
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33

CELL MOVEMENT
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

CENTERS FOR DISEASE CONTROL AND PREVENTION (U.S.)—STANDARDS
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317

CHARITIES—FOREIGN COUNTRIES
Strengthening the Partnership RP-1208

CHARTER SCHOOLS—CALIFORNIA—EVALUATION
Assessing the Effectiveness of California Charter Schools CT-264
Making Sense of Charter Schools: Evidence from California OP-157

CHARTER SCHOOLS—CALIFORNIA—LOS ANGELES
Charter School Performance in Two Large Urban Districts LRP-200600-19

CHARTER SCHOOLS—CALIFORNIA—SAN DIEGO
Charter School Performance in Two Large Urban Districts LRP-200600-19

CHARTER SCHOOLS—MICHIGAN—EVALUATION
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

CHILD
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Childhood Overweight and Elementary School Outcomes LRP-200609-08
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03
Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas LRP-200603-03
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04
Engaging the Community in Coalition Efforts to Address Childhood Asthma LRP-200604-16
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Reducing Stunting Among Children: The Potential Contribution of Diagnostics LRP-200611-21
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-200611-19

CHILD BEHAVIOR DISORDERS—ETIOLOGY
Childhood Overweight and Elementary School Outcomes LRP-200609-08

CHILD CARE SERVICES—COSTS
Examining Child Care Need Among Military Families TR-279
Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy MG-387

CHILD DEVELOPMENT
Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process LRP-200606-12

CHILD DEVELOPMENT DEVIATIONS
A Technical Supplement: Reducing Stunting Among Children: The Potential Contribution of Improved Diagnostics WR-420

CHILD HEALTH SERVICES
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15
Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey LRP-200605-24

CHILD HEALTH SERVICES—ECONOMICS
The Effects of Reinsurance in Financing Children's Health Care LRP-200603-36
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19

CHILD HEALTH SERVICES—EVALUATION
Evaluation of AHRQ's Children's Health Activities: Final Report WR-429

CHILD HEALTH SERVICES—ORGANIZATION & ADMINISTRATION
Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System LRP-200612-14
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Routes to Better Health for Children in Four Developing Countries LRP-200606-13

CHILD HEALTH SERVICES—STANDARDS
Preventive Care for Children in the United States: Quality and Barriers LRP-200604-04

CHILD HEALTH SERVICES—UTILIZATION
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02
Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model LRP-200602-07

CHILD MENTAL HEALTH SERVICES
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03

CHILD PSYCHOLOGY
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11

CHILD REARING
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

CHILD WELFARE
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03
Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System LRP-200612-14
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Routes to Better Health for Children in Four Developing Countries LRP-200606-13

CHILDREN OF MILITARY PERSONNEL—SERVICES FOR—UNITED STATES
Examining Child Care Need Among Military Families TR-279
Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy MG-387

CHILDREN—CALIFORNIA—LOS ANGELES COUNTY
The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey RP-1241

CHILDREN—DEVELOPING COUNTRIES—GROWTH
A Technical Supplement: Reducing Stunting Among Children: The Potential Contribution of Improved Diagnostics WR-420

CHILDREN—DISEASES—DIAGNOSIS
A Technical Supplement: Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics WR-419

CHILDREN—DISEASES—TREATMENT
A Technical Supplement: Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics WR-419

CHINA—DEFENSES
Advances Underway in China's Defense Industries CT-256

CHINA—MILITARY POLICY
Challenges to China's Internal Security Strategy CT-254
Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense MG-340
Entering the Dragon's Lair: Chinese Antiaccess Strategies and Their Implications for the United States MG-524

CHINA—POLITICS AND GOVERNMENT
Challenges to China's Internal Security Strategy CT-254

CHIROPRACTIC—METHODS
Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation LRP-200400-22

CHLAMYDIA—DIAGNOSIS—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

CHLAMYDIA—TREATMENT—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

CHOICE BEHAVIOR
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37
Field Testing: What It Is and How We Do It LRP-200506-22
Understanding Patients' Choices at the Point of Referral TR-359

CHRONIC DISEASE
A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study LRP-200602-04
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19

CHRONIC DISEASES IN CHILDREN
Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature WR-448

CHRONIC DISEASE—PSYCHOLOGY
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17

CHRONIC PAIN
Dynamics of Work Disability and Pain WR-387

CHRONICALLY ILL—CARE
Measuring and Reporting the Performance of Disease Management Programs WR-400

CHRONOLOGY
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26

CIVIL DEFENSE—EVALUATION
Combating Terrorism: How Prepared Are State and Local Response Organizations? MG-309

CIVIL-MILITARY RELATIONS
Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations RGSD-201

CIVILIAN WAR CASUALTIES
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

CIVILIZATION
In Search of How Societies Work: Tribes—the First and Forever Form WR-433

CLINICAL CLERKSHIP
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10

CLINICAL COMPETENCE
A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians LRP-200604-20

CLINICAL MEDICINE
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21

COAL LIQUEFACTION
Policy Issues for Alternative Fuels for Military Operations CT-268

COALITIONS
A Coalition of Coalitions: International Cooperation Against Terrorism LRP-200600-18

COCAINE
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

COCAINE-RELATED DISORDERS—ECONOMICS
College Students' Use of Cocaine LRP-200600-05

COGNITION
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17

COGNITION DISORDERS—PHYSIOPATHOLOGY
The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review LRP-200601-26

COGNITIVE THERAPY
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02

COGNITIVE THERAPY—METHODS
CBT Intensity and Outcome for Panic Disorder in a Primary Care Setting LRP-200606-14
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17
Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder LRP-200603-07

COLLEGE FACILITIES—NETHERLANDS—FINANCE
"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs TR-399

COLORECTAL NEOPLASMS—DIAGNOSIS
How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment LRP-200610-12

COLORECTAL NEOPLASMS—MORTALITY
How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment LRP-200610-12

COLORECTAL NEOPLASMS—PATHOLOGY
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14

COLORECTAL NEOPLASMS—PSYCHOLOGY
Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey LRP-200608-02

COLORECTAL NEOPLASMS—THERAPY
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14
Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey LRP-200608-02

COMBATANTS AND NONCOMBATANTS (INTERNATIONAL LAW)
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

COMBINED OPERATIONS (MILITARY SCIENCE)
Joint Paths to the Future Force: A Report on Unified Quest 2004 MG-391

COMMAND AND CONTROL SYSTEMS
The Impact of Network Performance on Warfighter Effectiveness TR-329
Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities MG-488
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

COMMAND OF TROOPS
Something Old, Something New: Army Leader Development in a Dynamic Environment MG-281

COMMUNICABLE DISEASE CONTROL
Infectious Disease and National Security: Strategic Information Needs TR-405

COMMUNICABLE DISEASES
Infectious Disease and National Security: Strategic Information Needs TR-405

COMMUNICABLE DISEASES—EPIDEMIOLOGY
Infectious Disease and National Security: Strategic Information Needs TR-405

COMMUNICABLE DISEASES—PREVENTION
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250

COMMUNICABLE DISEASES—TRANSMISSION
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24

COMMUNICATION
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328
Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience LRP-200612-05
Physician Communication About the Cost and Acquisition of Newly Prescribed Medications LRP-200611-26

COMMUNICATION BARRIERS
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25

COMMUNICATIONS, MILITARY
The Impact of Network Performance on Warfighter Effectiveness TR-329

COMMUNITY HEALTH PLANNING—ORGANIZATION & ADMINISTRATION
Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC) LRP-200612-07
Supporting Wellness Through Policy and Advocacy: A Case History of a Working Group in a Community Partnership Initiative to Address Depression LRP-200612-06
Talking Wellness: A Description of a Community-Academic Partnered Project to Engage an African-American Community Around Depression Through the Use of Poetry, Film, and Photography LRP-200612-08

COMMUNITY HEALTH SERVICES
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314

COMMUNITY HEALTH SERVICES—ORGANIZATION & ADMINISTRATION
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10

COMMUNITY HEALTH SERVICES—PLANNING
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314

COMMUNITY MENTAL HEALTH SERVICES
Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees LRP-200612-32
The Dimensions of Change in Therapeutic Community Treatment Instrument LRP-200603-29
Income and Mental Health: Unraveling Community and Individual Level Relations RP-1212
Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience LRP-200612-05
Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees LRP-200610-14

COMMUNITY MENTAL HEALTH SERVICES—MANPOWER
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15

COMMUNITY MENTAL HEALTH SERVICES—ORGANIZATION & ADMINISTRATION
Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation LRP-200612-11
Toward the Implementation of Mental Health Consumer Provider Services LRP-200604-11

COMMUNITY MENTAL HEALTH SERVICES—STANDARDS
Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices LRP-200611-04

COMMUNITY NETWORKS
Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions LRP-200604-15

COMMUNITY NETWORKS—ORGANIZATION & ADMINISTRATION
Engaging the Community in Coalition Efforts to Address Childhood Asthma LRP-200604-16
From Formation to Action: How Allies Against Asthma Coalitions Are Getting the Job Done LRP-200604-17
Integrating Asthma Prevention and Control: The Roles of the Coalition LRP-200604-18

COMMUNITY ORGANIZATION
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20

COMMUNITY POLICING
Interactive Police-Citizen Encounters That Result in Force LRP-200412-33

COMMUNITY POLICING—CINCINNATI (OHIO)
Police-Community Relations in Cincinnati: Year Two Evaluation Report TR-445

COMMUNITY-INSTITUTIONAL RELATIONS
The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise LRP-200612-01
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03
Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California LRP-200612-04
Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience LRP-200612-05
Talking Wellness: A Description of a Community-Academic Partnered Project to Engage an African-American Community Around Depression Through the Use of Poetry, Film, and Photography LRP-200612-08
Witness for Wellness: Preliminary Findings from a Community-Academic Participatory Research Mental Health Initiative LRP-200612-02

COMORBIDITY
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection LRP-200608-12
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

COMPARATIVE STUDY
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191

COMPENSATION MANAGEMENT
National Security and Private-Sector Risk Management for Terrorism RP-1233

COMPETITION
Entry by Spinoffs LRP-200508-28

COMPLEMENTARY THERAPIES
Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation LRP-200400-22
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13

COMPLEMENTARY THERAPIES—EDUCATION
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

COMPLEMENTARY THERAPIES—METHODS
Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer LRP-200612-26

COMPLEMENTARY THERAPIES—STANDARDS
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

COMPLEMENTARY THERAPIES—TRENDS
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10

COMPLEMENTARY THERAPIES—UTILIZATION
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10

COMPREHENSION
Variation in the Readability of Items Within Surveys LRP-200601-14

COMPUTATIONAL LINGUISTICS
Basic Principles and Technical Variations in Sentence-Structure Determination LRP-196100-01

COMPUTER NETWORKS
In Search of How Societies Work: Tribes—the First and Forever Form WR-433

COMPUTER NETWORKS—LAW AND LEGISLATION—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

COMPUTER NETWORKS—SECURITY MEASURES—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

COMPUTER PROGRAMMING
PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701 LRP-195610-01

COMPUTER SECURITY—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

COMPUTER SIMULATION
Army Medical Department Transformation: A Summary of Five Workshops MG-416

COMPUTERS—LAW AND LEGISLATION—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

CONDOMS
An Empirical Study of Ordinal Condom Use Measures LRP-200511-13

CONFORMITY
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186

CONSCIENCE
Social Control of Health Behavior: Associations with Conscientiousness and Neuroticism LRP-200609-03

CONSUMER BEHAVIOR
Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries WR-457/1
Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review WR-457/2

CONSUMER PARTICIPATION
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04
Ethics of Clinical Research Within a Community-Academic Partnered Participatory Framework LRP-200612-09
Field Testing: What It Is and How We Do It LRP-200506-22

CONSUMER PARTICIPATION—ECONOMICS
Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality LRP-200610-16

CONSUMER PARTICIPATION—METHODS
Engaging the Community in Coalition Efforts to Address Childhood Asthma LRP-200604-16
Getting to Outcomes: A Community-Based Participatory Approach to Preventive Interventions RP-1203

CONSUMER PROTECTION—DECISION MAKING—EVALUATION
Intermediate Evaluation of Directorate-General Health and Consumer Protection Non-Food Scientific Committees : Final Report TR-437

CONSUMER SATISFACTION
Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality LRP-200600-16
Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care LRP-200611-03
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10

CONSUMER SATISFACTION—ECONOMICS
Consumer Decision Making in the Individual Health Insurance Market LRP-200605-05

CONSUMER SATISFACTION—STATISTICS & NUMERICAL DATA
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191
Understanding Patients' Choices at the Point of Referral TR-359

CONSUMPTION (ECONOMICS)
Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS WR-410
Some Answers to the Retirement-Consumption Puzzle WR-342

CONTAINER PORTS—SECURITY MEASURES
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220

CONTAINER SHIPS
Maritime Terrorism: Risk and Liability MG-520

CONTINENTAL POPULATION GROUPS
Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data LRP-200608-06
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16
Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity LRP-200608-04

CONTINUOUS WAVE RADAR
Doppler Radar LRP-194904-01

CONTRACEPTIVES
An Empirical Study of Ordinal Condom Use Measures LRP-200511-13

CONTRACTING OUT
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

COOPERATIVE BEHAVIOR
Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California LRP-200612-04

Research-Practice Partners Assess Their First Joint Project LRP-200512-26

COPAYMENTS (INSURANCE)
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

CORONARY ARTERY BYPASS—MORTALITY
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02

CORONARY ARTERY BYPASS—STATISTICS & NUMERICAL DATA
Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card LRP-200604-21

CORONARY DISEASE—DIAGNOSIS
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10

CORONARY DISEASE—GENETICS
Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease LRP-200608-09
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10

CORPORATE GOVERNANCE
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

CORPORATIONS—ACCOUNTING—CORRUPT PRACTICES
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

CORPORATIONS—AUDITING
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

CORPORATIONS—OECD COUNTRIES—FINANCE
Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size WR-454

COST ALLOCATION—TRENDS
Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price LRP-200601-05

COST CONTROL—METHODS
An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18

COST SAVINGS
Health Care IT Adoption Could Save USD162 Billion LRP-200600-21

COST-BENEFIT ANALYSIS
An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10
Costs and Benefits of Health Information Technology LRP-200604-06
Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder LRP-200603-07
Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court LRP-200607-18
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12

COST-BENEFIT ANALYSIS—ECONOMICS
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13

COST-BENEFIT ANALYSIS—STATISTICS & NUMERICAL DATA
Datapoints: General Medical Costs of Recipients of Behavioral Health Care LRP-200605-10

COSTS AND COST ANALYSIS
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34

COSTS AND COST ANALYSIS—ECONOMICS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

COUNSELING
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19
Perspectives on Therapeutic Treatment from Adolescent Probationers LRP-200612-43

COUNTERINSURGENCY
On "Other War": Lessons from Five Decades of RAND Counterinsurgency Research MG-482
Subversion and Terrorism: Understanding and Countering the Threat LRP-200600-08
Waging the "War of Ideas" RP-1218

COUNTERINSURGENCY—CONGRESSES
Counterinsurgency: A Symposium, April 16–20, 1962 R-412-1

COUNTERINSURGENCY—ALGERIA
Pacification in Algeria, 1956–1958 MG-478-1
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

COUNTERINSURGENCY—IRAQ
A New IO Strategy: Prevention and Disengagement RP-1223

COUNTERINSURGENCY—MILITARY PLANNING
Preventing Insurgencies After Major Combat Operations RP-1242

COUNTERINSURGENCY—PREVENTION
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263

COURTSHIP
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383

CRIME PREVENTION—GREAT BRITAIN—COST EFFECTIVENESS
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

CRIME VICTIMS
Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need LRP-200605-16

CRIME VICTIMS—STATISTICS & NUMERICAL DATA
Toward a More Comprehensive Understanding of Violence Against Impoverished Women LRP-200606-02

CRIMINAL BEHAVIOR, PREDICITION OF—RESEARCH—CALIFORNIA
Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders LRP-200402-22

CRISIS INTERVENTION (MENTAL HEALTH SERVICES)—UNITED STATES —EVALUATION
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03

CRISIS MANAGEMENT—HEALTH ASPECTS
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317

CROSS-CULTURAL COMPARISON
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23

CROSS-SECTIONAL STUDIES
Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients LRP-200609-07
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191
Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing LRP-200609-14

CUES
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17

CULTURAL CHARACTERISTICS
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23

CULTURAL DIVERSITY
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25

CULTURE
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

CURRICULUM
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06

CURRICULUM CHANGE
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338

CYBERSPACE—SECURITY MEASURES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

CYBERTERRORISM—EUROPEAN UNION COUNTRIES—PREVENTION
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

CYSTECTOMY—METHODS
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

DATA COLLECTION
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314
Health Plans Respond to Parity: Managing Behavioral Health Care in the Federal Employees Health Benefits Program LRP-200600-01
Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service LRP-200609-18
Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination LRP-200611-15
Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data LRP-200608-06
Measurement in a Multi-Ethnic Society: Overview to the Special Issue LRP-200611-13
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey LRP-200605-24

DATA COLLECTION—METHODS
Field Testing: What It Is and How We Do It LRP-200506-22

DATA INTERPRETATION, STATISTICAL
Estimating Probit Models with Self-Selected Treatments LRP-200602-09
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07
Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework LRP-200611-07

DATING VIOLENCE
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383

DECISION MAKING
Considering the Effects of a Catastrophic Terrorist Attack TR-391
Consumer Decision Making in the Individual Health Insurance Market LRP-200605-05
Defense Decisions: Design Vs. Analysis LRP-196100-02
How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06
Intermediate Evaluation of Directorate-General Health and Consumer Protection Non-Food Scientific Committees : Final Report TR-437
Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression LRP-200605-04
Studies in Probabilistic Information Processing LRP-196603-01
Success Matters: Recasting the Relationship Among Geophysical, Biological, and Behavioral Scientists to Support Decision Making on Major Environmental Challenges LRP-200603-28
Understanding Patients' Choices at the Point of Referral TR-359

DECISION MAKING—MATHEMATICAL MODELS
A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios LRP-200604-12
Using Logic Models for Strategic Planning and Evaluation TR-370

DECISION MAKING—PHILOSOPHY
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

DECISION MAKING—SIMULATION METHODS
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

DECISION SUPPORT SYSTEMS
Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research OP-170
A User's Guide to the Technical Training Schoolhouse Model TR-378

DECISION SUPPORT TECHNIQUES
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10

DECISION THEORY
Loss Function Based Ranking in Two-Stage, Hierarchical Models LRP-200600-13

DEDUCTIBLES AND COINSURANCE
Consumer Decision Making in the Individual Health Insurance Market LRP-200605-05

DEFENSE CONTRACTS
Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer MG-259/1
Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program DB-490

DEFENSE CONTRACTS—MANAGEMENT—COSTS
Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study TR-347

DEFENSE INDUSTRIES—CHINA
Advances Underway in China's Defense Industries CT-256

DEFENSE INDUSTRIES—MANAGEMENT—COSTS
Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study TR-347

DEFENSES
Infectious Disease and National Security: Strategic Information Needs TR-405
Information Sharing and Emergency Responder Safety Management CT-258
Striking First: Preemptive and Preventive Attack in U.S. National Security Policy MG-403

DELIVERY OF HEALTH CARE
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25
Funding for Biomedical Research LRP-200603-09
Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans LRP-200609-23
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214
Research in the Economics and Sociology of Medical Care: A Point of View LRP-196102-01
Routes to Better Health for Children in Four Developing Countries LRP-200606-13
Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management LRP-200610-18

DELIVERY OF HEALTH CARE, INTEGRATED
Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? LRP-200612-34
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13
From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses LRP-200605-12
Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care LRP-200605-11
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

DELIVERY OF HEALTH CARE—ECONOMICS
Health Care IT Adoption Could Save USD162 Billion LRP-200600-21

DELIVERY OF HEALTH CARE—ORGANIZATION & ADMINISTRATION
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11
Securing Health: Lessons from Nation-Building Missions MG-321

DELIVERY OF HEALTH CARE—ORGANIZATION & ADMINISTRATION—UNITED STATES—CONGRESSES
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

DELIVERY OF HEALTH CARE—STANDARDS,
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08

DELIVERY OF HEALTH CARE—UTILIZATION
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02

DEMENTIA—DRUG THERAPY
The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review LRP-200601-26

DEMENTIA—THERAPY
The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial LRP-200611-27

DEMOCRACY—MIDDLE EAST
The Middle East: The Changing Strategic Environment CF-223

DEMOGRAPHIC TRANSITION
Demographics and Security in Maritime Southeast Asia RP-1219

DEMOGRAPHIC TRANSITION—CASE STUDIES
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

DEMOGRAPHIC TRANSITION—ECONOMETRIC MODELS
Measurement Error and Misclassification: A Comparison of Survey and Register Data WR-283-1

DEMOGRAPHY
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395
Price Elasticity of Demand for Malt Liquor Beer: Findings from a US Pilot Study LRP-200605-01

DENTAL CARE FOR CHILDREN
Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care LRP-200611-03

DEPLOYMENT (STRATEGY)
A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System MG-377
How Deployments Affect Service Members MG-432
Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities MG-488
Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces MG-303
Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control MG-316

DEPRESSED PERSONS
Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission LRP-200601-07

DEPRESSED PERSONS—MEDICAL CARE
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204

DEPRESSION, MENTAL—TREATMENT
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204

DEPRESSION, MENTAL—TREATMENT—QUALITY CONTROL
Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission LRP-200601-07

DEPRESSION—DIAGNOSIS
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20

DEPRESSION—ECONOMICS
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20

DEPRESSION—EPIDEMIOLOGY
The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV LRP-200605-17
Marijuana Use and Depression Among Adults: Testing for Causal Associations LRP-200610-23

DEPRESSION—PSYCHOLOGY
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204

DEPRESSION—STANDARDS
Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression LRP-200605-04

DEPRESSION—THERAPY
Adolescent Primary Care Patients' Preferences for Depression Treatment LRP-200603-23
A Framework to Improve the Quality of Treatment for Depression in Primary Care LRP-200605-08
Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care LRP-200601-08
Improving Care for Depression: There's No Free Lunch LRP-200610-09
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19
Supporting Wellness Through Policy and Advocacy: A Case History of a Working Group in a Community Partnership Initiative to Address Depression LRP-200612-06
What Drives Referral from Primary Care Physicians to Mental Health Specialists? LRP-200606-05

DEPRESSIVE DISORDER, MAJOR—EPIDEMIOLOGY
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22
Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment LRP-200610-02

DEPRESSIVE DISORDER, MAJOR—THERAPY
Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment LRP-200610-02

DEPRESSIVE DISORDER—EPIDEMIOLOGY
In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study LRP-200603-30

DEPRESSIVE DISORDER—THERAPY
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02
Improving Care for Depression in Patients with Comorbid Substance Misuse LRP-200601-03
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13

DEPT. OF DEFENSE
National Security Space Launch Report MG-503

DEPT. OF DEFENSE. SBIR PROGRAM OFFICE
Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program DB-490

DEPT. OF DEFENSE—MANAGEMENT
Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services CT-261

DEPT. OF DEFENSE—OFFICIALS AND EMPLOYEES — EDUCATION (CONTINUING EDUCATION)
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

DEPT. OF DEFENSE—OFFICIALS AND EMPLOYEES — SALARIES, ETC.
Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy MG-387

DEPT. OF DEFENSE—OFFICIALS AND EMPLOYEES — TRAINING OF
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

DEPT. OF DEFENSE—PERSONNEL MANAGEMENT
Civilian Workforce Planning in the Department of Defense: Different Levels, Different Roles MG-449

DEPT. OF DEFENSE—PROCUREMENT
Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services CT-261
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

DEPT. OF DEFENSE—PROCUREMENT—COSTS
Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study TR-347

DEPT. OF DEFENSE—REGULATION
Biometrics: Trust, but Identify RP-1185
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186

DEPT. OF DEFENSE—RULES AND PRACTICE— EVALUATION
Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey TR-349

DEPT. OF DEFENSE—RULES AND PRACTICE—STUDY AND TEACHING
Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study TR-347

DESTROYERS (WARSHIPS)
Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer MG-259/1

DESTROYERS (WARSHIPS)—MAINTENANCE AND REPAIR — CASE STUDIES
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358

DETERRENCE (STRATEGY)
Preventing Insurgencies After Major Combat Operations RP-1242

DEVELOPING COUNTRIES
Developing and Interpreting Models to Improve Diagnostics in Developing Countries LRP-200611-18
Global Health Diagnostics LRP-200611-17
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Reducing Stunting Among Children: The Potential Contribution of Diagnostics LRP-200611-21
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-200611-19
Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics LRP-200611-23
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25
Routes to Better Health for Children in Four Developing Countries LRP-200606-13

DEVELOPING COUNTRIES—ECONOMIC CONDITIONS
Governance and Foreign Aid Allocation RGSD-202

DEVELOPING COUNTRIES—ECONOMIC POLICY
Operations Research and National Planning, a Dissent LRP-195710-01

DEVIANT BEHAVIOR—GREAT BRITAIN—PREVENTION
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

DIABETES MELLITUS, TYPE 2—PREVENTION & CONTROL
Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? LRP-200602-18

DIAGNOSIS
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24

DIAGNOSIS, COMPUTER-ASSISTED
Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting LRP-200609-04
An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients LRP-200601-22

DIAGNOSIS, DUAL (PSYCHIATRY)
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328

DIAGNOSTIC SERVICES—ORGANIZATION & ADMINISTRATION
Developing and Interpreting Models to Improve Diagnostics in Developing Countries LRP-200611-18
Reducing Stunting Among Children: The Potential Contribution of Diagnostics LRP-200611-21
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-200611-19
Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics LRP-200611-23
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25

DIAGNOSTIC TESTS, ROUTINE
Developing and Interpreting Models to Improve Diagnostics in Developing Countries LRP-200611-18
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-200611-19
Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics LRP-200611-23
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25

DIAGNOSTIC TESTS, ROUTINE—INSTRUMENTATION
Global Health Diagnostics LRP-200611-17

DIAZEPAM—THERAPEUTIC USE
Reinforcing Effects of Diazepam under Anxiogenic Conditions in Individuals with Social Anxiety LRP-200511-12

DIFFUSION OF INNOVATION
Asking Why and What: The Authors Respond LRP-200601-16
Creating the Future LRP-200601-17
The Diffusion and Value of Healthcare Information Technology MG-272-1
Health Care IT Adoption Could Save USD162 Billion LRP-200600-21

DIFFUSION OF INNOVATIONS
The Diffusion and Value of Healthcare Information Technology MG-272-1
Entry by Spinoffs LRP-200508-28

DIGITAL COUNTERS—DESIGN AND CONSTRUCTION
The Logical Principles of a New Kind of Binary Counter LRP-195310-01

DIGITAL MEDIA
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

DISABILITY EVALUATION
Dynamics of Work Disability and Pain WR-387
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17
Self Reported Disability and Reference Groups WR-409-1

DISABILITY EVALUATION—CALIFORNIA
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214

DISARMAMENT
Good Disarmament -and Bad LRP-196105-01

DISASTER MEDICINE—EVALUATION
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Process Evaluation of Project Public Health Ready Phase 2 TR-331
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317
Quality Improvement: Implications for Public Health Preparedness TR-316
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

DISASTER PLANNING
Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge LRP-200600-06
Public Health Preparedness in the 21st Century CT-257
Public Health Preparedness: Evolution or Revolution? LRP-200607-07
Understanding and Preparing for the Psychological Consequences of Terrorism RP-1217

DISASTER PLANNING—METHODS
Differences in Individual-Level Terrorism Preparedness in Los Angeles County LRP-200601-11

DISASTER PLANNING—ORGANIZATION & ADMINISTRATION
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317

DISASTER RELIEF
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

DISASTER RELIEF—CASE STUDIES
From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years OP-164

DISASTER VICTIMS—EDUCATION—LOUISIANA
Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students TR-430

DISASTER VICTIMS—LOUISIANA
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

DISCOURAGED WORKERS
Discouraged Workers? Job Search Outcomes of Older Workers LRP-200610-28

DISCRIMINANT ANALYSIS
Basic Principles for Construction and Application of Discriminators LRP-195001-01

DISCRIMINATION IN CRIMINAL JUSTICE ADMINISTRATION
Race and the Decision to Seek the Death Penalty in Federal Cases TR-389

DISCRIMINATION IN LAW ENFORCEMENT —CALIFORNIA—OAKLAND
Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores LRP-200603-27

DISEASE MANAGEMENT
The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial LRP-200611-27
Measuring and Reporting the Performance of Disease Management Programs WR-400
Rigorous Disease Management Evaluation LRP-200604-01
Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management LRP-200610-18

DISEASE MODELS, ANIMAL
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

DISEASE OUTBREAKS
A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine LRP-200606-01

DISEASE OUTBREAKS—PREVENTION & CONTROL
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06
Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge LRP-200600-06
The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products LRP-200604-09
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

DISEASE OUTBREAKS—STATISTICS & NUMERICAL DATA
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06

DISEASE—THERAPY
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25

DISENGAGEMENT (MILITARY SCIENCE)
A New IO Strategy: Prevention and Disengagement RP-1223

DISTANCE EDUCATION
Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda OP-156

DISTRIBUTION (PROBABILITY THEORY)
Basic Principles for Construction and Application of Discriminators LRP-195001-01

DNA—ANALYSIS
Availability and Quality of Human Biospecimens for Use in Biomedical Research LRP-200600-14

DOCUMENTATION
The Manuscripts of Social Welfare LRP-196001-02

DOPPLER RADAR
Doppler Radar LRP-194904-01

DOUBLE-BLIND METHOD
Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers LRP-200604-19

DRAG (AERODYNAMICS)—MATHEMATICAL MODELS
A Summary of the Supersonic Pressure Drag of Bodies of Revolution LRP-196107-01

DRINKING OF ALCOHOLIC BEVERAGES—ECONOMIC ASPECTS—EUROPE
An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies TR-412

DRINKING OF ALCOHOLIC BEVERAGES—GOVERNMENT POLICY—EUROPE
An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies TR-412

DRINKING OF ALCOHOLIC BEVERAGES—SOCIAL ASPECTS—EUROPE
An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies TR-412

DRUG ABUSE—GREAT BRITAIN
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

DRUG ABUSE—PREVENTION
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

DRUG ADMINISTRATION SCHEDULE
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

DRUG AND NARCOTIC CONTROL—ECONOMICS
What Drug Policies Cost: Estimating Government Drug Policy Expenditures LRP-200603-02

DRUG COSTS
Benefit Design and Specialty Drug Use LRP-200609-11
Physician Communication About the Cost and Acquisition of Newly Prescribed Medications LRP-200611-26
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

DRUG COSTS—STATISTICS & NUMERICAL DATA
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12

DRUG RESISTANCE, VIRAL—GENETICS
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

DRUG THERAPY—STANDARDS
The Quality of Pharmacologic Care for Adults in the United States LRP-200610-08

DRUGS OF ABUSE—LAW AND LEGISLATION—GREAT BRITAIN
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

DRUGS—CLASSIFICATION
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

DRUNK DRIVING—CALIFORNIA
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

DWELLINGS—ENERGY CONSERVATION—CALIFORNIA
The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions WR-352

DWELLINGS—TECHNOLOGICAL INNOVATIONS—CALIFORNIA
The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions WR-352

EAGLE (JET FIGHTER PLANE)—MAINTENANCE AND REPAIR—COSTS
Valuing Programmed Depot Maintenance Speed: An Analysis of F-15 PDM TR-377

EARLY CHILDHOOD EDUCATION
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

EARTHQUAKE RESISTANT DESIGN—CALIFORNIA—COSTS
Estimating the Compliance Costs for California SB1953 LRP-200204-08
SB1953 and the Challenge of Hospital Seismic Safety in California LRP-200612-24

EAST AND WEST
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263

ECONOMIC ASSISTANCE, AMERICAN—ASIA, CENTRAL
Economic Dimensions of Security in Central Asia MG-417

ECONOMIC ASSISTANCE, AMERICAN—IRAQ
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

ECONOMIC ASSISTANCE—DEVELOPING COUNTRIES—EVALUATION
Governance and Foreign Aid Allocation RGSD-202

ECONOMIC COMPETITION
Hospital Competition, Managed Care, and Mortality After Hospitalization for Medical Conditions: Evidence from Three States LRP-200612-30

ECONOMIC CONDITIONS
The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism TR-321

ECONOMIC DEVELOPMENT
Operations Research and National Planning, a Dissent LRP-195710-01

ECONOMIC DEVELOPMENT PROJECTS—DEVELOPING COUNTRIES—EVALUATION
Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability RGSD-207
Governance and Foreign Aid Allocation RGSD-202

ECONOMIC DEVELOPMENT—SOCIAL ASPECTS
Governance and Foreign Aid Allocation RGSD-202

ECONOMIC INDICATORS
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

ECONOMIC POLICY
Operations Research and National Planning, a Dissent LRP-195710-01

ECONOMICS, HOSPITAL—TRENDS
Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price LRP-200601-05

ECONOMICS, MEDICAL
Research in the Economics and Sociology of Medical Care: A Point of View LRP-196102-01

ECSTASY (DRUG)
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

EDUCATION AND STATE—EUROPE—DECISION MAKING
The Pursuit of Excellence: A European Institute of Technology WR-346

EDUCATION AND STATE—QATAR
An Introduction to Qatar's Primary and Secondary Education Reform WR-399

EDUCATION, CONTINUING
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

EDUCATION, ELEMENTARY—PARENT PARTICIPATION—UNITED STATES
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205

EDUCATION, URBAN—CALIFORNIA—LOS ANGELES
Governing Urban School Districts: Efforts in Los Angeles to Effect Change TR-428

EDUCATIONAL ACCOUNTABILITY
Charter School Performance in Two Large Urban Districts LRP-200600-19
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380
Instructional Practices Related to Standards and Assessments WR-374
Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research OP-170
Measuring Instructional Responses to Standards-Based Accountability WR-373
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

EDUCATIONAL ACCOUNTABILITY—ILLINOIS
Effect of Teacher Pay on Student Performance: Findings from Illinois WR-378
Using Test Scores to Rank Performance of Districts: Findings from Illinois WR-379

EDUCATIONAL ACCOUNTABILITY—MICHIGAN
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

EDUCATIONAL ACCOUNTABILITY—PENNSYLVANIA—PITTSBURGH
Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program WR-451

EDUCATIONAL ACCOUNTABILITY—STATES
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

EDUCATIONAL CHANGE
Evaluating Comprehensive School Reform Models at Scale: Focus on Implementation MG-546
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380
Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research OP-170
Reforming Teacher Education: Something Old, Something New MG-506
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

EDUCATIONAL CHANGE—CALIFORNIA
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

EDUCATIONAL CHANGE—GEORGIA
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

EDUCATIONAL CHANGE—MICHIGAN
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

EDUCATIONAL CHANGE—PENNSYLVANIA
Data Driven Decisionmaking in Southwestern Pennsylvania School Districts WR-326
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

EDUCATIONAL EVALUATION—CALIFORNIA
Assessing the Effectiveness of California Charter Schools CT-264

EDUCATIONAL EVALUATION—ILLINOIS
Effect of Teacher Pay on Student Performance: Findings from Illinois WR-378
Using Test Scores to Rank Performance of Districts: Findings from Illinois WR-379

EDUCATIONAL EVALUATION—TENNESSEE
Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress TR-381

EDUCATIONAL INNOVATIONS
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

EDUCATIONAL INNOVATIONS—EUROPE
The Pursuit of Excellence: A European Institute of Technology WR-346

EDUCATIONAL INNOVATIONS—QATAR
An Introduction to Qatar's Primary and Secondary Education Reform WR-399

EDUCATIONAL STATUS
Childhood Overweight and Elementary School Outcomes LRP-200609-08

EDUCATIONAL TESTS AND MEASUREMENTS—
Using Test Scores to Rank Performance of Districts: Findings from Illinois WR-379

EDUCATIONAL TESTS AND MEASUREMENTS—CALIFORNIA
Instructional Practices Related to Standards and Assessments WR-374
Measuring Instructional Responses to Standards-Based Accountability WR-373
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

EDUCATIONAL TESTS AND MEASUREMENTS—GEORGIA
Instructional Practices Related to Standards and Assessments WR-374
Measuring Instructional Responses to Standards-Based Accountability WR-373
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

EDUCATIONAL TESTS AND MEASUREMENTS—PENNSYLVANIA
Data Driven Decisionmaking in Southwestern Pennsylvania School Districts WR-326
Instructional Practices Related to Standards and Assessments WR-374
Measuring Instructional Responses to Standards-Based Accountability WR-373
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

EDUCATION—AIMS AND OBJECTIVES
Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement MG-480

EDUCATION—DEMOGRAPHIC ASPECTS—LOUISIANA
Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students TR-430

EDUCATION—EVALUATION
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380

EDUCATION—HEALTH ASPECTS
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

EDUCATION—QATAR
An Introduction to Qatar's Primary and Secondary Education Reform WR-399

EDUCATION—STANDARDS
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205
Evaluating Comprehensive School Reform Models at Scale: Focus on Implementation MG-546
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380

EDUCATION—STANDARDS—LAW AND LEGISLATION
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382

EDUCATION—STATISTICS
Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research OP-170

EFFECTIVE TEACHING
Measuring Instructional Responses to Standards-Based Accountability WR-373
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

EFFICIENCY, ORGANIZATIONAL—TRENDS
A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001 LRP-200605-23

EFFICIENCY—ORGANIZATIONAL
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03

ELASTIC WAVES—DIFFRACTION
An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems LRP-196603-02

ELASTICITY (ECONOMICS)
Elasticities of Substitution and Constant-Output Demand Curves for Labor LRP-196106-01

ELDERLY POOR—ECONOMIC CONDITIONS
Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS WR-410

ELECTRIC APPARATUS AND APPLIANCES
Calculation of the Resonant Properties of Electrical Cavities LRP-195403-01

ELECTROJETS
Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets LRP-196104-01

ELECTRONIC DATA PROCESSING
PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701 LRP-195610-01
Studies in Probabilistic Information Processing LRP-196603-01

ELECTRONIC GOVERNMENT INFORMATION—EUROPE—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

ELECTRONIC GOVERNMENT INFORMATION—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

ELEMENTARY SCHOOLS
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205

EMERGENCY MANAGEMENT
Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary MG-445/1
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Information Sharing and Emergency Responder Safety Management CT-258
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

EMERGENCY MANAGEMENT—CASE STUDIES
From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years OP-164

EMERGENCY MANAGEMENT—CALIFORNIA—LONG BEACH
Considering the Effects of a Catastrophic Terrorist Attack TR-391

EMERGENCY MANAGEMENT—EVALUATION
Combating Terrorism: How Prepared Are State and Local Response Organizations? MG-309
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Process Evaluation of Project Public Health Ready Phase 2 TR-331
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317
Quality Improvement: Implications for Public Health Preparedness TR-316

EMERGENCY MEDICAL PERSONNEL—SAFETY MEASURES
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

EMERGENCY MEDICAL SERVICES—GOVERNMENT POLICY
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250

EMERGENCY MEDICAL SERVICES—STANDARDS
Withholding Resuscitation in Prehospital Care LRP-200605-06

EMERGENCY SERVICE, HOSPITAL
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

EMERGENCY SERVICE, HOSPITAL—ECONOMICS
High-Deductible Health Plans and Emergency Department Use LRP-200703-15
Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data LRP-200609-05

EMERGENCY SERVICE, HOSPITAL—UTILIZATION
High-Deductible Health Plans and Emergency Department Use LRP-200703-15

EMIGRATION AND IMMIGRATION—GOVERNMENT POLICY
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140

EMIGRATION AND IMMIGRATION—STATISTICS & NUMERICAL DATA
Immigrants and the Cost of Medical Care LRP-200611-05

EMPLOYER-SPONSORED HEALTH INSURANCE—UNITED STATE—COSTS
Do Small Group Health Insurance Regulations Influence Small Business Growth? WR-351

EMPLOYER-SUPPORTED DAY CARE
Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy MG-387

EMPLOYMENT AGENCIES—GREAT BRITAIN—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

EMPLOYMENT AGENCIES—NETHERLANDS—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

EMPLOYMENT RE-ENTRY
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214

ENERGY CONSUMPTION
Impacts on U.S. Energy Expenditures of Increasing Renewable Energy Use TR-384

ENERGY CONSUMPTION—CALIFORNIA
The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions WR-352

ENERGY CONSUMPTION—ECONOMETRIC MODELS
Analysis of US Energy Scenarios: Meta-Scenarios, Pathways, and Policy Implications LRP-200305-39

ENERGY CONSUMPTION—ECONOMIC ASPECTS—CALIFORNIA
The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions WR-352

ENERGY POLICY
Analysis of US Energy Scenarios: Meta-Scenarios, Pathways, and Policy Implications LRP-200305-39

ENTEROBACTERIACEAE—DEVELOPING COUNTRIES
A Technical Supplement: Reducing Stunting Among Children: The Potential Contribution of Improved Diagnostics WR-420

ENVIRONMENTAL POLICY
Success Matters: Recasting the Relationship Among Geophysical, Biological, and Behavioral Scientists to Support Decision Making on Major Environmental Challenges LRP-200603-28

EPIDEMICS—PREVENTION
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

EPIDEMIOLOGIC MEASUREMENTS
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

EPIDEMIOLOGY
Adolescent Primary Care Patients' Preferences for Depression Treatment LRP-200603-23
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21
Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends LRP-200600-04
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22
Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease LRP-200608-09
Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People LRP-200603-05
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16
Infectious Disease and National Security: Strategic Information Needs TR-405
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06
The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer LRP-200600-11
Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge LRP-200600-06
The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products LRP-200604-09
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01

EQUATIONS
Best Linear Unbiased Estimation by Recursive Methods LRP-196601-01
On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion LRP-195402-01
On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation LRP-195312-01

EROTICA
Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24

ESTIMATION THEORY
Best Linear Unbiased Estimation by Recursive Methods LRP-196601-01
On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion LRP-195402-01
On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation LRP-195312-01
Towards an Improved Basis of Estimating and Controlling R & D Tasks LRP-196708-01

ETHNIC GROUPS
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25
Ethics of Clinical Research Within a Community-Academic Partnered Participatory Framework LRP-200612-09

Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16
Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity LRP-200608-04

ETHNIC GROUPS—ETHNOLOGY
Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data LRP-200608-06

ETHNIC GROUPS—STATISTICS & NUMERICAL DATA
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20

EUROPE, EASTERN—FOREIGN RELATIONS
Danger and Opportunity in Eastern Europe RP-1234

EUROPE, EASTERN—FOREIGN RELATIONS—EUROPE
Danger and Opportunity in Eastern Europe RP-1234

EUROPE, EASTERN—POLITICS AND GOVERNMENT
Danger and Opportunity in Eastern Europe RP-1234

EUROPEAN CONTINENTAL ANCESTRY GROUP
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03

EUROPEAN CONTINENTAL ANCESTRY GROUP—STATISTICS & NUMERICAL DATA
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01

EUROPEAN PUBLIC HEALTH ALLIANCE
An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report WR-449
Intermediate Evaluation of Directorate-General Health and Consumer Protection Non-Food Scientific Committees : Final Report TR-437

EUROPE—DEFENSES
The United States and the European Security and Defense Policy: Old Fears and New Approaches RP-1232

EUROPE—ECONOMIC INTEGRATION
Danger and Opportunity in Eastern Europe RP-1234

EUROPE—MILITARY RELATIONS
The United States and the European Security and Defense Policy: Old Fears and New Approaches RP-1232

EUROPE—POPULATION
The New Pronatalism? The Policy Consequences of Population Ageing LRP-200603-32
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

EVALUATION RESEARCH (SOCIAL ACTION PROGRAMS)
Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice LRP-200600-09

EVALUATION STUDIES
Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice LRP-200600-09

EVIDENCE-BASED MEDICINE
Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices LRP-200611-04
Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? LRP-200612-34
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20
What Is Necessary to Transform the Quality of Mental Health Care LRP-200605-15

EVIDENCE-BASED MEDICINE—METHODS
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13
Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer LRP-200612-26

EVIDENCE-BASED MEDICINE—STANDARDS
Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment LRP-200610-02

EXAMINATIONS—TENNESSEE—SCORING
Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress TR-381

EXCHANGE—BOOK REVIEWS
Bargaining and Group Decision Making: Experiments in Bilateral Monopoly LRP-196106-02

EXERCISE
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

EXERCISE FOR CHILDREN—HEALTH ASPECTS
Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study LRP-200602-21

EXPLORATORY BEHAVIOR
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08

FAMILIES OF MILITARY PERSONNEL—SERVICES FOR
Examining Child Care Need Among Military Families TR-279

FAMILY
Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease LRP-200608-09
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10

FAMILY CHARACTERISTICS
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04

FAMILY HEALTH
Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? LRP-200602-18

FAMILY LIFE SURVEYS—CALIFORNIA—LOS ANGELES COUNTY
The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey RP-1241

FAMILY PLANNING SERVICES—STATISTICS & NUMERICAL DATA
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21

FAMILY POLICY—QATAR
Qatar Supreme Council for Family Affairs Database of Social Indicators: Final Report TR-350

FAMILY—CALIFORNIA—LOS ANGELES COUNTY
The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey RP-1241

FAMILY—QATAR
Qatar Supreme Council for Family Affairs Database of Social Indicators: Final Report TR-350

FARMS—GERMANY—FINANCE
German Introduction to Single Farm Payments TR-429

FATTY ACIDS, OMEGA-3
Effects of Omega-3 Fatty Acids on Cancer Risk: A Systematic Review LRP-200601-15
Omega-3 Fatty Acids and Cancer Risk LRP-200607-11

FATTY ACIDS, OMEGA-3—THERAPEUTIC USE
The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review LRP-200601-26

FEAR
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

FEASIBILITY STUDIES
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

FEDERAL AID TO RESEARCH—NETHERLANDS
Kan Een Maatschappelijke Kosten-Batenanalyse Worden Gebruikt Voor De Beoordeling Van Innovatieprogramma's? = Can a 'societal' Cost-Benefit Analysis Be Used for the Evaluation of Innovation-Programs? WR-366

FEDERAL GOVERNMENT
Behavioral Health Insurance Parity for Federal Employees LRP-200603-18

FEMALE
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21
Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends LRP-200600-04
Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes LRP-200601-19
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24
Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening LRP-200604-07
True Prevalence of Urinary Incontinence Among Female Nursing Home Residents LRP-200602-24

FERTILITY, HUMAN—EUROPE
The New Pronatalism? The Policy Consequences of Population Ageing LRP-200603-32
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

FERTILITY—EUROPE
The New Pronatalism? The Policy Consequences of Population Ageing LRP-200603-32
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507
Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates LRP-200500-14
Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? LRP-200602-08

FIGHTER PLANES—MAINTENANCE AND REPAIR—COSTS
Valuing Programmed Depot Maintenance Speed: An Analysis of F-15 PDM TR-377

FINANCE, PUBLIC—SOVIET UNION—BOOK REVIEWS
The Soviet Financial System: Its Development and Relations with the Western World LRP-196306-01

FINANCIAL INSTITUTIONS—OECD COUNTRIES—MATHEMATICAL MODELS
Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size WR-454

FINGERPRINTS—IDENTIFICATION—DATA PROCESSING
Radicalization: Homeland Security Implication CT-267

FINITE ELEMENT ANALYSIS
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27

FIRE FIGHTERS—EQUIPMENT AND SUPPLIES—STANDARDS
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425

FIRE FIGHTERS—SAFETY MEASURES
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

FIREARMS
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

FIREARMS—INDIANA—INDIANAPOLIS
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

FIREARMS—MISSOURI—KANSAS CITY
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

FLOODS—CASE STUDIES
From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years OP-164

FOCUS GROUPS
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Toward the Implementation of Mental Health Consumer Provider Services LRP-200604-11

FOOD INDUSTRY—STATISTICS & NUMERICAL DATA
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

FOOD STAMP PROGRAM (U.S.)
Why Did the Food Stamp Caseload Decline (And Rise)? WR-386

FOOD STAMPS
Why Did the Food Stamp Caseload Decline (And Rise)? WR-386

FOREIGN ECONOMIC RELATIONS
Governance and Foreign Aid Allocation RGSD-202

FOREIGN RELATIONS
"Gobble'uns" and Foreign Policy: A Review LRP-196409-01
Integrating Instruments of Power and Influence in National Security: Starting the Dialogue CF-231
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

FOREIGN RELATIONS ADMINISTRATION—BOOK REVIEWS
"Gobble'uns" and Foreign Policy: A Review LRP-196409-01

FOREIGN RELATIONS—ASIA, SOUTHEASTERN
Demographics and Security in Maritime Southeast Asia RP-1219

FOREIGN RELATIONS—EUROPE, EASTERN
Danger and Opportunity in Eastern Europe RP-1234

FOREIGN RELATIONS—IRAQ
Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction LRP-200606-24

FRAIL ELDERLY
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200

FRANCE—EMIGRATION AND IMMIGRATION—GOVERNMENT POLICY
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140

FRANCE—FOREIGN RELATIONS—ALGERIA
Pacification in Algeria, 1956–1958 MG-478-1

FREE ENTERPRISE
Entry by Spinoffs LRP-200508-28

FUEL SWITCHING
Policy Issues for Alternative Fuels for Military Operations CT-268

FULL-DAY KINDERGARTEN
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

GAIT DISORDERS, NEUROLOGIC—PSYCHOLOGY
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

GAME THEORY
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

GAUSSIAN PROCESSES
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

GENETIC PREDISPOSITION TO DISEASE
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21

GENETICS SCREENING—METHODS
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21

GENOTYPE
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21

GEOGRAPHY—MATHEMATICS
Geometric Projections of the Sphere and the Spheroid LRP-196109-02

GEOMAGNETISM
Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets LRP-196104-01

GEOMETRY, PROJECTIVE
Geometric Projections of the Sphere and the Spheroid LRP-196109-02

GERIATRIC ASSESSMENT
Mental Health Outcomes and Physical Restraint Use in Nursing Homes private LRP-200611-02

GERMANY (EAST)—ECONOMIC CONDITIONS—BOOK REVIEWS
The Structure of the East German Economy LRP-196109-01

GONORRHEA—DIAGNOSIS—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

GONORRHEA—EPIDEMIOLOGY
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

GONORRHEA—TREATMENT—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

GOVERNMENT AID TO HIGHER EDUCATION—NETHERLANDS
"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs TR-399

GOVERNMENT AID TO THE ARTS—UNITED STATES—CASE STUDIES
The Arts and State Governments: At Arm's Length or Arm in Arm MG-359

GOVERNMENT COMMUNICATION SYSTEMS
Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks RGSD-199

GOVERNMENT PROGRAMS
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

GOVERNMENT PURCHASING
Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services CT-261

GOVERNMENT, RESISTANCE TO
Counterinsurgency: A Symposium, April 16–20, 1962 R-412-1

GRADE REPETITION—NEW YORK (STATE)
Ending Social Promotion in Grades K-8: Insights Regarding Policy Implementation WR-424

GRAMMAR, COMPARATIVE AND GENERAL—SYNTAX
Basic Principles and Technical Variations in Sentence-Structure Determination LRP-196100-01

GREAT BRITAIN
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27

What Drug Policies Cost: Estimating Government Drug Policy Expenditures LRP-200603-02

GREAT BRITAIN. MINISTRY OF DEFENCE—PROCUREMENT
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

GREAT BRITAIN. ROYAL NAVY—PROCUREMENT
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

GROWTH DISORDERS—DIAGNOSIS
A Technical Supplement: Reducing Stunting Among Children: The Potential Contribution of Improved Diagnostics WR-420

GROWTH DISORDERS—PREVENTION & CONTROL
Reducing Stunting Among Children: The Potential Contribution of Diagnostics LRP-200611-21

GUERRILLA WARFARE
Counterinsurgency: A Symposium, April 16–20, 1962 R-412-1

GUIDED MISSILES—UNITED STATES—COSTS
Systems Engineering and Program Management: Trends and Costs for Aircraft and Guided Weapons Programs MG-413

GUIDELINE ADHERENCE
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328
The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial LRP-200611-27
Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management LRP-200603-11
Withholding Resuscitation in Prehospital Care LRP-200605-06

GUIDELINE ADHERENCE—STATISTICS & NUMERICAL DATA
The Quality of Health Care Delivered to Adults in the United States: Appendix WR-174-1

GUN CONTROL
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

GUN CONTROL—INDIANA—INDIANAPOLIS
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

GUN CONTROL—MISSOURI—KANSAS CITY
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

HARM REDUCTION
How Much Can Treatment Reduce National Drug Problems? LRP-200603-01

HEALTH BEHAVIOR
Affective and Behavioral Responses to Health-Related Social Control LRP-200611-28
Datapoints: General Medical Costs of Recipients of Behavioral Health Care LRP-200605-10
An Empirical Study of Ordinal Condom Use Measures LRP-200511-13
Physical Activity and Changes in Health Care Costs in Late Middle Age LRP-200602-25
Social Control of Health Behavior: Associations with Conscientiousness and Neuroticism LRP-200609-03

HEALTH BENEFIT PLANS, EMPLOYEE—ECONOMICS
Behavioral Health Insurance Parity for Federal Employees LRP-200603-18

HEALTH CARE COALITIONS
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Engaging the Community in Coalition Efforts to Address Childhood Asthma LRP-200604-16

HEALTH CARE COALITIONS—ORGANIZATION & ADMINISTRATION
Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC) LRP-200612-07
Supporting Wellness Through Policy and Advocacy: A Case History of a Working Group in a Community Partnership Initiative to Address Depression LRP-200612-06

HEALTH CARE COSTS
Behavioral Health Insurance Parity for Federal Employees LRP-200603-18
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Physical Activity and Changes in Health Care Costs in Late Middle Age LRP-200602-25
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03

HEALTH CARE COSTS—STATISTICS & NUMERICAL DATA
Datapoints: General Medical Costs of Recipients of Behavioral Health Care LRP-200605-10
The Effects of Reinsurance in Financing Children's Health Care LRP-200603-36
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19

HEALTH CARE COSTS—TRENDS
Rising Medicare Costs: Are We in Crisis? LRP-200608-08
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19

HEALTH CARE QUALITY, ACCESS, AND EVALUATION
Understanding Patients' Choices at the Point of Referral TR-359

HEALTH CARE REFORM
Asking Why and What: The Authors Respond LRP-200601-16
Do Small Group Health Insurance Regulations Influence Small Business Growth? WR-351
Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions LRP-200604-15
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200
Public Health Preparedness in the 21st Century CT-257

HEALTH CARE REFORM—ECONOMICS
Reliving History and Renewing the Health Care Reform Debate LRP-200609-13

HEALTH CARE REFORM—ORGANIZATION & ADMINISTRATION
Public Health Preparedness in the 21st Century CT-257
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11

HEALTH CARE REFORM—TRENDS
Massachusetts Health Reform: Beauty Is in the Eye of the Beholder LRP-200609-12

HEALTH CARE SURVEYS
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care LRP-200605-07
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19

HEALTH CARE SURVEYS—METHODS
Field Testing: What It Is and How We Do It LRP-200506-22

HEALTH CARE SURVEYS—STANDARDS
Understanding Patients' Choices at the Point of Referral TR-359

HEALTH EDUCATION—ECONOMICS
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01

HEALTH EDUCATION—STANDARDS
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06

HEALTH EXPENDITURES
Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality LRP-200610-16

HEALTH EXPENDITURES—STATISTICS & NUMERICAL DATA
What Drug Policies Cost: Estimating Government Drug Policy Expenditures LRP-200603-02

HEALTH EXPENDITURES—TRENDS
Immigrants and the Cost of Medical Care LRP-200611-05

HEALTH KNOWLEDGE, ATTITUDES, PRACTICE
Differences in Individual-Level Terrorism Preparedness in Los Angeles County LRP-200601-11
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06
Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health LRP-200610-05

HEALTH MAINTENANCE ORGANIZATIONS
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20

HEALTH MAINTENANCE ORGANIZATIONS—ECONOMICS
A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001 LRP-200605-23

HEALTH MAINTENANCE ORGANIZATIONS—ORGANIZATION & ADMINISTRATION
A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001 LRP-200605-23

HEALTH MAINTENANCE ORGANIZATIONS—STATISTICS & NUMERICAL DATA
Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000 LRP-200607-06

HEALTH OCCUPATIONS—EDUCATION
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

HEALTH PERSONNEL—UTILIZATION
Toward the Implementation of Mental Health Consumer Provider Services LRP-200604-11

HEALTH PLAN IMPLEMENTATION
Public Health Preparedness in the 21st Century CT-257

HEALTH PLAN IMPLEMENTATION—METHODS
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20

HEALTH PLANNING
Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service LRP-200609-18
Securing Health: Lessons from Nation-Building Missions MG-321

HEALTH PLANNING—INTERNATIONAL COOPERATION
Securing Health: Lessons from Nation-Building Missions MG-321

HEALTH POLICY
Health Care Policy Issues in End-of-Life Care LRP-200606-22
High-Deductible Health Plans and Emergency Department Use LRP-200703-15
Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management LRP-200603-11

HEALTH POLICY—HISTORY
The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products LRP-200604-09

HEALTH PROMOTION
Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health LRP-200602-01
Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience LRP-200612-05
Measuring and Reporting the Performance of Disease Management Programs WR-400
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357
Supporting Wellness Through Policy and Advocacy: A Case History of a Working Group in a Community Partnership Initiative to Address Depression LRP-200612-06

HEALTH RESOURCES—SUPPLY & DISTRIBUTION
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200

HEALTH RESOURCES—UTILIZATION
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200

HEALTH RISK ASSESSMENT
An International Comparison of Obesity in Older Adults: Effects and Risk Factors RGSD-206

HEALTH SERVICES ACCESSIBILITY
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas LRP-200603-03
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08
Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model LRP-200602-07
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19
Preventive Care for Children in the United States: Quality and Barriers LRP-200604-04
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16

Reliving History and Renewing the Health Care Reform Debate LRP-200609-13
Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity LRP-200608-04

HEALTH SERVICES ACCESSIBILITY—CALIFORNIA—LOS ANGELES COUNTY —CASE STUDIES
Networks of Care: How Latina Immigrants Find Their Way to and Through a County Hospital RP-1190

HEALTH SERVICES ACCESSIBILITY—ECONOMICS
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13

HEALTH SERVICES ACCESSIBILITY—LEGISLATION & JURISPRUDENCE
The Effects of State Parity Laws on the Use of Mental Health Care LRP-200606-15

HEALTH SERVICES ADMINISTRATION
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

HEALTH SERVICES ADMINISTRATION—RESEARCH
Evaluation of AHRQ's Children's Health Activities: Final Report WR-429

HEALTH SERVICES FOR THE AGED—ECONOMICS
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22

HEALTH SERVICES FOR THE AGED—STANDARDS
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

HEALTH SERVICES NEEDS AND DEMAND
Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons LRP-200110-03
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10
Opportunities in Hispanic Drug Abuse Research LRP-200609-09
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15
US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01

HEALTH SERVICES RESEARCH
Field Testing: What It Is and How We Do It LRP-200506-22
Research-Practice Partners Assess Their First Joint Project LRP-200512-26

HEALTH SERVICES RESEARCH—ETHICS
The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise LRP-200612-01
Witness for Wellness: Preliminary Findings from a Community-Academic Participatory Research Mental Health Initiative LRP-200612-02

HEALTH SERVICES RESEARCH—METHODS
Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California LRP-200612-04
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20

HEALTH SERVICES RESEARCH—ORGANIZATION & ADMINISTRATION
Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management LRP-200603-11

HEALTH SERVICES RESEARCH—STANDARDS
Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC) LRP-200612-07

HEALTH SERVICES— UTILIZATION
Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? LRP-200612-31
What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? LRP-200602-06

HEALTH SERVICES—STANDARDS
Rigorous Disease Management Evaluation LRP-200604-01

HEALTH SERVICES—UTILIZATION
Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons LRP-200110-03
Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults LRP-200601-09
Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission LRP-200601-07

HEALTH STATUS
Affective and Behavioral Responses to Health-Related Social Control LRP-200611-28
Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation LRP-200400-22
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life LRP-200610-13
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08
Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes RP-1192
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17
Sex Differences in Predictors of Adolescent Smoking Cessation RP-1193
Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer LRP-200602-15
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12
Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need LRP-200605-16

HEALTH STATUS INDICATORS
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Routes to Better Health for Children in Four Developing Countries LRP-200606-13

HEALTH STATUS INDICATORS—EUROPEAN UNION COUNTRIES
An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report WR-449

HEALTH SURVEYS
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
Field Testing: What It Is and How We Do It LRP-200506-22

The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans LRP-200609-23
Rising Medicare Costs: Are We in Crisis? LRP-200608-08
ZIP Code Correlates of HIV-Testing: A Multi-Level Analysis in Los Angeles LRP-200609-06

HEALTH SURVEYS—GREAT BRITAIN
Understanding Patients' Choices at the Point of Referral TR-359

HEALTH SYSTEMS PLANS
Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality LRP-200600-16

HEALTH TRANSITION
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200

HEART FAILURE, CONGESTIVE—THERAPY
Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management LRP-200603-11

HEAT—CONVECTION
Lower Bounds to the Critical Rayleigh Number in Completely Confined Regions LRP-196706-02

HIGH PERFORMANCE COMPUTING
High-Performance Computing Opportunities and Challenges for Army R&D TR-310

HIGH SCHOOL DROPOUTS—PENNSYLVANIA—PITTSBURGH
Estimating Graduation and Dropout Rates with Longitudinal Data: A Case Study in the Pittsburgh Public Schools WR-372

HIGH SCHOOL GRADUATES—PENNSYLVANIA—PITTSBURGH
Estimating Graduation and Dropout Rates with Longitudinal Data: A Case Study in the Pittsburgh Public Schools WR-372

HIGH TECHNOLOGY INDUSTRIES—MILITARY ASPECTS—CHINA
Advances Underway in China's Defense Industries CT-256

HIJACKING OF SHIPS—PREVENTION
Maritime Terrorism: Risk and Liability MG-520

HISPANIC AMERICAN WOMEN—SOCIAL NETWORKS—CALIFORNIA
Networks of Care: How Latina Immigrants Find Their Way to and Through a County Hospital RP-1190

HISPANIC AMERICANS
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10

HISPANIC AMERICANS—CALIFORNIA
Acculturation and Driving under the Influence: A Study of Repeat Offenders LRP-200605-14

HISPANIC AMERICANS—PSYCHOLOGY
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21

HISPANIC AMERICANS—STATISTICS & NUMERICAL DATA
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13
Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden LRP-200601-13
Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing LRP-200609-14
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10
Opportunities in Hispanic Drug Abuse Research LRP-200609-09

HIV
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19

HIV (VIRUSES)—AFRICA
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

HIV (VIRUSES)—PREVENTION
A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics WR-417

HIV (VIRUSES)—PREVENTION—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

HIV INFECTIONS
Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample LRP-200605-21

HIV INFECTIONS— IMMUNOLOGY
The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV LRP-200605-17

HIV INFECTIONS—DIAGNOSIS
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20
ZIP Code Correlates of HIV-Testing: A Multi-Level Analysis in Los Angeles LRP-200609-06

HIV INFECTIONS—DRUG THERAPY
A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions LRP-200611-16
Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons LRP-200110-03
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19
A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy LRP-200612-36

HIV INFECTIONS—ETHNOLOGY
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16
ZIP Code Correlates of HIV-Testing: A Multi-Level Analysis in Los Angeles LRP-200609-06

HIV INFECTIONS—PHYSIOPATHOLOGY
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11

HIV INFECTIONS—PREVENTION & CONTROL
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06

Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01

HIV INFECTIONS—PREVENTION & CONTROL—AFRICA
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

HIV INFECTIONS—PREVENTION AND CONTROL
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

HIV INFECTIONS—PSYCHOLOGY
Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients LRP-200609-07
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19

HIV INFECTIONS—THERAPY
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17

HIV INFECTIONS—TRANSMISSION
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06

HIV SEROPOSITIVITY—PSYCHOLOGY
Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients LRP-200609-07
Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users LRP-200503-35

HIV SEROPOSITIVITY—THERAPY
Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection LRP-200608-12

HIV-1
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17

HIV-POSITIVE MEN—ATTITUDES
Fertility Desires and Intentions of HIV-Positive Men and Women RP-1202

HIV-POSITIVE WOMEN—ATTITUDES
Fertility Desires and Intentions of HIV-Positive Men and Women RP-1202

HIV—DRUG EFFECTS
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

HOME BUYING—CALIFORNIA
The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions WR-352

HOMELESS WOMEN—RESEARCH—METHODOLOGY
Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women LRP-200602-03

HOMELESS YOUTH
Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need LRP-200605-16

HOMEOWNER'S INSURANCE—GOVERNMENT POLICY
The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications TR-300

HOMES FOR THE AGED—ORGANIZATION & ADMINISTRATION
Organizational Characteristics Associated with Staff Turnover in Nursing Homes LRP-200602-12

HOMICIDE—INDIANA—INDIANAPOLIS
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

HOMICIDE—PREVENTION
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

HOMICIDE—STATISTICS
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

HOMICIDE—STATISTICS & NUMERICAL DATA
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

HOMOSEXUALITY, MALE—STATISTICS & NUMERICAL DATA
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16

HOSPICE CARE—COSTS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

HOSPICE CARE—ECONOMICS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

HOSPICE CARE—TRENDS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

HOSPITAL COSTS
An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18
The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs LRP-200602-23
Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data LRP-200609-05

HOSPITAL COSTS—TRENDS
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22

HOSPITAL INFORMATION SYSTEMS
Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting LRP-200609-04

HOSPITAL MORTALITY
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02

HOSPITALIZATION
Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention LRP-200603-13

HOSPITALIZATION—ECONOMICS
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20

HOSPITALS
Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings LRP-200601-25

HOSPITALS, COMMUNITY—ORGANIZATION & ADMINISTRATION
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10

HOSPITALS, COMMUNITY—UTILIZATION
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24

HOSPITALS, RURAL—UTILIZATION
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24

HOSPITALS, TEACHING
Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention LRP-200603-13

HOSPITALS—ADMINISTRATION—PLANNING
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317

HOSPITALS—CALIFORNIA—MAINTENANCE AND REPAIR
Estimating the Compliance Costs for California SB1953 LRP-200204-08
SB1953 and the Challenge of Hospital Seismic Safety in California LRP-200612-24

HOSPITALS—EARTHQUAKE EFFECTS—CALIFORNIA
Estimating the Compliance Costs for California SB1953 LRP-200204-08
SB1953 and the Challenge of Hospital Seismic Safety in California LRP-200612-24

HOSPITALS—REHABILITATION SERVICES—PROSPECTIVE PAYMENT
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

HOSPITALS—SAFETY MEASURES
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

HOUSEHOLD SURVEYS—GREAT BRITAIN—STATISTICS
Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom RP-1206

HOUSING—LOUISIANA—NEW ORLEANS
The Repopulation of New Orleans After Hurricane Katrina TR-369

HUMAN BEHAVIOR—COMPUTER SIMULATION
Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations RGSD-201

HUMAN CAPITAL—MANAGEMENT
Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO MG-492

HUMAN FACE RECOGNITION (COMPUTER SCIENCE)
Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism RP-1194

HUMAN REPRODUCTIVE TECHNOLOGY—EUROPE
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507

HUMANITARIAN ASSISTANCE, AMERICAN—FOREIGN COUNTRIES
Strengthening the Partnership RP-1208

HUMANITARIAN ASSISTANCE—IRAQ
Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction LRP-200606-24

HUMANS
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

HUMANS INSURANCE CARRIERS—ECONOMICS
How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06

HURRICANE KATRINA, 2005
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Rebuilding Housing Along the Mississippi Coast: Ideas for Ensuring an Adequate Supply of Affordable Housing OP-162
The Repopulation of New Orleans After Hurricane Katrina TR-369

HYDROGEN
Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G LRP-196511-01

HYPERTRICHOSIS—PHYSIOLOGY
Evaluation of the Pituitary-Adrenal Axis in Simple Hirsutism LRP-196007-01

IBM 701 (COMPUTER)
PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701 LRP-195610-01

IBM COMPUTERS
PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701 LRP-195610-01

IDENTIFICATION—AUTOMATION
Biometrics: Trust, but Identify RP-1185
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186
Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism RP-1194

IDENTIFICATION—AUTOMATION—GOVERNMENT POLICY
Radicalization: Homeland Security Implication CT-267

ILLEGAL ALIENS—MEDICAL CARE
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

IMMUNIZATION PROGRAMS,
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10

IMPULSIVE BEHAVIOR—PSYCHOLOGY
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08

INCOME DISTRIBUTION
Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS WR-410

INDEXING
On Relevance, Probabilistic Indexing and Information Retrieval LRP-196007-02

INDIAN HEALTH SERVICE—STATISTICS & NUMERICAL DATA
Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service LRP-200609-18

INDIVIDUALITY
Hostility and Perceptions of Support in Ambiguous Social Interactions LRP-200602-27

INDUSTRIAL ACCIDENTS
Small Businesses and Workplace Fatality Risk: An Exploratory Analysis TR-371

INDUSTRIAL HYGIENE
Nanomaterials in the Workplace: Policy and Planning Workshop on Occupational Safety and Health CF-227

INDUSTRIAL LAWS AND LEGISLATION—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

INDUSTRIAL MOBILIZATION—CHINA
Advances Underway in China's Defense Industries CT-256

INDUSTRIAL SAFETY
Nanomaterials in the Workplace: Policy and Planning Workshop on Occupational Safety and Health CF-227
Small Businesses and Workplace Fatality Risk: An Exploratory Analysis TR-371

INFANT
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20

INFANT, LOW BIRTH WEIGHT
Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process LRP-200606-12

INFANT, NEWBORN
Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California LRP-200607-05
Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process LRP-200606-12

INFANT, PREMATURE, DISEASES—EPIDEMIOLOGY
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10

INFANTS
A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics WR-417

INFANTS—CARE
A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics WR-417

INFLUENZA VACCINES
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06

INFLUENZA, HUMAN
Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge LRP-200600-06

INFLUENZA, HUMAN—EPIDEMIOLOGY
A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine LRP-200606-01
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06

INFLUENZA, HUMAN—PREVENTION & CONTROL
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

INFLUENZA—PREVENTION
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

INFORMATION NETWORKS
Information Sharing and Emergency Responder Safety Management CT-258

INFORMATION STORAGE AND RETRIEVAL SYSTEMS
On Relevance, Probabilistic Indexing and Information Retrieval LRP-196007-02

INFORMATION SYSTEMS
The Diffusion and Value of Healthcare Information Technology MG-272-1

INFORMATION TECHNOLOGY—EUROPEAN UNION COUNTRIES
Handbook of Legal Procedures of Computer and Network Misuse in EU Countries TR-337

INFORMATION TECHNOLOGY—FORECASTING
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

INFORMATION THEORY
Studies in Probabilistic Information Processing LRP-196603-01

INFORMATION WARFARE
The Impact of Network Performance on Warfighter Effectiveness TR-329

INPATIENTS
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

INSTITUTIONAL INVESTMENTS
Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks RGSD-199

INSURANCE BENEFITS—ECONOMICS
Behavioral Health Insurance Parity for Federal Employees LRP-200603-18

INSURANCE BENEFITS—STATISTICS & NUMERICAL DATA
Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000 LRP-200607-06

INSURANCE CARRIERS
Health Plans Respond to Parity: Managing Behavioral Health Care in the Federal Employees Health Benefits Program LRP-200600-01

INSURANCE SELECTION BIAS
How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06

INSURANCE, DISABILITY
Self Reported Disability and Reference Groups WR-409-1

INSURANCE, DISABILITY—CALIFORNIA
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214

INSURANCE, FLOOD—EVALUATION
The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications TR-300
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

INSURANCE, FLOOD—GOVERNMENT POLICY
The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications TR-300

INSURANCE, HEALTH
The Effects of Reinsurance in Financing Children's Health Care LRP-200603-36
High-Deductible Health Plans and Emergency Department Use LRP-200703-15
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians LRP-200611-12

INSURANCE, HEALTH, REIMBURSEMENT
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

INSURANCE, HEALTH—CHINA
China Rural Health Insurance Experiment: Final Report WR-411

INSURANCE, HEALTH—COSTS
Do Small Group Health Insurance Regulations Influence Small Business Growth? WR-351

INSURANCE, HEALTH—ECONOMICS
Consumer Decision Making in the Individual Health Insurance Market LRP-200605-05
Health Insurance and the Obesity Externality WR-340
How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06

INSURANCE, PHARMACEUTICAL SERVICES
Benefit Design and Specialty Drug Use LRP-200609-11

INSURANCE, PHYSICIANS' LIABILITY
The Impact of Liability on the Physician Labor Market WR-384

INSURGENCY
On "Other War": Lessons from Five Decades of RAND Counterinsurgency Research MG-482
Preventing Insurgencies After Major Combat Operations RP-1242
Subversion and Terrorism: Understanding and Countering the Threat LRP-200600-08

INSURGENCY—IRAQ
A New IO Strategy: Prevention and Disengagement RP-1223

INTELLIGENCE SERVICE
Toward a Theory of Intelligence: Workshop Report CF-219

INTELLIGENCE SERVICE—GREAT BRITAIN
The Role of Intelligence in Deciding the Battle of Britain LRP-200606-16

INTERACTIVE MULTIMEDIA
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

INTERACTIVE TELEVISION
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

INTERDEPARTMENTAL RELATIONS
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03

INTERDISCIPLINARY COMMUNICATION
An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18

INTERDISCIPLINARY RESEARCH
Success Matters: Recasting the Relationship Among Geophysical, Biological, and Behavioral Scientists to Support Decision Making on Major Environmental Challenges LRP-200603-28

INTERGOVERNMENTAL COOPERATION
Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks RGSD-199
Information Sharing and Emergency Responder Safety Management CT-258

INTERNAL MEDICINE—EDUCATION
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

INTERNAL SECURITY—KOSOVO (SERBIA)
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

INTERNAL-EXTERNAL CONTROL
Social Control of Health Behavior: Associations with Conscientiousness and Neuroticism LRP-200609-03

INTERNALLY DISPLACED PERSONS—EDUCATION—LOUISIANA
Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students TR-430

INTERNALLY DISPLACED PERSONS—LOUISIANA
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

INTERNATIONAL CLASSIFICATION OF DISEASES—UTILIZATION
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26

INTERNATIONAL COOPERATION
Securing Health: Lessons from Nation-Building Missions MG-321

INTERNATIONAL RELIEF
Strengthening the Partnership RP-1208

INTERNET
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37
Discharging Our Duty LRP-200605-18

INTERNET IN PUBLIC ADMINISTRATION—EUROPE—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

INTERNET IN PUBLIC ADMINISTRATION—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

INTERNET RESEARCH
Selection Bias in Web Surveys and the Use of Propensity Scores WR-279

INTERNET TELEPHONY
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

INTERNET USERS—ATTITUDES
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

INTERNET USERS—EUROPE—ATTITUDES
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

INTERPERSONAL CONFLICT—GREAT BRITAIN
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

INTERPERSONAL RELATIONS
Hostility and Perceptions of Support in Ambiguous Social Interactions LRP-200602-27

INTERPROFESSIONAL RELATIONS
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328

INTERVIEWS
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

INTESTINAL DISEASES—PREVENTION & CONTROL
Reducing Stunting Among Children: The Potential Contribution of Diagnostics LRP-200611-21

IRAQ WAR, 2003-
Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction LRP-200606-24

IRAQ WAR, 2003-—LOGISTICS
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

IRAQ—FOREIGN RELATIONS
Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction LRP-200606-24

ISLAM
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263

ISLAMIC FUNDAMENTALISM
Combating Al Qaeda and the Militant Islamic Threat CT-255
Waging the "War of Ideas" RP-1218

ISOPERIMETRIC INEQUALITIES
Lower Bounds to the Critical Rayleigh Number in Completely Confined Regions LRP-196706-02

JET ENGINES—COSTS
The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses MG-424

JIHAD
Waging the "War of Ideas" RP-1218

JUSTICE, ADMINISTRATION OF—KOSOVO (SERBIA)
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

JUVENILE DELINQUENCY—GREAT BRITAIN—PREVENTION
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

JUVENILE DELINQUENTS—RESEARCH—CALIFORNIA
Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders LRP-200402-22

JUVENILE RECIDIVISITS—RESEARCH—CALIFORNIA
Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders LRP-200402-22

KC-135 (TANKER AIRCRAFT)
Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary MG-495

KINDERGARTEN
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

KNOWLEDGE
A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians LRP-200604-20

KOREA (SOUTH)—DEFENSES
A Brief Analysis of the Republic of Korea's Defense Reform Plan OP-165

KOREA (SOUTH)—MILITARY POLICY
A Brief Analysis of the Republic of Korea's Defense Reform Plan OP-165

KOREA (SOUTH)—STRATEGIC ASPECTS
A Brief Analysis of the Republic of Korea's Defense Reform Plan OP-165

KOSOVO (SERBIA) — POLITICS AND GOVERNMENT
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

LABOR COSTS—OECD COUNTRIES
Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size WR-454

LABOR DEMAND
Elasticities of Substitution and Constant-Output Demand Curves for Labor LRP-196106-01

LABOR ECONOMICS
Elasticities of Substitution and Constant-Output Demand Curves for Labor LRP-196106-01

LABOR LAWS AND LEGISLATION—OECD COUNTRIES
Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size WR-454

LABOR MARKET—ITALY—REGIONAL DISPARITIES
Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy WR-436

LABOR SUPPLY—ITALY—ECONOMETRIC MODELS
Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy WR-436

LABOR SUPPLY—REGIONAL DISPARITIES—ECONOMETRIC MODELS
The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism TR-321

LANGUAGE
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08

LAUNCH VEHICLES (ASTRONAUTICS)
National Security Space Launch Report MG-503

LAW ENFORCEMENT
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

LAW ENFORCEMENT—EVALUATION
Combating Terrorism: How Prepared Are State and Local Response Organizations? MG-309
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

LEAD POISONING IN CHILDREN—PENNSYLVANIA—ALLEGHENY COUNTY
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423

LEAD POISONING—BLOOD
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423

LEAD POISONING—EPIDEMIOLOGY
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423

LEADERSHIP
Something Old, Something New: Army Leader Development in a Dynamic Environment MG-281

LEAST SQUARES
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

LEGITIMACY OF GOVERNMENTS
Building a Successful Palestinian State: Security MG-146/2

LEISURE ACTIVITIES
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357

LENGTH OF STAY—LEGISLATION & JURISPRUDENCE
Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California LRP-200607-05

LEUKOCYTES
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

LIABILITY (LAW)
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

LICENSURE
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

LIGHT—SCATTERING
Scattering of Light by Light in Plasmas LRP-196408-01

LINEAR PROGRAMMING
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

LINGUISTICS—STANDARDS
Linguistic Disparities in Health Care Access and Health Status Among Older Adults LRP-200607-08

LOGISTIC MODELS
Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court LRP-200607-18

LOGISTICS
Evaluation of Options for Overseas Combat Support Basing MG-421

LONG-TERM CARE FACILITIES—DECISION MAKING
Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries WR-457/1
Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review WR-457/2

LONGITUDINAL METHOD
Estimating Graduation and Dropout Rates with Longitudinal Data: A Case Study in the Pittsburgh Public Schools WR-372

LONGITUDINAL STUDIES
Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment LRP-200606-21
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04
Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use LRP-200610-15
The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds LRP-200603-20
Marijuana Use and Depression Among Adults: Testing for Causal Associations LRP-200610-23
Perspectives on Therapeutic Treatment from Adolescent Probationers LRP-200612-43
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

LOS ANGELES
Affective and Behavioral Responses to Health-Related Social Control LRP-200611-28
Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC) LRP-200612-07
Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection LRP-200608-12
Differences in Individual-Level Terrorism Preparedness in Los Angeles County LRP-200601-11
Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing LRP-200609-14
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court LRP-200607-18
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01
A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians LRP-200604-20
ZIP Code Correlates of HIV-Testing: A Multi-Level Analysis in Los Angeles LRP-200609-06

LOS ANGELES (CALIF.)—SOCIAL CONDITIONS—LONGITUDINAL STUDIES
The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey RP-1241

LOS ANGELES INTERNATIONAL AIRPORT—SECURITY MEASURES
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

LOS ANGELES UNIFIED SCHOOL DISTRICT
Governing Urban School Districts: Efforts in Los Angeles to Effect Change TR-428

LOS ANGELES—EPIDEMIOLOGY
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23
Immigrants and the Cost of Medical Care LRP-200611-05

LOW-INCOME HOUSING—GOVERNMENT POLICY—MISSISSIPPI
Rebuilding Housing Along the Mississippi Coast: Ideas for Ensuring an Adequate Supply of Affordable Housing OP-162

LOW-INTENSITY CONFLICTS (MILITARY SCIENCE)
Counterinsurgency: A Symposium, April 16–20, 1962 R-412-1

LOW-INTENSITY CONFLICTS (MILITARY SCIENCE)—SOUTH ASIA
War and Escalation in South Asia MG-367-1

LUNG NEOPLASMS—PSYCHOLOGY
Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey LRP-200608-02

LUNG NEOPLASMS—THERAPY
Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey LRP-200608-02

MACH NUMBER
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

MACHINE TRANSLATING
Basic Principles and Technical Variations in Sentence-Structure Determination LRP-196100-01

MAGNETOHYDRODYNAMICS
Reply by Authors to R. W. Porter and A. B. Cambel LRP-196605-01

MALARIA—DISEASES—DIAGNOSIS
A Technical Supplement: Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics WR-419

MALARIA—PREVENTION & CONTROL
Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics LRP-200611-22

MALARIOTHERAPY—AFRICA
A Technical Supplement: Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics WR-419

MALE
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17
Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE LRP-200603-14
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10
The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males LRP-200601-04
Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer LRP-200602-15
Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? LRP-200612-28

MALT LIQUORS—PRICES—UNITED STATES—STATISTICS
Price Elasticity of Demand for Malt Liquor Beer: Findings from a US Pilot Study LRP-200605-01

MAMMOGRAPHY—STATISTICS & NUMERICAL DATA
The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer LRP-200600-11
Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening LRP-200604-07

MAMMOGRAPHY—UTILIZATION
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13

MANAGED CARE PLANS (MEDICAL CARE)—CHINA
China Rural Health Insurance Experiment: Final Report WR-411

MANAGED CARE PROGRAMS
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
Hospital Competition, Managed Care, and Mortality After Hospitalization for Medical Conditions: Evidence from Three States LRP-200612-30
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08

MANAGED CARE PROGRAMS—ECONOMICS
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20
Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care LRP-200606-07

MANAGED CARE PROGRAMS—ORGANIZATION & ADMINISTRATION
Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System LRP-200612-14

MANAGED CARE PROGRAMS—STANDARDS
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care LRP-200605-07

MANAGED CARE PROGRAMS—STATISTICS & NUMERICAL DATA
Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients LRP-200602-05

MANPOWER PLANNING
Civilian Workforce Planning in the Department of Defense: Different Levels, Different Roles MG-449
Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO MG-492

MANUSCRIPTS
The Manuscripts of Social Welfare LRP-196001-02

MARIJUANA ABUSE—ECONOMICS
The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males LRP-200601-04

MARIJUANA ABUSE—EPIDEMIOLOGY
Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes RP-1192
Sex Differences in Predictors of Adolescent Smoking Cessation RP-1193

MARIJUANA ABUSE—ETHNOLOGY
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01

MARIJUANA ABUSE—PSYCHOLOGY
Marijuana Use and Depression Among Adults: Testing for Causal Associations LRP-200610-23

MARIJUANA INDUSTRY
Marijuana Markets: Inferences from Reports by the Household Population LRP-200612-12

MARIJUANA SMOKING—EPIDEMIOLOGY
Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use LRP-200610-15

MARIJUANA SMOKING—PSYCHOLOGY
Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use LRP-200610-15
Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use LRP-200610-07

MARIJUANA—MARKETING
Marijuana Markets: Inferences from Reports by the Household Population LRP-200612-12

MARINE TERMINALS—SECURITY MEASURES
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220

MARKETING RESEARCH—METHODOLOGY
Implementing Purchasing and Supply Chain Management: Best Practices in Market Research MG-473

MARKOV PROCESSES
On a Generalization of Classical Probability Theory, I.: Markoff Chains LRP-195310-02

MARRIAGE—PSYCHOLOGY
The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds LRP-200603-20

MARS (PLANET)—ATMOSPHERE
High-Dispersion Spectroscopic Observations of Mars: I. the CO2 Content and Surface Pressure LRP-196611-01

MARS (PLANET)—SURFACE
High-Dispersion Spectroscopic Observations of Mars: I. the CO2 Content and Surface Pressure LRP-196611-01

MASS MEDIA
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06
Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television LRP-200612-17

MASS MEDIA AND WAR
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

MASS SCREENING
How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment LRP-200610-12
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423
A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians LRP-200604-20

MASS SCREENING—METHODS
Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests LRP-200609-16

MASS SCREENING—STATISTICS & NUMERICAL DATA
The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer LRP-200600-11
Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening LRP-200604-07

MASS SCREENING—UTILIZATION
Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13

MASSACHUSETTS
Massachusetts Health Reform: Beauty Is in the Eye of the Beholder LRP-200609-12

MATERIALS SCIENCE—FORECASTING
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

MATHEMATICAL OPTIMIZATION
Improper Solutions of the Vector Maximum Problem LRP-196705-01

MATHEMATICS—STUDY AND TEACHING
Measuring Instructional Responses to Standards-Based Accountability WR-373
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

MATHEMATICS—STUDY AND TEACHING (ELEMENTARY)
Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement MG-480

MATHEMATICS—STUDY AND TEACHING—PENNSYLVANIA
Math Science Partnership of Southwest Pennsylvania: Year Four Evaluation Report WR-494
Math Science Partnership of Southwest Pennsylvania: Year Three Evaluation Report WR-396
Professional Development Participation and the Role of Administrator Involvement in the Math Science Partnership of Southwest Pennsylvania WR-428

MATRICES
Best Linear Unbiased Estimation by Recursive Methods LRP-196601-01
On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion LRP-195402-01
On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation LRP-195312-01
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

MAYORS—CALIFORNIA—LOS ANGELES
Governing Urban School Districts: Efforts in Los Angeles to Effect Change TR-428

MEDICAID
Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality LRP-200600-16
Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care LRP-200611-03

Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191

MEDICAID—ECONOMICS
Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System LRP-200612-14
Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care LRP-200606-07

MEDICAID—STATISTICS & NUMERICAL DATA
Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000 LRP-200607-06

MEDICAL ASSISTANCE
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13

MEDICAL ASSISTANCE, AMERICAN—EVALUATION
Securing Health: Lessons from Nation-Building Missions MG-321

MEDICAL ASSISTANCE—EVALUATION
Securing Health: Lessons from Nation-Building Missions MG-321

MEDICAL CARE
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
Research in the Economics and Sociology of Medical Care: A Point of View LRP-196102-01

MEDICAL CARE—CHINA—FINANCE
China Rural Health Insurance Experiment: Final Report WR-411

MEDICAL CARE—DEVELOPING COUNTRIES
Determining Access to Care and User Requirements for Diagnostic Tests in Developing Countries WR-423
Determining the Priority Global Health Needs and Quantifying the Health Benefits Resulting from the Introduction of New Diagnostics in the Developing World WR-418

MEDICAL CARE—GREAT BRITAIN—EVALUATION
Understanding Patients' Choices at the Point of Referral TR-359

MEDICAL CARE—QUALITY CONTROL
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407
Quality Improvement: Implications for Public Health Preparedness TR-316

MEDICAL CARE—RESEARCH
Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California LRP-200612-04
Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience LRP-200612-05

MEDICAL CARE—UTILIZATION
Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries LRP-200603-35
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

MEDICAL ECONOMICS
Research in the Economics and Sociology of Medical Care: A Point of View LRP-196102-01

MEDICAL ERRORS—CODE NUMBERS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL ERRORS—CODE WORDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL ERRORS—PREVENTION
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

MEDICAL ERRORS—PREVENTION & CONTROL
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

MEDICAL ERRORS—REPORTING—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL ERRORS—REPORTING—STATES
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL ERRORS—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL FEES
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

MEDICAL HISTORY TAKING—METHODS
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26

MEDICAL INFORMATICS APPLICATIONS
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03

MEDICAL INFORMATICS—ECONOMICS
Costs and Benefits of Health Information Technology LRP-200604-06

MEDICAL RECORDS SYSTEMS, COMPUTERIZED
Creating the Future LRP-200601-17

MEDICAL RECORDS SYSTEMS, COMPUTERIZED—ECONOMICS
Costs and Benefits of Health Information Technology LRP-200604-06

MEDICAL RECORDS SYSTEMS, COMPUTERIZED—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

MEDICAL RECORDS SYSTEMS, COMPUTERIZED—UTILIZATION
Asking Why and What: The Authors Respond LRP-200601-16
The Diffusion and Value of Healthcare Information Technology MG-272-1

MEDICAL RECORDS—DATA PROCESSING—COST EFFECTIVENESS
The Diffusion and Value of Healthcare Information Technology MG-272-1

MEDICAL RECORDS—STATISTICS & NUMERICAL DATA
Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients LRP-200602-05
Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? LRP-200612-31
What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? LRP-200602-06

MEDICAL REHABILITATION
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258

Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

MEDICAL SCREENING—PENNSYLVANIA—ALLEGHENY COUNTY
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423

MEDICAL STAFF, HOSPITAL
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10

MEDICAL TECHNOLOGY—ECONOMIC ASPECTS
Socioeconomic Differences in the Adoption of New Medical Technologies RP-1199

MEDICAL TECHNOLOGY—SOCIAL ASPECTS
Socioeconomic Differences in the Adoption of New Medical Technologies RP-1199

MEDICALLY UNINSURED
Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas LRP-200603-03
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15

MEDICALLY UNINSURED—ETHNOLOGY
Immigrants and the Cost of Medical Care LRP-200611-05

MEDICALLY UNINSURED—STATISTICS & NUMERICAL DATA
Reliving History and Renewing the Health Care Reform Debate LRP-200609-13
Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey LRP-200605-24

MEDICARE
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions LRP-200610-20
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

MEDICARE PART A—ECONOMICS
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22

MEDICARE— ECONOMICS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

MEDICARE—COSTS
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

MEDICARE—UTILIZATION
Rising Medicare Costs: Are We in Crisis? LRP-200608-08

MEDICINE, CHINESE TRADITIONAL—UTILIZATION
California Acupuncturists Comment on Their Training LRP-200600-10

MEDICINE—INFORMATION TECHNOLOGY—EVALUATION
The Diffusion and Value of Healthcare Information Technology MG-272-1

MEDICINE—INFORMATION TECHNOLOGY—GOVERNMENT POLICY
The Diffusion and Value of Healthcare Information Technology MG-272-1

MEN
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13

MENTAL DISORDERS
Income and Mental Health: Unraveling Community and Individual Level Relations RP-1212
Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults LRP-200601-09
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25
Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission LRP-200601-07

MENTAL DISORDERS—COMPLICATIONS
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33

MENTAL DISORDERS—DIAGNOSIS
Using Five Questions to Screen for Five Common Mental Disorders in Primary Care: Diagnostic Accuracy of the Anxiety and Depression Detector LRP-200603-19

MENTAL DISORDERS—DRUG THERAPY
Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence LRP-200605-09

MENTAL DISORDERS—EPIDEMIOLOGY
Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees LRP-200612-32
Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees LRP-200610-14

MENTAL DISORDERS—HERAPY
What Is Necessary to Transform the Quality of Mental Health Care LRP-200605-15

MENTAL DISORDERS—PSYCHOLOGY
Peer Support Among Adults with Serious Mental Illness: A Report from the Field LRP-200607-17

MENTAL DISORDERS—REHABILITATION
Toward the Implementation of Mental Health Consumer Provider Services LRP-200604-11

MENTAL DISORDERS—THERAPY
Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection LRP-200608-12
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328
The Dimensions of Change in Therapeutic Community Treatment Instrument LRP-200603-29
From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses LRP-200605-12
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15
Management of Mental Disorders in VA Primary Care Practices LRP-200603-26

Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care LRP-200605-11

MENTAL HEALTH
Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation LRP-200612-11
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22
Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults LRP-200601-09
Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence LRP-200605-09
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11
A Systematic Review of Relations Between Neighborhoods and Mental Health LRP-200609-17
Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission LRP-200601-07
US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01
Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need LRP-200605-16

MENTAL HEALTH SERVICES
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03
Income and Mental Health: Unraveling Community and Individual Level Relations RP-1212
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03
What Drives Referral from Primary Care Physicians to Mental Health Specialists? LRP-200606-05

MENTAL HEALTH SERVICES—ECONOMICS
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20

MENTAL HEALTH SERVICES—LEGISLATION & JURISPRUDENCE
The Effects of State Parity Laws on the Use of Mental Health Care LRP-200606-15

MENTAL HEALTH SERVICES—ORGANIZATION & ADMINISTRATION
Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System LRP-200612-14
From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses LRP-200605-12
Management of Mental Disorders in VA Primary Care Practices LRP-200603-26
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13
Peer Support Among Adults with Serious Mental Illness: A Report from the Field LRP-200607-17
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01

MENTAL HEALTH SERVICES—STANDARDS
What Is Necessary to Transform the Quality of Mental Health Care LRP-200605-15

MENTAL HEALTH SERVICES—STATISTICS & NUMERICAL DATA
Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees LRP-200612-32
Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees LRP-200610-14

MENTAL HEALTH SERVICES—UTILIZATION
Behavioral Health Insurance Parity for Federal Employees LRP-200603-18
Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection LRP-200608-12
The Effects of State Parity Laws on the Use of Mental Health Care LRP-200606-15
Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services LRP-200606-18

MENTAL STATUS SCHEDULE
Measurement in a Multi-Ethnic Society: Overview to the Special Issue LRP-200611-13

MENTALLY ILL PERSONS—PSYCHOLOGY
Mental Health Outcomes and Physical Restraint Use in Nursing Homes private LRP-200611-02

MENTALLY ILL—SUBSTANCE USE
Improving Care for Depression in Patients with Comorbid Substance Misuse LRP-200601-03

MEN—PSYCHOLOGY
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06

MERCHANT MARINE—SECURITY MEASURES
Maritime Terrorism: Risk and Liability MG-520
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

METEOROLOGICAL SATELLITES
Daytime and Nighttime Atmospheric Properties Derived from Rocket and Satellite Observations LRP-196103-01

MEXICO—BOUNDARIES
Border Security and the Terrorist Threat CT-266

MICE
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

MIDDLE AGED
Physical Activity and Changes in Health Care Costs in Late Middle Age LRP-200602-25

MIDDLE EAST—FOREIGN RELATIONS
The Middle East: The Changing Strategic Environment CF-223

MIDDLE EAST—POLITICS AND GOVERNMENT
The Middle East: The Changing Strategic Environment CF-223

MIDDLE EAST—STRATEGIC ASPECTS
The Middle East: The Changing Strategic Environment CF-223

MILITARY ART AND SCIENCE
Integrating Instruments of Power and Influence in National Security: Starting the Dialogue CF-231

MILITARY ART AND SCIENCE—INTERNATIONAL COOPERATION
Assessing the Value of U.S. Army International Activities MG-329

MILITARY ART AND SCIENCE—SIMULATION METHODS
Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations RGSD-201

MILITARY ASSISTANCE, AMERICAN
Assessing the Value of U.S. Army International Activities MG-329

MILITARY ASSISTANCE, AMERICAN —AFGHANISTAN
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

MILITARY ASSISTANCE, AMERICAN—EL SALVADOR
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

MILITARY ASSISTANCE, AMERICAN—PAKISTAN
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

MILITARY ASSISTANCE, AMERICAN—UZBEKISTAN
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

MILITARY DOCTRINE—CHINA
Entering the Dragon's Lair: Chinese Antiaccess Strategies and Their Implications for the United States MG-524

MILITARY EDUCATION
Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force MG-439
A User's Guide to the Technical Training Schoolhouse Model TR-378

MILITARY EDUCATION—AIDS AND DEVICES
Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions MG-442

MILITARY EDUCATION—TECHNOLOGICAL INNOVATIONS
Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda OP-156

MILITARY EDUCATION—UNITED STATES
Framing a Strategic Approach for Reserve Component Joint Officer Management MG-517

MILITARY HISTORY, MODERN
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

MILITARY INTELLIGENCE
Toward a Theory of Intelligence: Workshop Report CF-219

MILITARY INTELLIGENCE—GREAT BRITAIN
The Role of Intelligence in Deciding the Battle of Britain LRP-200606-16

MILITARY MEDICINE—ORGANIZATION & ADMINISTRATION
Army Medical Department Transformation: A Summary of Five Workshops MG-416

MILITARY MEDICINE—ORGANIZATION & ADMINISTRATION—UNITED STATES —CONGRESSES
Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V TR-302

MILITARY PENSIONS
An Overview of Past Proposals for Military Retirement Reform TR-376
Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals TR-199

MILITARY PERSONNEL
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10

MILITARY PERSONNEL—STATISTICS & NUMERICAL DATA
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

MILITARY PLANNING
Shaping the Future Air Force TR-322

MILITARY PLANNING—CHINA—HISTORY
Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense MG-340

MILITARY PLANNING—KOREA (SOUTH)
A Brief Analysis of the Republic of Korea's Defense Reform Plan OP-165

MILITARY POLICY
Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense MG-340
Entering the Dragon's Lair: Chinese Antiaccess Strategies and Their Implications for the United States MG-524
Integrating Instruments of Power and Influence in National Security: Starting the Dialogue CF-231
Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet MG-448
Shaping the Future Air Force TR-322
Striking First: Preemptive and Preventive Attack in U.S. National Security Policy MG-403
US Counterterrorism Policy LRP-200600-12
War and Escalation in South Asia MG-367-1

MILITARY POLICY—INTERNATIONAL COOPERATION
Assessing the Value of U.S. Army International Activities MG-329

MILITARY READINESS—CHINA
Advances Underway in China's Defense Industries CT-256

MILITARY RELATIONS—EUROPE
The United States and the European Security and Defense Policy: Old Fears and New Approaches RP-1232

MILITARY RELATIONS—FOREIGN COUNTRIES
Assessing the Value of U.S. Army International Activities MG-329

MILITARY RELATIONS—SOUTH ASIA
War and Escalation in South Asia MG-367-1

MILITARY RESEARCH
Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program DB-490
High-Performance Computing Opportunities and Challenges for Army R&D TR-310

MILITARY SCIENCE—METHODS
Army Medical Department Transformation: A Summary of Five Workshops MG-416

MILITARY SERVICE, VOLUNTARY—HISTORY
I Want You! The Evolution of the All-Volunteer Force MG-265
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

MILITARY SPOUSES—EMPLOYMENT—UNITED STATES—STATISTICS
Monitoring Employment Conditions of Military Spouses TR-324

MILITARY WEAPONS—ESTIMATES
Impossible Certainty: Cost Risk Analysis for Air Force Systems MG-415

MINORITIES—MEDICAL CARE—UNITED STATES—STATISTICS
Who Is at Greatest Risk for Receiving Poor-Quality Health Care? LRP-200603-12

MINORITY GROUPS
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

MISSING OBSERVATIONS (STATISTICS)
Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies WR-441

MOBILE COMMUNICATIONS SYSTEMS
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

MODELS, BIOLOGICAL
A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine LRP-200606-01

MODELS, GENETIC
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27

MODELS, LOGISTICAL
Army Medical Department Transformation: A Summary of Five Workshops MG-416

MODELS, ORGANIZATIONAL
Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model LRP-200602-07

MODELS, STATISTICAL
A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine LRP-200606-01
Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends LRP-200600-04
Estimating Probit Models with Self-Selected Treatments LRP-200602-09
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07
Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models LRP-200607-09
Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card LRP-200604-21
Loss Function Based Ranking in Two-Stage, Hierarchical Models LRP-200600-13
The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer LRP-200600-11

MODELS, THEORETICAL
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357
A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy LRP-200612-36
Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer LRP-200612-26

MOLECULAR ROTATION—MATHEMATICAL MODELS
Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G LRP-196511-01

MOLECULAR SPECTRA
Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G LRP-196511-01

MONOPOLIES—BOOK REVIEWS
Bargaining and Group Decision Making: Experiments in Bilateral Monopoly LRP-196106-02

MONTE CARLO METHOD
Estimating Probit Models with Self-Selected Treatments LRP-200602-09

MORTALITY—TRENDS
Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics LRP-200611-20

MOTHER-CHILD RELATIONS
Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children LRP-200610-11

MOTIVATION
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37
Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy LRP-200602-19
Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians LRP-200611-12

MOTOR ACTIVITY
Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study LRP-200602-21
Public Parks and Physical Activity Among Adolescent Girls LRP-200611-01
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

MOTOR ACTIVITY—PHYSIOLOGY
Physical Activity and Changes in Health Care Costs in Late Middle Age LRP-200602-25

MOVING TARGET INDICATOR RADAR
Doppler Radar LRP-194904-01

MULTIDRUG RESISTANCE
A Technical Supplement: Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics WR-422

MULTIMEDIA SYSTEMS
Assessing Indirect Impacts of the EC Proposals for Video Regulation TR-414

MULTIPLIER (ECONOMICS)
Redistributional Aspects of the Balanced-Budget Multiplier: A Comment on the Musgrave, Baumol-Peston, and Hansen Contributions LRP-196702-01

MULTIVARIATE ANALYSIS
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18

MULTIVARIATE ANALYSIS—DATA PROCESSING
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

MURDER—INDIANA—INDIANAPOLIS
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

MURDER—PREVENTION
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

MUSCULOSKELETAL MANIPULATIONS
Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation LRP-200400-22

MUSHROOMS, HALLUCINOGENIC
The Evidence Base for the Classification of Drugs TR-362
The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems TR-362/1

MUSIC
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03

NAMES
Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity LRP-200608-04

NANOTECHNOLOGY—FORECASTING
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

NANOTECHNOLOGY—HEALTH ASPECTS
Nanomaterials in the Workplace: Policy and Planning Workshop on Occupational Safety and Health CF-227

NARCOTIC ADDICTS—MENTAL HEALTH
Improving Care for Depression in Patients with Comorbid Substance Misuse LRP-200601-03

NATION-BUILDING
Options for Transitional Security Capabilities for America TR-353
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

NATION-BUILDING—CASE STUDIES
Securing Health: Lessons from Nation-Building Missions MG-321

NATION-BUILDING—KOSOVO (SERBIA)
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS (PROJECT)
Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress TR-381

NATIONAL FLOOD INSURANCE PROGRAM (U.S.)
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

NATIONAL FLOOD INSURANCE PROGRAM (U.S.)—EVALUATION
The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications TR-300

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE (U.S.)
Marijuana Markets: Inferences from Reports by the Household Population LRP-200612-12

NATIONAL INSTITUTES OF HEALTH (U.S.)
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16
Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) LRP-200603-10

NATIONAL NURSING HOME SURVEY (U.S.)
True Prevalence of Urinary Incontinence Among Female Nursing Home Residents LRP-200602-24

NATIONAL SECURITY
Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary MG-445/1
Analyzing Terrorism Risk CT-265
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250
Border Security and the Terrorist Threat CT-266
Considering the Effects of a Catastrophic Terrorist Attack TR-391
Defense Decisions: Design Vs. Analysis LRP-196100-02
Denying Armageddon: Preventing Terrorist Use of Nuclear Weapons RP-1240
Enhancing Emergency Preparedness in California CT-253
Infectious Disease and National Security: Strategic Information Needs TR-405
Information Sharing and Emergency Responder Safety Management CT-258
Integrating Instruments of Power and Influence in National Security: Starting the Dialogue CF-231
National Security Space Launch Report MG-503
The New Age of Terrorism RP-1215
Radicalization: Homeland Security Implication CT-267
Striking First: Preemptive and Preventive Attack in U.S. National Security Policy MG-403
War and Escalation in South Asia MG-367-1

NATIONAL SECURITY—ASIA, SOUTHEASTERN
Demographics and Security in Maritime Southeast Asia RP-1219

NATIONAL SECURITY—CHINA
Challenges to China's Internal Security Strategy CT-254

NATIONAL SECURITY—EUROPE
The United States and the European Security and Defense Policy: Old Fears and New Approaches RP-1232

NATIONAL SECURITY—ISRAEL
Building a Successful Palestinian State: Security MG-146/2

NATIONAL SECURITY—KOREA (SOUTH)
A Brief Analysis of the Republic of Korea's Defense Reform Plan OP-165

NATIONAL SECURITY—SOUTH ASIA
War and Escalation in South Asia MG-367-1

NATURAL DISASTERS
Differences in Individual-Level Terrorism Preparedness in Los Angeles County LRP-200601-11

NATURAL DISASTERS—PLANNING
Information Sharing and Emergency Responder Safety Management CT-258

NAVAL STRATEGY
Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet MG-448

NAVY—EQUIPMENT—MAINTENANCE AND REPAIR
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358

NAVY—OPERATIONAL READINESS
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358

NAVY—PROCUREMENT
Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer MG-259/1
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259
Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades MG-484

NEEDLE SHARING—STATISTICS & NUMERICAL DATA
Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs LRP-200600-02

NEEDLE-EXCHANGE PROGRAMS—STATISTICS & NUMERICAL DATA
Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs LRP-200600-02

NEEDLE-EXCHANGE PROGRAMS—UTILIZATION
Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement LRP-200602-02

NEEDS ASSESSMENT
From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses LRP-200605-12

Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need LRP-200605-16

NEGATIVE BINOMIAL DISTRIBUTION
Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders LRP-200402-22

NEIGHBORHOOD—CALIFORNIA—LOS ANGELES—LONGITUDINAL STUDIES
The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey RP-1241

NEOPLASMS, EXPERIMENTAL
The Effective Use of Both Positive and Negative Controls in Screening Experiments LRP-196706-01

NEOPLASMS—DRUG THERAPY
Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer LRP-200607-03

NEOPLASMS—EPIDEMIOLOGY
Effects of Omega-3 Fatty Acids on Cancer Risk: A Systematic Review LRP-200601-15
Omega-3 Fatty Acids and Cancer Risk LRP-200607-11

NEOPLASMS—PREVENTION & CONTROL
Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer LRP-200607-03
Omega-3 Fatty Acids and Cancer Risk LRP-200607-11

NEOPLASMS—THERAPY
Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer LRP-200612-26

NETCENTRIC COMPUTING
The Impact of Network Performance on Warfighter Effectiveness TR-329

NEUROPSYCHOLOGICAL TESTS
Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework LRP-200611-07

NEW BUSINESS ENTERPRISES
Entry by Spinoffs LRP-200508-28

NEW JERSEY
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191

NEW YORK CITY
Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework LRP-200611-07

NEW YORK—EPIDEMIOLOGY
Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card LRP-200604-21

NICOTINE ADDICTION
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395

NICOTINE—THERAPEUTIC USE
Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers LRP-200604-19

NICOTINIC AGONISTS—ADMINISTRATION & DOSAGE
Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers LRP-200604-19

NONPROFIT ORGANIZATIONS—FINANCE—CASE STUDIES
Meeting Funder Compliance: A Case Study of Challenges, Time Spent, and Dollars Invested MG-505

NONPROFIT ORGANIZATIONS—MANAGEMENT—CASE STUDIES
Meeting Funder Compliance: A Case Study of Challenges, Time Spent, and Dollars Invested MG-505

NONRESPONSE (STATISTICS)
Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies WR-441

NORTH AMERICA
Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation LRP-200400-22

NORTH ATLANTIC TREATY ORGANIZATION
The United States and the European Security and Defense Policy: Old Fears and New Approaches RP-1232

NORTHERN IRELAND—POLITICS AND GOVERNMENT
Training for Urban Resistance: The Case of the Provisional Irish Republican Army RP-1249

NUCLEAR EXPLOSIONS
Considering the Effects of a Catastrophic Terrorist Attack TR-391
Systems for the Detection and Identification of Nuclear Explosions in the Atmosphere and in Space LRP-196512-01

NUCLEAR TERRORISM—PREVENTION
Denying Armageddon: Preventing Terrorist Use of Nuclear Weapons RP-1240

NUCLEAR WEAPONS—TESTING—DETECTION
Systems for the Detection and Identification of Nuclear Explosions in the Atmosphere and in Space LRP-196512-01

NURSING HOMES
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25

NURSING HOMES—DECISION MAKING
Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries WR-457/1
Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review WR-457/2

NURSING HOMES—EVALUATION—RESEARCH
Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries WR-457/1
Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review WR-457/2

NURSING HOMES—ORGANIZATION & ADMINISTRATION
Downsizing in the Nursing Home Industry LRP-200607-10
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06
Organizational Characteristics Associated with Staff Turnover in Nursing Homes LRP-200602-12

NURSING HOMES—STANDARDS
Mental Health Outcomes and Physical Restraint Use in Nursing Homes private LRP-200611-02

NURSING STAFF
Organizational Characteristics Associated with Staff Turnover in Nursing Homes LRP-200602-12

NUTRITION SURVEYS
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10

OBESITY—ECONOMIC ASPECTS—EUROPE
An International Comparison of Obesity in Older Adults: Effects and Risk Factors RGSD-206

OBESITY—ECONOMIC ASPECTS—EUROPEAN UNION COUNTRIES
An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report WR-449

OBESITY—ECONOMICS
Health Insurance and the Obesity Externality WR-340

OBESITY—EUROPEAN UNION COUNTRIES
An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report WR-449

OBESITY—HEALTH ASPECTS—EUROPE
An International Comparison of Obesity in Older Adults: Effects and Risk Factors RGSD-206

OBESITY—PREVENTION
Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health LRP-200602-01

OBESITY—PREVENTION & CONTROL
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10

OBESITY—SOCIAL ASPECTS
Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health LRP-200602-01

OBESITY—SOCIAL ASPECTS—EUROPEAN UNION COUNTRIES
An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report WR-449

OBESITY—TREATMENT
Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health LRP-200602-01

OBSERVATION
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19

OCCUPATIONAL MORTALITY
Small Businesses and Workplace Fatality Risk: An Exploratory Analysis TR-371

OFFICE OF NATIONAL DRUG CONTROL POLICY — APPROPRIATIONS AND EXPENDITURES
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263
The Use of the Internet by Islamic Extremists CT-262-1

OFFICE VISITS—STICS & NUMERICAL DATA
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04

OLDER PEOPLE—EMPLOYMENT
Discouraged Workers? Job Search Outcomes of Older Workers LRP-200610-28
Dynamics of Work Disability and Pain WR-387

OLDER PEOPLE—HEALTH AND HYGIENE—EUROPE
An International Comparison of Obesity in Older Adults: Effects and Risk Factors RGSD-206

OLDER PEOPLE—MEDICAL CARE—COST CONTROL
Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries LRP-200603-35

ONLINE INFORMATION SERVICES—EUROPE—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

ONLINE INFORMATION SERVICES—EVALUATION
Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States TR-145

OPERATIONAL ART (MILITARY SCIENCE)
Strategic Analysis of Air National Guard Combat Support and Reachback Functions MG-375

OPERATIONS RESEARCH
The Analysts' Bookshelf: Publications of The RAND Corporation LRP-195606-01
Defense Decisions: Design Vs. Analysis LRP-196100-02

ORDER (GRAMMAR)
Basic Principles and Technical Variations in Sentence-Structure Determination LRP-196100-01

ORDER STATISTICS
Applications of Some Significance Tests for the Median Which Are Valid under Very General Conditions LRP-194909-01
Some Significance Tests for the Median Which Are Valid under Very General Conditions LRP-194903-01

ORGANIZATIONAL BEHAVIOR
Entry by Spinoffs LRP-200508-28

ORGANIZATIONAL CASE STUDIES
Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study RP-1191

ORGANIZATIONAL EFFECTIVENESS—EVALUATION
Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard RGSD-203

ORGANIZATIONAL INNOVATION
Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation LRP-200612-11
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20

ORGANIZATIONAL LEARNING
Something Old, Something New: Army Leader Development in a Dynamic Environment MG-281

ORGANIZATIONAL OBJECTIVES
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10

ORGANIZATIONAL POLICY
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15

OSCILLATIONS
A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil LRP-195210-01

OSCILLATORS, ELECTRIC
Calculation of the Resonant Properties of Electrical Cavities LRP-195403-01

OSTEOARTHRITIS—THERAPY
Quality of Osteoarthritis Care for Community-Dwelling Older Adults LRP-200604-05

OSTEOARTHRITIS—TREATMENT
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)
Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices LRP-200611-04
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314
Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York LRP-200602-28
Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management LRP-200603-11

OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)—METHODS
Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings LRP-200601-25

OUTCOME ASSESSMENT (HEALTH CARE)
Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder LRP-200612-33
Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality LRP-200600-16
The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial LRP-200611-27
The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs LRP-200602-23
Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People LRP-200603-05
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25
Mental Health Outcomes and Physical Restraint Use in Nursing Homes private LRP-200611-02
Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care LRP-200608-01
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03
Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity LRP-200608-04

OUTCOME ASSESSMENT (HEALTH CARE)—STATISTICS & NUMERICAL DATA
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02
Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention LRP-200603-13
Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card LRP-200604-21

OUTCOME ASSESSMENT (MEDICAL CARE)
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

OUTCOME ASSESSMENT (MEDICAL CARE)—METHODOLOGY
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314

OUTPATIENTS
Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data LRP-200609-05

OVERWEIGHT—PHYSIOLOGY
Childhood Overweight and Elementary School Outcomes LRP-200609-08

PAIN MEASUREMENT
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08
Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) LRP-200603-10

PAIN—PREVENTION & CONTROL
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08

PAIN—PSYCHOLOGICAL ASPECTS
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204

PAIN—PSYCHOLOGY
Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey RGSD-204

PAIN—THERAPY
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08

PALESTINE—POLITICS AND GOVERNMENT
Building a Successful Palestinian State: Security MG-146/2

PALESTINIAN ARABS—POLITICS AND GOVERNMENT
Building a Successful Palestinian State: Security MG-146/2

PANIC DISORDERS—TREATMENT
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02

PANIC DISORDER—ECONOMICS
Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder LRP-200603-07

PANIC DISORDER—THERAPY
Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder LRP-200612-33
CBT Intensity and Outcome for Panic Disorder in a Primary Care Setting LRP-200606-14
Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care LRP-200608-01

PARENT-CHILD RELATIONS
Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample LRP-200605-21
Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health LRP-200610-05

PARENTAL INFLUENCES
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395

PARENTHOOD—DECISION MAKING
Fertility Desires and Intentions of HIV-Positive Men and Women RP-1202

PARENTING
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

PARENTS
Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care LRP-200611-03

PARENTS—PSYCHOLOGY
Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample LRP-200605-21

PARKINSON DISEASE—PSYCHOLOGY
Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life LRP-200601-24

PARKINSON'S DISEASE
Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries LRP-200603-35

PASSENGER SHIPS
Maritime Terrorism: Risk and Liability MG-520

PATIENT ACCEPTANCE OF HEALTH CARE— PSYCHOLOGY
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19

PATIENT ACCEPTANCE OF HEALTH CARE—STATISTICS & NUMERICAL DATA
Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression LRP-200605-04

PATIENT ADMISSION
Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26

PATIENT CARE MANAGEMENT
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20

PATIENT CARE TEAM
Improving Care for Depression: There's No Free Lunch LRP-200610-09
Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder LRP-200603-07
Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer LRP-200612-26
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03

PATIENT CARE TEAM—ECONOMICS
The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs LRP-200602-23

PATIENT CARE TEAM—ORGANIZATION & ADMINISTRATION
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13

PATIENT CARE—ECONOMICS
An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18

PATIENT CARE—STANDARDS
Improving Care for Depression: There's No Free Lunch LRP-200610-09

PATIENT COMPLIANCE
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

PATIENT COMPLIANCE—STATISTICS & NUMERICAL DATA
A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions LRP-200611-16
A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy LRP-200612-36
Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006) LRP-200605-19

PATIENT DISCHARGE—STANDARDS
Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings LRP-200601-25

PATIENT PARTICIPATION
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37
Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality LRP-200610-16

PATIENT PARTICIPATION—STATISTICS & NUMERICAL DATA
Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression LRP-200605-04

PATIENT READMISSION—STATISTICS & NUMERICAL DATA
Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California LRP-200607-05

PATIENT SAFETY IMPROVEMENT CORPS (U.S.)
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407

PATIENT SATISFACTION
Adolescent Primary Care Patients' Preferences for Depression Treatment LRP-200603-23
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care LRP-200605-07
Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans LRP-200609-23
Responsiveness and Minimal Important Differences for Patient Reported Outcomes LRP-200609-21

PATIENT SATISFACTION—GREAT BRITAIN
Understanding Patients' Choices at the Point of Referral TR-359

PATIENT SATISFACTION—STATISTICS & NUMERICAL DATA
Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention LRP-200603-13

PATIENTS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

PATTERN RECOGNITION SYSTEMS
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

PAY-FOR-KNOWLEDGE SYSTEMS
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

PEDIATRIC RESPIRATORY DISEASES—DIAGNOSIS
A Technical Supplement: Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of Improved Diagnostics WR-421

PEDIATRIC RESPIRATORY DISEASES—TREATMENT
A Technical Supplement: Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of Improved Diagnostics WR-421

PEDIATRICS
Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model LRP-200602-07
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04

PEER GROUP
Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use LRP-200610-07
Peer Support Among Adults with Serious Mental Illness: A Report from the Field LRP-200607-17
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

PELVIC PAIN—DIAGNOSIS
A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study LRP-200602-04

PELVIC PAIN—PSYCHOLOGY
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17

PENSION TRUSTS—FRANCE—CASE STUDIES
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

PENSION TRUSTS—GREAT BRITAIN
Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom RP-1206

PENSION TRUSTS—ITALY—CASE STUDIES
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

PENSIONS—COMPUTER SIMULATION
An Overview of Past Proposals for Military Retirement Reform TR-376

PENSIONS—FRANCE
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

PENSIONS—ITALY
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

PEOPLE WITH DISABILITIES—EMPLOYMENT
Dynamics of Work Disability and Pain WR-387

PEOPLE WITH DISABILITIES—GOVERNMENT POLICY—GREAT BRITAIN
An Evaluation Framework for "Foundations for Living": Supporting Disabled People to Live Independently in the Community TR-388

PEOPLE WITH DISABILITIES—HOUSING—GREAT BRITAIN
An Evaluation Framework for "Foundations for Living": Supporting Disabled People to Live Independently in the Community TR-388

PEOPLE WITH DISABILITIES—SERVICES FOR—GREAT BRITAIN
An Evaluation Framework for "Foundations for Living": Supporting Disabled People to Live Independently in the Community TR-388

PERFORMANCE
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381

PERFORMANCE STANDARDS
Police Effectiveness: Measurement and Incentives RGSD-200
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381

PERFORMANCE TECHNOLOGY
Studies in Probabilistic Information Processing LRP-196603-01

PERFORMANCE—MEASUREMENT
Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard RGSD-203

PERSONALITY
Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors LRP-200603-08

PERSONALITY ASSESSMENT
Self-Regulation: Reminders and Suggestions from Personality Science LRP-200607-14

PERSONNEL DOWNSIZING
Downsizing in the Nursing Home Industry LRP-200607-10

PERSONNEL STAFFING AND SCHEDULING—STANDARDS
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25

PERSONNEL STAFFING AND SCHEDULING—STATISTICS & NUMERICAL DATA
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06

PERSONNEL TURNOVER—TRENDS
Organizational Characteristics Associated with Staff Turnover in Nursing Homes LRP-200602-12

PERSUASIVE COMMUNICATION
Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television LRP-200612-17

PERTURBATION (QUANTUM DYNAMICS)
General Impact Theory of Pressure Broadening LRP-195811-01
Problem of Overlapping Lines in the Theory of Pressure Broadening LRP-195807-01

PHARMACEUTICAL PREPARATIONS
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04

PHOTIC STIMULATION
Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24

PHOTONS
Scattering of Light by Light in Plasmas LRP-196408-01

PHYSICAL FITNESS
Public Parks and Physical Activity Among Adolescent Girls LRP-200611-01

PHYSICIAN INCENTIVE PLANS
Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians LRP-200611-12

PHYSICIAN PRACTICE PATTERNS
The Impact of Liability on the Physician Labor Market WR-384

PHYSICIAN'S PRACTICE PATTERNS
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328
A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians LRP-200604-20

PHYSICIAN'S ROLE
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15

PHYSICIAN-NURSE RELATIONS
The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs LRP-200602-23

PHYSICIAN-PATIENT RELATIONS
Discrimination and Health Care Utilization RGSD-198
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22
Physician Communication About the Cost and Acquisition of Newly Prescribed Medications LRP-200611-26

PHYSICIANS
Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons LRP-200602-16

PHYSICIANS, FAMILY
What Drives Referral from Primary Care Physicians to Mental Health Specialists? LRP-200606-05

PHYSICIANS—MALPRACTICE
The Impact of Liability on the Physician Labor Market WR-384

PHYSICIANS—RATINGS OF
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381

PHYSICIANS—STANDARDS
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381

PILOT PROJECTS
An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study LRP-200604-23

PIRATES
Maritime Terrorism: Risk and Liability MG-520

PITUITARY GLAND—PHYSIOLOGY
Evaluation of the Pituitary-Adrenal Axis in Simple Hirsutism LRP-196007-01

PLANNING TECHNIQUES
Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management LRP-200610-18

PLASMA (IONIZED GASES)
Scattering of Light by Light in Plasmas LRP-196408-01

POLICE
Interactive Police-Citizen Encounters That Result in Force LRP-200412-33
Options for Transitional Security Capabilities for America TR-353

POLICE ADMINISTRATION
Measurement and Association in the Structure of Municipal Police Organizations LRP-200600-03
Police Use of Force: An Analysis of Organizational Characteristics LRP-200106-07

POLICE DISCRETION
Interactive Police-Citizen Encounters That Result in Force LRP-200412-33
Police Use of Force: An Analysis of Organizational Characteristics LRP-200106-07

POLICE DISCRETION—CALIFORNIA—OAKLAND
Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores LRP-200603-27

POLICE PATROL—INDIANA—INDIANAPOLIS
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

POLICE PATROL—MISSOURI—KANSAS CITY
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

POLICE —EQUIPMENT AND SUPPLIES—STANDARDS
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425

POLICE-COMMUNITY RELATIONS
Interactive Police-Citizen Encounters That Result in Force LRP-200412-33
Police Use of Force: An Analysis of Organizational Characteristics LRP-200106-07

POLICE-COMMUNITY RELATIONS—CINCINNATI (OHIO)
Police-Community Relations in Cincinnati: Year Two Evaluation Report TR-445

POLICE—CINCINNATI (OHIO)—PUBLIC OPINION
Police-Community Relations in Cincinnati: Year Two Evaluation Report TR-445

POLICE—CONDUCT OF LIFE—RESEARCH
Police Use of Force: An Analysis of Organizational Characteristics LRP-200106-07

POLICE—NETHERLANDS—EVALUATION
Police Effectiveness: Measurement and Incentives RGSD-200

POLICE—RATING OF—NETHERLANDS
Police Effectiveness: Measurement and Incentives RGSD-200

POLICE—SAFETY MEASURES
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

POLICY MAKING
Health Care Policy Issues in End-of-Life Care LRP-200606-22
The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products LRP-200604-09

POLICY SCIENCES—COMPUTER SIMULATION
A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios LRP-200604-12

POLICY SCIENCES—METHODOLOGY
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

POLITICAL CARTOONS
Humor-Auch Fur Musliminnen Die Scharfste Waffe: Humor in the Muslim World: The Cartoon Controversy and the Rest of the Story RP-1227

POLITICAL PARTIES—UNITED STATES—BOOK REVIEWS
"Gobble'uns" and Foreign Policy: A Review LRP-196409-01

POLITICS AND GOVERNEMENT
Toward a Theory of Intelligence: Workshop Report CF-219

POLITICS AND GOVERNMENT
"Gobble'uns" and Foreign Policy: A Review LRP-196409-01

POOR WOMEN—RESEARCH—METHODOLOGY
Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women LRP-200602-03

POPULATION AGING—EUROPE
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507

POPULATION DENSITY—EUROPE
Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies DB-507

POPULATION FORECASTING—LOUISIANA—NEW ORLEANS
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
The Repopulation of New Orleans After Hurricane Katrina TR-369

POPULATION SURVEILLANCE
Childhood Asthma Surveillance by Community Coalitions LRP-200604-14
Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? LRP-200602-18
Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People LRP-200603-05

POPULATION SURVEILLANCE—METHODS
Evaluating Statistical Methods for Syndromic Surveillance LRP-200600-07

POPULATION—STATISTICAL METHODS
Applications of Some Significance Tests for the Median Which Are Valid under Very General Conditions LRP-194909-01
Some Significance Tests for the Median Which Are Valid under Very General Conditions LRP-194903-01

PORTS OF ENTRY
Border Security and the Terrorist Threat CT-266

PORTS OF ENTRY—SECURITY MEASURES
Border Control RP-1216
Considering the Effects of a Catastrophic Terrorist Attack TR-391
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220

PORTS OF ENTRY—SECURITY MEASURES—CALIFORNIA
Considering the Effects of a Catastrophic Terrorist Attack TR-391

POST-TRAUMATIC STRESS DISORDER IN CHILDREN—TREATMENT
How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery TR-413

POSTPARTUM PERIOD
Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California LRP-200607-05

POSTWAR RECONSTRUCTION—HEALTH ASPECTS
Securing Health: Lessons from Nation-Building Missions MG-321

POSTWAR RECONSTRUCTION—IRAQ
Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction LRP-200606-24
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

POSTWAR RECONSTRUCTION—KOSOVO (SERBIA)
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

POVERTY
Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS WR-410
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13
Toward a More Comprehensive Understanding of Violence Against Impoverished Women LRP-200606-02
US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01

POVERTY—PSYCHOLOGY
Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder LRP-200612-33
Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care LRP-200608-01
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01
Routes to Better Health for Children in Four Developing Countries LRP-200606-13

PRACTICE GUIDELINES
Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? LRP-200612-34
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381

PRACTICE GUIDLINES
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328

PREEMPTIVE ATTACK (MILITARY SCIENCE)
Striking First: Preemptive and Preventive Attack in U.S. National Security Policy MG-403

PREGNANCY IN ADOLESCENCE
Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy LRP-200606-11

PREGNANCY IN ADOLESCENCE—ETHNOLOGY
Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing LRP-200609-14

PREGNANCY, UNPLANNED
Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy LRP-200606-11

PREJUDICE
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21
Discrimination and Health Care Utilization RGSD-198
Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services LRP-200606-18

PRENATAL CARE—AFRICA
A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa WR-416

PREOPERATIVE CARE
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14

PREPAREDNESS
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

PRESCRIPTION PRICING
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

PRESCRIPTIONS, DRUG
Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications LRP-200610-04

PRESCRIPTIONS, DRUG—ECONOMICS
Physician Communication About the Cost and Acquisition of Newly Prescribed Medications LRP-200611-26

PRESERVATION OF ORGANS, TISSUES, ETC.
Availability and Quality of Human Biospecimens for Use in Biomedical Research LRP-200600-14

PREVALENCE
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10
True Prevalence of Urinary Incontinence Among Female Nursing Home Residents LRP-200602-24

PREVELANCE
Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes LRP-200601-19

PREVENTIVE HEALTH SERVICES—STANDARDS
Preventive Care for Children in the United States: Quality and Barriers LRP-200604-04

PRIMARY CARE (MEDICINE)
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02

PRIMARY HEALTH CARE
Adolescent Primary Care Patients' Preferences for Depression Treatment LRP-200603-23
CBT Intensity and Outcome for Panic Disorder in a Primary Care Setting LRP-200606-14
Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients LRP-200601-02
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study LRP-200603-30
Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment LRP-200609-19
Using Five Questions to Screen for Five Common Mental Disorders in Primary Care: Diagnostic Accuracy of the Anxiety and Depression Detector LRP-200603-19

PRIMARY HEALTH CARE—MANPOWER
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15

PRIMARY HEALTH CARE—METHODS
Improving Care for Depression: There's No Free Lunch LRP-200610-09

PRIMARY HEALTH CARE—ORGANIZATION & ADMINISTRATION
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20
Management of Mental Disorders in VA Primary Care Practices LRP-200603-26

PRIMARY HEALTH CARE—STANDARDS
Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder LRP-200612-33
Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting LRP-200609-04
A Framework to Improve the Quality of Treatment for Depression in Primary Care LRP-200605-08
Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment LRP-200610-02
Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care LRP-200601-08
Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care LRP-200608-01
Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression LRP-200605-04

PRIMARY HEALTH CARE—STATISTICS & NUMERICAL DATA
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22

PRISONERS
A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy LRP-200606-19

PRISONERS—STATISTICS & NUMERICAL DATA
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01

PROBABILISTIC NUMBER THEORY
Studies in Probabilistic Information Processing LRP-196603-01

PROBABILITIES
Basic Principles for Construction and Application of Discriminators LRP-195001-01
On Relevance, Probabilistic Indexing and Information Retrieval LRP-196007-02
On a Generalization of Classical Probability Theory, I.: Markoff Chains LRP-195310-02

PROCUREMENT OF ORGANS, TISSUES, ETC.
Availability and Quality of Human Biospecimens for Use in Biomedical Research LRP-200600-14

PROFESSIONAL-PATIENT RELATIONS
African American Women and Family Planning Services: Perceptions of Discrimination LRP-200601-21

PROGRAM DEVELOPMENT
Getting to Outcomes: A Community-Based Participatory Approach to Preventive Interventions RP-1203
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20

PROGRAM DEVELOPMENT—METHODS
From Formation to Action: How Allies Against Asthma Coalitions Are Getting the Job Done LRP-200604-17

PROGRAM EVALUATION
Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation LRP-200612-11
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423
Measuring and Reporting the Performance of Disease Management Programs WR-400

PROGRAM EVALUATION—METHODS
Rigorous Disease Management Evaluation LRP-200604-01
Using Logic Models for Strategic Planning and Evaluation TR-370

PROGRAM EVALUATION—STANDARDS
Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics LRP-200609-02

PROMOTION (SCHOOL)—NEW YORK (STATE)
Ending Social Promotion in Grades K-8: Insights Regarding Policy Implementation WR-424

PROSPECTIVE PAYMENT SYSTEM
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

PROSTATE-SPECIFIC ANTIGEN—BLOOD
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13

PROSTATECTOMY
The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor LRP-200607-16
Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE LRP-200603-14
Sociodemographic Factors Associated with Postprostatectomy Radiotherapy LRP-200500-13

PROSTATECTOMY—PSYCHOLOGY
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14

PROSTATE—CANCER—TREATMENT
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18

PROSTATE—DISEASES
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18

PROSTATIC NEOPLASMS
Discharging Our Duty LRP-200605-18

PROSTATIC NEOPLASMS—COMPLICATIONS
Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE LRP-200603-14

PROSTATIC NEOPLASMS—DIAGNOSIS
A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma LRP-200602-13

PROSTATIC NEOPLASMS—DIAGONOSIS
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09

PROSTATIC NEOPLASMS—ECONOMICS
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13

PROSTATIC NEOPLASMS—MORTALITY
Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? LRP-200612-28

PROSTATIC NEOPLASMS—PATHOLOGY
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34

PROSTATIC NEOPLASMS—PREVENTION & CONTROL
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18

PROSTATIC NEOPLASMS—PSYCHOLOGY
Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer LRP-200602-15

PROSTATIC NEOPLASMS—RADIOTHERAPY
The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor LRP-200607-16
Sociodemographic Factors Associated with Postprostatectomy Radiotherapy LRP-200500-13

PROSTATIC NEOPLASMS—SURGERY
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14
Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE LRP-200603-14
Patterns of Care for Men with Prostate Cancer After Failure of Primary Treatment LRP-200607-15
Sociodemographic Factors Associated with Postprostatectomy Radiotherapy LRP-200500-13

PROSTATIC NEOPLASMS—THERAPY
Patterns of Care for Men with Prostate Cancer After Failure of Primary Treatment LRP-200607-15
Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? LRP-200612-28

PROSTATITIS—DIAGNOSIS
A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study LRP-200602-04

PROSTATITIS—PHYSIOPATHOLOGY
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17
Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) LRP-200603-10

PROTECTIVE CLOTHING—STANDARDS
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425

PROVISIONAL IRISH REPUBLICAN ARMY
Training for Urban Resistance: The Case of the Provisional Irish Republican Army RP-1249

PROXY
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

PSYCHIC TRAUMA IN CHILDREN—TREATMENT
How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery TR-413

PSYCHOLOGY
Hostility and Perceptions of Support in Ambiguous Social Interactions LRP-200602-27

PSYCHOLOGY—RESEARCH—METHODOLOGY
Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination LRP-200611-15

Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383

PSYCHOLOGY—TRENDS
Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment LRP-200606-21

PSYCHOMETRICS
Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality LRP-200600-16
Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination LRP-200611-15
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17

PSYCHOMETRICS—METHODS
Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care LRP-200611-03
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16

PSYCHOTHERAPY
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37

PSYCHOTHERAPY, GROUP
Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use LRP-200612-37

PSYCHOTROPIC DRUGS—THERAPEUTIC USE
Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder LRP-200601-06

PUBLIC ADMINISTRATION—GREAT BRITAIN—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

PUBLIC ADMINISTRATION—NETHERLANDS—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

PUBLIC CONTRACTS
Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services CT-261

PUBLIC CONTRACTS—COSTS
The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training DB-442

PUBLIC FACILITIES
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

PUBLIC FACILITIES—STATISTICS & NUMERICAL DATA
Public Parks and Physical Activity Among Adolescent Girls LRP-200611-01

PUBLIC HEALTH
Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective LRP-200603-21
Securing Health: Lessons from Nation-Building Missions MG-321

PUBLIC HEALTH ADMINISTRATION
Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices LRP-200611-04
Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza TR-320
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Process Evaluation of Project Public Health Ready Phase 2 TR-331
Public Health Preparedness in the 21st Century CT-257
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317
Quality Improvement: Implications for Public Health Preparedness TR-316
Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care LRP-200605-11
Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies TR-319

PUBLIC HEALTH ADMINISTRATION—STANDARDS
Public Health Preparedness: Evolution or Revolution? LRP-200607-07

PUBLIC HEALTH PRACTICE—STANDARDS
Quality Improvement: Implications for Public Health Preparedness TR-316

PUBLIC HEALTH—EVALUATION
Organizing State and Local Health Departments for Public Health Preparedness TR-318
Public Health Preparedness in the 21st Century CT-257
Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs TR-317

PUBLIC HEALTH—INTERNATIONAL COOPERATION
Securing Health: Lessons from Nation-Building Missions MG-321

PUBLIC HEALTH—METHODS
Research-Practice Partners Assess Their First Joint Project LRP-200512-26

PUBLIC HEALTH—RESEARCH
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314

PUBLIC HEALTH—TRENDS
Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge LRP-200600-06
Public Health Preparedness: Evolution or Revolution? LRP-200607-07

PUBLIC HOUSING—STATISTICS & NUMERICAL DATA
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01

PUBLIC SCHOOLS—CALIFORNIA—EVALUATION
Assessing the Effectiveness of California Charter Schools CT-264
Making Sense of Charter Schools: Evidence from California OP-157

PUBLIC SCHOOLS—LOUISIANA
Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students TR-430

PUBLIC WELFARE
Why Did the Food Stamp Caseload Decline (And Rise)? WR-386

PUBLIC-PRIVATE SECTOR COOPERATION
Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks RGSD-199
Strengthening the Partnership RP-1208

PUBLICATIONS
The Analysts' Bookshelf: Publications of The RAND Corporation LRP-195606-01

PUERTO RICO—ETHNOLOGY
Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden LRP-200601-13

QAIDA (ORGANIZATION)
Al-Qaida: Terrorist Selection and Recruitment RP-1214
Beyond Al-Qaeda. Part 1. The Global Jihadist Movement MG-429
Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe MG-430
Combating Al Qaeda and the Militant Islamic Threat CT-255
Groups, Networks, or Movements: A Command-and-Control-Driven Approach to Classifying Terrorist Organizations and Its Application to Al Qaeda LRP-200605-02
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263
Waging the "War of Ideas" RP-1218

QUALITY ASSURANCE, HEALTH CARE
Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care LRP-200601-08
Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions LRP-200604-15
Quality Improvement: Implications for Public Health Preparedness TR-316
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20
What Is Necessary to Transform the Quality of Mental Health Care LRP-200605-15

QUALITY ASSURANCE, HEALTH CARE—METHODS
Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models LRP-200607-09
Research-Practice Partners Assess Their First Joint Project LRP-200512-26

QUALITY ASSURANCE, HEALTH CARE—ORGANIZATION & ADMINISTRATION
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11

QUALITY ASSURANCE, HEALTH CARE—STATISTICS & NUMERICAL DATA
Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22

QUALITY INDICATORS, HEALTH CARE
The Quality of Pharmacologic Care for Adults in the United States LRP-200610-08
Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process LRP-200606-12
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14

QUALITY INDICATORS, HEALTH CARE—ORGANIZATION & ADMINISTRATION
Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients LRP-200602-05

QUALITY OF HEALTH CARE
Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC) LRP-200612-07
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality LRP-200610-16
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02
Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? LRP-200612-34
Downsizing in the Nursing Home Industry LRP-200607-10
A Framework to Improve the Quality of Treatment for Depression in Primary Care LRP-200605-08
Health Care Policy Issues in End-of-Life Care LRP-200606-22
Hospital Competition, Managed Care, and Mortality After Hospitalization for Medical Conditions: Evidence from Three States LRP-200612-30
Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York LRP-200602-28
Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data LRP-200608-06
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care LRP-200605-07
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33
Pay for Performance: Its Influence on the Use of IT in Physician Organizations LRP-200603-22
Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users LRP-200503-35
Preventive Care for Children in the United States: Quality and Barriers LRP-200604-04
Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report WR-381
Quality Improvement: Implications for Public Health Preparedness TR-316
Quality of Osteoarthritis Care for Community-Dwelling Older Adults LRP-200604-05
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214
Research-Practice Partners Assess Their First Joint Project LRP-200512-26
Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings LRP-200604-03

QUALITY OF HEALTH CARE—ECONOMICS
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03
Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians LRP-200611-12

QUALITY OF HEALTH CARE—ORGANIZATION & ADMINISTRATION
Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients LRP-200602-05

QUALITY OF HEALTH CARE—STANDARDS
Global Health Diagnostics LRP-200611-17

QUALITY OF HEALTH CARE—STATISTICS & NUMERICAL DATA
The Quality of Health Care Delivered to Adults in the United States: Appendix WR-174-1
Who Is at Greatest Risk for Receiving Poor-Quality Health Care? LRP-200603-12

QUALITY OF LIFE
Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer LRP-200608-14
Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries LRP-200603-35
The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor LRP-200607-16
Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer LRP-200506-20
Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention LRP-200603-13
Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE LRP-200603-14
The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program LRP-200609-15
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life LRP-200601-24
Pramipexole and Levodopa in Early Parkinson's Disease: Dynamic Changes in Cost Effectiveness LRP-200512-31
A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study LRP-200602-04
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

QUALITY OF LIFE—PSYCHOLOGY
Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life LRP-200610-13
Responsiveness and Minimal Important Differences for Patient Reported Outcomes LRP-200609-21
Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer LRP-200602-15

QUESTIONNAIRES
The Dimensions of Change in Therapeutic Community Treatment Instrument LRP-200603-29
Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes LRP-200603-16
Field Testing: What It Is and How We Do It LRP-200506-22
Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination LRP-200611-15
Measurement in a Multi-Ethnic Society: Overview to the Special Issue LRP-200611-13
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) LRP-200603-10
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17
Using Five Questions to Screen for Five Common Mental Disorders in Primary Care: Diagnostic Accuracy of the Anxiety and Depression Detector LRP-200603-19
Variation in the Readability of Items Within Surveys LRP-200601-14

QUESTIONNAIRES—STANDARDS
A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions LRP-200611-16
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16

RACE DISCRIMINATION
Race and the Decision to Seek the Death Penalty in Federal Cases TR-389

RACIAL PROFILING IN LAW ENFORCEMENT
Police Use of Force: An Analysis of Organizational Characteristics LRP-200106-07

RACIAL PROFILING IN LAW ENFORCEMENT—CALIFORNIA—OAKLAND
Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores LRP-200603-27

RADIATION
Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets LRP-196104-01

RADICALISM
Al-Qaida: Terrorist Selection and Recruitment RP-1214

RADICALISM—MIDDLE EAST
A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization WR-354

RADIO FREQUENCY MODULATION—RECEIVERS AND RECEPTION
On the Origin and Characteristics of Single-Sided Angle Modulation LRP-196512-02

RAILROAD TRAVEL—RESEARCH —FRANCE
Benefits of Punctuality for the Paris Suburban Railway Network: Synthesis Report TR-271
Value of Reliability of Travellers on the Paris Suburban Railway Network: Technical Report on the Data Analysis TR-223

RAISIN INDUSTRY—METEOROLOGICAL SERVICES
Reply LRP-196212-01

RAISIN INDUSTRY—WEATHER FORECASTING
Reply LRP-196212-01

RAND CORPORATION
About RAND Brochure CP-246-0306

RAND CORPORATION—HISTORY
Building on a Legacy CP-514

RAND CORPORATION—BIBLIOGRAPHY
The Analysts' Bookshelf: Publications of The RAND Corporation LRP-195606-01

RAND CORPORATION—PERIODICALS
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

RAND GRADUATE SCHOOL
Commencement Address 2006: Pardee RAND Graduate School CP-517-0609

RAND HEALTH
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13

RANDOM VARIABLES
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

RAYLEIGH NUMBER
Lower Bounds to the Critical Rayleigh Number in Completely Confined Regions LRP-196706-02

READINESS FOR SCHOOL
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

RECEPTORS, LHRH—ANALYSIS
Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs LRP-200603-34

RECONSTRUCTIVE SURGICAL PROCEDURES
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

RECRUITING AND ENLISTMENT
Al-Qaida: Terrorist Selection and Recruitment RP-1214

RECURSIVE FUNCTIONS
Best Linear Unbiased Estimation by Recursive Methods LRP-196601-01
On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion LRP-195402-01
On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation LRP-195312-01

REFERRAL AND CONSULTATION
What Drives Referral from Primary Care Physicians to Mental Health Specialists? LRP-200606-05

REFUGEES
Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees LRP-200612-32
Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees LRP-200610-14

REGIME CHANGE
Options for Transitional Security Capabilities for America TR-353

REHABILITATION CENTERS—COSTS
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

REHABILITATION CENTERS—ECONOMICS
Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System TR-258
Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System TR-257

REIMBURSEMENT, INCENTIVE
Pay for Performance: Its Influence on the Use of IT in Physician Organizations LRP-200603-22

REINFORCEMENT (PSYCHOLOGY)
Reinforcing Effects of Diazepam under Anxiogenic Conditions in Individuals with Social Anxiety LRP-200511-12

RELATIONS—ASIA
Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads MG-440

RELIABILITY (ENGINEERING)—BOOK REVIEWS
Mathematical Theory of Reliability LRP-196512-03

RENEWABLE ENERGY SOURCES
Impacts on U.S. Energy Expenditures of Increasing Renewable Energy Use TR-384

REPRODUCIBILITY OF RESULTS
Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire LRP-200602-17

RESEARCH
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10
Opportunities in Hispanic Drug Abuse Research LRP-200609-09
Towards an Improved Basis of Estimating and Controlling R & D Tasks LRP-196708-01

RESEARCH AND DEVELOPMENT
The ABC of R&D LRP-196506-01

RESEARCH AND DEVELOPMENT CONTRACTS—EVALUATION
Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard RGSD-203

RESEARCH DESIGN
Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees LRP-200610-03
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314

RESEARCH SUPPORT
Funding for Biomedical Research LRP-200603-09

RESEARCH, INDUSTRIAL
The ABC of R&D LRP-196506-01

RESEARCH, INDUSTRIAL—MANAGEMENT
Towards an Improved Basis of Estimating and Controlling R & D Tasks LRP-196708-01

RESEARCH—EVALUATION—METHODOLOGY
Kan Een Maatschappelijke Kosten-Batenanalyse Worden Gebruikt Voor De Beoordeling Van Innovatieprogramma's? = Can a 'societal' Cost-Benefit Analysis Be Used for the Evaluation of Innovation-Programs? WR-366
Using Logic Models for Strategic Planning and Evaluation TR-370

RESEARCH—MANAGEMENT
Commentary on "The Researcher and the Manager: A Dialectic of Implementation" LRP-196510-01

RESEARCH—METHODS
Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics LRP-200609-02

RESEARCH—NETHERLANDS
Kan Een Maatschappelijke Kosten-Batenanalyse Worden Gebruikt Voor De Beoordeling Van Innovatieprogramma's? = Can a 'societal' Cost-Benefit Analysis Be Used for the Evaluation of Innovation-Programs? WR-366

RESIDENCE CHARACTERISTICS
Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing LRP-200609-14
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20
System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures LRP-200602-22

A Systematic Review of Relations Between Neighborhoods and Mental Health LRP-200609-17

RESIDENCE CHARACTERISTICS—CLASSIFICATION
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

RESPIRATORY INFECTIONS IN CHILDREN—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of Improved Diagnostics WR-421

RESPIRATORY SYNCYTIAL VIRUS INFECTIONS—ECONOMICS
Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease LRP-200610-10

RESPIRATORY TRACT INFECTIONS—MORTALITY
Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics LRP-200611-19

RESTRAINT, PHYSICAL—UTILIZATION
Mental Health Outcomes and Physical Restraint Use in Nursing Homes private LRP-200611-02

RESUSCITATION ORDERS
Withholding Resuscitation in Prehospital Care LRP-200605-06

RETIREES—ECONOMIC CONDITIONS—ECONOMETRIC MODELS
Some Answers to the Retirement-Consumption Puzzle WR-342

RETIREES—ECONOMIC CONDITIONS—GREAT BRITAIN
Some Answers to the Retirement-Consumption Puzzle WR-342

RETIREES—EMPLOYMENT
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

RETIREMENT AGE
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

RETIREMENT INCOME—FRANCE
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

RETIREMENT INCOME—GREAT BRITAIN
Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom RP-1206

RETIREMENT INCOME—ITALY
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

RETIREMENT INCOME—NETHERLANDS
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

RETIREMENT—DECISION MAKING
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

RETIREMENT—ECONOMIC ASPECTS—ECONOMETRIC MODELS
Some Answers to the Retirement-Consumption Puzzle WR-342

RETIREMENT—ECONOMIC ASPECTS—GREAT BRITAIN
Some Answers to the Retirement-Consumption Puzzle WR-342

RETIREMENT—NETHERLANDS
Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement WR-345

REVIEW LITERATURE
Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13

REYNOLDS NUMBER
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

RIOTS
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04

RISK
Effects of Omega-3 Fatty Acids on Cancer Risk: A Systematic Review LRP-200601-15
Omega-3 Fatty Acids and Cancer Risk LRP-200607-11

RISK (INSURANCE)
The Impact of Liability on the Physician Labor Market WR-384
National Security and Private-Sector Risk Management for Terrorism RP-1233

RISK ASSESSMENT
Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment LRP-200606-21
An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients LRP-200601-22

RISK FACTORS
Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California LRP-200607-02
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02
Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease LRP-200608-09
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10
Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? LRP-200602-18
How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment LRP-200610-12
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
Racial Differences in Marijuana-Users' Risk of Arrest in the United States LRP-200610-01
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10

RISK MANAGEMENT
National Security and Private-Sector Risk Management for Terrorism RP-1233
The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products LRP-200604-09

RISK MANAGEMENT—METHODS
Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management LRP-200610-18

RISK REDUCTION BEHAVIOR
Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention LRP-200601-23

ROADS—FINANCE
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

ROLE
Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions LRP-200604-15

Integrating Asthma Prevention and Control: The Roles of the Coalition LRP-200604-18

RURAL POPULATION
Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas LRP-200603-03

RUSSIA (FEDERATION)—ECONOMIC CONDITIONS
Russia's Economy: Signs of Progress and Retreat on the Transitional Road MG-515

RUSSIA (FEDERATION)—ECONOMIC POLICY
Russia's Economy: Signs of Progress and Retreat on the Transitional Road MG-515

SAFETY MANAGEMENT
Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees TR-407
Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania MG-423

SAFETY MANAGEMENT—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

SALARIES AND FRINGE BENEFITS
The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males LRP-200601-04

SAMPLING (STATISTICS)—METHODOLOGY
Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women LRP-200602-03

SAVING AND INVESTMENT—GREAT BRITAIN
Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom RP-1206

SCHEDULING
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358

SCHOOL CHILDREN—MENTAL HEALTH
How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery TR-413

SCHOOL CHOICE
Charter School Performance in Two Large Urban Districts LRP-200600-19

SCHOOL CHOICE—CALIFORNIA
Making Sense of Charter Schools: Evidence from California OP-157

SCHOOL CHOICE—EVALUATION
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205

SCHOOL CHOICE—MICHIGAN
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

SCHOOL ENROLLMENT
School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation MG-558

SCHOOL ENROLLMENT—MICHIGAN—STATISTICS
Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan LRP-200600-20

SCHOOL HEALTH SERVICES—ORGANIZATION & ADMINISTRATION
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

SCHOOL IMPROVEMENT PROGRAMS
Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education RGSD-205
Evaluating Comprehensive School Reform Models at Scale: Focus on Implementation MG-546
Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research OP-170
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

SCHOOL IMPROVEMENT PROGRAMS—
Using Test Scores to Rank Performance of Districts: Findings from Illinois WR-379

SCHOOL IMPROVEMENT PROGRAMS—CALIFORNIA
Instructional Practices Related to Standards and Assessments WR-374
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

SCHOOL IMPROVEMENT PROGRAMS—CALIFORNIA— LOS ANGELES
Governing Urban School Districts: Efforts in Los Angeles to Effect Change TR-428

SCHOOL IMPROVEMENT PROGRAMS—GEORGIA
Instructional Practices Related to Standards and Assessments WR-374
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

SCHOOL IMPROVEMENT PROGRAMS—NEW YORK (STATE)—EVALUATION
Ending Social Promotion in Grades K-8: Insights Regarding Policy Implementation WR-424

SCHOOL IMPROVEMENT PROGRAMS—PENNSYLVANIA
Data Driven Decisionmaking in Southwestern Pennsylvania School Districts WR-326
Instructional Practices Related to Standards and Assessments WR-374
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

SCHOOL IMPROVEMENT PROGRAMS—PENNSYLVANIA—PITTSBURGH
Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program WR-451

SCHOOL MANAGEMENT AND ORGANIZATION—CALIFORNIA—LOS ANGELES
Governing Urban School Districts: Efforts in Los Angeles to Effect Change TR-428

SCHOOLS
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity LRP-200603-04
Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study LRP-200602-21

SCHOOLS—ORGANIZATION & ADMINISTRATION
Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics LRP-200609-02

SCHOOLS—SOCIOLOGICAL ASPECTS
How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery TR-413

SCIENCE
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10

SCIENCE AND STATE
Defense Decisions: Design Vs. Analysis LRP-196100-02

SCIENCE—EDUCATION—NETHERLANDS
"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs TR-399

SCIENCE—STUDY AND TEACHING
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338

SCIENCE—STUDY AND TEACHING (ELEMENTARY)
Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement MG-480

SCIENCE—STUDY AND TEACHING—EUROPE
The Pursuit of Excellence: A European Institute of Technology WR-346

SCIENCE—STUDY AND TEACHING—PENNSYLVANIA
Math Science Partnership of Southwest Pennsylvania: Year Four Evaluation Report WR-494
Math Science Partnership of Southwest Pennsylvania: Year Three Evaluation Report WR-396
Professional Development Participation and the Role of Administrator Involvement in the Math Science Partnership of Southwest Pennsylvania WR-428

SCIENTISTS
Defense Decisions: Design Vs. Analysis LRP-196100-02

SEARCH AND RESCUE OPERATIONS
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

SECURITY ASSISTANCE PROGRAM
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

SECURITY MEASURES
Infectious Disease and National Security: Strategic Information Needs TR-405

SECURITY, INTERNATIONAL
Assessing the Value of U.S. Army International Activities MG-329
Good Disarmament -and Bad LRP-196105-01
Options for Transitional Security Capabilities for America TR-353
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

SELF ASSESSMENT (PSYCHOLOGY)
Self-Regulation: Reminders and Suggestions from Personality Science LRP-200607-14

SELF DISCLOSURE
Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients LRP-200609-07
Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? LRP-200612-31
Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006) LRP-200605-19
What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? LRP-200602-06

SELF EFFICACY
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17

SELF-PERCEPTION
Self-Regulation: Reminders and Suggestions from Personality Science LRP-200607-14

SEX FACTORS
Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention LRP-200601-23
Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services LRP-200606-18

SEXUAL ABSTINENCE—STATISTICS & NUMERICAL DATA
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06

SEXUAL BEHAVIOR
Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients LRP-200609-07
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03
Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention LRP-200601-23
Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television LRP-200612-17

SEXUAL BEHAVIOR SURVEYS
An Empirical Study of Ordinal Condom Use Measures LRP-200511-13

SEXUAL BEHAVIOR—ETHICS
Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health LRP-200610-05

SEXUAL BEHAVIOR—PHYSIOLOGY
The Collectivity of Sexual Behaviour LRP-200603-37

SEXUAL BEHAVIOR—PSYCHOLOGY
Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24

SEXUAL PARTNERS—PSYCHOLOGY
The Collectivity of Sexual Behaviour LRP-200603-37
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01

SEXUALLY TRANSMITTED DISEASES, BACTERIAL—EPIDEMIOLOGY
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24

SEXUALLY TRANSMITTED DISEASES—DIAGNOSIS
Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics LRP-200611-24
A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics WR-417

SEXUALLY TRANSMITTED DISEASES—DIAGNOSIS—AFRICA
A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa WR-416

SEXUALLY TRANSMITTED DISEASES—DIAGNOSIS—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

SEXUALLY TRANSMITTED DISEASES—EPIDEMIOLOGY
The Collectivity of Sexual Behaviour LRP-200603-37

SEXUALLY TRANSMITTED DISEASES—PREVENTION & CONTROL
The Collectivity of Sexual Behaviour LRP-200603-37
Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention LRP-200601-23
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01

SEXUALLY TRANSMITTED DISEASES—PSYCHOLOGY
The Collectivity of Sexual Behaviour LRP-200603-37

SEXUALLY TRANSMITTED DISEASES—TREATMENT—AFRICA
A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa WR-416

SEXUALLY TRANSMITTED DISEASES—TREATMENT—DEVELOPING COUNTRIES
A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia WR-415

SHIPBUILDING INDUSTRY
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

SHIPBUILDING INDUSTRY—COSTS
Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades MG-484

SHIPBUILDING INDUSTRY—GREAT BRITAIN
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

SHIPBUILDING—COSTS
Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades MG-484

SHIPPING—SECURITY MEASURES
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220
Maritime Terrorism: Risk and Liability MG-520
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

SHOPPING CENTERS—SECURITY MEASURES
Reducing Terrorism Risk at Shopping Centers: An Analysis of Potential Security Options TR-401

SICKNESS IMPACT PROFILE
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18
Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life LRP-200601-24
Pramipexole and Levodopa in Early Parkinson's Disease: Dynamic Changes in Cost Effectiveness LRP-200512-31

SMALL BUSINESS
Small Businesses and Workplace Fatality Risk: An Exploratory Analysis TR-371

SMALL BUSINESS—EMPLOYEES—INSURANCE REQUIREMENTS
Do Small Group Health Insurance Regulations Influence Small Business Growth? WR-351

SMALL BUSINESS—GOVERNMENT POLICY
The Impact of Regulation and Litigation on Small Business and Entrepreneurship: An Overview WR-317

SMALL BUSINESS—LAW AND LEGISLATION
The Impact of Regulation and Litigation on Small Business and Entrepreneurship: An Overview WR-317

SMALL BUSINESS—RESEARCH
Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program DB-490

SMOKING
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395

SMOKING CESSATION—METHODS
Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers LRP-200604-19

SMOKING CESSATION—PSYCHOLOGY
Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy LRP-200602-19

SMOKING—EPIDEMIOLOGY
Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes LRP-200601-19

SMOKING—HEALTH ASPECTS
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395

SMOKING—PREVENTION & CONTROL
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17

SMOKING—PSYCHOLOGY
Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use LRP-200610-07
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17

SMOKING—PSYCHOLOGY,
Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes LRP-200603-16

SOCIAL ADJUSTMENT
Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use LRP-200610-15

SOCIAL BEHAVIOR
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

SOCIAL CLASS
Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors LRP-200604-02
Sociodemographic Factors Associated with Postprostatectomy Radiotherapy LRP-200500-13

US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01
Who Is at Greatest Risk for Receiving Poor-Quality Health Care? LRP-200603-12

SOCIAL CONTROL, FORMAL—METHODS
Affective and Behavioral Responses to Health-Related Social Control LRP-200611-28

SOCIAL CONTROL, INFORMAL—METHODS
Social Control of Health Behavior: Associations with Conscientiousness and Neuroticism LRP-200609-03

SOCIAL ENVIRONMENT
Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment LRP-200606-21
Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis LRP-200606-04
Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer LRP-200507-18
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01

SOCIAL EVOLUTION
In Search of How Societies Work: Tribes—the First and Forever Form WR-433

SOCIAL INDICATORS—QATAR
Qatar Supreme Council for Family Affairs Database of Social Indicators: Final Report TR-350

SOCIAL INFLUENCE
Self Reported Disability and Reference Groups WR-409-1

SOCIAL INTERACTION
Hostility and Perceptions of Support in Ambiguous Social Interactions LRP-200602-27

SOCIAL JUSTICE
Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice LRP-200600-09

SOCIAL MEDICINE
Research in the Economics and Sociology of Medical Care: A Point of View LRP-196102-01

SOCIAL NETWORKS
In Search of How Societies Work: Tribes—the First and Forever Form WR-433

SOCIAL PERCEPTION
Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation LRP-200603-17
Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24

SOCIAL PLANNING
Securing Health: Lessons from Nation-Building Missions MG-321

SOCIAL POLICY—COST EFFECTIVENESS
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

SOCIAL PSYCHOLOGY
Hostility and Perceptions of Support in Ambiguous Social Interactions LRP-200602-27

SOCIAL SCIENCES—RESEARCH—COMPUTER PROGRAMS
Selection Bias in Web Surveys and the Use of Propensity Scores WR-279

SOCIAL SECURITY—FRANCE
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

SOCIAL SECURITY—ITALY
Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy WR-437

SOCIAL SERVICE—HISTORY
The Manuscripts of Social Welfare LRP-196001-02

SOCIAL SERVICE—RESEARCH
The Manuscripts of Social Welfare LRP-196001-02

SOCIAL STATUS—HEALTH ASPECTS
Health Endowments and Parental Investments in Infancy and Early Childhood WR-367
The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores WR-404

SOCIAL STATUS—HEALTH ASPECTS—STATISTICS
Who Is at Greatest Risk for Receiving Poor-Quality Health Care? LRP-200603-12

SOCIAL STRUCTURE
In Search of How Societies Work: Tribes—the First and Forever Form WR-433

SOCIAL SUPPORT
Peer Support Among Adults with Serious Mental Illness: A Report from the Field LRP-200607-17

SOCIAL SURVEYS—CINCINNATI (OHIO)
Police-Community Relations in Cincinnati: Year Two Evaluation Report TR-445

SOCIALIZATION
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03

SOCIOECONOMIC FACTORS
Income and Mental Health: Unraveling Community and Individual Level Relations RP-1212
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans LRP-200609-23
Socioeconomic Differences in the Adoption of New Medical Technologies RP-1199
Time Trends and Demographic Differences in Youth Exposure to Alcohol Advertising on Television LRP-200610-22
Who Is at Greatest Risk for Receiving Poor-Quality Health Care? LRP-200603-12

SOCIOLOGICAL JURISPRUDENCE
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

SOCIOLOGY, MEDICAL
Variations in Provider Conceptions of Integrative Medicine LRP-200606-20

SOFT TISSUE INFECTIONS—EPIDEMIOLOGY
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24

SOFT TISSUE INFECTIONS—ETIOLOGY
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24

SOLDIERS—STATISTICS
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

SOLDIERS—SUPPLY AND DEMAND—FORECASTING
Human Resource Management and Army Recruiting: Analyses of Policy Options MG-433

SOLDIERS—TRAINING OF
Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda OP-156
Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force MG-439

SOUTH ASIA—MILITARY RELATIONS
War and Escalation in South Asia MG-367-1

SOUTH ASIA—POLITICS AND GOVERNMENT
War and Escalation in South Asia MG-367-1

SOUTH DAKOTA
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06

SOUTH DAKOTA—EPIDEMIOLOGY
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis LRP-200607-04

SOUTHEASTERN UNITED STATES—EPIDEMIOLOGY
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01

SOVIET UNION—POLITICS AND GOVERNMENT
A Key to Soviet Politics: The Crisis of the Anti-Party Group LRP-196309-01

SPARE PARTS—COSTS
The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses MG-424

SPECTRUM ANALYSIS
Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G LRP-196511-01

SPHERE
Geometric Projections of the Sphere and the Spheroid LRP-196109-02

SPIRITUALITY
Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer LRP-200602-15

SPOUSE ABUSE—PSYCHOLOGY
The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds LRP-200603-20

SPOUSE ABUSE—STATISTICS & NUMERICAL DATA
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01

SPUTUM
Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics LRP-200611-23

STABILITY
An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems LRP-196603-02

STATE HEALTH PLANNING AND DEVELOPMENT AGENCIES—STANDARDS
A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards TR-383

STATE HEALTH PLANS
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08

STATE HEALTH PLANS—LEGISLATION & JURISPRUDENCE
Massachusetts Health Reform: Beauty Is in the Eye of the Beholder LRP-200609-12

STATE HEALTH PLANS—STATISTICS & NUMERICAL DATA
Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000 LRP-200607-06

STRATEGIC PLANNING
A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios LRP-200604-12
Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard RGSD-203

STRATEGIC PLANNING—MIDDLE EAST
The Middle East: The Changing Strategic Environment CF-223

STRESS DISORDERS, POST-TRAUMATIC
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15

STRESS DISORDERS, POST-TRAUMATIC—DIAGNOSIS
The Role of Hyperarousal in the Manifestation of Posttraumatic Psychological Distress Following Injury LRP-200608-11

STRESS DISORDERS, POST-TRAUMATIC—EPIDEMIOLOGY
The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV LRP-200605-17

STRESS, PSYCHOLOGICAL
Understanding and Preparing for the Psychological Consequences of Terrorism RP-1217

STRUCTURAL FAILURES—HEALTH ASPECTS
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

STUDENTS
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

STUDENTS—DRUG USE
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

STUDENTS—STATISTICS & NUMERICAL DATA
College Students' Use of Cocaine LRP-200600-05

SUBSONIC SPEED
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

SUBSTANCE ABUSE, INTRAVENOUS—COMPLICATIONS
Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California LRP-200603-24

SUBSTANCE ABUSE, INTRAVENOUS—EPIDEMIOLOGY
Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs LRP-200600-02
Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement LRP-200602-02

SUBSTANCE ABUSE, INTRAVENOUS—PREVENTION & CONTROL
Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs LRP-200600-02

SUBSTANCE ABUSE—PREVENTION
The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the U.S TR-346

SUBSTANCE ABUSE—TREATMENT
The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the U.S TR-346

SUBSTANCE ABUSE—TREATMENT— LONGITUDINAL STUDIES
Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies WR-441

SUBSTANCE WITHDRAWAL SYNDROME—DRUG THERAPY
Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy LRP-200602-19

SUBSTANCE-RELATED DISORDERS
Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults LRP-200601-09

SUBSTANCE-RELATED DISORDERS—ECONOMICS
Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care LRP-200606-07
What Drug Policies Cost: Estimating Government Drug Policy Expenditures LRP-200603-02

SUBSTANCE-RELATED DISORDERS—EPIDEMIOLOGY
Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use LRP-200610-07
Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy LRP-200606-11
Opportunities in Hispanic Drug Abuse Research LRP-200609-09
Reducing Substance Use Improves Adolescents' School Attendance LRP-200612-25

SUBSTANCE-RELATED DISORDERS—EPIDEMIOLOGY—ADOLESCENCE
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

SUBSTANCE-RELATED DISORDERS—ETHNOLOGY
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10

SUBSTANCE-RELATED DISORDERS—PREVENTION & CONTROL
Getting to Outcomes: A Community-Based Participatory Approach to Preventive Interventions RP-1203
How Much Can Treatment Reduce National Drug Problems? LRP-200603-01
Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT RP-1213
National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus LRP-200603-06
Reducing Substance Use Improves Adolescents' School Attendance LRP-200612-25
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39

SUBSTANCE-RELATED DISORDERS—THERAPY
Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation LRP-200612-11
A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment WR-328
How Much Can Treatment Reduce National Drug Problems? LRP-200603-01
Improving Care for Depression in Patients with Comorbid Substance Misuse LRP-200601-03
Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care LRP-200606-07
Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults LRP-200609-10
Perspectives on Therapeutic Treatment from Adolescent Probationers LRP-200612-43
Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care LRP-200605-11

SUBSTITUTION (ECONOMICS)
Elasticities of Substitution and Constant-Output Demand Curves for Labor LRP-196106-01

SUBURBAN HEALTH
Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles TR-357

SUBVERSIVE ACTIVITIES
Subversion and Terrorism: Understanding and Countering the Threat LRP-200600-08

SUICIDE BOMBERS (TERRORISTS)
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

SUICIDE—STATISTICS
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

SUICIDE—STATISTICS & NUMERICAL DATA
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

SUPERSONIC BOUNDARY LAYERS
Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range LRP-195301-01

SURGERY DEPARTMENT, HOSPITAL—STATISTICS & NUMERICAL DATA
Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card LRP-200604-21

SURVEYS—METHODOLOGY—COMPUTER PROGRAMS
Selection Bias in Web Surveys and the Use of Propensity Scores WR-279

SWEDEN—POPULATION
Measurement Error and Misclassification: A Comparison of Survey and Register Data WR-283-1

SYNTHETIC TRAINING DEVICES
Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions MG-442

SYPHILIS—DIAGNOSIS—AFRICA
A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa WR-416

SYPHILIS—TREATMENT—AFRICA
A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa WR-416

SYSTEMS ANALYSIS
Defense Decisions: Design Vs. Analysis LRP-196100-02
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11

SYSTEMS INTEGRATION
Integrating Asthma Prevention and Control: The Roles of the Coalition LRP-200604-18

TEACHER EFFECTIVENESS—ILLINOIS
Effect of Teacher Pay on Student Performance: Findings from Illinois WR-378

TEACHER PARTICIPATION IN CURRICULUM PLANNING
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338

TEACHERS—ATTITUDES
Instructional Practices Related to Standards and Assessments WR-374
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1

TEACHERS—SALARIES, ETC.—ILLINOIS
Effect of Teacher Pay on Student Performance: Findings from Illinois WR-378

TEACHERS—TRAINING OF
Reforming Teacher Education: Something Old, Something New MG-506
Teachers as Implementers of Mathematics and Science Systemic Reform Policies WR-338

TEACHING—AIDS AND DEVICES
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

TEACHING—METHODS
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10

TECHNICAL EDUCATION—EUROPE
The Pursuit of Excellence: A European Institute of Technology WR-346

TECHNOLOGICAL INNOVATIONS
The ABC of R&D LRP-196506-01
Entry by Spinoffs LRP-200508-28
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

TECHNOLOGY
Costs and Benefits of Health Information Technology LRP-200604-06
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25

TECHNOLOGY AND STATE
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

TECHNOLOGY AND STATE—CHINA
Advances Underway in China's Defense Industries CT-256

TECHNOLOGY AND STATE—NETHERLANDS
"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs TR-399

TECHNOLOGY, MEDICAL
Socioeconomic Differences in the Adoption of New Medical Technologies RP-1199

TEENAGERS—ATTITUDES
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383

TELEVISION
Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth LRP-200608-03
Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television LRP-200612-17
Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior LRP-200512-24
Time Trends and Demographic Differences in Youth Exposure to Alcohol Advertising on Television LRP-200610-22

TEMPORARY EMPLOYMENT—ITALY
Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy WR-436

TERMINAL CARE
Living Long Fragile Health: The New Demographics Shape End of Life Care RP-1200

TERMINAL CARE— FINANCE
The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements WR-401

TERMINAL CARE—ORGANIZATION & ADMINISTRATION
Health Care Policy Issues in End-of-Life Care LRP-200606-22

TERRORISM
Groups, Networks, or Movements: A Command-and-Control-Driven Approach to Classifying Terrorist Organizations and Its Application to Al Qaeda LRP-200605-02
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263
Subversion and Terrorism: Understanding and Countering the Threat LRP-200600-08
Unconquerable Nation: Knowing Our Enemy, Strengthening Ourselves MG-454
The Use of the Internet by Islamic Extremists CT-262-1

TERRORISM IN MASS MEDIA
The Use of the Internet by Islamic Extremists CT-262-1

TERRORISM INSURANCE
National Security and Private-Sector Risk Management for Terrorism RP-1233

TERRORISM—CALIFORNIA—LONG BEACH
Considering the Effects of a Catastrophic Terrorist Attack TR-391

TERRORISM—CALIFORNIA—PREVENTION
Enhancing Emergency Preparedness in California CT-253

TERRORISM—ECONOMIC ASPECTS
National Security and Private-Sector Risk Management for Terrorism RP-1233

TERRORISM—FORECASTING
Considering the Effects of a Catastrophic Terrorist Attack TR-391
The New Age of Terrorism RP-1215

TERRORISM—FRANCE—PREVENTION
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140

TERRORISM—GOVERNMENT POLICY
Beyond Al-Qaeda. Part 1. The Global Jihadist Movement MG-429
Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe MG-430
Striking First: Preemptive and Preventive Attack in U.S. National Security Policy MG-403
US Counterterrorism Policy LRP-200600-12

TERRORISM—HISTORY
The Use of the Internet by Islamic Extremists CT-262-1

TERRORISM—MIDDLE EAST
A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization WR-354

TERRORISM—NORTHERN IRELAND
Training for Urban Resistance: The Case of the Provisional Irish Republican Army RP-1249

TERRORISM—PREVENTION
Al-Qaida: Terrorist Selection and Recruitment RP-1214
Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary MG-445/1
Analyzing Terrorism Risk CT-265
Beyond Al-Qaeda. Part 1. The Global Jihadist Movement MG-429
Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe MG-430
Border Control RP-1216
Combating Al Qaeda and the Militant Islamic Threat CT-255
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263
Maritime Terrorism: Risk and Liability MG-520
The New Age of Terrorism RP-1215
A New IO Strategy: Prevention and Disengagement RP-1223
Preventing Insurgencies After Major Combat Operations RP-1242
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
Reducing Terrorism Risk at Shopping Centers: An Analysis of Potential Security Options TR-401
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140
US Counterterrorism Policy LRP-200600-12
Unconquerable Nation: Knowing Our Enemy, Strengthening Ourselves MG-454
Understanding and Preparing for the Psychological Consequences of Terrorism RP-1217
Waging the "War of Ideas" RP-1218

TERRORISM—PREVENTION—CALIFORNIA
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

TERRORISM—PREVENTION—EVALUATION
Combating Terrorism: How Prepared Are State and Local Response Organizations? MG-309
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

TERRORISM—PREVENTION—GOVERNMENT POLICY
Border Security and the Terrorist Threat CT-266
Considering the Effects of a Catastrophic Terrorist Attack TR-391
Information Sharing and Emergency Responder Safety Management CT-258
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

TERRORISM—PREVENTION—INTERNATIONAL COOPERATION
A Coalition of Coalitions: International Cooperation Against Terrorism LRP-200600-18
Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes MG-550

TERRORISM—PREVENTION—TECHNOLOGICAL INNOVATIONS
Biometrics: Trust, but Identify RP-1185
DoD's Collaborative Approach to Developing Biometrics Standards RP-1186
Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism RP-1194

TERRORISM—PSYCHOLOGICAL ASPECTS
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608

TERRORISM—PSYCHOLOGY
Understanding and Preparing for the Psychological Consequences of Terrorism RP-1217

TERRORISM—RELIGIOUS ASPECTS
The Use of the Internet by Islamic Extremists CT-262-1

TERRORISM—RELIGIOUS ASPECTS—ISLAM
Combating Al Qaeda and the Militant Islamic Threat CT-255

TERRORISM—RISK ASSESSMENT
Analyzing Terrorism Risk CT-265
Combating Al Qaeda and the Militant Islamic Threat CT-255
Guiding Resource Allocations Based on Terrorism Risk WR-371
National Security and Private-Sector Risk Management for Terrorism RP-1233

TERRORISM—SAFETY MEASURES
Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events MG-425
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

TERRORISM—SOUTH ASIA
War and Escalation in South Asia MG-367-1

TERRORISM—UNITED STATES—PREVENTION
Guiding Resource Allocations Based on Terrorism Risk WR-371

TERRORISTS
Beyond Al-Qaeda. Part 1. The Global Jihadist Movement MG-429
Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe MG-430
Groups, Networks, or Movements: A Command-and-Control-Driven Approach to Classifying Terrorist Organizations and Its Application to Al Qaeda LRP-200605-02
Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort CT-263
The New Age of Terrorism RP-1215
US Counterterrorism Policy LRP-200600-12

TERRORISTS—MIDDLE EAST
A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization WR-354

TERRORISTS—NORTHERN IRELAND
Training for Urban Resistance: The Case of the Provisional Irish Republican Army RP-1249

THERAPEUTIC COMMUNITIES—CASE STUDIES
Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies WR-441

THOUGHT AND THINKING—SOCIAL ASPECTS
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

THREATS
Combating Al Qaeda and the Militant Islamic Threat CT-255

THRESHOLD LOGIC
The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier LRP-196601-02

THROMBOEMBOLISM—PREVENTION & CONTROL
An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients LRP-200601-22

TISSUE PRESERVATION—METHODS
Availability and Quality of Human Biospecimens for Use in Biomedical Research LRP-200600-14

TOTAL QUALITY MANAGEMENT
Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research LRP-200602-20

TRAFFIC VIOLATIONS—CALIFORNIA—OAKLAND
Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores LRP-200603-27

TRANSIENTS (DYNAMICS)
An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems LRP-196603-02

TRANSLATING
Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework LRP-200611-07
Measurement in a Multi-Ethnic Society: Overview to the Special Issue LRP-200611-13

TRANSPORTATION AND STATE
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

TRANSPORTATION—EFFECT OF TERRORISM ON
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

TRANSPORTATION—FINANCE
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

TRANSPORTATION—PLANNING
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

TRANSPORTATION—RESEARCH—FRANCE
Benefits of Punctuality for the Paris Suburban Railway Network: Synthesis Report TR-271
Value of Reliability of Travellers on the Paris Suburban Railway Network: Technical Report on the Data Analysis TR-223

TRANSPORTATION—SAFETY MEASURES—GOVERNMENT POLICY
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

TRANSPORTATION—SECURITY MEASURES—CALIFORNIA
Implementing Security Improvement Options at Los Angeles International Airport DB-499-1

TRANSPORTATION—TAXATION
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

TRANSPORTATION—TEXAS—FINANCE
A Quiet Crisis in Transportation Finance: Options for Texas CT-260

TREATMENT FAILURE
Patterns of Care for Men with Prostate Cancer After Failure of Primary Treatment LRP-200607-15

TREATMENT OUTCOME
The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor LRP-200607-16
Estimating Probit Models with Self-Selected Treatments LRP-200602-09
How Much Can Treatment Reduce National Drug Problems? LRP-200603-01
Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care LRP-200606-07
Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management LRP-200606-08
Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer LRP-200703-13
Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life LRP-200601-24
Pramipexole and Levodopa in Early Parkinson's Disease: Dynamic Changes in Cost Effectiveness LRP-200512-31
Responsiveness and Minimal Important Differences for Patient Reported Outcomes LRP-200609-21
Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey LRP-200608-02

TRUTH DISCLOSURE
Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample LRP-200605-21

TUBERCULOSIS—DIAGNOSIS
A Technical Supplement: Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics WR-422

TUBERCULOSIS—MORTALITY
Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics LRP-200611-23

TUTORS AND TUTORING—PENNSYLVANIA—PITTSBURGH
Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program WR-451

TWENTY-FIRST CENTURY—FORECASTS
The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications MG-475
The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications TR-303

U.S. STATES—CULTURAL POLICY
The Arts and State Governments: At Arm's Length or Arm in Arm MG-359

UNCERTAINTY (INFORMATION THEORY)
A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios LRP-200604-12

UNEMPLOYMENT—ITALY—ECONOMETRIC MODELS
Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy WR-436

UNIFIED OPERATIONS (MILITARY SCIENCE)
A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System MG-377
Framing a Strategic Approach for Reserve Component Joint Officer Management MG-517
Joint Paths to the Future Force: A Report on Unified Quest 2004 MG-391
Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force MG-439
Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey TR-349

UNIT PRICING
Marijuana Markets: Inferences from Reports by the Household Population LRP-200612-12

UNITED NATIONS INTERIM MISSION IN KOSOVO
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

UNITED NATIONS—SERBIA—KOSOVO (SERBIA)
Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems LRP-200605-13

UNITED STATES
Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices LRP-200611-04

An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model LRP-200601-18
Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003 LRP-200604-10
Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27
Asking Why and What: The Authors Respond LRP-200601-16
Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome LRP-200610-17
Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578) LRP-200606-17
Creating the Future LRP-200601-17
Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review TR-314
Cultural Competency and Quality of Care: Obtaining the Patient's Perspective / LRP-200610-25
Depression in Primary Care: Learning Lessons in a National Quality Improvement Program LRP-200601-20
A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001 LRP-200605-23
Discrimination and Health Care Utilization RGSD-198
Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample LRP-200605-21
Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons LRP-200110-03
The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs LRP-200602-23
Effect of a Voucher Benefit on the Demand for Paid Personal Assistance LRP-200604-22
The Effects of Reinsurance in Financing Children's Health Care LRP-200603-36
Familia Risk Assessment for Early-Onset Coronary Heart Disease LRP-200608-10
Funding for Biomedical Research LRP-200603-09
Health Care IT Adoption Could Save USD162 Billion LRP-200600-21
Health Care Policy Issues in End-of-Life Care LRP-200606-22
Health Insurance and the Obesity Externality WR-340
High-Deductible Health Plans and Emergency Department Use LRP-200703-15
The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries LRP-200603-15
Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships LRP-200601-10
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10
Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups LRP-200606-09
Integrating Asthma Prevention and Control: The Roles of the Coalition LRP-200604-18
Management of Mental Disorders in VA Primary Care Practices LRP-200603-26
Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000 LRP-200607-06
Measuring and Reporting the Performance of Disease Management Programs WR-400
Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing LRP-200603-25
Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care LRP-200607-13
Organizational Characteristics Associated with Staff Turnover in Nursing Homes LRP-200602-12
Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses LRP-200606-10
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10
Preventive Care for Children in the United States: Quality and Barriers LRP-200604-04
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16
Public Health Preparedness in the 21st Century CT-257
The Quality of Health Care Delivered to Adults in the United States: Appendix WR-174-1
The Quality of Pharmacologic Care for Adults in the United States LRP-200610-08
Redesigning Health Systems for Quality: Lessons from Emerging Practices LRP-200611-11
Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14
Role of SCHIP in Serving Children with Special Health Care Needs LRP-200612-15
Seeking Community Input to Improve Implementation of a Lifestyle Modification Program LRP-200612-10
Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children LRP-200610-19
Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care LRP-200605-03
True Prevalence of Urinary Incontinence Among Female Nursing Home Residents LRP-200602-24
US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities LRP-200601-01
An Update on Adolescent Drug Use: What School Counselors Need to Know LRP-200612-39
Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management LRP-200610-18
Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy LRP-200601-12

UNITED STATES — EPIDEMIOLOGY

Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden LRP-200601-13

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

Management of Mental Disorders in VA Primary Care Practices LRP-200603-26

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS—STATISTICS & NUMERICAL DATA

Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service LRP-200609-18

UNITED STATES NAVY—AVIATION

Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet MG-448

UNITED STATES—NO CHILD LEFT BEHIND ACT OF 2001

Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program WR-451
Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies WR-380
Instructional Practices Related to Standards and Assessments WR-374
Measuring Instructional Responses to Standards-Based Accountability WR-373
School and District Improvement Efforts in Response to the No Child Left Behind Act WR-382
Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability WR-376-1
Using Test-Score Data in the Classroom WR-375

UNITED STATES—SARBANES-OXLEY ACT OF 2002
Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors LRP-200611-29

UNITED STATES—ARMED FORCES—MOBILIZATION
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

UNITED STATES—ARMED FORCES—OFFICERS
Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO MG-492

UNITED STATES—ARMED FORCES—RESERVES
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

UNITED STATES—ARMED FORCES—SUPPLY AND DEMAND
Human Resource Management and Army Recruiting: Analyses of Policy Options MG-433

UNITIZED CARGO SYSTEMS—SAFETY MEASURES
Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports RP-1220

UNIVERSAL COVERAGE—ORGANIZATION & ADMINISTRATION
Massachusetts Health Reform: Beauty Is in the Eye of the Beholder LRP-200609-12

UNIVERSAL COVERAGE—TRENDS
Massachusetts Health Reform: Beauty Is in the Eye of the Beholder LRP-200609-12

UNIVERSITIES
College Students' Use of Cocaine LRP-200600-05
Ethics of Clinical Research Within a Community-Academic Partnered Participatory Framework LRP-200612-09

UNIVERSITIES AND COLLEGES—NETHERLANDS—FINANCE
"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs TR-399

UNSAFE SEX—PSYCHOLOGY
Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County LRP-200609-01

URBAN POPULATION
Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas LRP-200603-03

URBAN WARFARE
Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force MG-439

URBAN WARFARE—COMPUTER SIMULATION
Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations RGSD-201

URINARY DIVERSION
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

URINARY INCONTINENCE—ECONOMICS
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10

URINARY INCONTINENCE—EPIDEMIOLOGY
The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey LRP-200602-11
The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey LRP-200611-10
True Prevalence of Urinary Incontinence Among Female Nursing Home Residents LRP-200602-24

URINARY INCONTINENCE—PSYCHOLOGY
Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

URINARY INCONTINENCE—THERAPY
Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries LRP-200602-10

URINARY RESERVOIRS, CONTINENT
Variations in Reconstruction After Radical Cystectomy LRP-200608-07

UROLOGY—STANDARDS
Discharging Our Duty LRP-200605-18

UTILIZATION REVIEW
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14

VACCINATION—STATISTICS & NUMERICAL DATA
The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes LRP-200611-06

VAGINAL CREAMS, FOAMS AND JELLIES
Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model RP-1211

VECTOR ANALYSIS
Improper Solutions of the Vector Maximum Problem LRP-196705-01

VEHICLES, MILITARY—FUEL
Policy Issues for Alternative Fuels for Military Operations CT-268

VENOUS THROMBOSIS—PREVENTION & CONTROL
An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients LRP-200601-22

VETERANS—MEDICAL CARE
Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder LRP-200601-06

VETERANS—STATISTICS & NUMERICAL DATA
Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service LRP-200609-18

VIGNETTES
Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics WR-336

VIOLENCE
Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory WR-383

VIOLENCE—ETHNOLOGY
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21

VIOLENCE—GREAT BRITAIN—COST EFFECTIVENESS
Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs TR-448

VIOLENCE—INDIANA—INDIANAPOLIS
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

VIOLENCE—NORTHERN IRELAND
Training for Urban Resistance: The Case of the Provisional Irish Republican Army RP-1249

VIOLENCE—PREVENTION
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

VIOLENCE—PREVENTION & CONTROL
Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial LRP-200611-09
Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression LRP-200610-21

VIOLENCE—PSYCHOLOGY
A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence LRP-200612-03

VIOLENCE—RELIGIOUS ASPECTS—ISLAM
Waging the "War of Ideas" RP-1218

VIOLENT CRIMES—INDIANA—INDIANAPOLIS
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

VIOLENT CRIMES—MISSOURI—KANSAS CITY
Reducing Firearms Violence Through Directed Police Patrol LRP-200111-16

VIOLENT CRIMES—PREVENTION
Reducing Homicide Through "Level-Pulling" Strategy LRP-200606-03

VIRAL LOAD
Patterns of HIV Care for Patients with Serious Mental Illness LRP-200603-33
Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors LRP-200603-31

VISAS—GOVERNMENT POLICY
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140

VISAS—GOVERNMENT POLICY—FRANCE
Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences OP-140

VISION
Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos LRP-200608-16

VISION DISORDERS—ETHNOLOGY
Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life LRP-200610-13

VISUAL ACUITY
Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning LRP-200611-14

VISUALLY IMPAIRED PERSONS—PSYCHOLOGY
Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life LRP-200610-13

VITAMIN E—THERAPEUTIC USE
Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer LRP-200607-03

VOCATIONAL GUIDANCE—GREAT BRITAIN—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

VOCATIONAL GUIDANCE—NETHERLANDS—CASE STUDIES
Benchmarking of the Use of Personal Advisers in Jobcentre Plus TR-374

VOTING RESEARCH
The Possibility of a Social Welfare Function: Comment LRP-196712-01

VOTING—MATHEMATICAL MODELS
The Possibility of a Social Welfare Function: Comment LRP-196712-01

VULNERABLE POPULATIONS
Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access LRP-200604-08
RAND Review. Vol. 30, No. 3, Fall 2006 CP-22-0612

VULNERABLE POPULATIONS—STATISTICS & NUMERICAL DATA
Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People LRP-200603-05

WAGE DIFFERENTIALS
Discouraged Workers? Job Search Outcomes of Older Workers LRP-200610-28

WAR
Securing Health: Lessons from Nation-Building Missions MG-321

WAR GAMES
Joint Paths to the Future Force: A Report on Unified Quest 2004 MG-391

WAR ON TERRORISM, 2001-
Beyond Al-Qaeda. Part 1. The Global Jihadist Movement MG-429
Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe MG-430
A Coalition of Coalitions: International Cooperation Against Terrorism LRP-200600-18
RAND Review. Vol. 30, No. 2, Summer 2006 CP-22-0608
US Counterterrorism Policy LRP-200600-12

WAR ON TERRORISM, 2001-—ECONOMIC ASPECTS
The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism TR-321

WAR ON TERRORISM, 2001-—MANPOWER
The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism TR-321

WAR SHIPS—MAINTENANCE AND REPAIR
Impacts of the Fleet Response Plan on Surface Combatant Maintenance TR-358

WARSHIPS—COSTS
Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades MG-484

WARSHIPS—GREAT BRITAIN—DESIGN AND CONSTRUCTION
Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States CT-259

WAR—HEALTH ASPECTS
Securing Health: Lessons from Nation-Building Missions MG-321

WAR—MORAL AND ETHICAL ASPECTS
Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime MG-441

WASHINGTON
Withholding Resuscitation in Prehospital Care LRP-200605-06

WATER RESOURCES DEVELOPMENT
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

WATER RESOURCES DEVELOPMENT—CALIFORNIA
New Methods for Identifying Robust Long-Term Water Resources Management Strategies for California RGSD-196

WATER USE—CALIFORNIA
New Methods for Identifying Robust Long-Term Water Resources Management Strategies for California RGSD-196

WATER-SUPPLY
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

WATER-SUPPLY—CALIFORNIA—MANAGEMENT
New Methods for Identifying Robust Long-Term Water Resources Management Strategies for California RGSD-196

WAVE EQUATION—NUMERICAL SOLUTIONS
An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems LRP-196603-02

WEAPONS OF MASS DESTRUCTION—GOVERNMENT POLICY—CHINA
RAND Review. Vol. 30, No. 1, Spring 2006 CP-22-0604

WEAPONS SYSTEMS—COSTS
Historical Cost Growth of Completed Weapon System Programs TR-343

WITHHOLDING TREATMENT
Withholding Resuscitation in Prehospital Care LRP-200605-06

WOMEN'S HEALTH
Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? LRP-200607-01
Toward a More Comprehensive Understanding of Violence Against Impoverished Women LRP-200606-02

WOMEN'S RIGHTS—IRAQ
Die Zweischneidige Verfassung (The Double Sided Condition) RP-1207

WOMEN—LEGAL STATUS, LAWS, ETC.—IRAQ
Die Zweischneidige Verfassung (The Double Sided Condition) RP-1207

WOMEN—PSYCHOLOGY
Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS LRP-200606-06

WORKERS' COMPENSATION
Dynamics of Work Disability and Pain WR-387

WORKERS' COMPENSATION—CALIFORNIA
Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work CF-214

WORLD HEALTH
Requirements for High Impact Diagnostics in the Developing World LRP-200611-25
A Technical Supplement: Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of Improved Diagnostics WR-421
A Technical Supplement: Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics WR-422

WORLD POLITICS
Integrating Instruments of Power and Influence in National Security: Starting the Dialogue CF-231
Toward a Theory of Intelligence: Workshop Report CF-219

WORLD WAR, 1939–1945
Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides LRP-196001-01

WORLD WAR, 1939–1945—AERIAL OPERATIONS—GREAT BRITAIN
The Role of Intelligence in Deciding the Battle of Britain LRP-200606-16

WORLD WIDE WEB
Selection Bias in Web Surveys and the Use of Propensity Scores WR-279

WOUNDS AND INJURIES—EPIDEMIOLOGY
The Role of Hyperarousal in the Manifestation of Posttraumatic Psychological Distress Following Injury LRP-200608-11

YOUTH DEVELOPMENT
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20

YOUTH—MIDDLE EAST—ATTITUDES
A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization WR-354

YOUTH—SERVICES FOR
Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions LRP-200605-20

YOUTH—SUBSTANCE USE
The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the U.S TR-346

YOUTH—TOBACCO USE
A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23 WR-395

ZOONOSES
Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise RP-1250

TITLE INDEX

The ABC of R&D. LRP-196506-01

About RAND Brochure. CP-246-0306-

Acculturation and Driving under the Influence: A Study of Repeat Offenders. LRP-200605-14

Acquiring Simulation Training: Evaluating and Implementing an Innovative Approach. RB-9166-OSD

Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer. MG-259/1-NAVY

Activation and the Earnings of Reservists. MG-474-OSD

Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder. LRP-200612-33

Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California. LRP-200607-02

Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment. LRP-200606-21

Adolescent Primary Care Patients' Preferences for Depression Treatment. LRP-200603-23

Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use. LRP-200612-37

Advances Underway in China's Defense Industries. CT-256

Affective and Behavioral Responses to Health-Related Social Control. LRP-200611-28

African American Women and Family Planning Services: Perceptions of Discrimination. LRP-200601-21

The Air Force Should Rethink Its Plan for Sustainment Surge. RB-181-AF

Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability. RGSD-207

Al-Qaida: Terrorist Selection and Recruitment. RP-1214

Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis. LRP-200606-04

Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices. LRP-200611-04

An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model. LRP-200601-18

Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary. MG-495-AF

Analysis of Alternatives for Recapitalizing the Air Force's KC-135 Aerial Refueling Tanker. RB-201-AF

Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary. MG-445/1-OSD

Analysis of US Energy Scenarios: Meta-Scenarios, Pathways, and Policy Implications. LRP-200305-39

An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report. WR-449-EC

The Analysts' Bookshelf: Publications of The RAND Corporation. LRP-195606-01

Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers. LRP-200604-19

Analyzing Terrorism Risk. CT-265

Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer. LRP-200607-03

Anxiety Disorders Can Have Broad, Negative Health Effects . RB-9173

Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality. LRP-200600-16

Applications of Some Significance Tests for the Median Which Are Valid under Very General Conditions. LRP-194909-01

An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems. LRP-196603-02

Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999–2003. LRP-200604-10

Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use. LRP-200610-15

Are Finite Population Corrections Appropriate When Profiling Institutions? LRP-200612-27

Are Small Businesses Riskier Than Larger Ones?. RB-9181-ICJ

Army Medical Department Transformation: A Summary of Five Workshops. MG-416-A

The Arts and State Governments: At Arm's Length or Arm in Arm. MG-359-WF

As Enemies Put Innocents at Risk, U.S. Military Must Continue Efforts to Minimize Civilian Deaths and Be Positioned to Better Inform the Public When Casualties Do Occur. RB-200-AF

Asian Countries Are Divided About U.S. Security Intentions in Central Asia. RB-196-AF

Asking Why and What: The Authors Respond. LRP-200601-16

Assessing Indirect Impacts of the EC Proposals for Video Regulation. TR-414-OFCOM

Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation. LRP-200612-11

Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores. LRP-200603-27

Assessing the Effectiveness of California Charter Schools. CT-264

Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education. RGSD-205

Assessing the Value of U.S. Army International Activities. MG-329-A

Availability and Quality of Human Biospecimens for Use in Biomedical Research. LRP-200600-14

Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G. LRP-196511-01

Bargaining and Group Decision Making: Experiments in Bilateral Monopoly. LRP-196106-02

Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees. LRP-200612-32

Basic Principles and Technical Variations in Sentence-Structure Determination. LRP-196100-01

Basic Principles for Construction and Application of Discriminators. LRP-195001-01

A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine. LRP-200606-01

Behavioral Health Insurance Parity for Federal Employees. LRP-200603-18

Benchmarking of the Use of Personal Advisers in Jobcentre Plus. TR-374-NAO

Benefit Design and Specialty Drug Use. LRP-200609-11

Benefits of Punctuality for the Paris Suburban Railway Network: Synthesis Report. TR-271-STIF

Best Linear Unbiased Estimation by Recursive Methods. LRP-196601-01

Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking. RB-186-AF

Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan. LRP-200600-20

Beyond Al-Qaeda. Part 1. The Global Jihadist Movement. MG-429-AF

Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe. MG-430-AF

Biometrics: Trust, but Identify. RP-1185

Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise. RP-1250

Border Control. RP-1216

Border Security and the Terrorist Threat. CT-266

Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range. LRP-195301-01

A Brief Analysis of the Republic of Korea's Defense Reform Plan. OP-165-OSD

Building Partner Capacity Is the Key to a Successful Counterinsurgency Strategy. RB-211-AF

The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise. LRP-200612-01

Building a Successful Palestinian State: Security. MG-146/2-DCR

Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC). LRP-200612-07

Building on a Legacy. CP-514

CBT Intensity and Outcome for Panic Disorder in a Primary Care Setting. LRP-200606-14

Calculation of the Resonant Properties of Electrical Cavities. LRP-195403-01

California Acupuncturists Comment on Their Training. LRP-200600-10

A Campaign-Quality Army: RAND Arroyo Center Annual Report 2005. AR-7110-A

Can Internet TV Have Frontiers? RAND Europe Informs the European Commission's TVWF Impact Assessment. RB-9201-EC

Caring for Depression and Comorbid Pain: Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey. RGSD-204

Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome. LRP-200610-17

Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads. MG-440-AF

Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics. LRP-200609-02

Challenges to China's Internal Security Strategy. CT-254

Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management. MG-451-OSD

Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System. TR-258-CMS

Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends. LRP-200600-04

Charter School Performance in Two Large Urban Districts. LRP-200600-19

Childhood Asthma Surveillance by Community Coalitions. LRP-200604-14

Childhood Overweight and Elementary School Outcomes. LRP-200609-08

China Rural Health Insurance Experiment: Final Report. WR-411

Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense. MG-340-OSD

Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes. LRP-200601-19

Civilian Workforce Planning in the Department of Defense: Different Levels, Different Roles. MG-449-OSD

Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care. LRP-200611-03

The Closed-Loop Planning System for Weapon System Readiness. MG-434-AF

Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection. LRP-200608-12

A Coalition of Coalitions: International Cooperation Against Terrorism. LRP-200600-18

Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578). LRP-200606-17

A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment. WR-328

Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health. LRP-200602-01

The Collectivity of Sexual Behaviour. LRP-200603-37

College Students' Use of Cocaine. LRP-200600-05

Combating Al Qaeda and the Militant Islamic Threat. CT-255

Combating Terrorism: How Prepared Are State and Local Response Organizations? MG-309-OSD

Commencement Address 2006: Pardee RAND Graduate School. CP-517-0609-

Commentary on "The Researcher and the Manager: A Dialectic of Implementation". LRP-196510-01

Commercial Purchasing and Supply Management Practices Can Help the Air Force Reduce Costs. RB-180-AF

A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence. LRP-200612-03

Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California. LRP-200612-04

Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients. LRP-200602-05

Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees. LRP-200610-03

Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation. LRP-200400-22

A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions. LRP-200611-16

Comprehensive School Reform: The Implementation Gap. RB-9221-EDU

Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting. LRP-200609-04

Considering the Effects of a Catastrophic Terrorist Attack. TR-391-CTRMP

Consumer Decision Making in the Individual Health Insurance Market. LRP-200605-05

Consumer Decisionmaking in the Insurance Market. RB-9151

Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality. LRP-200610-16

The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds. LRP-200603-20

Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients. LRP-200601-02

Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients. LRP-200609-07

Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease. LRP-200610-10

Costs and Benefits of Health Information Technology *electronic Resource.* *LRP-200604-06*

Counterinsurgency: A Symposium, April 16–20, 1962. R-412-1-ARPA/RC

Creating the Future. LRP-200601-17

Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review. TR-314-CDC

Cultural Competency and Quality of Care: Obtaining the Patient's Perspective /. LRP-200610-25

Curbing Teen Dating Violence: Evidence from a School Prevention Program. RB-9194-CDC

Cutting Drug Co-Payments for Sicker Patients on Cholesterol-Lowering Drugs Could Save a Billion Dollars Every Day . RB-9169

Danger and Opportunity in Eastern Europe. RP-1234

Data Driven Decisionmaking in Southwestern Pennsylvania School Districts. WR-326-HE/GF

Datapoints: General Medical Costs of Recipients of Behavioral Health Care. LRP-200605-10

Daytime and Nighttime Atmospheric Properties Derived from Rocket and Satellite Observations. LRP-196103-01

Defense Decisions: Design Vs. Analysis. LRP-196100-02

Demographics and Security in Maritime Southeast Asia. RP-1219

Denying Armageddon: Preventing Terrorist Use of Nuclear Weapons. RP-1240

Deployment, Stress, and Intention to Stay in the Military. RB-9150

Depression in Primary Care: Learning Lessons in a National Quality Improvement Program. LRP-200601-20

A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001. LRP-200605-23

The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey. RP-1241

Despite Deep Scientific Uncertainty Long-Term Problems Can Be Tackled. RB-9186

Despite Some Risks, State Arts Agencies Might Benefit from Closer Relations with Government. RB-9184-WF

Determining Access to Care and User Requirements for Diagnostic Tests in Developing Countries. WR-423-HLTH

Determining the Priority Global Health Needs and Quantifying the Health Benefits Resulting from the Introduction of New Diagnostics in the Developing World. WR-418-HLTH

Developing and Interpreting Models to Improve Diagnostics in Developing Countries. LRP-200611-18

Die Zweischneidige Verfassung (The Double Sided Condition). RP-1207

Differences in Individual-Level Terrorism Preparedness in Los Angeles County. LRP-200601-11

The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV. LRP-200605-17

The Diffusion and Value of Healthcare Information Technology. MG-272-1-HLTH

The Dimensions of Change in Therapeutic Community Treatment Instrument. LRP-200603-29

Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas. LRP-200603-03

Discharging Our Duty. LRP-200605-18

Discouraged Workers? Job Search Outcomes of Older Workers. LRP-200610-28

Discrete Choice Modelling: Methods for Understanding Why People Make the Choices That They Do. RB-9204-RE

A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23. WR-395

Discrimination and Health Care Utilization. RGSD-198

Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer. LRP-200608-14

Disparities in Care for HIV Patients: Results of the HCSUS Study. RB-9171

Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors. LRP-200604-02

Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample. LRP-200605-21

Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? LRP-200612-34

Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study. RP-1191

Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? RP-1201

Do Small Group Health Insurance Regulations Influence Small Business Growth? WR-351-ICJ

DoD's Collaborative Approach to Developing Biometrics Standards. RP-1186

Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? LRP-200602-26

Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? LRP-200605-22

Does Reform-Oriented Teaching Make a Difference? The Relationship Between Teaching Practices and Achievement in Mathematics and Science. RB-9211-NSF

Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? LRP-200604-13

Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? LRP-200612-31

Doppler Radar. LRP-194904-01

Downsizing in the Nursing Home Industry. LRP-200607-10

Dynamics of Work Disability and Pain. WR-387

"Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs. TR-399-OCW

Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries. LRP-200603-35

Economic Development in Central Asia Is a Long-Term Security Concern. RB-188-AF

Economic Dimensions of Security in Central Asia. MG-417-AF

Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS. WR-410

Effect of Activation on Reservist Earnings. RB-9183

Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons. LRP-200110-03

The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions. LRP-200610-20

The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor. LRP-200607-16

The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism. TR-321-RC

Effect of Teacher Pay on Student Performance: Findings from Illinois. WR-378-EDU

The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial. LRP-200611-27

The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs. LRP-200602-23

Effect of a Voucher Benefit on the Demand for Paid Personal Assistance. LRP-200604-22

The Effective Use of Both Positive and Negative Controls in Screening Experiments. LRP-196706-01

The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training. DB-442-OSD

Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications. LRP-200610-04

Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System. LRP-200612-14

Effects of Medicare's Prospective Payment System on the Quality of Hospital Care. RB-4519-1

Effects of Omega-3 Fatty Acids on Cancer Risk: A Systematic Review. LRP-200601-15

The Effects of Reinsurance in Financing Children's Health Care. LRP-200603-36

The Effects of State Parity Laws on the Use of Mental Health Care. LRP-200606-15

The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review. LRP-200601-26

Elasticities of Substitution and Constant-Output Demand Curves for Labor. LRP-196106-01

An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients. LRP-200601-22

Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice. LRP-200600-09

Emergency Preparedness Is Stimulating Changes in Public Health Practice. RB-9197

Emerging Security Environment Requires Sophisticated Intelligence, Rapid Response, and Long-Range Capabilities. RB-197-AF

An Empirical Study of Ordinal Condom Use Measures. LRP-200511-13

Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size. WR-454

Ending Social Promotion in Grades K-8 electronic Resource Insights Regarding Policy Implementation. WR-424-NYCDOE

Engaging the Community in Coalition Efforts to Address Childhood Asthma. LRP-200604-16

Enhancing Airlift Planning and Execution in the Joint Theater Distribution System. RB-182-AF

Enhancing Emergency Preparedness in California. CT-253

Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access. LRP-200604-08

Entering the Dragon's Lair: Chinese Antiaccess Strategies and Their Implications for the United States. MG-524-AF

Entry by Spinoffs. LRP-200508-28

Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use. LRP-200610-07

Estimating Graduation and Dropout Rates with Longitudinal Data: A Case Study in the Pittsburgh Public Schools. WR-372-PPS

Estimating Probit Models with Self-Selected Treatments. LRP-200602-09

Estimating the Compliance Costs for California SB1953. LRP-200204-08

Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature. WR-448-MCAN

Ethics of Clinical Research Within a Community-Academic Partnered Participatory Framework. LRP-200612-09

Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer. LRP-200506-20

An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study. LRP-200604-23

Europe in Pursuit of Excellence. RB-9203-RE

Evaluating Comprehensive School Reform Models at Scale: Focus on Implementation. MG-546-EDU

Evaluating National Flood Insurance. RB-9176-FEMA

Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes. LRP-200603-16

Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation. LRP-200603-17

Evaluating Statistical Methods for Syndromic Surveillance. LRP-200600-07

Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports. RP-1220

An Evaluation Framework for "Foundations for Living": Supporting Disabled People to Live Independently in the Community. TR-388-PAP

Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program. DB-490-OSD

Evaluation of AHRQ's Children's Health Activities: Final Report. WR-429-AHRQ

Evaluation of Options for Overseas Combat Support Basing. MG-421-AF

Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program. WR-451-PPS

Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees. TR-407-AHRQ

Evaluation of the Pituitary-Adrenal Axis in Simple Hirsutism. LRP-196007-01

The Evidence Base for the Classification of Drugs. TR-362-HOC

The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems. TR-362/1-HOC

Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? LRP-200612-13

Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price. LRP-200601-05

The Evolution of the All-Volunteer Force. RB-9195-RC

"Evolutionary Acquisition" Is a Promising Strategy, but has Been Difficult to Implement. RB-194-AF

Evolutionary Acquisition: Implementation Challenges for Defense Space Programs. MG-431-AF

An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies. TR-412-EC

Examining Child Care Need Among Military Families. TR-279-OSD

Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease. LRP-200608-09

Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks. RGSD-199

Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy. LRP-200606-11

Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth. LRP-200608-03

The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses. MG-424-AF

Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza. TR-320-DHHS

Familia Risk Assessment for Early-Onset Coronary Heart Disease. LRP-200608-10

Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? LRP-200602-18

Fear Cannot Counter Terror. RB-9193-RC

Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services. CT-261

Fertility Desires and Intentions of HIV-Positive Men and Women. RP-1202

Field Testing: What It Is and How We Do It. LRP-200506-22

The First National Report Card on Quality of Health Care in America. RB-9053-2

Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models. LRP-200607-09

Forging the Link Between Alcohol Advertising and Underage Drinking. RB-9073

A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System. MG-377-AF

A Framework to Improve the Quality of Treatment for Depression in Primary Care. LRP-200605-08

Framing a Strategic Approach for Reserve Component Joint Officer Management. MG-517-OSD

From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years. OP-164-RC

From Formation to Action: How Allies Against Asthma Coalitions Are Getting the Job Done. LRP-200604-17

From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses. LRP-200605-12

Funding for Biomedical Research. LRP-200603-09

A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization. WR-354

General Impact Theory of Pressure Broadening. LRP-195811-01

A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios. LRP-200604-12

Geometric Projections of the Sphere and the Spheroid. LRP-196109-02

German Introduction to Single Farm Payments. TR-429-NAO

Getting to Outcomes: A Community-Based Participatory Approach to Preventive Interventions. RP-1203

Getting to Outcomes: Improving Community-Based Substance-Use Prevention. RB-9172

Global Health Diagnostics. LRP-200611-17

The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications. MG-475-NIC

The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications. TR-303-NIC

Global Technology Revolution 2020: Technology Trends and Cross-Country Variation. RB-9179-NIC

"Gobble'uns" and Foreign Policy: A Review. LRP-196409-01

Good Disarmament -and Bad. LRP-196105-01

Governance and Foreign Aid Allocation. RGSD-202

Governing Urban School Districts: Efforts in Los Angeles to Effect Change. TR-428-LA

Groups, Networks, or Movements: A Command-and-Control-Driven Approach to Classifying Terrorist Organizations and Its Application to Al Qaeda. LRP-200605-02

Guiding Resource Allocations Based on Terrorism Risk. WR-371-CTRMP

Handbook of Legal Procedures of Computer and Network Misuse in EU Countries. TR-337-EC

Health Care IT Adoption Could Save USD162 Billion. LRP-200600-21

Health Care Policy Issues in End-of-Life Care. LRP-200606-22

Health Endowments and Parental Investments in Infancy and Early Childhood. WR-367

The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. RB-9174-HHS

Health Insurance and the Obesity Externality. WR-340

Health Plans Respond to Parity: Managing Behavioral Health Care in the Federal Employees Health Benefits Program. LRP-200600-01

Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention. LRP-200603-13

Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden. LRP-200601-13

High-Deductible Health Plans and Emergency Department Use. LRP-200703-15

High-Dispersion Spectroscopic Observations of Mars: I. the CO2 Content and Surface Pressure. LRP-196611-01

High-Performance Computing Opportunities and Challenges for Army R&D. TR-310-A

Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People. LRP-200603-05

Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing. LRP-200609-14

Historical Cost Growth of Completed Weapon System Programs. TR-343-AF

Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides. LRP-196001-01

Hospital Competition, Managed Care, and Mortality After Hospitalization for Medical Conditions: Evidence from Three States. LRP-200612-30

Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California. LRP-200603-24

Hostility and Perceptions of Support in Ambiguous Social Interactions. LRP-200602-27

How Deployments Affect Service Members. MG-432-RC

How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment. LRP-200610-12

How Much Can Treatment Reduce National Drug Problems? LRP-200603-01

How Much Risk Pooling Is There in the Individual Insurance Market? LRP-200610-06

How Schools Can Help Children Recover from Traumatic Experiences . RB-9229

How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery. WR-377

How the 2005 Hurricanes Affected Students in Louisiana . RB-9231-RC

Human Resource Management and Army Recruiting: Analyses of Policy Options. MG-433-A

Humor-Auch Fur Musliminnen Die Scharfste Waffe: Humor in the Muslim World: The Cartoon Controversy and the Rest of the Story. RP-1227

I Want You! The Evolution of the All-Volunteer Force. MG-265-RC

The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries. LRP-200603-15

Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service. LRP-200609-18

Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination. LRP-200611-15

Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations. RGSD-201

Immigrants and the Cost of Medical Care. LRP-200611-05

Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card. LRP-200604-21

Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE. LRP-200603-14

Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships. LRP-200601-10

The Impact of Liability on the Physician Labor Market. WR-384-ICJ

The Impact of Network Performance on Warfighter Effectiveness. TR-329-A

Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California. LRP-200607-05

The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program. LRP-200609-15

The Impact of Regulation and Litigation on Small Business and Entrepreneurship: An Overview. WR-317-ICJ

Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life. LRP-200610-13

Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial. LRP-200611-09

Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment. LRP-200610-02

Impacts of the Fleet Response Plan on Surface Combatant Maintenance. TR-358-NAVY

Impacts on U.S. Energy Expenditures of Increasing Renewable Energy Use. TR-384-EFC

Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care. LRP-200601-08

Implementing Purchasing and Supply Chain Management: Best Practices in Market Research. MG-473-AF

Implementing Security Improvement Options at Los Angeles International Airport. DB-499-1-LAWA

Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies. WR-380-EDU

Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions. MG-442-OSD

Impossible Certainty: Cost Risk Analysis for Air Force Systems. MG-415-AF

Improper Solutions of the Vector Maximum Problem. LRP-196705-01

Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York. LRP-200602-28

Improving Access to Needed Health Care Improves Low-Income Children's Quality of Life. RB-9210

Improving Care for Depression in Patients with Comorbid Substance Misuse. LRP-200601-03

Improving Care for Depression: There's No Free Lunch. LRP-200610-09

Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania. MG-423-HHRY

Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement. MG-480-NSF

Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions. LRP-200604-15

Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress. TR-381-EDU

Improving the Development and Utilization of Air Force Space and Missile Officers. MG-382-AF

Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda. OP-156-A

Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory. WR-383

In Search of How Societies Work: Tribes—the First and Forever Form. WR-433-RPC

In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study. LRP-200603-30

Income and Mental Health: Unraveling Community and Individual Level Relations. RP-1212

Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries. LRP-200602-10

Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests. LRP-200609-16

Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder. LRP-200603-07

Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs. LRP-200603-34

Infectious Disease and National Security: Strategic Information Needs. TR-405-OSD

Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment. LRP-200609-19

The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes. LRP-200611-06

Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups. LRP-200606-09

Information Sharing and Emergency Responder Safety Management. CT-258

Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience. LRP-200612-05

Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System. TR-257-CMS

Instructional Practices Related to Standards and Assessments. WR-374-EDU

Integrated Operational and Combat Support Planning Will Support Air and Space Expeditionary Forces. RB-183-AF

Integrating Asthma Prevention and Control: The Roles of the Coalition. LRP-200604-18

Integrating Instruments of Power and Influence in National Security: Starting the Dialogue. CF-231-CC

Integrating Treatment for People with Co-Occurring Mental Health and Substance Abuse Disorders in Public Systems of Care. RB-9189

The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores. WR-404

Interactive Police-Citizen Encounters That Result in Force. LRP-200412-33

Intermediate Evaluation of Directorate-General Health and Consumer Protection Non-Food Scientific Committees : Final Report. TR-437-EC

An International Comparison of Obesity in Older Adults: Effects and Risk Factors. RGSD-206

Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs. TR-448-NAO

An Introduction to Qatar's Primary and Secondary Education Reform. WR-399-SEC

Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning. LRP-200611-14

Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care. LRP-200606-07

Is Military Disability Compensation Adequate?. RB-9165-OSD

Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court. LRP-200607-18

Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort. CT-263

Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management. LRP-200603-11

Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework. LRP-200611-07

Joint Paths to the Future Force: A Report on Unified Quest 2004. MG-391-A

Kan Een Maatschappelijke Kosten-Batenanalyse Worden Gebruikt Voor De Beoordeling Van Innovatieprogramma's? = Can a 'societal' Cost-Benefit Analysis Be Used for the Evaluation of Innovation-Programs? WR-366-EZ

A Key to Soviet Politics: The Crisis of the Anti-Party Group. LRP-196309-01

Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy. WR-436

Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems. LRP-200605-13

Learning Large Lessons: The Evolving Roles of Ground Power and Air Power in the Post-Cold War Era. MG-405-AF

Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet. MG-448-NAVY

Linguistic Disparities in Health Care Access and Health Status Among Older Adults. LRP-200607-08

Living Long Fragile Health: The New Demographics Shape End of Life Care. RP-1200

The Logical Principles of a New Kind of Binary Counter. LRP-195310-01

Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults. LRP-200601-09

Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data. LRP-200608-06

Los Angeles County Juvenile Justice Crime Prevention Act: Fiscal Year 2004–2005 Report. TR-368-LACPD

Loss Function Based Ranking in Two-Stage, Hierarchical Models. LRP-200600-13

Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model. RP-1211

Lower Bounds to the Critical Rayleigh Number in Completely Confined Regions. LRP-196706-02

The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer. LRP-200600-11

Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO. MG-492-AF

The Maintenance Costs of Aging Aircraft: Insights from Commercial Aviation. MG-486-AF

Making Sense of Charter Schools: Evidence from California. OP-157-EDU

Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research. OP-170-EDU

Management of Mental Disorders in VA Primary Care Practices. LRP-200603-26

Managing Cost and Capacity Data in the Air Force's Education and Training Command. RB-125-1-AF

Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000. LRP-200607-06

The Manuscripts of Social Welfare. LRP-196001-02

Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data. LRP-200609-05

Marijuana Markets: Inferences from Reports by the Household Population. LRP-200612-12

Marijuana Use and Depression Among Adults: Testing for Causal Associations. LRP-200610-23

Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes. RP-1192

Maritime Terrorism: Risk and Liability. MG-520-CTRMP

Market Research Can Help the Air Force Maintain a High-Quality Supply Base. RB-205-AF

Massachusetts Health Reform: Beauty Is in the Eye of the Beholder. LRP-200609-12

Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States. TR-145-EC

Math Science Partnership of Southwest Pennsylvania: Year Four Evaluation Report. WR-494-AIU

Math Science Partnership of Southwest Pennsylvania: Year Three Evaluation Report. WR-396-AIU

Mathematical Theory of Reliability. LRP-196512-03

Measurement Error and Misclassification: A Comparison of Survey and Register Data. WR-283-1

Measurement and Association in the Structure of Municipal Police Organizations. LRP-200600-03

Measurement in a Multi-Ethnic Society: Overview to the Special Issue. LRP-200611-13

Measuring Capabilities of Air and Space Expeditionary Forces to Meet Policy Goals and Control Deployments. RB-184-AF

Measuring Instructional Responses to Standards-Based Accountability. WR-373-EDU

Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management. LRP-200606-08

Measuring and Reporting the Performance of Disease Management Programs. WR-400

Measuring the Benefits from Research. RB-9202-RE

Measuring the Quality of Cancer Care: The National Initiative for Cancer Care Quality (NICCQ). RB-9219

Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study. TR-347-OSD

Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V. TR-302-A

The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements. WR-401-MEDPAC

Meeting Funder Compliance: A Case Study of Challenges, Time Spent, and Dollars Invested. MG-505-RC

Meeting the Health Care Needs of Adults with Severe Mental Illness. RB-9191

Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing. LRP-200603-25

Mental Health Outcomes and Physical Restraint Use in Nursing Homes private. LRP-200611-02

The Middle East: The Changing Strategic Environment. CF-223-CMEPP/GCSP

Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime. MG-441-AF

Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction. LRP-200606-24

Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions. LRP-200605-20

Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT. RP-1213

Monitoring Employment Conditions of Military Spouses. TR-324-OSD

Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard. RGSD-203

Nanomaterials in the Workplace: Policy and Planning Workshop on Occupational Safety and Health. CF-227-NIOSH

The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications. TR-300-FEMA

National Security Space Launch Report. MG-503-OSD

National Security and Private-Sector Risk Management for Terrorism. RP-1233

National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus. LRP-200603-06

Need for High-Quality Child Care Affects Military Readiness and Retention. RB-9218

Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults. LRP-200609-10

Networks of Care: How Latina Immigrants Find Their Way to and Through a County Hospital. RP-1190

The New Age of Terrorism. RP-1215

New Analytic Methods Can Improve the Development of Air Force Space and Missile Officers. RB-179-AF

New Combat and Noncombat Roles for U. S. Aircraft Carriers . RB-9185-NAVY

A New IO Strategy: Prevention and Disengagement. RP-1223

New Methods for Identifying Robust Long-Term Water Resources Management Strategies for California. RGSD-196

A New Planning System Can Help Balance Depot-Level Repair Budgets with Aircraft Readiness Goals. RB-192-AF

The New Pronatalism? The Policy Consequences of Population Ageing. LRP-200603-32

New Techniques Help to Estimate Systems Engineering and Program Management Costs for Military Aircraft and Guided Weapons. RB-190-AF

Nondisclosure of Sexual Orientation to a Physician Among a Sample of Gay, Lesbian, and Bisexual Youth. LRP-200612-35

Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries. WR-457/1-ASPE

Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review. WR-457/2-ASPE

Of Treatment Systems and Depression: An Overview of Quality-Improvement Opportunities in Hospital-Based Psychiatric Care. LRP-200607-13

Older Commercial Aircraft Have Relatively Stable Total Maintenance Costs. RB-206-AF

Omega-3 Fatty Acids and Cancer Risk. LRP-200607-11

On "Other War": Lessons from Five Decades of RAND Counterinsurgency Research. MG-482-OSD

On Relevance, Probabilistic Indexing and Information Retrieval. LRP-196007-02

On a Generalization of Classical Probability Theory, I.: Markoff Chains. LRP-195310-02

On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion. LRP-195402-01

On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation. LRP-195312-01

On the Origin and Characteristics of Single-Sided Angle Modulation. LRP-196512-02

Operations Research and National Planning, a Dissent. LRP-195710-01

Opportunities in Hispanic Drug Abuse Research. LRP-200609-09

Options for Transitional Security Capabilities for America. TR-353-A

Organizational Characteristics Associated with Staff Turnover in Nursing Homes. LRP-200602-12

Organizing State and Local Health Departments for Public Health Preparedness. TR-318-DHHS

Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer. LRP-200703-13

An Overview of Past Proposals for Military Retirement Reform. TR-376-OSD

PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701. LRP-195610-01

Pacification in Algeria, 1956–1958. MG-478-ARPA/RC

Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge. LRP-200600-06

Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors. LRP-200611-29

Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model. LRP-200602-07

Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles. TR-357-HLTH

Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer. LRP-200507-18

Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention. LRP-200601-23

Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses. LRP-200606-10

Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care. LRP-200605-07

Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies. WR-441-HLTH

Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS. LRP-200606-06

Patterns of Care for Men with Prostate Cancer After Failure of Primary Treatment. LRP-200607-15

Patterns of HIV Care for Patients with Serious Mental Illness. LRP-200603-33

Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder. LRP-200601-06

Pay for Performance: Its Influence on the Use of IT in Physician Organizations. LRP-200603-22

The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity. LRP-200603-04

Peer Support Among Adults with Serious Mental Illness: A Report from the Field. LRP-200607-17

Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression. LRP-200610-21

Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom. RP-1206

Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence. LRP-200605-09

Perspectives on Therapeutic Treatment from Adolescent Probationers. LRP-200612-43

Physical Activity and Changes in Health Care Costs in Late Middle Age. LRP-200602-25

Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children. LRP-200610-11

Physician Communication About the Cost and Acquisition of Newly Prescribed Medications. LRP-200611-26

A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy. LRP-200606-19

Police Effectiveness: Measurement and Incentives. RGSD-200

Police Use of Force: An Analysis of Organizational Characteristics. LRP-200106-07

Police-Community Relations in Cincinnati: Year Two Evaluation Report. TR-445-CC

Policy Issues for Alternative Fuels for Military Operations. CT-268

A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma. LRP-200602-13

Positioning War Reserve Materiel Requires a Flexible, Global Approach. RB-189-AF

The Possibility of a Social Welfare Function: Comment. LRP-196712-01

Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care. LRP-200608-01

A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy. LRP-200612-36

Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life. LRP-200601-24

Pramipexole and Levodopa in Early Parkinson's Disease: Dynamic Changes in Cost Effectiveness. LRP-200512-31

The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products. LRP-200604-09

Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors. LRP-200603-08

Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users. LRP-200503-35

Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County. LRP-200609-01

Preparing for Future Floods: Analyzing Reconstruction Pathways from Past Floods Can Help. RB-9220-RC

Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force. MG-439-OSD/JFCOM

The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey. LRP-200602-11

The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey. LRP-200611-10

Preventing Insurgencies After Major Combat Operations. RP-1242

Preventive Care for Children in the United States: Quality and Barriers. LRP-200604-04

Price Elasticity of Demand for Malt Liquor Beer: Findings from a US Pilot Study. LRP-200605-01

Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression. LRP-200605-04

Problem of Overlapping Lines in the Theory of Pressure Broadening. LRP-195807-01

Process Evaluation of Project Public Health Ready Phase 2. TR-331-CDC

Professional Development Participation and the Role of Administrator Involvement in the Math Science Partnership of Southwest Pennsylvania. WR-428-AIU

Project ALERT Plus May Leverage the Effect of the National Youth Anti-Drug Media Campaign. RB-9167

Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer. LRP-200612-26

A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study. LRP-200602-04

Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events. MG-425-NIOSH

Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy. MG-387-OSD

Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report. WR-381-CHCF

Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study. LRP-200602-21

Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans. LRP-200609-23

Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos. LRP-200608-16

Public Health Preparedness in the 21st Century. CT-257

Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs. TR-317-DHHS

Public Health Preparedness: Evolution or Revolution? LRP-200607-07

Public Parks and Physical Activity Among Adolescent Girls. LRP-200611-01

The Public Spends Little to Provide Health Care for Undocumented Immigrants. RB-9230

The Pursuit of Excellence: A European Institute of Technology. WR-346-RE

Qatar Supreme Council for Family Affairs Database of Social Indicators: Final Report. TR-350-QSCFA

Quality Improvement Methods Can Be Used to Improve Public Health Emergency Preparedness. RB-9198-DHHS

Quality Improvement: Implications for Public Health Preparedness. TR-316-DHHS

Quality Primary Care Requires More Than Insurance. RB-9170

The Quality of Health Care Delivered to Adults in the United States: Appendix. WR-174-1

Quality of Osteoarthritis Care for Community-Dwelling Older Adults. LRP-200604-05

The Quality of Pharmacologic Care for Adults in the United States. LRP-200610-08

Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process. LRP-200606-12

Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective. LRP-200603-21

A Quiet Crisis in Transportation Finance: Options for Texas. CT-260

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Race and the Decision to Seek the Death Penalty in Federal Cases. TR-389-NIJ

Racial Differences in Marijuana-Users' Risk of Arrest in the United States. LRP-200610-01

Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons. LRP-200602-16

Radicalization: Homeland Security Implication. CT-267

Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees. LRP-200610-14

Ready for School: Can Full-Day Kindergarten Level the Playing Field? RB-9232-RF/FF

Rebuilding Housing Along the Mississippi Coast: Ideas for Ensuring an Adequate Supply of Affordable Housing. OP-162-RC

Redefining and Reforming Health Care for the Last Years of Life . RB-9178

Redesigning Health Systems for Quality: Lessons from Emerging Practices. LRP-200611-11

Redistributional Aspects of the Balanced-Budget Multiplier: A Comment on the Musgrave, Baumol-Peston, and Hansen Contributions. LRP-196702-01

Reducing Firearms Violence Through Directed Police Patrol. LRP-200111-16

Reducing Homicide Through "Level-Pulling" Strategy. LRP-200606-03

Reducing Stunting Among Children: The Potential Contribution of Diagnostics. LRP-200611-21

Reducing Substance Use Improves Adolescents' School Attendance. LRP-200612-25

Reducing Terrorism Risk at Shopping Centers: An Analysis of Potential Security Options. TR-401

Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics. LRP-200611-22

Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics. LRP-200611-20

Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics. LRP-200611-24

Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics. LRP-200611-19

Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics. LRP-200611-23

Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy. LRP-200602-19

Reforming Teacher Education, Again. RB-9188-EDU

Reforming Teacher Education: Something Old, Something New. MG-506-EDU

Reinforcing Effects of Diazepam under Anxiogenic Conditions in Individuals with Social Anxiety. LRP-200511-12

The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males. LRP-200601-04

The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the U.S. TR-346-CSAT

Reliving History and Renewing the Health Care Reform Debate. LRP-200609-13

Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors. LRP-200603-31

Reply by Authors to R. W. Porter and A. B. Cambel. LRP-196605-01

Reply to Some Comments by Malville Concerning the Midnight Auroral Maximum. LRP-196103-02

Reply. LRP-196212-01

The Repopulation of New Orleans After Hurricane Katrina. TR-369-RC

Report of the Standing Committee on Problems of the Upper Atmosphere, 1951–1952. LRP-195302-01

Requirements for High Impact Diagnostics in the Developing World. LRP-200611-25

Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work. CF-214-ICJ

Research in the Economics and Sociology of Medical Care: A Point of View. LRP-196102-01

Research-Practice Partners Assess Their First Joint Project. LRP-200512-26

Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals. TR-199-OSD

Responsiveness and Minimal Important Differences for Patient Reported Outcomes. LRP-200609-21

Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). LRP-200603-10

Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? LRP-200602-14

Rethinking How the Air Force Views Sustainment Surge. MG-372-AF

Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire. LRP-200602-17

A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards. TR-383-AHRQ

Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings. LRP-200601-25

Reviewing the Returns of Research: Capturing Payback from Funding by the Arthritis Research Campaign. RB-9199-ARC

Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences. OP-140-RC

Rigorous Disease Management Evaluation. LRP-200604-01

Rising Medicare Costs: Are We in Crisis? LRP-200608-08

The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions. WR-352-CONSOL

The Role of Hyperarousal in the Manifestation of Posttraumatic Psychological Distress Following Injury. LRP-200608-11

The Role of Intelligence in Deciding the Battle of Britain. LRP-200606-16

Role of SCHIP in Serving Children with Special Health Care Needs. LRP-200612-15

Routes to Better Health for Children in Four Developing Countries. LRP-200606-13

Russia's Economy: Signs of Progress and Retreat on the Transitional Road. MG-515-OSD

SB1953 and the Challenge of Hospital Seismic Safety in California. LRP-200612-24

Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women. LRP-200602-03

Scattering of Light by Light in Plasmas. LRP-196408-01

School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation. MG-558-RF/FF

School and District Improvement Efforts in Response to the No Child Left Behind Act. WR-382-EDU

A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil. LRP-195210-01

Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs. LRP-200600-02

Securing Health: Lessons from Nation-Building Missions. MG-321-RC

Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes. MG-550-OSI

Seeking Community Input to Improve Implementation of a Lifestyle Modification Program. LRP-200612-10

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Selection Bias in Web Surveys and the Use of Propensity Scores. WR-279

Self Reported Disability and Reference Groups. WR-409

Self-Regulation: Reminders and Suggestions from Personality Science. LRP-200607-14

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"Sense and Respond" Capabilities Can Make the Air Force Combat Support System More Agile. RB-209-AF

Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening. LRP-200604-07

Sex Differences in Predictors of Adolescent Smoking Cessation. RP-1193

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Shaping the Future Air Force. TR-322-AF

Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children. LRP-200610-19

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Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis. LRP-200607-04

Sociodemographic Factors Associated with Postprostatectomy Radiotherapy. LRP-200500-13

Socioeconomic Differences in the Adoption of New Medical Technologies. RP-1199

Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets. LRP-196104-01

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Some Significance Tests for the Median Which Are Valid under Very General Conditions. LRP-194903-01

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South Asia's New Strategic Importance Calls for Stronger U.S. Military Relations in the Region. RB-178-AF

The Soviet Financial System: Its Development and Relations with the Western World. LRP-196306-01

Spend Analyses Conducted for the Air Force F100 Engine Demonstration. RB-191-AF

Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer. LRP-200602-15

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Strategic Analysis of Air National Guard Combat Support and Reachback Functions. MG-375-AF

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Strengthening the Partnership. RP-1208

Striking First: Preemptive and Preventive Attack in U.S. National Security Policy. MG-403-AF

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Studies in Probabilistic Information Processing. LRP-196603-01

Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders. LRP-200402-22

Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care. LRP-200605-11

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Success Matters: Recasting the Relationship Among Geophysical, Biological, and Behavioral Scientists to Support Decision Making on Major Environmental Challenges. LRP-200603-28

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Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces. MG-303-AF

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System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures. LRP-200602-22

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Systems for the Detection and Identification of Nuclear Explosions in the Atmosphere and in Space. LRP-196512-01

TIGRIS XL Land-Use Model: Using the TIGRIS XL Model to Predict Transport and Land-Use Developments. RB-9208-RE

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A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia. WR-415-HLTH

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Toward a More Comprehensive Understanding of Violence Against Impoverished Women. LRP-200606-02

Toward a Theory of Intelligence: Workshop Report. CF-219

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Training for Urban Resistance: The Case of the Provisional Irish Republican Army. RP-1249

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Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? LRP-200612-28

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True Prevalence of Urinary Incontinence Among Female Nursing Home Residents. LRP-200602-24

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Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey. LRP-200605-24

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Variation in the Readability of Items Within Surveys. LRP-200601-14

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Waging the "War of Ideas". RP-1218

War and Escalation in South Asia. MG-367-1-AF

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What Is Necessary to Transform the Quality of Mental Health Care. LRP-200605-15

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When It Comes to Terrorism, How Prepared Are Local and State Agencies? RB-9209-OSD

Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey. TR-349-OSD

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Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades. MG-484-NAVY

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ABSTRACTS

REPORT

R-412-1-ARPA/RC Counterinsurgency: A Symposium, April 16-20, 1962. S. T. Hosmer, S. O. Crane. c2006.

This report is based on the Symposium on Counterinsurgency held at RAND's Washington Office during the week of 16 April 1962. The purpose of the symposium was to bring together those with first-hand experience of guerrilla and counterguerrilla warfare for informal exchanges of information that might lead to fresh insights and a detailed body of expert knowledge. The subjects discussed include patterns and techniques of counterinsurgency, effective organizational and operational approaches, political action, psychological warfare, intelligence and counterintelligence, and requirements for victory. This new release of the report includes a new foreword by Stephen T. Hosmer that elucidates the relevance of this symposium to contemporary guerrilla and counterguerrilla operations.
Online access: http://www.rand.org/pubs/reports/R412–1/

MONOGRAPHS

MG-146/2-DCR Building a Successful Palestinian State: Security. R. E. Hunter, S. G. Jones. 2005.

Throughout the history of Arab-Israeli peace negotiations, security has been the most important-and most challenging-issue for Palestinians, Israelis, and their neighbors. This study examines key external security issues that must be met for there to be a successful independent Palestinian state following a peace agreement with Israel. It makes proposals for an international (NATO-led) peace-enabling force, Palestinian security forces, and liaison and confidence-building cooperation between Palestine and Israel. This study also examines Palestinian policing, the nature of security arrangements along the Palestinian-Israeli border, counterterrorism efforts, intelligence functions, and broader Middle East security efforts. See also the companion volumes: The RAND Palestinian State Study Team, Building a Successful Palestinian State, Santa Monica, Calif.: The RAND Corporation, MG-146-DCR, 2005; Doug Suisman, Steven N. Simon, Glenn E. Robinson, C. Ross Anthony, and Michael Schoenbaum, The Arc: A Formal Structure for a Palestinian State, Santa Monica, Calif.: RAND Corporation, MG-327-GG, 2005. Online access: http://www.rand.org/pubs/monographs/MG146.2/

MG-259/1-NAVY Acquisition and Competition Strategy Options for the DD(X): The U.S. Navy's 21st Century Destroyer. J. F. Schank, G. K. Smith, J. L. Birkler, B. Alkire, M. Boito, G. T. Lee, R. Raman, J. Ablard. 2006.

As the Navy's program to build a new family of surface ships enters Phase IV, RAND was assigned to evaluate different acquisition and contracting strategies to achieve the objectives of making the best use of competition, maintaining a strong industrial base, and achieving program cost, schedule, and performance objectives. The authors employed a variety of techniques drawing on the substantial history of competition in various acquisition programs to examine options for the DD(X) program as it existed in 2003. They concluded that competition among prime contractors during detail design and initial production of the system would not be practical, that the 2003 plans for distributing the work should sustain the existing industrial base, and that a mixed strategy employing different contract forms for detail design and serial production would be most appropriate. It should be noted that the program underwent significant changes in 2005, which were not considered in RAND's study and which might call for different conclusions. Online access:
http://www.rand.org/pubs/monographs/MG259.1/

MG-265-RC I Want You! The Evolution of the All-Volunteer Force. B. Rostker. c2006.

As U.S. military forces appear overcommitted and some ponder a possible return to the draft, the timing is ideal for a review of how the American military transformed itself over the past five decades, from a poorly disciplined force of conscripts and draft-motivated "volunteers" to a force of professionals revered throughout the world. Starting in the early 1960s, this account runs through the current war in Iraq, with alternating chapters on the history of the all-volunteer force and the analytic background that supported decisionmaking. The author participated as an analyst and government policymaker in many of the events covered in this book. His insider status and access offer a behind-the-scenes look at decisionmaking within the Pentagon and White House. The book includes a foreword by former Secretary of Defense Melvin R. Laird. The accompanying DVD contains more than 1,700 primary-source documents-government memoranda, Presidential memos and letters, staff papers, and reports-linked directly from citations in the electronic version of the book. This unique technology presents a treasure trove of materials for specialists, researchers, and students of military history, public administration, and government affairs to draw upon. Online access:
http://www.rand.org/pubs/monographs/MG265/

MG-272-1-HLTH The Diffusion and Value of Healthcare Information Technology. A. G. Bower. 2006.

This report characterizes the diffusion of use of electronic health records (EHRs). The author uses a series of interviews and surveys and an extensive literature review to investigate whether healthcare can duplicate the gains enabled by information technology seen in a number of prominent industries. To accomplish this, the report answers the following questions: What is the current diffusion of health information technology, especially EHR systems? How does EHR diffusion compare to innovations in other industries? What is such diffusion worth to society? And, what should the government do, if anything, to speed the adoption of EHR systems? The author finds that EHRs are diffusing at a rate consistent with other similar information technologies in other industries-rapidly in many segments of the healthcare industry yet more slowly in physicians' offices. Labor productivity increases are being seen and speeding adoption may be beneficial. The author provides a broad list of possible policy options that may be suitable for further study: Coordinate EHR standards immediately; work to improve quality measurement to encourage adoption and thereby alleviate the dauntingly labor-intensive process of quality management by using automation; reduce network externalities to encourage more, and more effective, adoption of EHR; encourage vigorous competition and deregulation; encourage firms to use health information technology as a competitive weapon; decide whether EHR is a societal goal and, if it is, provide subsidies; encourage government intervention in an incremental way, with rapid review of results to evaluate policies and strategies and adapt quickly. Online access: http://www.rand.org/pubs/monographs/MG272–1/

MG-281-A Something Old, Something New: Army Leader Development in a Dynamic Environment. H. A. Leonard, J. M. Polich, J. D. Peterson, R. E. Sortor, S. C. Moore. 2006.

Changes in the world over the past two decades have created a dynamic situation—volatile, unpredictable, and novel in many respects—making the conduct of military operations more complex and varied than in the past. This report examines the nature of demands on Army officers in the contemporary operating environment and their implications for leader development. This research arose from concerns about both the current operational environment and a closely related development, the Army's ongoing transformation of its structure, technologies, and operating techniques. How will the Army prepare its future leaders for the new demands that will inevitably be placed on them? The report describes analysis and findings on three major topics: the general attributes and intellectual qualities required by leaders in the modern environment; specific operational skills and depth the new environment requires; and the extent to which career paths can provide a foundation of operational experience while still meeting other demands on the officer corps. Although the report concentrates on changes in leader skills needed to keep pace with the evolving operating environment, it also re-emphasizes that the Army should continue to acquire and develop leaders with the character traits and values that have always been the underpinning of effective leadership. Beyond that essential base of leadership, the findings imply that considerably more needs to be done to prepare leaders to meet the challenges of the contemporary environment and to continually learn and adapt to new circumstances.
Online access:
http://www.rand.org/pubs/monographs/MG281/

MG-303-AF Supporting Air and Space Expeditionary Forces: Capabilities and Sustainability of Air and Space Expeditionary Forces. D. Snyder, P. H. Mills, M. J. Carrillo, A. Resnick. 2006.

The Department of Defense in recent years has shifted from sizing and shaping its forces using threat-based planning to structuring its forces to provide a range of capabilities. Given this transition, the need has arisen for new methods to assess the Air Force's manpower and materiel deployment capabilities. In response to this need, the authors outline a method for assessing Air and Space Expeditionary Force capabilities given certain policies and resource levels, and they illustrate how this method can contribute to the capabilities-based planning environment. They give a detailed description of prototype analytical software tools developed by RAND for quantifying deployment capabilities and provide illustrative examples of how the tools can be used in capabilities assessments. They conclude with strategies for facilitating the implementation of such an analytical framework. Online access:
http://www.rand.org/pubs/monographs/MG303/

MG-309-OSD Combating Terrorism: How Prepared Are State and Local Response Organizations? L. M. Davis, L. T. Mariano, J. E. Pace, S. K. Cotton, P. Steinberg. 2006.

This book presents the results of the third and final wave of a national survey to elicit assessments of state and local response agencies of the activities they have undertaken after 9/11 to respond to terrorist-related incidents and of federal programs intended to improve preparedness and readiness for terrorism. The survey also sought information on how state and local agencies are resourcing these activities. The survey results indicate that: —In response to the 9/11 attacks, state and local response organizations took a number of steps to improve preparedness, e.g., updating mutual-aid agreements for emergencies and response plans for chemical, biological, and radiological incidents and conducting risk assessments. —Response organizations that perceived a higher threat of terrorism for their jurisdiction were more likely to take action to improve response capabilities than organizations that perceived a lower threat, regardless of

whether they had received external funding to support these activities. —Organizations varied in how they financed these efforts-some increased internal spending or reallocated resources-and in receipt of external funding. —State public health agencies and emergency management services received federal support early in 2002, but first responders did not receive federal support until spring 2003. —Organizations varied in their expectations about the role of the military and the National Guard in a large-scale terrorist incident, suggesting variation in the planning assumptions they are using. —Participation with the private sector in joint preparedness activities needs improvement, as does coordination between public health agencies and emergency responders. —Organizations have high expectations for the Department of Homeland Security, particularly for funding support and for information about terrorist threats. However, appropriations for federal homeland security assistance have been steadily decreasing. In light of the catastrophic impact of hurricanes Katrina and Rita, controversy has arisen over whether state and local organizations have overemphasized preparedness for terrorism at the expense of emergency preparedness for natural disasters. Our survey results suggest that the events of 9/11 spurred response organizations not only to undertake preparedness activities for terrorism-related incidents, but also to make general improvements in emergency response. All these activities support overall preparedness for any catastrophic event. Online access: http://www.rand.org/pubs/monographs/MG309/

MG-316-AF Supporting Air and Space Expeditionary Forces: Expanded Operational Architecture for Combat Support Planning Execution Control. P. H. Mills, K. Evers, D. Kinlin, R. S. Tripp. 2006.

Anticipating varied and fast-breaking regional crises in the future, the United States is reassessing how it prepares, maintains, and employs its military forces. Key to this effort is examining the combat support (CS) system, and particularly the command and control of CS forces (CSC2). This research looks at the current operational architecture for incorporating CSC2 and proposes an expanded version of an architecture for the future. Using interviews with personnel, lessons learned from recent operations, and analysis of current CSC2, this report's authors make recommendations to help the Air Force's CS community move to this new architecture. This book builds on previous RAND research and is part of a larger series dedicated to bettering the support of the Air and Space Expeditionary Force. The accompanying CD-ROM contains electronic versions of detailed process diagrams and holds the complete library of notional information products the authors propose. Online access: http://www.rand.org/pubs/monographs/MG316/

MG-321-RC Securing Health: Lessons from Nation-Building Missions. S. G. Jones, L. H. Hilborne, C. R. Anthony, L. M. Davis, F. Girosi, C. Benard, R. M. Swanger, A. D. Garten, A. R. Timilsina. 2006.

Rebuilding public health and health care delivery systems has been an important component of nation-building efforts conducted after major conflicts. However, few studies have attempted to examine a comprehensive set of cases, compare the quantitative and qualitative results, and outline best practices. The study assesses seven cases of nation-building operations following major conflicts: Germany and Japan immediately after World War II; Somalia, Haiti, and Kosovo in the 1990s; and Afghanistan and Iraq since 2001. It concludes that two factors increase the likelihood of successful health outcomes: planning and coordination, and infrastructure and resources. In addition, the study argues that health can have an independent impact on broader political, economic, and security objectives during nation-building operations. Online access: http://www.rand.org/pubs/monographs/MG321/

MG-329-A Assessing the Value of U.S. Army International Activities. J. Marquis, R. E. Darilek, J. Castillo, C. Thurston, A. Wong, C. Huger, A. Mejia, J. D. P. Moroney, B. Nichiporuk, B. Steele. 2006.

A number of important steps have been taken in recent years to improve the planning and management of Army International Activities (AIA). Still, a need remains, and is widely recognized, for a high-level assessment mechanism to allocate AIA resources more efficiently, execute AIA programs more effectively, and highlight the contributions of AIA to the National Military Strategy, the DoD Security Cooperation Guidance, and The Army Plan. This report presents a framework for assessing the value of the Army's non-combat interactions with other militaries. It provides an overview of AIA programs and establishes their connection to the U.S. government's current strategy for security cooperation. It also provides a matrix of eight AIA "ends," derived from top-level national and Army guidance, and eight AIA "ways," which summarize the various capabilities inherent in AIA programs. Next, the report presents a method for linking AIA "ends" and "ways" that involves a theoretical rationale for security cooperation, selection criteria for AIA "output" and "outcome" indicators, and related measures of performance and effectiveness. The report also describes the new online AIA Knowledge Sharing System (AIAKSS) that is being used to solicit programmatic and assessment data from AIA officials in the Army's Major Commands. In addition, the report includes the results of three test cases-involving the Army Medical Department, the National Guard Bureau, and U.S. Army South-that helped to identify potential problems in evaluating AIA and to suggest improvements in the proposed AIA assessment mechanism. Finally, the report contains an extensive list of "output" and "outcome" indicators that have been reviewed by AIA officials

throughout the Army. Online access: http://www.rand.org/pubs/monographs/MG329/

MG-340-OSD Chinese Responses to U.S. Military Transformation and Implications for the Department of Defense. J. C. Mulvenon, M. S. Tanner, M. S. Chase, D. Frelinger, D. C. Gompert, M. C. Libicki, K. L. Pollpeter. c2006.

Over the past decade, Chinese military strategists have keenly observed changes in U.S. national strategy and military transformation. The acceleration of its own military modernization suggests that China is not dissuaded by U.S. military prowess but instead is driven by a range of strategic and military motivations to keep pace. This report examines the constraints, facilitators, and potential options for Chinese responses to U.S. transformation efforts, especially with respect to whether Taiwan moves toward or away from formal independence. The authors focus on four areas of counter-transformation options that China may pursue (which most likely would include all or portions of each strategy): Conventional Modernization "Plus"; Subversion, Sabotage, and Information Operations; Missile-Centric Strategies; and Chinese Network-Centric Warfare. The path China takes will depend on its key national security goals and the political and economic context within which these goals are pursued. That said, the authors offer possible U.S. counterresponses to such courses of action (e.g., planning defensive measures, augmentation of network-centric platforms) and emphasize that the ultimate "victor" of transformation will be that nation with the best combination of surprise, error control, fortune, and highly trained people. Online access: http://www.rand.org/pubs/monographs/MG340/

MG-359-WF The Arts and State Governments: At Arm's Length or Arm in Arm. J. Lowell, E. H. Ondaatje. 2006.

Even though a majority of Americans claim to support public funding of the arts, state government spending on the arts is minimal—and may be losing ground relative to other types of state expenditures. Moreover, most state arts agencies, or SAAs, have not succeeded in convincing state government leaders that the arts should be integral to their planning for their states' futures. This report, the second in a series commissioned by The Wallace Foundation to cover the findings of a multiyear RAND Corporation study of SAAs' changing roles and missions, examines SAA leaders' efforts to more firmly establish their agencies' value to state government in a changing political and fiscal environment. Case studies of two SAAs are used to illustrate a more strategic approach to public management, and to clarify some of the risks and rewards of bringing the arts and political worlds closer together. Online access: http://www.rand.org/pubs/monographs/MG359/

MG-367-1-AF War and Escalation in South Asia. J. E. Peters, J. Dickens, D. Eaton, C. C. Fair, N. Hachigian, T. W. Karasik, R. Lal, R. M. Swanger, G. F. Treverton, C. Wolf. 2006.

The advent of two nuclear powers in South Asia, discoveries of nuclear trafficking, and insurgencies and terrorism that threaten important U.S. interests and objectives directly have transformed the region from a strategic backwater into a primary theater of concern for the United States. The United States, to a great extent free of the restrictions of earlier sanction regimes and attentive to the region's central role in the global war on terrorism (GWOT), has engaged the states of South Asia aggressively with a wide variety of policy initiatives. Despite the diversity of policy instruments, few are very powerful; indeed, only the U.S. military seems to offer many options for Washington to intensify further its security cooperation and influence in the region. This monograph highlights key factors in the region that imperil U.S. interests, and suggests how and where the U.S. military might play an expanded, influential role. The report notes that the current U.S. military force posture, disposition, and lines of command may not be optimal, given South Asia's new status in the U.S. strategic calculus, and suggests seven key steps the military might take to improve its ability to advance and defend U.S. interests, not only in South Asia, but beyond it, including the Middle East and Asia at large. Beyond the specifics, however, the broader message arising from this analysis is straightforward: the region's salience for U.S. policy interests has increased dramatically. It is therefore prudent to intensify Washington's involvement in the region and to devote the resources necessary to become more influential with the governments within the region. Given the area's potential for violence, it is also prudent to shape a part of the U.S. military to meet the potential crises emanating from South Asia, just as the United States once shaped its military presence in Western Europe for the contingencies of the Cold War. Online access: http://www.rand.org/pubs/monographs/MG367–1/

MG-370-AF A Survey of Aircraft Structural Life Management Programs in the U.S. Navy, the Canadian Forces, and the U.S. Air Force. Y. Kim, S. Sheehy, D. Lenhardt. c2006.

The U.S. Air Force owns and operates some 6,000 aircraft, with an average age of 22 years. Many of the older aircraft are facing aging issues. Since 1958, the Air Force has relied on its Aircraft Structural Integrity Program to maintain the safety of its aircraft throughout their service lives. In recent years, concerns have arisen about the aging force, budget pressures, diminishing program regulation, and communication challenges. The authors have addressed these concerns by comparing the Air Force program with its peers in the U.S. Navy and Canadian Forces, seeking insights that might help the Air Force enhance its own program's effectiveness. Some of these insights include the

value of clarifying the program's policies and extending and formalizing existing processes, providing independent compliance assessment, facilitating communications and close working relationships, and standardizing metrics and communications to improve the command's understanding of the conditions of all its aircraft. Online access: http://www.rand.org/pubs/monographs/MG370/

MG-372-AF Rethinking How the Air Force Views Sustainment Surge. C. R. Cook, J. A. Ausink, C. R. Roll. 2005.

"Sustainment surge" describes the increase in weapon systems repair activity brought on by the operational demands of wartime or contingency operations. In the mid-1980s, Congress began requiring the U.S. military to maintain a "core logistics capability"-skills to be retained at government-owned facilities-to prepare for surge demands, but implementing the requirement has been problematic. In the past 25 years, the Department of Defense has changed its force-planning construct from one that maintained a Cold War posture to one that maintained the ability to fight two simultaneous major theater wars, and recently to one that ensures the ability to respond to multiple but small contingencies. In light of these changes, the authors of this report look at how the nature of surge has changed, whether legislation has hindered management in developing effective and efficient ways to manage surge, and whether the effectiveness and efficiency of surge planning can be improved. They use depot production and overtime data for operations such as Desert Storm and Iraqi Freedom to argue that the nature of surge has indeed changed. They also examine how the nation's three air logistics centers interpret legislative guidance as they manage surge requirements. The authors' recommendations include continual development and assessment of metrics for surge operations, benchmarking internal operations with those of contractors, improving (and in some cases centralizing) data systems, and incorporating contractors into the surge planning process. Online access: http://www.rand.org/pubs/monographs/MG372/

MG-375-AF Strategic Analysis of Air National Guard Combat Support and Reachback Functions. R. S. Tripp, K. F. Lynch, R. G. McGarvey, D. Synder, R. Pyles, W. A. Williams, C. R. Roll. 2006.

VANGUARD is the Air National Guard (ANG) long-range transformation program. It calls for the ANG to evaluate new concepts, prepare for new missions, and adopt a new culture that capitalizes on ANG strengths and ensures that the ANG continues to add value as warfighters and to warfighters in the future while remaining ready, reliable and accessible. One way to support warfighting and warfighters is to continue to support the Air and Space Expeditionary Force (AEF), a concept developed by the Air Force to allow quick response, when appropriate, to national security interests with a tailored, sustainable force. The ANG already plays an important role in the AEF during wartime operations. This monograph evaluates options for Air National Guard combat support and reachback missions in four Air Force mission areas to support the AEF, investigates transformational opportunities for the ANG that would add the most value in achieving the desired operational effects, and considers how changes in unit and above-unit policies are likely to affect Total Force capabilities. It should be of interest to logisticians, operators, and mobility planners throughout the Department of Defense, especially those in the Air National Guard and active Air Force. Online access: http://www.rand.org/pubs/monographs/MG375/

MG-377-AF A Framework for Enhancing Airlift Planning and Execution Capabilities Within the Joint Expeditionary Movement System. 2006.

Recent operations abroad have shed light on shortfalls in the way the Air Force performs intratheater airlift within the military joint end-to-end multimodal movement system. Cargo backlogs, insufficient methods of tracking cargo, inefficient use of airlift resources, and a lack of discipline in requesting airlift support were among the problems identified. Using an expanded strategies-to-tasks framework as a "lens" for evaluating intra- and intertheater movement, the authors assess current intratheater airlift processes, organizations, doctrine, training, and systems. The report catalogues identified shortfalls and recommends options for improving the Theater Distribution System. They recommend a clear separation of supply, demand, and integrator roles, and they provide several organizational options. They also suggest the adoption of a closed-loop planning and execution process that focuses on the trade-offs in effectiveness and efficiency of alternative network options. Online access: http://www.rand.org/pubs/monographs/MG377/

MG-382-AF Improving the Development and Utilization of Air Force Space and Missile Officers. G. Vernez, S. C. Moore, S. C. Martino, J. Yuen. 2006.

Times, as they say, are changing, and these changes have specifically affected Air Force jobs in space and missiles. The jobs available and the backgrounds required for them have changed substantially just over the careers of today*s officers. As a result, it has become difficult to match the right person to the right job—or even for an individual to prepare properly for a job that will be in demand at some time in the future. To address these and related issues, the authors surveyed experienced officers in these fields to identify the backgrounds—the education, skills, and experience—officers would need to perform each job (the demand), used personnel records to assess the backgrounds and career paths of today*s officers (the supply), and determined what gaps might exist between the supply and demand. Subsequent modeling showed that, while there are gaps, substantial

improvement is possible. Recommendations included further refining the development and utilization patterns, use of the resulting information for career guidance, and possibly extending this guidance to enlisted and civilian space professionals. Online access: http://www.rand.org/pubs/monographs/MG382/

MG-387-OSD Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy. J. S. Moini, G. Zellman, S. M. Gates. 2006.

The Department of Defense (DoD) recognizes that high-quality child care for military families impacts both readiness and retention. DoD was concerned, however, that the child-care demand formula it uses may not be addressing all relevant aspects of child-care need. As such, the Office of the Secretary of Defense asked the RAND Corporation to assess the DoD formula as a tool for translating information on military families into measures of potential child-care need and to suggest ways that the tool might be improved. To perform this assessment, RAND conducted 21 focus groups on eight installations and from them developed a survey to determine parental preferences and other factors that might affect child-care need. In light of the survey results, the authors assess the validity of the DoD formula in meeting the child-care needs of military families, analyze the factors that influence key child-care outcomes, and address the broader issue of how DoD can refine its goals for military child care. Online access: http://www.rand.org/pubs/monographs/MG387/

MG-391-A Joint Paths to the Future Force: A Report on Unified Quest 2004. D. E. Johnson, P. A. Wilson, R. E. Darilek, L. L. Zeman. 2006.

The central study question for the Unified Quest 2004 wargame (UQ 04), cosponsored by Joint Forces Command and the United States Army, focused on identifying the concepts and capabilities required to counteract an adversary who, having lost most of his conventional capability, seeks victory through a combination of protracted, unconventional operations and use of WMD. The overarching purpose of UQ 04 was to explore concepts and capabilities that have come together to form joint operational concepts and-continuing a process begun in Unified Quest 2003-to improve the definition of these joint and future force concepts and capabilities; to identify key issues, insights, and implications raised by them; and to address specific Unified Quest issues. This report provides both a description and an analysis of UQ 04. It identifies that wargame's scenario, assumptions, central questions and objectives, study issues, and essential elements of analysis. It includes observations by RAND analysts who attended UQ 04 and their assessments of how well the wargame addressed the five study issue areas featured in the game: battlespace awareness; joint command and control; force application; force protection, and focused logistics. The report also includes recommendations and suggestions by the RAND analysts on ways to improve the JFCOM-TRADOC future warfare studies program. Online access: http://www.rand.org/pubs/monographs/MG391/

MG-403-AF Striking First: Preemptive and Preventive Attack in U.S. National Security Policy. K. P. Mueller, J. Castillo, F. E. Morgan, N. Pegahi, B. Rosen. 2006.

Following the terrorist attacks against the United States on September 11, 2001, U.S. leaders recast the national security strategy to place greater emphasis on the threats posed by terrorists and by states from which they might acquire weapons of mass destruction, and announced that in the future the United States would take advantage of opportunities to strike at potential adversaries before they attacked. RAND Project AIR FORCE examined the nature and implications of this doctrine of striking first. This study focused on three central questions: First, under what conditions is preemptive or preventive attack worth considering or pursuing as a response to perceived security threats? Second, what role should such strategies be expected to play in future U.S. national security policy? Finally, what implications do these conclusions have for planners and policymakers in the U.S. Air Force and the other armed services as they design military capabilities and strategies to deal with national security threats in the next decade? The study concluded preparing for such operations should not be a key driver for change in U.S. military capabilities because large-scale U.S. first strikes will be infrequent and present few unique operational military requirements, although the intelligence requirements for these strategies are highly demanding. Planners should also recognize that this doctrine may affect the types of threats posed against U.S. forces and interests by potential adversaries. Online access: http://www.rand.org/pubs/monographs/MG403/

MG-413-AF Systems Engineering and Program Management: Trends and Costs for Aircraft and Guided Weapons Programs. D. E. Stem, M. Boito, O. Younossi. 2006.

Systems engineering and program management (SE/PM) constitute a large portion of the acquisition cost of military aircraft and guided weapons systems. The goal of this study was the development of a set of cost-estimating relationships that can be used to estimate the SE/PM cost element for development and production of aircraft and weapons programs. The authors canvassed government and industry personnel to learn about current techniques for estimating SE/PM costs, and they collected historical data from several aircraft and weapons programs to investigate trends in SE/PM costs over time and to generate methods that cost analysts can use early in the life cycle of a program when little cost information is available. The authors also investigated the effects on SE/PM costs from acquisition

reform, including the reduction in the number of military specifications and standards, the use of integrated product and process teams, and the trend toward evolutionary acquisition." Online access: http://www.rand.org/pubs/monographs/MG413/

MG-415-AF Impossible Certainty: Cost Risk Analysis for Air Force Systems. M. V. Arena, O. Younossi, L. A. Galway, B. Fox, J. C. Graser, J. M. Sollinger, F. Wu, C. Wong. 2006.

Uncertainty and risk affect countless aspects of our everyday life: What investments should I make? Is eating this food good for my health? Cost analysts too must predict-sometimes very far-into the future how much money the military will spend on weapon systems. Similar to those making decisions about everyday life uncertainties, an analyst does not have perfect knowledge about tomorrow's technology, economic conditions, or any other future event. Actual costs could be substantially higher or lower than originally anticipated. Based on literature reviews, numerous interviews, and analysis of historical cost data, the authors of this book look at how estimates for future weapon systems can be more realistic than in the past and how cost uncertainty analyses can be more comprehensive and informative. To help set the Air Force's cost uncertainty analysis policy, the authors recommend that the Air Force flexibly use multiple methods for different cases; have consistent, uniform communications formats between analysts and decisionmakers; periodically track and update cost estimate records; and consider risk reserves to fund costs that arise from unforeseen circumstances. Online access: http://www.rand.org/pubs/monographs/MG415/

MG-416-A Army Medical Department Transformation: A Summary of Five Workshops. D. E. Johnson, G. Cecchine, J. M. Sollinger. 2006.

A series of Army Medical Command workshops assessed the effect of the Future Force doctrine on the Health Service Support system's ability to deliver medical care on the battlefield. The authors summarize the findings from the five workshops. Based on the scenarios and the data gathered during the five workshops, the authors conclude that the distances envisioned for the Future Force battlefield pose problems for medical support. The dispersion creates a situation in which it will be unlikely that a medic will be nearby when a soldier is wounded and in which ground evacuation of casualties will be difficult. Given the challenges posed by these scenarios, it also appeared that the medical echelons above the Unit of Action could expect a substantial patient load. Finally, they concluded that better simulations are needed to help the Army Medical Department explore questions of medical force structure in more detail. Online access: http://www.rand.org/pubs/monographs/MG416/

MG-417-AF Economic Dimensions of Security in Central Asia. S. Mahnovski, K. Akramov, T. W. Karasik. 2006.

This report assesses the economic dimensions of security in post-Soviet Central Asia and considers their implications for the role of the United States. The September 11, 2001, attacks on the United States led to the realization among policymakers that instability, failed and failing states, and economic and political underdevelopment present security concerns not just to the states that suffer directly from these problems but to the global community as a whole. In this regard, Central Asia may be at a crossroads, as demonstrated by the so-called "Tulip Revolution" in Kyrgyzstan and the unrest in Uzbekistan in 2005. However, it is unclear whether the states in the region have the institutional capacity to implement sound and lasting domestic reform and what the appropriate role is for the United States and the international community. Although some have argued that the U.S. military presence in the region could be used as a vehicle for encouraging political and economic reform, the record to date provides little grounds for optimism. In fact, Central Asia will increasingly diversify its economic and military relationships with neighbors such as Russia, China, and Iran, potentially crowding out direct U.S. influence in the region. U.S. policymakers should consider a lower-profile military presence, a sharper focus of diplomatic and economic resources on specific issues that may affect counter-terror and counter-narcotics efforts in the region, and a nuanced approach that engages alternative power centers, realizing that the principles and interests behind U.S. involvement are more enduring than any single regime is likely to be. Online access: http://www.rand.org/pubs/monographs/MG417/

MG-421-AF Evaluation of Options for Overseas Combat Support Basing. M. A. Amouzegar, R. G. McGarvey, R. S. Tripp, L. Luangkesorn, T. Lang, C. R. Roll. 2006.

The ability of U.S. forces to provide swift and tailored responses to a multitude of threats across the globe is a crucial component of security in today's complex political environment. To realize its goals of global strike and persistent dominance, it is vital that the Air Force support the warfighter seamlessly and efficiently in all phases of deployment, employment, and redeployment. One of the major pillars for achieving these objectives is a global combat support basing architecture. This report presents an analytic framework and model for evaluating options for overseas combat support basing. The authors develop several sets of deployment scenarios to measure the effect of timing, location, and intensity of operational requirements on combat support and to account for the inherent uncertainties in future planning. They apply political, geographical, and vulnerability constraints to the model and present a feasible set of candidate locations for consideration by the Air Force.

Online access:
http://www.rand.org/pubs/monographs/MG421/

MG-423-HHRY Improving Childhood Blood Lead Level Screening, Reporting, and Surveillance in Allegheny County, Pennsylvania. D. J. Keyser, R. Firth, A. Richardson, M. Z. Townsend. 2006.

Despite the general perception that it is no longer an important public health problem, lead poisoning remains a serious, preventable environmental health threat to young children that affects neurodevelopmental, intellectual, and cognitive outcomes. One of the key goals of current U.S. public health policy is the elimination of childhood lead poisoning, which will require improvements in lead poisoning prevention; screening, reporting, and surveillance of childhood blood lead levels; and treatment of childhood lead poisoning. The focus of this report is on screening, reporting, and surveillance, which are critical for eliminating lead poisoning, as well as for its prevention and treatment. In pursuit of this goal at the community level, Healthy Home Resources commissioned the RAND Corporation and the University of Pittsburgh Office of Child Development to examine the current status of childhood blood lead level screening, reporting, and surveillance in Allegheny County, Pennsylvania, and to offer recommendations for improving these processes. The findings and recommendations presented in this report are the result of a background study of the relevant literature, a review of existing blood lead level reporting and surveillance databases for Pennsylvania and Allegheny County, and interviews and focus groups. Online access: http://www.rand.org/pubs/monographs/MG423/

MG-424-AF The F100 Engine Purchasing and Supply Chain Management Demonstration: Findings from Air Force Spend Analyses. M. E. Chenoweth, C. A. Grammich. 2006.

This monograph describes spend analyses that the RAND Corporation conducted in 2002 for the first phase of a purchasing and supply management demonstration conducted at the Oklahoma City Air Logistics Center for purchases of F100 jet engine spares and repair services and jet engine bearings. As part of the Spares Campaign begun in early 2001 under Air Staff leadership to reengineer Air Force supply, the objective of the demonstration was to apply best practices to managing supplies, suppliers, and the supply base to attain the best quality, performance, and prices in purchased goods and services. The authors drew their findings from several Air Force and Defense Logistics Agency databases. They detail the required data and processes involved in a spend analysis and discuss the implications of their findings for F100 purchasing and supply-chain management for future spend analyses. Online access: http://www.rand.org/pubs/monographs/MG424/

MG-425-NIOSH Protecting Emergency Responders. Vol. 4, Personal Protective Equipment Guidelines for Structural Collapse Events. H. H. Willis, N. Castle, E. M. Sloss, J. T. Bartis. 2006.

This monograph serves as a technical source for National Institute for Occupational Safety and Health (NIOSH) incident commander guidelines for emergency response immediately following large structural collapse events. It characterizes response activities and expected hazards, and develops guidelines for selecting appropriate personal protective equipment (PPE). The partial or complete collapse of a multistory building creates an array of physical, chemical, and biological hazards. The most significant uncertainties are the composition and magnitude of the hazards present in the postcollapse environment. Although hazard monitoring can reduce these uncertainties, this type of monitoring will not be available during the first few postcollapse hours. The guidelines focus on three issues that present unique challenges in the response to a multistory-building collapse: (1) protection from biological hazards; (2) protection from inhalation of hazardous materials; and (3) required modifications to responders' typical PPE ensembles because of the duration and intensity of the response. However, selecting and purchasing appropriate PPE does not alone ensure safety; the guidelines also address the need to provide adequate supply of equipment and training so that it is used correctly. Online access: http://www.rand.org/pubs/monographs/MG425/

MG-429-AF Beyond Al-Qaeda. Part 1. The Global Jihadist Movement. A. Rabasa, P. Chalk, K. Cragin, S. A. Daly, H. S. Gregg, T. W. Karasik, K. A. O'Brien, W. Rosenau. 2006.

Five years after September 11, 2001, al-Qaeda and other terrorist groups continue to threaten the lives and well being of Americans and the security of our friends and allies. This study first examines how al-Qaeda has changed since September 11. It then turns to an analysis of the broader global jihadist movement-al-Qaeda and affiliated or associated terrorist groups or groups that may not be formally part of the al-Qaeda network but that have assimilated its worldview and concept of mass-casualty terrorist attacks. These groups, the authors believe, are where the center of gravity of the current global terrorist threat now lies. They conclude by setting out a four-pronged strategy against terrorist groups: Attack the ideological underpinnings of global jihadism; seek to sever the links-ideological and otherwise-between local and global jihadists; deny sanctuaries to terrorists; and strengthen the capabilities of front-line states to counter local terrorist threats. Online access:
http://www.rand.org/pubs/monographs/MG429/

MG-430-AF Beyond Al-Qaeda. Part 2. The Outer Rings of the Terrorist Universe. A. Rabasa, P. Chalk, K. Cragin, S.

A. Daly, H. S. Gregg, T. W. Karasik, K. A. O'Brien, W. Rosenau. 2006.

This book examines terrorist groups that, while not formally allied with al-Qaeda, pose a threat to Americans, at home and abroad, and to the security of our friends and allies. Although the temptation for policymakers is to set aside as less dangerous those groups that have not chosen to join al-Qaeda, such terrorist or insurgent groups and criminal organizations still pose a threat to the United States, its interests, and its allies. The authors first look at violent Islamist terrorist and insurgent groups without formal links to al-Qaeda, such as Hamas and Hezbollah in the Middle East and Islamist groups in Africa. They then examine a number of non-Islamist terrorist groups-for example, the Tamil Tigers in Sri Lanka, the FARC and ELN in Colombia, Maoist insurgencies, and the violent antiglobalist movement-and explain how these groups might fit into the al-Qaeda agenda and how they use criminal organizations and connections to finance their activities. Finally, they show how the presence of these threats affects U.S. security interests, and they identify distinct strategies that the United States may take to neutralize or mitigate each of them. Online access: http://www.rand.org/pubs/monographs/MG430/

MG-431-AF Evolutionary Acquisition: Implementation Challenges for Defense Space Programs. M. A. Lorell, J. Lowell, O. Younossi. 2006.

This monograph presents findings of a RAND Project AIR FORCE research project documenting lessons learned by the U.S. Air Force (USAF) and other Department of Defense (DoD) cost analysis and acquisition community members from the implementation of evolutionary acquisition (EA) strategies for major Air Force defense space acquisition programs. In May 2003, DoD mandated EA strategies relying on spiral development as the preferred approach to satisfying operational needs. However, EA programs vary considerably in their implementation. This research effort adopted a three-pronged approach. First, the project team comprehensively reviewed literature on EA theory and implementation. Second, it conducted interviews with senior DoD and USAF acquisition management officials regarding EA policies. Finally, it reviewed five major space acquisition programs that have been recently restructured in accordance with EA concepts. The information on these case studies was derived from open sources and from interviews with senior program officials. The authors concluded that so far the implementation of EA on military space programs has produced mixed results. The capabilities and requirements definition and management processes are major challenges in all EA programs. Appropriate structuring of EA phases with operationally useful threshold requirements and mapping the path to overall objective capability are demanding tasks on most EA programs. The use of spiral development for implementing EA on major space hardware acquisition programs greatly increases the level of program uncertainties, raising serious challenges for program managers in the current acquisition environment. The authors further concluded that EA programs require an evolutionary costing approach; most cost analysts interviewed expressed generally positive views about EA. Online access: http://www.rand.org/pubs/monographs/MG431/

MG-432-RC How Deployments Affect Service Members. J. R. Hosek, J. Kavanagh, L. Miller. 2006.

The one-third cut in active-duty manpower at the end of the Cold War, from 2.1 million to 1.4 million in uniform, combined with a shift in the national security environment, has today resulted in the need for longer and repeated deployments, especially for the Army and the Marine Corps, and these deployments have posed challenges for active-duty service members and for their families. The authors undertook the preparation of this monograph with the objective of offering insights into the challenges faced by active-duty service members deployed to Iraq and Afghanistan, the resiliency they and their families have shown in coping with these challenges, and the adequacy of defense manpower policy in assisting members and families. The monograph draws on the perspectives of economics, sociology, and psychology; provides a formal model of deployment and retention; reviews published work; reports on the results of focus groups conducted in each of the services; and presents findings from an analysis of survey data. The focus groups and survey data relate to the period from 2003 to early 2004. Family separation, long work hours both during and preceding deployments, and uncertainty surrounding deployments were some of the more significant stresses associated with deployments that were reported in focus groups. Furthermore, according to focus-group and survey data, even personnel who did not deploy experienced work stress as a result of long hours supporting deployments. The authors use these findings to suggest ways to improve quality of life for deployed and nondeployed personnel and their families, including improved communication home, more effectively structured deployment pays, and, when possible, greater certainty in the timing and length of the deployment cycle. The findings also underscore the importance of individual and unit preparation prior to deployment and the role of unit cohesion during deployment. The monograph may be of interest to the military services, the Office of the Secretary of Defense, individual service members and their families, members of Congress and their staff, and the media. It may also interest foreign militaries that have converted to a volunteer system and that want to be informed about the personnel strains caused by a high operating tempo. Online access: http://www.rand.org/pubs/monographs/MG432/

MG-433-A Human Resource Management and Army Recruiting: Analyses of Policy Options. J. N. Dertouzos, S. Garber. 2006.

U.S. Army Recruiting Command (USAREC) is faced with the challenge of ensuring that the flow of qualified volunteers is adequate to meet future active-duty accession requirements. This report documents research methods, findings, and policy conclusions from a project analyzing human resource management options for improving recruiting production. It details research designed to develop new insights to help guide future recruiter management policies. The research involves econometric analyses of three large and rich datasets. The first analysis compares the career paths of enlisted personnel, including recruiters. The second analyzes individual recruiter characteristics and links those characteristics with their productivity, controlling for a variety of independent factors. Finally, the research focuses on station-level recruiting outcomes, paying close attention to the management options that can affect recruiter production and effort. These empirical analyses demonstrate that various types of human resource management policies can be very helpful in meeting the Army's ambitious recruiting requirements. For example, the findings have implications for human resource policies in the areas of selecting soldiers for recruiting duty, assigning recruiters to stations, missioning to promote equity across recruiters, missioning to increase recruiter productivity, using promotions to motivate and reward recruiters, and screening out recruiters who are under-producing. Although the gains from any individual policy appear to be modest, the cumulative benefits of implementing multiple policies can save the Army hundreds of millions of dollars annually. This work will interest those involved in the day-to-day management of recruiting resources as well as researchers and analysts engaged in analyses of military Online access: http://www.rand.org/pubs/monographs/MG433/

MG-434-AF The Closed-Loop Planning System for Weapon System Readiness. R. J. Hillestad, R. Kerchner, L. W. Miller, A. Resnick, H. L. Shulman. 2006.

The U.S. Air Force does not have an effective way of allocating limited funding for depot-level repair across weapon systems and calculating the readiness implications of such allocations. The RAND project discussed in this report addressed this problem by developing a methodology that estimates the effect of depot repair funding allocations on aircraft availability. The methodology is called the "Closed-Loop" Planning System because it provides this type of feedback as opposed to the open-loop nature of the current planning system, which does not. The report describes the shortcomings in the current system to rationalize the development of the closed-loop methodology. It also illustrates the application of a prototype of the new planning system using a subset of real data from Air Force depot-level repair. It compares the cost of achieving the same level of readiness with the current Air Force approach and the closed-loop methodology. In addition, it describes extensions of the methodology that would be useful for both long-term and short-term planning. Online access: http://www.rand.org/pubs/monographs/MG434/

MG-439-OSD/JFCOM Preparing for the Proven Inevitable: An Urban Operations Training Strategy for America's Joint Force. R. W. Glenn, J. Jacobs, B. Nichiporuk, C. Paul, B. Raymond, R. Steeb, H. Thie. c2006.

Because future military operations are likely to include actions in densely populated, built-up areas, joint and service training initiatives over the past decade have increasingly reflected an interest in preparing for such contingencies. To assist the military community in better orchestrating its resources to improve forcewide readiness for urban operations, RAND was asked to develop a joint urban training strategy for the period 2005–2011. This report presents that strategy and describes the process used to develop it. The study identifies areas in need of redress and proposes ways in which the services—Army, Navy, Marine Corps, and Air Force—and other critical components of national capability can better ready themselves cooperatively for future urban operations. The strategy is developed by using a modular approach, where a module is a collection of resources normally associated with a type of facility, simulation, or other capability used in the design or execution of training. This approach led to a five-step analytical process: (1) identify joint urban training requirements; (2) identify current and pending training capabilities; (3) identify the gaps between requirements and capabilities for the short term (2005-2007) and the longer term (2008-2011); (4) define a set of modules and assess how well they address the requirements; and (5) define the steps required to create the strategy, including consideration of the costs of the modules in terms of their ability to meet requirements and address shortfalls. The strategy described here is flexible and adaptable; as such it should evolve as new technologies emerge and international conditions change. It provides guidance and suggests a framework. But most of all, it imparts a responsibility to develop programs, plans, and guidance that address the many details needed to implement it. Online access: http://www.rand.org/pubs/monographs/MG439/

MG-440-AF Central Asia and Its Asian Neighbors: Security and Commerce at the Crossroads. R. Lal. 2006.

The Asian states neighboring Central Asia have historic links and strong interests in the region. China, Iran, Afghanistan, India, and Pakistan are critical players in the security and economic issues that will determine the future of Central Asia and affect U.S. interests in the region. Although these Asian states do not agree on how to secure Afghanistan against threats, there is unanimous agreement

that a stable Afghanistan is critical to their own security interests. By assessing the developing relations between Central Asia and its Asian neighbors, it is evident that each country stands to benefit from stability and economic growth in Central Asia, but opinion toward U.S. presence and policy in the region could be a point of conflict. The purpose of this monograph is to provide an assessment of the nature of Asian states' interest and influence in Central Asia in order to determine the development of these relationships and how they will shape strategic dynamics of Asia in the coming years. Online access: http://www.rand.org/pubs/monographs/MG440/

MG-441-AF Misfortunes of War: Press and Public Reactions to Civilian Deaths in Wartime. E. V. Larson, B. Savych. 2006.

This monograph, part of a larger study of ways to reduce collateral damage undertaken for the U.S. Air Force, analyzes media and public reactions to civilian casualty incidents, whether these incidents affect media reporting or public support for military operations, and, if so, how. It analyzes case studies of incidents of civilian deaths in the February 1991 bombing of the Al Firdos bunker in the Gulf War, the April and May 1999 attacks on the Djakovica convoy and Chinese embassy during the war in Kosovo, the June 2002 attack involving an Afghan wedding party during operations in Afghanistan, and the March 2003 incident involving a large explosion in a crowded Baghdad marketplace to describe and explain how the U.S. and foreign media and publics have responded. For each case study, the study team examined press, public, and leadership responses to these incidents and found the following. First, while avoiding civilian casualties is important to the American public, it has realistic expectations about the actual possibilities for avoiding casualties. Second, the press reports heavily on civilian casualty incidents. Third, adversaries understand the public's sensitivities to civilian deaths and have sought to exploit them. Fourth, during armed conflict, the belief that the United States and its allies are trying to avoid casualties most affects support for U.S. military operations, both at home and abroad. Fifth, while strong majorities of Americans typically give U.S. military and political leaders the benefit of the doubt when civilian casualty incidents occur, this does not necessarily extend to foreign audiences. Sixth, when civilian casualty incidents occur, it is at least as important to get the story right as to get the story out. Finally, attention to and concern about civilian casualties both at home and abroad have increased in recent years and may continue to do so. Online access: http://www.rand.org/pubs/monographs/MG441/

MG-442-OSD Implementing and Evaluating an Innovative Approach to Simulation Training Acquisitions. C. Paul, H. Thie, E. Reardon, D. Weber Prine, L. Smallman. c2006.

This report describes an alternative business model for buying simulations and simulation training. This model seeks to align the financial incentives of industry participants with positive training and technology development outcomes. It proposes to do this by turning what has traditionally been the acquisition of training simulators into a service acquisition (the acquisition of training) with a private sector "stool vendor" marketplace to support it. The report examines the model in light of economic theory and of other business models related to the acquisition of training and simulations. In addition, it reviews academic literature and publicly available information about various simulation training initiatives, and it reports on interviews with those in industry and the Department of Defense with experience in developing, procuring, or using simulations for training. The report characterizes the "sold" business model as being both fiscally wasteful and a hindrance to innovation. With the new business model, the DoD would stop buying both tools and training support and buy only training support; also, the DoD would stop buying training support with cost-plus contracts and start buying it on firm-fixed-price contracts. To ensure competition and innovation in the simulation tool market, the new model would separate the training support and tool markets, require compliance with adopted technical standards to guarantee product interoperability, and create a mechanism to inject seed money into the tool market. Online access: http://www.rand.org/pubs/monographs/MG442/

MG-445/1-OSD Analysis of Department of Defense Plans and Responses to Three Potential Anthrax Incidents in March 2005: Executive Summary. T. K. Kelly, T. L. Tanielian, B. W. Don, M. Moore, C. Meade, K. S. McMahon, J. C. Baker, G. Cecchine, D. Weber Prine, M. A. Wermuth. 2006.

In March 2005, three potential anthrax-related incidents occurred at Department of Defense (DoD) mail facilities in and around Washington, D.C. Were DoD's responses in line with the National Response Plan (NRP) and the National Incident Management System (NIMS), the nation's instruments for reducing the risk associated with such incidents? DoD asked the RAND Corporation to examine the department's response to and management of the three incidents and analyze how well DoD's actions conformed with existing plans and guidelines. Although the three incidents and the responses were different, the authors found overarching issues to be considered and lessons to be learned from all three. They saw a need for continued planning, training, and exercising, with an eye toward flexibility and verification. They further saw a need for DoD managers and senior leaders to move away from ad hoc decisions and actions and hew more closely to the specified roles and responsibilities outlined in the NRP and NIMS. Online access: http://www.rand.org/pubs/monographs/MG445.1/

MG-448-NAVY Leveraging America's Aircraft Carrier Capabilities: Exploring New Combat and Noncombat Roles and Missions for the U.S. Carrier Fleet. J. Gordon, P. A. Wilson, J. L. Birkler, S. Boraz, G. T. Lee. 2006.

As the United States seeks ways to stretch its defense dollars, pursue the Global War on Terrorism, and meet other national-security challenges, it is highly likely that policymakers will increase their reliance on aircraft carriers, using them more often and in more situations than they have in the past, especially if the vessels have the additional capabilities to respond appropriately. The current and expected use of aircraft carriers led the United States Navy in fall 2004 to commission RAND to explore new and nontraditional ways that the United States might be able to employ aircraft carriers in pursuit of traditional and emerging military and homeland defense missions. Over six months, RAND created and convened two Concept Options Groups (COGs)-small groups of experienced military and civilian experts, defense analysts, and potential users who work together to identify promising ways to employ military might in nontraditional ways-to explore possible nontraditional roles for aircraft carriers. One COG explored and identified new ways that aircraft carriers could be used in combat operations; the second COG examined ways that the vessels could be used in noncombat, homeland security missions or to help the nation recover from terrorist attacks or natural disasters in U.S. territories. Among the combat recommendations to come from the COG insights are that abilities need to be enhanced to reconfigure carrier air wings; among noncombat recommendations are that the availability of nonready carriers to respond to unforeseen crises needs to be improved. This monograph summarizes the activities, findings, and recommendations of both carrier COGs. It should be of special interest to the Navy and to uniformed and civilian decisionmakers with responsibilities related to naval and carrier operations, maritime domain awareness, or homeland security. Online access: http://www.rand.org/pubs/monographs/MG448/

MG-449-OSD Civilian Workforce Planning in the Department of Defense: Different Levels, Different Roles. S. M. Gates, C. Eibner, E. G. Keating. c2006.

The Department of Defense (DoD), along with other federal agencies, is striving to improve the effectiveness and efficiency of its civilian workforce and to address impending personnel challenges, such as a significant increase in retirement rates. The Department is evaluating the extent to which a data-driven and Department-wide approach to civilian workforce planning, drawing on lessons learned from workforce planning, can facilitate achievement of these goals. The DoD asked the RAND Corporation to explore how workforce planning and requirements determination are accomplished at specific installations, to identify potential roles for the Office of the Secretary of Defense (OSD) in the planning process, and to identify potential data sources for Department-wide workforce planning. This monograph presents the results of our effort. The research was based on a review of the literature on workforce planning and requirements determination, an analysis of existing data sources, and interviews with individuals involved in workforce-planning activities at the service, agency, and local levels. Workforce planning typically involves four basic steps: forecasting workforce demand, characterizing the projected workforce supply, conducting a gap analysis by comparing supply and demand, and, finally, identifying strategies to address those gaps. Our research shows that while Defense Civilian Personnel Data System (DCPDS) data provide rich information for characterizing workforce supply both DoD-wide and at various organizational levels, no DoD-wide sources of data are available for forecasting workforce demand. Demand analysis involves two important types of data: projections of customer demand and data that allow that demand to be translated into workforce requirements. The most significant barrier to demand analyses for the civilian workforce appears to be a lack of customer-demand projections. Recognizing that additional data collection is costly, the monograph recommends that DoD carefully consider the specific occupations and/or geographic regions that might benefit from a Department-wide (rather than a local) workforce-planning perspective, and focus additional data-gathering and coordination efforts in these areas. This monograph will be of interest to officials responsible for DoD civilian workforce planning, as well as to those responsible for workforce requirements in other government agencies. Online access: http://www.rand.org/pubs/monographs/MG449/

MG-451-OSD Challenging Time in DOPMA: Flexible and Contemporary Military Officer Management. P. Schirmer, H. Thie, M. C. Harrell, M. Tseng. 2006.

Many of the laws and policies that govern officer career management (often collectively referred to as "DOPMA," after the Defense Officer Personnel Management Act of 1980) have been in place for decades. DOPMA has served the needs of the services reasonably well, but the current system may not meet the requirements of the future operating environment. One criticism of DOPMA is that it does not allow for much variety in officer's career paths because it is time-driven. Alternatively, officers's competencies are now emerging as the basis for career management. In this monograph, the authors demonstrate how a competency-based officer personnel management system could provide more flexibility in preparing military officers for the wide range of roles and missions of the U.S. military in the 21st century. This analysis focuses on practices governing promotions for military officers and closely related assignment and retirement policies. Online access: http://www.rand.org/pubs/monographs/MG451/

MG-454-RC Unconquerable Nation: Knowing Our Enemy, Strengthening Ourselves. B. M. Jenkins. 2006.

Brian Michael Jenkins presents a clear-sighted and sobering analysis of where we are today in the struggle against terrorism. Jenkins, an internationally renowned authority on terrorism, distills the jihadists' operational code and suggests how they might assess their situation very differently from how we might do so. He distills the jihadists' operational code and outlines a ferociously pragmatic but principled approach that goes beyond attacking terrorist networks and operational capabilities to defeating their entire missionary enterprise by deterring recruitment and encouraging defections. Jenkins believes that homeland security should move beyond gates and guards and become the impetus for rebuilding America's decaying infrastructure. Americans need to adopt a realistic approach to risk and get a lot smarter about security. We need to build upon the nation's traditions of determination and self-reliance. Above all, we need to preserve our commitment to American values. Preserving these values is no mere matter of morality, he argues; it is a strategic imperative. Jenkins brings to his prose the driving rhythm, no-nonsense language, passion, and energy of a warrior, and he brings to his analysis the steady, informed perspective of a historian. Unconquerable Nation is a rallying cry from a man who has dedicated his life to defending America, who has been dismayed by the propagation of homegrown terror, yet who refuses to surrender his faith in what he believes are America's finest, unconquerable values. How America deals with the terrorist threat is one of the major challenges of this century. Jenkins points the way forward. Online access: http://www.rand.org/pubs/monographs/MG454/

MG-473-AF Implementing Purchasing and Supply Chain Management: Best Practices in Market Research. N. Nicosia, N. Y. Moore. 2006.

The U.S. Air Force plans to improve procurement through the implementation of additional purchasing and supply chain management practices. To emulate the success of commercial enterprises, the Air Force is establishing commodity councils to develop proactive, enterprise-wide strategies for purchasing key Air Force goods and services. This monograph helps the commodity councils approach the market research task. This monograph is organized around the process for conducting market research. It begins with background information, proceeds through the how-to steps for conducting market research, and ends with recommendations for next steps. The authors highlight lessons learned from both a literature review and from interviews with personnel at leading commercial enterprises. Online access: http://www.rand.org/pubs/monographs/MG473/

MG-474-OSD Activation and the Earnings of Reservists. D. S. Loughran, J. A. Klerman, C. W. Martin. 2006.

Activation imposes a variety of costs on reservists. Among those costs is a potential decline in earnings during the period of activation. In this study, RAND researchers compute how earnings change when a reservist is activated using administrative data on military and civilian earnings obtained from the Department of Defense (DoD) and the Social Security Administration (SSA). The study employs a comprehensive measure of annual earnings and covers the experiences of virtually all reservists activated in support of the Global War on Terrorism through 2003. Contrary to conventional wisdom and DoD survey evidence, the RAND study indicates that, on average, the earnings of reservists increase substantially when activated. Moreover, earnings gains increase with length of active duty service. Some reservists do experience an earnings loss when activated, but the probability of experiencing an earnings loss declines with length of active duty service. Even so, these large earnings gains may be insufficient to compensate reservists for the hardship of active duty. Online access: http://www.rand.org/pubs/monographs/MG474/

MG-475-NIC The Global Technology Revolution 2020, Executive Summary: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications. R. S. Silberglitt, P. S. Antâon, D. R. Howell, A. Wong, S. R. Bohandy, N. Gassman, B. A. Jackson, E. Landree, S. L. Pfleeger, E. M. Newton, F. Wu. 2006.

In 2020, areas of particular importance for technology trends will include biotechnology, nanotechnology, materials technology, and information technology. The authors of this report assessed a sample of 29 countries across the spectrum of scientific advancement (low to high) with respect to their ability to acquire and implement 16 key technology applications (e.g., cheap solar energy, rural wireless communications, genetically modified crops). The study's major conclusions are that scientifically advanced countries such as the United States, Germany, and Japan will be able to implement all key technology applications evaluated; countries that are not scientifically advanced will have to develop significant capacity and motivation before barriers to technology implementation can be overcome; and public policy issues in certain areas will engender public debate and strongly influence technology implementation. The hard copy of this report includes a CD-ROM, which contains further in-depth analyses of the study. Online access: http://www.rand.org/pubs/monographs/MG475/

MG-478-1-ARPA/RC Pacification in Algeria, 1956-1958. D. Galula. c1963, 2006.

When Algerian nationalists launched a rebellion against French rule in November 1954, France, mired in similar wars

for independence in its colonial territories, was in a poor position to cope with further upheaval. The Algerian strategy encompassed varying approaches and was more adaptable than that of the French, necessitating a rethinking of traditional counterinsurgency methods. In this volume, originally published in 1963, David Galula reconstructs the story of his highly successful command in the district of Greater Kabylia, east of Algiers, at the height of the rebellion, and presents his theories on counterinsurgency and pacification. In the process, he confronts the larger political, psychological, and military aspects of the Algerian war, and provides a context for present-day counterinsurgency operations. This groundbreaking work retains its relevancy as a challenge to traditional counterinsurgency tactics and presents approaches to predicting, managing, and resolving insurgent and guerilla conflict. The parallels between the Algerian war and modern warfare are striking, and lessons can be extracted from French successes and failures in its drive to contain and manage the Algerian uprising. A new foreword by counterterrorism expert Bruce Hoffman elucidates the relevance of this historic study in the context of modern times. Online access: http://www.rand.org/pubs/monographs/MG478–1/

MG-480-NSF Improving Mathematics and Science Education: A Longitudinal Investigation of the Relationship Between Reform-Oriented Instruction and Student Achievement. V. Le, B. M. Stecher, J. R. Lockwood, L. S. Hamilton, A. E. Robyn, V. L. Williams, G. W. Ryan, K. A. Kerr, F. Martinez, S. P. Klein. 2006.

The term reform-oriented teaching describes a collection of instructional practices that are designed to engage students as active participants in their own learning and to enhance the development of complex cognitive skills and processes. This monograph presents the findings of a multiyear National Science Foundation (NSF)-funded study of the effectiveness of reform-oriented science and mathematics instruction. It builds on an earlier RAND study, called the Mosaic project, which found "a weak but positive relationship" between reform-oriented practices and student achievement. The present study, called Mosaic II, extends this earlier research in two important ways. First, it incorporates more-diverse indicators of student exposure to reform-oriented practices, including innovative, vignette-based measures. Second, it follows students for three years in order to measure the relationship after longer exposure to reform practices. Mosaic II was designed to answer two major research questions: —Is the use of reform-oriented instructional practices in mathematics and science associated with higher student achievement? —Is the relationship between reform-oriented practices and achievement sensitive to the aspects of achievement that are measured? The research was conducted in three districts that participated in the NSF Local Systemic Change program, although the study is not an evaluation of the implementation or impact of that specific program. We found nonsignificant or weak positive relationships between reform-oriented instruction in mathematics and science and student achievement measured using multiple-choice tests. The results also reinforce the message that measurement matters—i.e., the observed relationship between reform-oriented instruction and achievement may depend on how achievement is measured. It is common practice to use existing state or district tests as measures of program effectiveness, because it is often not feasible to administer additional tests. Our analysis indicates that this decision may influence findings. Results should be of interest to educators and policymakers concerned with improving mathematics and science education. Background details on and tabulated results of this study are included in supporting appendixes on a CD-ROM that is included with the printed version of this document. Online access: http://www.rand.org/pubs/monographs/MG480/

MG-482-OSD On "Other War": Lessons from Five Decades of RAND Counterinsurgency Research. A. Long. 2006.

The challenges posed by insurgency and instability have proved difficult to surmount. This difficulty may embolden future opponents to embrace insurgency in combating the United States. Both the current and future conduct of the war on terror demand that the United States improve its ability to conduct counterinsurgency (COIN) operations. This study makes recommendations for improving COIN based on RAND's decades-long study of it. First, organization for COIN must be improved. The Provincial Reconstruction Team model that has been implemented in parts of Iraq and Afghanistan is a good start, but does not go far enough. This model, which unites U.S. civilian and military personnel with local government, should be expanded and made the basis for current and future COIN efforts. Second, amnesty and reward programs should be implemented or expanded. These programs push insurgents out of the movement without having to fight them literally to the last person. A new study of insurgent motivation and morale should also be undertaken. Third, given the cross-border elements of insurgency in Iraq and Afghanistan, border security systems should be studied for both conflicts. Finally, pacification efforts should be focused on the lowest political echelons and combined with census-taking and national identification cards. Online access: http://www.rand.org/pubs/monographs/MG482/

MG-484-NAVY Why has the Cost of Navy Ships Risen? A Macroscopic Examination of the Trends in U.S. Naval Ship Costs over the Past Several Decades. M. V. Arena, I. Blickstein, O. Younossi, C. A. Grammich. 2006.

Over the past several decades, the increases in acquisition costs for U.S. Navy amphibious ships, surface combatants, attack submarines, and nuclear aircraft carriers have outpaced the rate of inflation. To understand why, the authors of this

book examined two principal source categories of ship cost escalation: economy-driven factors (which are outside the control of the Navy) and customer-driven factors (features for which the Navy has the most control). The authors also interviewed various shipbuilders to find out their views on other issues contributing to increasing costs. Based on their analysis, the authors propose some ways the Navy might reduce ship costs in the future, including limiting growth in features and requirements and reconsidering the mission orientation of ships. It is recognized, however, that such reductions come at a cost, since the nation and the Navy understandably desire technology and capability that is continuously ahead of their competitors. Online access: http://www.rand.org/pubs/monographs/MG484/

MG-486-AF The Maintenance Costs of Aging Aircraft: Insights from Commercial Aviation. M. C. Dixon. 2006.

The U.S. Air Force is grappling with the challenge of aging fleets and when it might be optimal to replace those fleets. This monograph examines commercial aviation data with the goal of drawing inferences and lessons about aging aircraft that may be relevant to the Air Force. It focuses on "aging effects"-i.e., how commercial aircraft maintenance costs change as aircraft grow older. Although commercial aircraft clearly differ from military aircraft, commercial aviation aging-effect estimates might help the Air Force to project how its maintenance costs will change over time and how those costs might evolve for new commercially analogous aircraft not yet in its inventory. This study found that commercial-airline inflation-adjusted total aircraft maintenance costs, per flight hour, rise substantially as aircraft come off the manufacturer's warranty after a few years of operation, and then rise at about a 3.5 percent annual rate for aircraft six to 12 years old, but are nearly unchanged for aircraft 12 to 25 years old. Online access: http://www.rand.org/pubs/monographs/MG486/

MG-488-AF Sense and Respond Logistics: Integrating Prediction, Responsiveness, and Control Capabilities. R. S. Tripp, M. A. Amouzegar, R. G. McGarvey, R. Bereit, D. A. George, J. Cornuet. 2006.

This monograph discusses U.S. Air Force progress toward implementing sense and respond logistics or, as defined more broadly, sense and respond combat support. It describes some of the research that has been conducted on the military combat support system, focusing on improvements in prediction capability, responsiveness of supply chains, and a governing command and control system. The report identifies the elements of sense and respond combat support and shows what is necessary to use the concept within the military-specifically, the Air Force. It surveys the state of technology needed to implement the concept and identifies both the technical work that needs to be further developed and the Air Force organization most appropriate to manage the implementation. The capabilities described involve predicting what will be needed and responding quickly to anticipated or unanticipated needs. The monograph points out the need for both predictive tools and responsive systems working together. A key enabler of sense and response combat support is combat support command and control, which involves joint development of a plan in which logistics process performance and resource levels are related to desired operational effects; establishment of logistics process performance and resource-level control parameters; execution of the plan and tracking of control parameters against actual process performance and resource levels; signaling process owners when their processes lie outside control limits; and replanning logistics or operational components of the plan to mitigate the portions of the plan that are outside control limits. Online access: http://www.rand.org/pubs/monographs/MG488/

MG-492-AF Maintaining the Balance Between Manpower, Skill Levels, and PERSTEMPO. R. E. Conley, A. A. Robbert, J. G. Bolten, M. J. Carrillo, H. G. Massey. 2006.

For a variety of reasons, including deployments, many Air Force organizations have been finding significant differences between the number of personnel they were authorized to have and the number of people actually available. RAND Project AIR FORCE undertook a detailed study of the related issues and policy implications. The researchers collected historical data and available manpower determinants; interviewed a variety of personnel; and analyzed the personnel strength histories of selected wings, functional areas, and specialties, eventually broadening the focus to the cumulative affect of the Air Force human resource system on wing-level manpower, skill levels, and personnel tempo. Among the resulting recommendations were ways the Air force can improve its manpower bookkeeping and how it determines requirements, including greater use of dynamic simulation models, as well as implementing metrics comparing planned and actual burdens on personnel, especially when on-the-job training is involved. Online access: http://www.rand.org/pubs/monographs/MG492/

MG-495-AF Analysis of Alternatives (AoA) for KC-135 Recapitalization: Executive Summary. M. Kennedy, L. H. Baldwin, M. Boito, K. Calef, J. Chow, J. Cornuet, M. Eisman, C. Fitzmartin, J. R. Gebman, E. Ghashghai, J. Hagen, T. Hamilton, G. G. Hildebrandt, Y. Kim, R. S. Leonard, R. Lewis, E. N. Loredo, D. Norton, D. T. Orletsky, H. S. Perdue, R. Pyles, T. L. Ramey, C. R. Roll, W. L. Stanley, J. Stillion, F. S. Timson, J. Tonkinson. 2006.

Aerial refueling tankers are a critical part of U.S. military and national security strategy. The KC-135 constitutes the bulk of the current tanker force, but this fleet is nearing 50 years of age and has exhibited some technical difficulties and increased costs of operation. The work described here

summarizes the activities and results of an Analysis of Alternatives undertaken to address the cost-effectiveness of a wide range of alternatives for KC-135 recapitalization, including both different replacement systems and different replacement schedules. Among the conclusions were that medium to large commercial derivatives are the most cost-effective replacement aircraft and that, as long as the capability of the current fleet meets or exceeds the requirement, the costs are relatively insensitive to timing. Online access: http://www.rand.org/pubs/monographs/MG495/

MG-503-OSD National Security Space Launch Report. F. McCartney. 2006.

In 1994, the National Space Transportation Policy laid the framework for appropriate government agencies to maintain strong launch systems and infrastructure while modernizing space transportation capabilities and encouraging cost reductions. More than a decade later, through combined Department of Defense (DoD) and industrial investment, the two Evolved Expendable Launch Vehicle (EELV) families of U.S. rockets (Atlas V and Delta IV) have proved to be maturing, reliable state-of-the-art technologies. In 2004, Congress directed the Secretary of Defense to establish a panel of experts with extensive space launch and operations background to address the future National Security Space launch requirements and the means of meeting those requirements. DoD selected RAND to facilitate and support this panel in its deliberations between May 2005 and May 2006. This report analyzes the National Security Space Launch Requirements Panel's major findings and recommendations. In short, the Panel concludes that, because basic rocketry principles, use of chemically derived thrust, and multiple expendable stages seem certain to remain the design of choice for operational space launch vehicles, the EELV can satisfy all known and projected NSS requirements through 2020. Online access: http://www.rand.org/pubs/monographs/MG503/

MG-505-RC Meeting Funder Compliance: A Case Study of Challenges, Time Spent, and Dollars Invested. S. Lara-Cinisomo, P. Steinberg. 2006.

Funders provide financial support to nonprofit organizations, which use the funding to implement programs that provide services to clients. A key part of this relationship is the need for nonprofits to ensure funding compliance-the need to report program progress and expenditures to funders. This case study, the first of its kind, examines the management processes of one nonprofit in terms of staff time investments in tracking outcomes, reporting results, and meeting funder compliance, and is guided by research questions, developed in partnership with the Forbes Funds, addressing the related challenges, experiences, and costs through interviews and focus groups with nonprofit staff. The recommendations of this case study point to specific areas for improvement and increased efficiency in nonprofit's compliance-related activities, as well as areas in which funders might reevaluate their compliance requirements. This study includes sample survey instruments for interviews and focus group discussions with nonprofit management and field staff that address the challenges and costs, from a staff perspective, of achieving and maintaining funder compliance. Although this study focuses on a single nonprofit organization, the findings of this study may be applicable to any organization that is seeking to improve compliance-related processes. Online access: http://www.rand.org/pubs/monographs/MG505/

MG-506-EDU Reforming Teacher Education: Something Old, Something New. S. N. Kirby, J. S. McCombs, H. Barney, S. Naftel. 2006.

Teacher education has been subject to both scathing criticism and innumerable efforts designed to reform it or to save it from being dismantled. One of the latest and most well funded efforts aimed at teacher education reform is boldly titled Teachers for a New Era (TNE). Eleven colleges and universities of various types nationwide were selected to participate in TNE. The TNE initiative emphasizes evidence-based decisionmaking, close collaboration between education and arts and sciences faculty, and teaching as an academically taught clinical-practice profession. The RAND Corporation and the Manpower Research Demonstration Corporation followed and evaluated the TNE initiative from October 2002 to September 2005, conducting on-site interviews with TNE grantees. The authors place TNE in the larger context of teacher education reform and critically examine the process by which reform will result in highly qualified teachers capable of producing improvements in student learning. They also examine TNE's contributions to the grantee institutions' teacher education programs and organizational culture and assess the sustainability of TNE beyond the life of the grant. Online access: http://www.rand.org/pubs/monographs/MG506/

MG-515-OSD Russia's Economy: Signs of Progress and Retreat on the Transitional Road. C. Wolf, T. Lang. 2006.

The good news and the bad news about the Russian economy's movement toward becoming a market economy are both abundant; however, the Russian economy can still-16 years after the Soviet Union's demise-be appropriately characterized as transitional. It is the second largest of the economies considered to be transitional (China is the largest), but its position on the broad spectrum of transitional economies is not entirely clear, and neither are the pace and direction of its movement. The authors shed light on ambiguities surrounding Russia's status as a transitional economy by attempting to answer four key questions that relate to issues of interest to government

decisionmakers about what Russia's economic growth can be attributed to and how transitional changes in the Russian economy have affected Russia's defense spending, defense industry, arms exports, and economic transactions with several of its trading partners. Online access: http://www.rand.org/pubs/monographs/MG515/

MG-517-OSD Framing a Strategic Approach for Reserve Component Joint Officer Management. H. Thie, M. C. Harrell, S. N. Kirby, A. Crego, R. J. Yardley, S. Nagda. 2006.

This research frames a strategic approach to reserve joint officer management that addresses the requirements for, and the supply of, joint officers in the reserve component, and also accounts for the unique constraints and challenges involved in joint officer management for reserve active-status list officers. Because the work required of many reservists is becoming increasingly joint, the need for a systematic examination of how reserve active-status list officers are trained and developed in joint matters is becoming more and more urgent-especially given the dramatic increase in the use of the reserve forces. A strategic approach to joint officer management for reserve active-status list officers must assess the need for officers with prior joint knowledge, experience, and acculturation in certain positions as well as their availability. The authors estimate the supply of joint reserve officers and make several recommendations to help implement a strategic approach to reserve component joint officer management. Online access: http://www.rand.org/pubs/monographs/MG517/

MG-520-CTRMP Maritime Terrorism: Risk and Liability. M. D. Greenberg, P. Chalk, H. H. Willis, I. Khilko, D. S. Ortiz. 2006.

Policymakers have become increasingly concerned in recent years about the possibility of future maritime terrorist attacks. Though the historical occurrence of such attacks has been limited, recognition that maritime vessels and facilities may be particularly vulnerable to terrorism has galvanized concerns. In addition, some plausible maritime attacks could have very significant consequences, in the form of mass casualties, severe property damage, and attendant disruption of commerce. Understanding the nature of maritime terrorism risk requires an investigation of threats, vulnerabilities, and consequences associated with potential attacks, as grounded both by relevant historical data and by intelligence on the capabilities and intentions of known terrorist groups. These risks also provide the context for understanding government institutions that will respond to future attacks, and particularly so with regard to the U.S. civil justice system. In principle, civil liability operates to redistribute the harms associated with legally redressable claims, so that related costs are borne by the parties responsible for having caused them. In connection with maritime terrorism, civil liability creates the prospect that independent commercial defendants will be held responsible for damages caused by terrorist attacks. This book explores risks and U.S. civil liability rules as they may apply in the context of these types of attacks. Online access: http://www.rand.org/pubs/monographs/MG520/

MG-524-AF Entering the Dragon's Lair: Chinese Antiaccess Strategies and Their Implications for the United States. R. Cliff, M. Burles, M. S. Chase, D. Eaton, K. L. Pollpeter. 2006.

U.S. strategists have become increasingly concerned that an adversary might use "antiaccess" strategies to interfere with our ability to deploy or operate military forces overseas. The authors analyzed Chinese military-doctrinal publications to see what strategies China might employ in the event of a conflict with the United States. They then assessed how these strategies might affect U.S. military operations and identified ways to reduce these effects. It appears possible that China could use antiaccess strategies to defeat the United States in a conflict—not in the sense of destroying the U.S. military but in the sense of accomplishing China's military and political objectives while preventing the United States from accomplishing all or some of its own. The United States can, however, take steps to counter such threats, including strengthening active and passive defenses at theater air bases, diversifying basing options for aircraft, and strengthening defenses against covert operative attack. In addition, the U.S. military needs to acquire or improve its capabilities in a number of areas, including ballistic and cruise missile defense, antisubmarine warfare, and minesweeping. Online access: http://www.rand.org/pubs/monographs/MG524/

MG-546-EDU Evaluating Comprehensive School Reform Models at Scale: Focus on Implementation. G. Vernez, R. Karam, L. T. Mariano, C. Demartini. 2006.

Despite increasing pressure for improving student achievement, most studies of comprehensive school reforms show only a modest effect-or sometimes no effect at all. But if reform has not been implemented, or has been implemented only in part, changes in student achievement cannot be expected. To fill the "implementation measurement" gap, the authors developed a unique methodology to quantitatively measure the level of school reform implementation. They applied this methodology to measure actual implementation of four different models in a large number of schools, along with a corresponding set of non-model schools. They found that very few schools have fully implemented their reform model. Practices in model and non-model schools are similar, although some practices are implemented more thoroughly or frequently when prescribed by a model. At the current level of implementation, comprehensive school reform is likely to have little effect on student achievement. Online access: http://www.rand.org/pubs/monographs/MG546/

MG-550-OSI Securing Tyrants or Fostering Reform? U.S. Internal Security Assistance to Repressive and Transitioning Regimes. S. G. Jones, O. Oliker, P. Chalk, C. C. Fair, R. Lol, J. Dobbins. 2006.

The United States has provided assistance to the security forces of a number of repressive states that do not share its political ideals. This practice raises several questions, the answers to which have significant policy implications: Has U.S. assistance improved the effectiveness of internal security forces in countering security threats? Has it improved the accountability and human rights records of these forces? What is the relationship between improving security and improving accountability and human rights? This study addresses these questions by examining the results of U.S. assistance to four states: El Salvador, Uzbekistan, Afghanistan, and Pakistan. U.S. assistance to El Salvador improved the accountability and human rights practices of the Salvadoran police but not their effectiveness as violent crime rates soared. In Uzbekistan, programs focused on counterproliferation, export control, and specific investigatory techniques were effective. But autocracy and repression by Uzbek officials, including security forces, have increased in recent years. Assistance to Afghanistan has somewhat improved the accountability and human rights practices of Afghan security forces. The vast majority of serious human rights abuses in the country are now committed by insurgent groups and warlords. In Pakistan, the U.S. government has not paid significant attention to the implications of its security assistance for the improvement of accountability and human rights, in large part because these goals have not been a focus of that assistance. Overall, these analyses suggest that efforts to improve the effectiveness, human rights, and accountability of internal security forces are more likely to be successful when states are transitioning from repressive to democratic systems. In addition, several factors are critical for success: the duration of assistance, viability of the justice system, and support and buy-in from the local government (including key ministries). Online access: http://www.rand.org/pubs/monographs/MG550/

MG-558-RF/FF School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation. V. Le, S. N. Kirby, H. Barney, C. M. Setodji, D. Gershwin. 2006.

Recent research shows that large gaps exist, even before children enter kindergarten, in their school readiness. Because the skills and knowledge that children have upon entering school predict later achievement, this is an issue of serious concern to educators and policymakers. To address these differences in school readiness, some advocate full-day kindergarten; but critics say the costs and uncertainties about the benefits of full-day kindergarten should rule it out. Using longitudinal survey data to examine how children's skills and knowledge at kindergarten entry predict achievement in later grades, this study addresses two research questions: the relationship between school readiness skills at kindergarten entry and reading and mathematics achievement through the fifth grade, and kindergarten program factors that predict nonacademic school readiness skills. Findings show that both academic and nonacademic school readiness skills at entry to kindergarten were significantly related to reading and mathematics achievement in fifth grade. As in earlier studies, these findings suggest that full-time kindergarten programs may not enhance achievement in the long term. Investing in developing the nonacademic school readiness skills of minority children at an early age may raise overall achievement and may narrow the achievement gap between minority and white students. Home background variables, including family involvement and resources, predicted nonacademic school readiness; child participation in extracurricular activities is also associated with development of these readiness skills. To guide future decisions on effective programs, cost-benefit analyses should be conducted to compare full-day kindergarten to other interventions that claim to enhance nonacademic readiness. Online access: http://www.rand.org/pubs/monographs/MG558/

TECHNICAL REPORTS

TR-145-EC Matching Up to the Information Society: An Evaluation of the EU, the EU Accession Countries, Switzerland and the United States. I. Graafland-Essers, L. Cremonini, E. Ettedgui, M. Botterman. 2006.

This report presents the current understanding of the advancement of the Information Society within the European Union and countries that are up for accession in 2004, and is based on the SIBIS surveys and analyses per SIBIS theme and country. The report is unique in its coherent and comprehensive approach in measuring the Information Society. It is intended to inform policy-makers and citizens on the advancement of the Information Society, further debate and research among the professional statistical community, and lead to an improved statistical competence in measuring the Information Society in Europe. The report focuses on basic access and usage elements like Internet readiness, the digital divide, and information security. It not only considers factors that determine access and usage, such as the perceptions of possible barriers, digital literacy, learning, and training issues, but it also benchmarks on-line applications like e-commerce, e-work, e-science, e-government, and e-health. The report concludes with a summary of recommendations for policy-makers and further research. Online access: http://www.rand.org/pubs/technical_reports/TR145/

TR-199-OSD Reserve Retirement Reform: A Viewpoint on Recent Congressional Proposals. B. J. Asch, J. R. Hosek, D. S. Loughran. 2006.

More intensive use of the reserve components in national defense in recent years has resulted in greater attention being paid to the adequacy and efficiency of the reserve compensation system. Four bills are pending in Congress to reduce the age when reservists can begin to receive retirement benefits. One would allow reservists to begin receiving retirement pay immediately upon completing 20 years of creditable service, with the last six years as a member of a reserve component. Two related proposals would lower the retirement annuity age to 55. Another would set the retirement age on a sliding scale that depended on years of service (YOS); those with more YOS can retire earlier, as early as age 54. This report provides input regarding these proposals and the broader issues surrounding reserve retirement reform. The authors found that the per-capita cost of the current retirement system is dramatically less than the per-capita cost under the immediate annuity and age-55 proposals. The per-capita cost of the sliding-age alternative is the least expensive of the three alternatives, reflecting the low prevalence of new retirees below age 60 with sufficient YOS to qualify for retirement at ages below 60. Although it is important to recognize that deferring some portion of compensation can be cost-effective, the results argue in favor of providing compensation on a current basis rather than on a deferred basis. Online access: http://www.rand.org/pubs/technical_reports/TR199/

TR-223-STIF Value of Reliability of Travellers on the Paris Suburban Railway Network:: Technical Report on the Data Analysis. M. Kouwenhoven, S. Caussade, E. Kroes. 2006.

The development of a robust method to appraise a-priori the monetary benefits of different possible measures to improve regularity of the Paris suburban train network required values for the level of reliability as experienced by the travellers. These values-of-reliability were obtained from a large-scale Stated Preference (SP) data set that was collected specifically for this project. This technical report presents the estimation results of the models that have been developed based on this data set. Online access: http://www.rand.org/pubs/technical_reports/TR223/

TR-257-CMS Inpatient Rehabilitation Facility Care Use Before and After Implementation of the IRF Prospective Payment System. M. B. Buntin, G. M. Carter, O. Hayden, C. Hoverman, S. M. Paddock, B. O. Wynn. 2006.

The Medicare program in 2002 instituted an inpatient rehabilitation facility (IRF) prospective payment system (PPS). IRFs are specialized hospitals or hospital units that provide intensive rehabilitation in an inpatient setting. Under the IRF PPS, Medicare pays facilities a predetermined rate per discharged patient, which depends on the patient's age, impairment, functional status, and comorbidities. Some facilities receive special rates for short-stay transfer patients, high-cost outliers, and patients who die in hospital. Prospective payment gives facilities incentives to provide care efficiently, since they can keep any difference between the set payment and their costs. However, this also gives facilities incentives to change their care and practice patterns in other ways and to change their coding practices to increase revenue. For example, some facilities might stint on the amount of care delivered or might change their admission policies to restrict access for patients who might not be profitable to treat. They might also alter their coding practices to increase the payments they receive from Medicare. This report examines changes in the patterns of use within IRFs with respect to utilization, unusual cases, and resource use. Specific findings about changes in length of stay are noted. Online access: http://www.rand.org/pubs/technical_reports/TR257/

TR-258-CMS Changes in Patient Severity Following Implementation of the Inpatient Rehabilitation Facility Prospective Payment System. S. M. Paddock, J. J. Escarce, O. Hayden, M. B. Buntin. 2006.

The Medicare program in 2002 instituted an inpatient rehabilitation facility (IRF) prospective payment system (PPS). IRFs are specialized hospitals or hospital units that provide intensive rehabilitation in an inpatient setting. Under the IRF PPS, Medicare pays facilities a predetermined rate per discharged patient, which depends on the patient's age, impairment, functional status, and comorbidities. Some facilities receive special rates for short-stay transfer patients, high-cost outliers, and patients who die in hospital. Prospective payment gives facilities incentives to provide care efficiently, since they can keep any difference between the set payment and their costs. However, this also gives facilities incentives to change their care and practice patterns in other ways and to change their coding practices to increase revenue. This report examines the effects of the IRF PPS on patient access to care, to determine if access for more severely ill patients is being restricted. The authors test three hypotheses: (1) Fewer patients with conditions costly to treat will be treated, (2) relatively costly cases within case-mix and comorbidity groups will experience reduced access to IRF care, (3) patients with conditions costly to treat will receive less-intense care. They found no evidence to support the first hypothesis and little evidence to support the second. However, the third hypothesis might be supported; the authors observed a decrease in patients' average length of stay after implementation of IRF PPS, which might indicate that facilities are reducing the intensity of care. But they also note that this could be part of a trend that began before 2002. Online access: http://www.rand.org/pubs/technical_reports/TR258/

TR-271-STIF Benefits of Punctuality for the Paris Suburban Railway Network:: Synthesis Report. S. Caussade, E. Kroes. 2006.

The value of the effects associated with unpunctuality are currently not well known, as there has been little interest in valuation of punctuality effects up until a few years ago. Therefore, this in-depth research project was undertaken. It is aimed at providing all the elements necessary to estimate these values, and to calculate the impacts of punctuality improvements. The results have been used to develop a robust operational methodology which enables the user to assess possible alternative investments aimed at improving the quality of the suburban rail services to and from Paris. The methodology is needed to assist the decision-making process regarding possible alternative projects (combinations of measures) to improve the punctuality of suburban rail services. Online access: http://www.rand.org/pubs/technical_reports/TR271/

TR-279-OSD Examining Child Care Need Among Military Families. S. M. Gates, G. Zellman, J. S. Moini, M. J. Suttorp. 2006.

The Department of Defense (DoD) supports the largest employer-sponsored system of high-quality child care in the country. Through accredited child development centers (CDCs), family child care (FCC) homes, youth programs, and other before- and after-school programs, the DoD provides care to over 174,000 military children aged 0 through 12 years. To evaluate the system*s ability to meet the child care needs of military families, DoD needs information on the magnitude of potential need. For a number of years, the DoD has been using a formula that translates the basic demographic characteristics of the military population into an estimate of the potential need for child care (see the companion monograph Providing Child Care to Military Families: The Role of the Demand Formula in Defining Need and Informing Policy, MG-387-OSD, by Joy S. Moini, Gail L. Zellman, and Susan M. Gates). The Office of the Secretary of Defense (OSD) asked the RAND Corporation to collect data on child care need and child care use, assess the validity of the DoD formula, and recommend improvements to the formula. Data for the assessment came from a 2004 survey of military families about child care issues. This technical report describes and analyzes the data from that survey. It documents survey methods, defines three outcomes of potential interest to DoD (reported child-care usage, unmet child-care need, and unmet child-care preference), presents detailed results of an analysis of these outcomes among military families, and analyzes the relationships between these outcomes and military readiness and retention. For example, the data identified an important relationship between unmet child-care preference and propensity to leave the military: Families that express unmet child-care preference-that is, they are using one form of child care but would prefer another-are also more likely to report that child care issues might drive them to leave the military. This report will be of interest to officials responsible for DoD child-care policy and other quality of life issues. It should also be of interest to child care managers in other federal organizations, child care researchers, and child care policymakers at the national, state, and local levels who grapple with the issue of estimating the need for child care. Online access: http://www.rand.org/pubs/technical_reports/TR279/

TR-300-FEMA The National Flood Insurance Program's Market Penetration Rate: Estimates and Policy Implications. L. S. Dixon, S. Turner, N. Clancy, S. A. Seabury, A. Overton. 2006.

Flooding is a major source of loss to individuals and businesses in the United States. Private insurers have historically been unable to provide flood insurance at affordable rates, and until the establishment of the National Flood Insurance Program in 1968, the primary recourse for flood victims was government disaster assistance. Congress adopted this program in response to the ongoing unavailability of private insurance and continued increases in federal disaster assistance. The Federal Emergency Management Agency is currently conducting a major evaluation of the program's goals and performance. This report contributes to that evaluation by developing more reliable estimates of the proportion of single-family homes (excluding condominiums) that have flood insurance (the market penetration rate); by identifying factors that determine the market penetration rate; and by examining some of the opportunities for, and the potential benefits of, increasing the market penetration rate. Online access: http://www.rand.org/pubs/technical_reports/TR300/

TR-302-A Medical Risk in the Future Force Unit of Employment: Results of the Army Medical Department Transformation Workshop V. D. E. Johnson, G. Cecchine. 2006.

The Army Medical Department (AMEDD) Transformation Workshop (ATW) V, which was conducted at the RAND Corporation Washington Office 25–28 May 2004, is described in this report. It includes an analysis and discussion of the workshop results. This workshop continued the assessment, begun in ATWs I-IV, of the medical risks associated with emerging Army operational concepts and the capacity of the AMEDD to mitigate these risks. The principal purpose of ATW V was to continue the process of providing casualty demand estimates that will need to be addressed by the health service support (HSS) system at echelons above the unit of action (UA). AMEDD subject matter experts supported the workshop and examined the ability of an envisioned UA medical structure to support Future Force combat operations that generated 429 casualties in an approximately 100-hour combat simulation provided by the U.S. Army. The HSS system in

the UAs was heavily taxed, and the residual demand for evacuation and care at higher echelons was similarly significant. Nearly two-thirds of the casualties were determined to be ready for evacuation to these higher echelons; their disposition will necessarily depend upon capabilities at those echelons. The complete effect of the casualties examined during ATW V on the HSS system is not known, because the HSS system at higher echelons has yet to be fully developed. The results of the workshop will provide information valuable in designing the medical system at those echelons. Online access: http://www.rand.org/pubs/technical_reports/TR302/

TR-303-NIC The Global Technology Revolution 2020, In-Depth Analyses: Bio/Nano/materials/information Trends, Drivers, Barriers, and Social Implications. R. S. Silberglitt, P. S. Antâon, D. R. Howell, A. Wong, N. Gassman, B. A. Jackson, E. Landree, S. L. Pfleeger, E. M. Newton, F. Wu. 2006.

In 2020, areas of particular importance for technology trends will include biotechnology, nanotechnology, materials technology, and information technology. The authors of this report assessed a sample of 29 countries across the spectrum of scientific advancement (low to high) with respect to their ability to acquire and implement 16 key technology applications (e.g., cheap solar energy, rural wireless communications, genetically modified crops). The study's major conclusions are that scientifically advanced countries such as the United States, Germany, and Japan will be able to implement all key technology applications evaluated; countries that are not scientifically advanced will have to develop significant capacity and motivation before barriers to technology implementation can be overcome; and public policy issues in certain areas will engender public debate and strongly influence technology implementation. This report is the companion to, and included as a CD-ROM with, The Global Technology Revolution 2020, Executive Summary: Bio/Nano/Materials/Information Trends, Drivers, Barriers, and Social Implications (Silberglitt et al., MG-475-NIC, 2006). Online access: http://www.rand.org/pubs/technical_reports/TR303/

TR-310-A High-Performance Computing Opportunities and Challenges for Army R&D. R. H. Anderson, A. Cordova, A. C. Hearn, R. Lewis, J. Matsumura, I. Porche, R. Steeb. 2006.

The purpose of this study was to identify key potential users of high-performance computing (HPC) within the Army science and technology community and any barriers that prevent full use of current and planned HPC resources. A main study goal was to help develop an Army HPC strategy and build an HPC initiative that facilitates that strategy, thereby allowing the Army to compete effectively for Department of Defense HPC resources and to ensure that they are used for maximum effect in attacking the most difficult and computationally intensive research problems critical to future force and future combat systems achievement. Particular attention was given to applications of HPC in biotechnology and biomedicine and modeling and simulation of complex battlefield wireless network communication systems. Online access: http://www.rand.org/pubs/technical_reports/TR310/

TR-314-CDC Criteria for Assessing the Usefulness of Community Health Assessments: A Literature Review. S. Myers, M. A. Stoto. 2006.

RAND Health is developing a web-based tool to determine and enhance the usefulness of community health assessments (CHAs) throughout the United States. CHAs identify and describe community health problems, gaps and strengths in services provided, and interventions to improve the health of the community. The authors performed a literature review to identify factors and criteria for a useful CHA process and then examined individual CHA processes throughout the United States to compile common characteristics for use in the development of their Web-based CHA tool. The authors found wide variation in individual CHA processes, participants, goals, and products. They identified 21 criteria to describe the usefulness of CHAs. CHAs should be consistent in their format for presenting information; include both summary and detailed versions; be well-organized and easy to understand; clearly indicate relationships among related health indicators; include both narrative and graphic presentation of findings; use a structure similar to that of other community planning tools already in use; be available online; and identify data sources used. The CHA document should be a resource to prioritize and plan services, for writing grant applications; and to guide a comprehensive health promotion strategy. Online access: http://www.rand.org/pubs/technical_reports/TR314/

TR-316-DHHS Quality Improvement: Implications for Public Health Preparedness. M. Seid, D. Lotstein, V. L. Williams, C. Nelson, N. Lurie, K. Ricci, A. Diamant, J. Wasserman, S. Stern. 2006.

Since 2001, the U.S. Department of Health and Human Services (HHS) has made significant investments in state and local public health in an effort to enhance public health emergency preparedness. The RAND Corporation was contracted to work with the HHS Office of Public Health Emergency Preparedness (OPHEP) to develop resources and prepare analyses to help describe and enhance key aspects of state and local public health emergency preparedness (PHEP). This report describes work done on the task to develop a framework for applying quality improvement (QI) in public health and to investigate the applicability of those models to PHEP and, specifically, to address the following questions: (1) Are there examples of QI in public health, and what can be learn from them for PHEP? (2) What organizational and contextual factors facilitate QI, and what

are the implications for PHEP? and (3) How can public health leaders implement and accelerate QI as it relates to PHEP? To answer these question, we identified public health departments that were nominated as having promising practices with respect to QI overall and in PHEP in particular; performed site visits with interviews at a subset of these sites (interviews were conducted by telephone at two of the nine sites); and drew themes from our interview notes. Among the resulting recommendations were that attention needs to be paid to organizational development and changes, and that PHEP and QI for PHEP will be most successful when integrated into routine public-health practice and into daily work. Online access: http://www.rand.org/pubs/technical_reports/TR316/

TR-317-DHHS Public Health Preparedness: Integrating Public Health and Hospital Preparedness Programs. L. M. Davis, J. S. Ringel, S. K. Cotton, B. Griffin, E. Malcolm, L. T. Mariano, J. E. Pace, K. Ricci, M. Shea, J. Wasserman, J. L. Zazzali. 2006.

An important component of the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) cooperative agreements for public health and hospital emergency preparedness has been to encourage linkages between local health departments and hospitals (as well as with other key stakeholders) to more effectively address different aspects of preparedness. Hospitals and public health departments have employed different approaches for doing so and have varied in their focus on such areas as patient treatment and infection control, quarantine and isolation procedures, disease surveillance and reporting, and/or risk communication. In this study, we examine different models for coordination that local health departments and general acute-care hospitals have employed to improve public health preparedness. The study's aims are to (1) describe those aspects of public health preparedness on which local health departments and hospitals are focusing their coordination efforts; (2) examine how these relationships have changed over time; (3) identify factors that facilitate or hinder coordination; (4) understand how funding affects coordination; (5) identify the mechanisms, policies, and procedures that have been demonstrated to be effective in coordinating the public health preparedness activities of local health departments and hospitals; and (6) suggest strategies to improve coordination between local health departments and hospitals and the integration of their preparedness activities. Key recommendations include critical success factors that local organizations can apply, as well as recommendations for state- and federal-level officials to facilitate coordination. For example, with regards to funding, CDC and HRSA cooperative-agreement programs need to be made more flexible in terms of who can receive the funding (the health department is not always the lead organization), what the money can be used for (now often a constraint at the local level that may fail to address activities that are most needed), and the time frame for use of the funds (so that monies are distributed in a more timely fashion). The results will be of interest to the U.S. Department of Health and Human Services and to public health and medical professionals at the state and local levels who are responsible for improving public health preparedness and for ensuring collaboration among key stakeholders. Online access: http://www.rand.org/pubs/technical_reports/TR317/

TR-318-DHHS Organizing State and Local Health Departments for Public Health Preparedness. J. Wasserman, P. D. Jacobson, N. Lurie, C. Nelson, K. Ricci, M. Shea, J. L. Zazzali, M. I. Nelson. 2006.

Improving the ability to respond to bioterrorism and other emergencies is an important challenge facing the U.S. public health system. Despite having a knowledgeable workforce, practice and experience, capacity, and partnerships with other responders in the community, the system's ability to respond may depend largely on its structure. This study examines a key question: Are state and local public health agencies related to one another in a way that facilitates emergency response? Specific objectives of this study are to explain the factors influencing the particular ways in which state and local public health systems are organized, how the various types of relationships that exist between state and local public health departments have been arrived at, and, most important, the consequences of such structures and relationships for emergency preparedness. We also examine alternative structures from several different types of service industries (public education, banking, the welfare system, and port authorities). Finally, we recommend concrete strategies to improve public health preparedness. This report will be of interest to policymakers and to public health professionals at the state and local levels who are involved in bioterrorism response and emergency preparedness, as well as to other agencies involved in emergency response. Online access: http://www.rand.org/pubs/technical_reports/TR318/

TR-319-DHHS Tabletop Exercise for Pandemic Influenza Preparedness in Local Public Health Agencies. D. J. Dausey, J. E. Aledort, N. Lurie. 2006.

New influenza A virus subtypes, similar to those that caused the three pandemics of the 20th century, are likely to emerge in the 21st century as well. Medical advances and public health preparedness efforts have improved the nation's abilities to respond to a pandemic influenza emergency even as dramatic increases in global travel and the demand for poultry have made the nation more vulnerable to such threats. This manual presents a fully customizable template for a tabletop exercise for pandemic influenza preparedness that can be used by state and local health agencies and their healthcare and governmental partners as an exercise in training, in building relationships, and in evaluation. We refined these exercises by pilot-testing them at three

metropolitan-area local public health agencies in three separate states from August through November 2005. The contents of this manual will be of interest to public health professionals at the state and local levels who are involved in pandemic preparedness activities in their agencies. Online access: http://www.rand.org/pubs/technical_reports/TR319/

TR-320-DHHS Facilitated Look-Backs: A New Quality Improvement Tool for Management of Routine Annual and Pandemic Influenza. J. E. Aledort, N. Lurie, K. Ricci, D. J. Dausey, S. Stern. 2006.

The U.S. Department of Health and Human Services contracted RAND to develop resources and prepare analyses that help describe and enhance key aspects of state and local public health emergency preparedness. As part of this work, RAND designed and tested a new quality-improvement tool that public health agencies can adopt to regularly look back at each routine annual influenza season to systematically institutionalize knowledge from one influenza season to the next; continuously improve the public health response to routine annual influenza; and incorporate lessons into preparedness activities for pandemic influenza and other public health emergencies. RAND staff developed and pilot-tested this "Look-Back" methodology in three state public health agencies (SPHAs) in different regions of the United States between June and August 2005. In this document, we provide SPHA leaders with the basic information necessary to conduct Look-Backs at routine annual influenza with their staff members and to tailor the tool to their own needs and experiences. In addition, we report on some design issues and lessons that emerged from out pilot tests that may be of interest to SPHAs. This report was prepared for the Office of Public Health Emergency Preparedness, but it should be of interest to policymakers, public health professionals, and individuals who are involved in routine annual influenza management and pandemic influenza and public health emergency preparedness. Online access: http://www.rand.org/pubs/technical_reports/TR320/

TR-321-RC The Effect of Reserve Activations and Active-Duty Deployments on Local Employment During the Global War on Terrorism. D. S. Loughran, J. A. Klerman, B. Savych. 2006.

Today, American service personnel are deploying at rates not seen since the Vietnam War. Such deployments and activations have raised concerns about their effect on the local economies-due to the temporary loss of employees in the workforce-but little analysis has been done on the issue. To address this gap in understanding, the authors of this report use econometric models to analyze the impact of activations and deployments on economic conditions, as measured by changes in employment at the county level. The authors conclude that long-term impacts on local economic conditions, in aggregate, will not be significant. For reserve activations, the authors' estimates imply a nearly one-for-one decline in employment with activation in the short run, but by four months following a given activation, employment returns to its pre-activation level. For active-duty deployments, their estimates imply an increase of about one civilian employee for every ten deploying active-duty service members. The authors suggest that future research might focus on the impact of activations on smaller firms and the self-employed, neither of which could be examined specifically with the data used in this report. Online access: http://www.rand.org/pubs/technical_reports/TR321/

TR-322-AF Shaping the Future Air Force. D. A. Shlapak. 2006.

Examines how U.S national security strategy and the USAF might change to better confront new challenges presented by future major regional conflicts and counterterrorism, counterinsurgency, and nation-assistance operations. The report proposes a new "division of labor" among the services to better adapt them to the varied demands that they will face in the future and identifies important new priorities for the USAF, including: helping defeat adversary ballistic and cruise missiles: helping build and operate the joint and interagency "inform and act" intelligence infrastructure that will be needed to deal with the difficult security challenges confronting the nation; and rebalancing the force to better enable prompt operations from bases far away from the battlefield. New or accelerated initiatives are needed to identify, track, and engage small, mobile, or concealed targets; defeat advanced air defenses; neutralize adversary nuclear weapons; and provide assistance to friendly governments threatened by insurgencies or terrorist groups. Online access: http://www.rand.org/pubs/technical_reports/TR322/

TR-324-OSD Monitoring Employment Conditions of Military Spouses. N. Lim, D. Golinelli. 2006.

Issues of military spouses in the labor market are critical ones for retention of military members. As part of the continuing research on the quality of life of military families, the Department of Defense asked RAND researchers to help develop reliable employment statistics for military spouses that would address inadequacies of traditional Bureau of Labor Statistics measures, which may not represent the impact of military life on military spouses' employment conditions. We determined (1) valid measures of labor market conditions for military spouses and (2) the sufficient sample size to allow generalization to the population of military spouses. Online access: http://www.rand.org/pubs/technical_reports/TR324/

TR-329-A The Impact of Network Performance on Warfighter Effectiveness. I. Porche, B. Wilson. 2006.

The concept of network-centric operations (NCO) involves developing communications and other linkages among all

elements of a force to create shared awareness of operations. The objective of the research effort described in this report is to quantify the marginal impact of networking as part of an effort to evaluate the concept of NCO. We identified three key parameters of networking capability that affect warfighter effectiveness: (1) sense/acquire data (sensing parameters); (2) disseminate and communicate data (communication parameters); and (3) interpret, fuse, and react to the data (cognitive parameters). One specific objective of this report is to discuss the relative impact of all three families of parameters on overall warfighter effectiveness. The authors used a multi-agent-based, force-on-force simulator tool called Map Aware Non-Uniform Automata (MANA) to evaluate warfighter effectiveness for a simple urban scenario. Tens of thousands of MANA runs were conducted in an attempt to examine the impact of varied cognitive, communication, and sensing factors on warfighter effectiveness. Statistical analysis of simulation results quantified the correlation between the factors discussed above and warfighter effectiveness. Online access: http://www.rand.org/pubs/technical_reports/TR329/

TR-331-CDC Process Evaluation of Project Public Health Ready Phase 2. D. Schultz, M. A. Stoto. 2006.

RAND evaluated Project Public Health Ready (PPHR), a voluntary recognition program that prepares local public health agencies (LPHAs) to respond and protect the public's health through a program of planning, needs assessment and training, and drills and exercises. Using in-person and telephone interviews, observations at meetings, conference calls, and document review, RAND staff identified project management issues that can improve the program, assessed the extent to which LPHAs used PPHR resources, whether they valued PPHR, and how their preparedness level changed after participation in the project. Findings include participants' belief that PPHR allowed them to obtain an external assessment of their own efforts at preparedness and see what other local health agencies were doing in this area. PPHR recognition provided local agencies assurance that their work was on track, and afforded recognition of these efforts at a regional level. The largest effect of PPHR was in training and workforce competency. LPHAs gained a broader perspective on their roles in emergency response and bioterrorism incidents. PPHR seems to have had a positive effect on most local public health agencies that participated in the project. Six recommendations are made to the sponsoring agency, NACCHO, including: decide whether PPHR is more a documentation process or a preparedness effort; if the focus shifts to documenting, NACCHO should consider alternatives to assessing preparedness alternatives; and reevaluate project components to ensure they are aligned with project goals. Online access: http://www.rand.org/pubs/technical_reports/TR331/

TR-337-EC Handbook of Legal Procedures of Computer and Network Misuse in EU Countries. L. Valeri, G. Somers, N. Robinson, H. Graux, J. Dumortier. 2006.

In 2003 the European Commission supported RAND Europe in the development of a Handbook that provided an easy-to-use guide matching technical descriptions of incidents to the legal framework of the country in question and details procedures for working with law enforcement to respond to incidents. This handbook was tailored to the user requirements of Europe's Computer Emergency Response Team (CERT) and Computer Security Incident Response Team (CSIRT) community. RAND Europe and Lawfort, a Belgian law firm, compiled the 2005 edition of the CSIRT Legal Handbook. This edition represents a significant update, taking into account recent developments in national legal frameworks and extending its scope to cover the 10 new EU member states that joined in 2004. The project to update the Handbook revisited the incident taxonomy, reviewed and analysed standard enquires and reporting needs, surveyed national legal frameworks and relevant industrial initiatives and finally provided an electronic easy-to-use online and CD-ROM-based application for modifying and updating the information, available at www.csirt-handbook.org.uk The 2005 CSIRT Legal Handbook is globally unique in the field of information security as it provides access to a comprehensive and up-to-date collection of information on rules, regulations and laws concerning computer misuse. In addition, it also details collection and reporting of computer evidence currently in force in all 25 EU countries, together with guidelines as to when and how law enforcement must be informed of incidents. Online access: http://www.rand.org/pubs/technical_reports/TR337/

TR-343-AF Historical Cost Growth of Completed Weapon System Programs. M. V. Arena, R. S. Leonard, S. E. Murray, O. Younossi. 2006.

This report is one of a series from a RAND Project AIR FORCE project, "The Cost of Future Military Aircraft: Historical Cost Estimating Relationships and Cost Reduction Initiatives." The purpose of the project is to improve the tools used to estimate the costs of future weapon systems. It focuses on how recent technical, management, and government policy changes affect cost. This report focuses on the accuracy of cost estimates. For our analysis, we used a very specific sample of Selected Acquisition Report (SAR) data, namely only programs that are complete or are nearly so. The analysis indicates a systematic bias toward underestimating the costs and substantial uncertainty in estimating the final cost of a weapon system. In contrast to the previous literature, the cost growth was higher than previously observed. We also found few correlations with cost growth, but observed that programs with longer duration had greater cost growth and electronics programs tended to have lower cost growth.

Although there were some differences in the mean cost growth factors among the military departments, the differences were not statistically significant. While newer programs appear to have lower cost growth, this trend appears to be due to factors other than acquisition policies. Online access: http://www.rand.org/pubs/technical_reports/TR343/

TR-346-CSAT The Relative Effectiveness of 10 Adolescent Substance Abuse Treatment Programs in the U.S. A. R. Morral, D. F. McCaffrey, G. K. Ridgeway, A. Mukherji, C. M. Beighley. 2006.

Each year, substance abuse treatment programs in the United States record approximately 150,000 admissions of youths under the age of 18. Nevertheless, little is known about the effectiveness of the types of community-based services typically available to youths and their families. Researchers interviewed youths treated in 10 adolescent programs that had been identified as having suggestive evidence of effectiveness, in order to learn whether they had better outcomes a year after treatment admission than they would have had at other facilities. The study failed to find strong and persuasive evidence of greater treatment effectiveness at the facilities studied. Relative effectiveness may be difficult to measure because facilities serve different populations, because the study examined relative rather than absolute treatment effects, or because large and significant treatment effects might exist for each evaluated treatment program but might be no longer detectable a year after admission. However, there were consistently small positive effects for direct measures of substance use. Online access: http://www.rand.org/pubs/technical_reports/TR346/

TR-347-OSD Measuring the Statutory and Regulatory Constraints on DoD Acquisition: Research Design for an Empirical Study. J. A. Drezner, R. Raman, I. Blickstein, J. Ablard, M. Bradley, B. Eastwood, M. Falvo, D. Gavrieli, M. Hertzman, D. Lenhardt, M. McKernan. 2006.

Multiple studies have attempted to estimate the cost to major weapon system programs of complying with acquisition-related statutes and regulations. Most have investigated the cost of compliance only at the contractor level, though program offices, the Services, and the Office of the Secretary of Defense would also incur such costs. The Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics asked RAND to evaluate the cost of compliance with statutes and regulations at the program office level. RAND designed a study to identify areas in which compliance with acquisition-related legislation or regulations has led to an identifiable penalty, such as time lost, additional cost incurred, loss of system capability, additional demands on critical staff, or some other imposition on the program office. This report describes the study's methodology, focus, and data collection process, including the development of a Web-based data collection tool for use by program office personnel. The study is designed to answer the following questions: Which statues and regulations are considered most burdensome at the program office level? How can the cost of such compliance be measured? How much of the cost of compliance can be attributed to these "burdensome" statutes and regulations? and What measures can be taken to reduce this burden? Online access: http://www.rand.org/pubs/technical_reports/TR347/

TR-349-OSD Who Is "Joint"? New Evidence from the 2005 Joint Officer Management Census Survey. S. N. Kirby, A. Crego, H. Thie, M. C. Harrell, K. Curry, M. Tseng. 2006.

Several recent studies, including a study authorized under the 2002 National Defense Authorization Act, have indicated the need for the Department of Defense (DoD) to update the practice, policy, and law applied to Joint Officer Management (JOM) and Joint Professional Military Education. In 2003, DoD asked the RAND Corporation to undertake an analysis that would provide guidance on officer training and development in joint matters. This work builds on that earlier effort. As a lead-in to this study, the 2005 Joint Officer Management Census survey polled officers serving in billets that were likely to require joint experience or joint education or provide such experience. More than 21,000 survey responses were collected. This report examines the extent to which officers believe their jobs provide them with joint experience or require them to have had prior joint education, training, or experience, and it examines how respondents' answers differ across organizations and military services in which the billets are located. This report provides a comprehensive reference source for the JOM survey data and demonstrates how the data can be used to anchor a strategic approach to joint officer management. Online access: http://www.rand.org/pubs/technical_reports/TR349/

TR-350-QSCFA Qatar Supreme Council for Family Affairs Database of Social Indicators: Final Report. L. A. Karoly, M. G. Mattock. 2006.

The Qatar Supreme Council for Family Affairs (QSCFA) is charged with reviewing and proposing legislation, promoting policies, adopting plans, implementing projects and programs, enhancing the role of national institutions, and disseminating information related to all aspects of family affairs in Qatar. Its six operating departments carry out its goals, each focusing on a specific population in Qatar: families, women, children, youth, the elderly, and people with special needs. In support of its mission, the QSCFA is developing a social indicators database system that will provide essential information for assessing the well-being of families in Qatar, planning future activities, monitoring progress toward departmental goals, and setting policy priorities. This report, which presents the final results of an

analysis by the RAND-Qatar Policy Institute, focuses on the following questions: What are the goals of the database system and how do they relate to the objectives of the QSCFA? What indicators are best suited to supporting the goals of the database system and how should they be measured? Are data available to compute the indicators? and What architecture will best support the database system? This centralized database will provide an efficient mechanism for supporting the activities of the QSCFA, will assist in coordinating work across departments with overlapping interests, and will have both short- and long-term benefits for the QSCFA's mission. Online access: http://www.rand.org/pubs/technical_reports/TR350/

TR-353-A Options for Transitional Security Capabilities for America. T. K. Kelly. 2006.

In Iraq and elsewhere, the United States finds itself in need of a law enforcement capability for stability operations. How should such a force be created and what specific capabilities should it embody? This report examines the characteristics of such a force and the functional and organizational challenges that must be faced in creating it. The author evaluates five major options, both civilian and military, for creating these forces and assesses each option under nine criteria for effectiveness. He concludes by giving a clear picture of each option's relative strengths and weaknesses and suggests areas to be examined to complete the picture of how best to create the force. Online access: http://www.rand.org/pubs/technical_reports/TR353/

TR-357-HLTH Park Use and Physical Activity in a Sample of Public Parks in the City of Los Angeles. D. Cohen, A. Sehgal, S. Williamson, R. Sturm, T. L. McKenzie, R. Lara, N. Lurie. 2006.

The City of Los Angeles has made a significant investment in its public parks and is committed to improving them. This report systematically measures what activities occurred in twelve public neighborhood parks as well as two skate parks and two senior citizens centers. Documented here are who uses the park, and what proportion of the local population is actually served by the park. Data came from surveys of 1,038 park users, surveys of 838 households within a 2-mile radius from each park, and from systematic observations of all park areas four times a day, seven days a week. Park users and residents were asked about their physical activity and their view of the local park. Residential proximity to parks turned out to be a critical determinant of park use and leisure exercise. Most park users (81%) live within one mile of parks, and only 19 percent live more than one mile away. Males use parks more than females; children and teens use parks more than adults and seniors. Most people in the parks are sedentary-the most common activity for park users is sitting. Nevertheless, most have engaged in light or moderate physical activity just to get there, since most park users walk to the park. People report using parks frequently, yet it was observed that many park areas were largely unused during substantial portions of the week. Supervised activities draw more people to the park. Online access: http://www.rand.org/pubs/technical_reports/TR357/

TR-358-NAVY Impacts of the Fleet Response Plan on Surface Combatant Maintenance. R. J. Yardley, R. Raman, J. Riposo, J. Chiesa, J. F. Schank. 2006.

To achieve a more responsive and more readily deployable fleet of surface combatants, the Navy adopted the Fleet Response Plan (FRP) in 2003 to replace its traditional ship maintenance and readiness cycle. The goal of the FRP is to have non-deployed ships achieve a high level of readiness earlier and to maintain high readiness longer so that they can deploy on short notice. However, a challenge of implementing the FRP is establishing the processes and procedures, as well as a ready industrial base, to facilitate maintenance planning and execution to meet the now unpredictable FRP surge requirements and maintenance demands. By concentrating specifically on the DDG-51 class of destroyers, the authors of this report look at the effects the FRP has had thus far and determine whether maintenance resources are meeting maintenance demands and whether related industry resources have been coordinated effectively. Overall, the authors determine that the initiative appears to have promising effects but that more time will be needed to assess maintenance supply and demand apart from the increase of funding tied to military operations post-September 11, 2001. Online access: http://www.rand.org/pubs/technical_reports/TR358/

TR-359-DOH Understanding Patients' Choices at the Point of Referral. P. Burge, N. Devlin, J. Appleby, F. Gallo, E. Nason, T. Ling. 2006.

The UK Department of Health is implementing a new system for GP specialist referrals, which will give NHS patients a choice of the hospital to which they will be referred. As of January 1st 2006, patients are being offered a choice of around five hospitals, pre-selected by their local primary care trust (PCT). By 2008, it is planned that all patients requiring a first outpatient attendance will have the choice of any NHS hospital (or private sector hospital contracting with the NHS) in England. This report details research undertaken jointly by RAND Europe, City University and the Kings Fund to investigate which factors are likely to drive patients' choices at the point of referral. The research team used stated preference discrete choice experiments to explore the priorities of patients, from which they estimated discrete choice models. These provide some insights not only into the types of information patients require, but also the value patients place on specific aspects of hospitals' performance and, more generally, their characteristics. The modelling results inform policy makers of the potential benefits of different ways of structuring and

informing patients' choices. Online access: http://www.rand.org/pubs/technical_reports/TR359/

TR-362-HOC The Evidence Base for the Classification of Drugs. R. Levitt, E. Nason, M. Hallsworth. 2006.

This report, prepared for the UK House of Commons Select Committee on Science and Technology, presents the results of four case studies examining the evidence base for the classification of illegal drugs in the context of the Misuse of Drugs Act 1971. It identifies the main evidence on the selected drugs (amphetamines and ecstasy, cocaine, magic mushrooms and cannabis) and examines the use of that evidence in classifying each drug. The report also briefly examines the classification systems in three other countries (the USA, Sweden and the Netherlands), giving information on the penalties and treatment regimes associated with them. The report provides a short introduction to the history of drug classification in the UK and general issues surrounding the types of evidence used in classifying drugs. The case studies examine the evidence of physical, social, psychological and economic harm associated with each drug and the use of that evidence by in government in making policy. This report does not aim to provide a comprehensive review of all the evidence available for the drugs or countries; rather it provides an overview of the evidence on drugs and classification systems, to assist the members of the committee to direct questions to witnesses in areas of specific interest to them for more in depth view information. The report may also be of wider interest to Parliament and others. Online access: http://www.rand.org/pubs/technical_reports/TR362/

TR-362/1-HOC The Evidence Base for the Classification of Drugs: Addendum: International Comparisons of Drug Control Policies and Systems. E. Nason, R. Levitt. 2006.

This short document is an addendum to a paper RAND Europe provided for the House of Commons Select Committee on Science and Technology in January 2006 on the evidence base for the classification of drugs (see Levitt et al., (2006). The evidence base for the classification of drugs, 2006, TR-362-HOC). That report included information on legislation, punishment, and treatment arrangements in the USA, the Netherlands, and Sweden, as comparators for the UK. The Committee subsequently asked RAND Europe to provide a further, short summary of those international comparisons, to complement the information already set out in the main report. This addendum provides selected additional information about drug use, strategy, punishment and treatment regimes, and drug education in the UK. It provides selected additional information on the USA, the Netherlands, and Sweden, to complement that already provided in the main report on drug education systems. The information is not a comprehensive review of all the evidence available for the four countries; rather it provides an overview of the drug classification systems and the punishment and treatment regimes in place. Online access: http://www.rand.org/pubs/technical_reports/TR362.1/

TR-369-RC The Repopulation of New Orleans After Hurricane Katrina. K. F. McCarthy, D. J. Peterson, N. Sastry, M. Pollard. 2006.

In November 2005, New Orleans city leaders asked RAND to estimate the repopulation of the city in the aftermath of Hurricane Katrina. The Bring New Orleans Back Commission needed estimates of the city's population in the immediate future (the next three to six months) and the near-term future (the next one to three years) to guide the redevelopment planning process. The study was completed in early January 2006. A conceptual framework based on the costs and benefits of migration and on the role of social networks and physical constraints guided the estimates. Housing habitability was determined to be the key driver of the future population of New Orleans. RAND developed an approach to estimating future population for four points in time based on estimates of housing habitability, which were, in turn, determined by floodwater depth and the pace of housing reconstruction, as well as an estimate of the pre-Katrina population by the condition of its housing after Katrina. An important role for policymakers in shaping the repopulation process in New Orleans will be to minimize the uncertainty faced by residents and businesses by speeding up the reconstruction process. Online access: http://www.rand.org/pubs/technical_reports/TR369/

TR-370-NCIPC Using Logic Models for Strategic Planning and Evaluation. V. A. Greenfield, V. L. Williams, E. Eiseman. 2005.

Like all federal programs, the National Center for Injury Prevention and Control (NCIPC) must carry out regular reviews using the Program Assessment Rating Tool (PART). PART provides a basis for evaluating programs' performance through a series of questions devoted to purpose and design, strategic planning, management, and results and accountability. NCIPC will commence its PART review in spring 2006. This report is the result of RAND's effort to assist NCIPC in developing its strategic plan, including goals and measures, and in preparation for its PART review. The analysis will also provide assistance to other federal agencies and programs with similar needs. Drawing on previous RAND analyses, this report shows how NCIPC can use logic modeling to meet its immediate needs (i.e., to develop goals and measures for its strategic plan and prepare for the PART review) and to implement sustainable, ongoing strategic planning and evaluation processes. Drawing on the prior analyses, this report emphasizes the use of a "logic model template" that incorporates operations and strategy. It presents three general approaches to conceptualizing strategic goals and a somewhat detailed approach for generating goals and

measures from the template and operational path. Taken together, the depiction of operations and strategy constitutes the complete logic model and the foundation for strategic planning. Online access: http://www.rand.org/pubs/technical_reports/TR370/

TR-371-ICJ Small Businesses and Workplace Fatality Risk: An Exploratory Analysis. J. M. Mendeloff, C. Nelson, K. Ko, A. Haviland. 2006.

Over 55 percent of Americans are employed in businesses with fewer than 100 workers. Policymakers have taken action to lessen regulatory burden on small business. However, evidence shows that small establishments-single physical locations-have much higher rates of deaths or serious injuries than do larger establishments. This study examined the relationship between fatality rate and business size, both in terms of establishment size and firm size, from 1992 to 2001. The analysis uses fatality data drawn from Occupational Safety and Health Administration (OSHA) accident investigation reports and employment data from the U.S. Department of Commerce and the U.S. Census Bureau. The study found the following: (1) The smallest establishments had the highest fatality rates. (2) Within firms of a given size, fatality risk still declines steadily with larger establishment size, but if one controls for establishment size, firm size has little impact on risk. (3) In small establishments, there is some protective value in being a small firm. (4) Higher fatality rates in small businesses are related to OSHA violations. (5) Electrocutions are slightly more common in small establishments. (6) Fatality rates at small establishments declined slightly over time. (7) Nonmetropolitan location and unionization were both associated with higher establishment fatality rates. Online access: http://www.rand.org/pubs/technical_reports/TR371/

TR-374-NAO Benchmarking of the Use of Personal Advisers in Jobcentre Plus. C. van Stolk, J. Rubin, J. Grant. 2006.

This report, which was commissioned by the National Audit Office (NAO), presents the results of a benchmarking study investigating the deployment and management of personal advisers in three employment education companies in the United Kingdom and the Netherlands. Online access: http://www.rand.org/pubs/technical_reports/TR374/

TR-376-OSD An Overview of Past Proposals for Military Retirement Reform. J. Christian. 2006.

By one estimate, between fiscal years 1995 and 2005, total compensation costs for current and former military personnel increased by almost 60 percent. The military retirement benefit remains a significant portion of these costs, and every change to accessions, retention, and basic pay today will have a future effect on pension expenditures. This technical report provides an overview of the history of U.S. military retirement studies and associated legislation, with a particular focus on the past 60 years of proposed reforms. It is organized around the following five major issues that have driven attempts at retirement system reform: cost, equity, selective retention, civilian comparability, and force management flexibility. The author finds that cost alone is reason to analyze the current retirement system, and reform proposals of the past have focused carefully on cost. However, he also finds that, as the military's mission evolves over time, it is also important to consider the sometimes subtle incentive effects that the retirement system has on service member behavior. Beyond considerations of cost, reform of the military retirement system necessarily involves ramifications for force structure and operational readiness. Online access: http://www.rand.org/pubs/technical_reports/TR376/

TR-377-AF Valuing Programmed Depot Maintenance Speed: An Analysis of F-15 PDM. E. G. Keating, E. N. Loredo. 2006.

Part of a larger RAND Project Air Force study on capability-based programming, this report introduces a revealed preference methodology to estimate the value to the United States Air Force of expediting F-15 fighter jet programmed depot maintenance (PDM). Such a valuation estimate would be useful in depot-level cost-benefit analysis. The authors rely on the fact that the Air Force has chosen to pay for intermittent PDM on F-15s to assert that F-15s must have enough value after PDM visits to justify PDM costs. Air Force expenditure data suggest that a typical fiscal year 2005 PDM visit cost about $3.2 million. Using the aircraft valuation curves consistent with PDM being worthwhile, the authors find that expediting an F-15's last PDM visit by a month must be worth at least $60,000. However, using a plausible annual aircraft valuation decline rate, they find that expediting an old F-15's last PDM visit by a month would be worth around $75,000, while expediting a new F-15's first PDM visit by a month would be worth more than $180,000. This report also explores various robustness enhancements. Consideration of aging aircraft issues, for instance, tends to increase the estimated value of expedited PDM. Online access: http://www.rand.org/pubs/technical_reports/TR377/

TR-378-AF A User's Guide to the Technical Training Schoolhouse Model. T. Manacapilli, B. Bennett. 2006.

In 2002, RAND Project AIR FORCE studied the data systems used by the Air Education and Training Command (AETC) to manage training costs and capacities. The schoolhouse model, developed to inform policy decisions regarding technical training pipeline issues, grew out of this study. The model examines resources used and training limitations encountered during the execution of a training program. At the same time, the AETC Studies and Analysis Squadron (SAS) built a similar set of planning and execution assessment tools. RAND and AETC SAS agreed

to combine the schoolhouse portion of their efforts into one model. The purpose of this report is to provide front-end users of the schoolhouse model with a reference for collecting and implementing data; it also briefly describes the simulation model and its uses. The model is potentially useful for evaluating changes in production and resources, highlighting resource bottlenecks, providing insight into classroom details such as empty seats and the rate of individuals who prove ineffective in training, and changes in production resulting from changes in resources, course syllabi, and washback and attrition rates. Online access: http://www.rand.org/pubs/technical_reports/TR378/

TR-381-EDU Improving the Achievement of Tennessee Students: Analysis of the National Assessment of Educational Progress. D. W. Grissmer, A. Flanagan. 2006.

This study evaluates the performance of Tennessee's students using data from the National Assessment of Educational Progress (NAEP) and explores the factors contributing to differences in this performance relative to other states to identify potential improvements in policy and spending decisions. It compares Tennessee's performance on selected NAEP tests with that of other participating states in the region and nation, and compares surveys of teachers and data on family characteristics and state-level spending on educational resources (such as teacher salaries, pupil-teacher ratios, and pre-kindergarten enrollment). This study employs statistical models using state-level data to investigate the role of family background and educational resource measures in achievement differences. While it is intended to benefit Tennessee policymakers, this study, which builds on prior RAND research, may be of interest to policymakers from other states for its approach and its comparisons of achievement and other measures across states. The appendix provides descriptions of the methodology, data, and estimation results that support the study's analysis. Online access: http://www.rand.org/pubs/technical_reports/TR381/

TR-383-AHRQ A Review of Current State-Level Adverse Medical Event Reporting Practices: Toward National Standards. M. K. Beckett, D. Fossum, C. S. Moreno, J. R. Galegher, R. Marken. 2006.

Nearly half of states require or request the reporting of adverse medical events. In 2003, the Institute of Medicine (Patient Safety: Achieving a New Standard of Care) called for the use of consistent standards for medical error reporting. Standardization will facilitate the creation of a national patient safety repository that aggregates data from states and enable policymakers to track trends in adverse events nationally. The Agency for Healthcare Research and Quality (AHRQ) is leading the national Patient Safety Initiative to combat medical errors. This report summarizes the results of an AHRQ sponsored 50-state survey of adverse reporting systems in 2004. It documents the consistency of information that states are collecting as part of their reporting systems, identifies issues related to establishing a national patient safety repository, and presents an action plan to implement a standardized nationwide system elicited from an external advisory panel that was convened explicitly for this purpose. Online access: http://www.rand.org/pubs/technical_reports/TR383/

TR-384-EFC Impacts on U.S. Energy Expenditures of Increasing Renewable Energy Use. M. Bernstein, J. Griffin, R. J. Lempert. 2006.

In his 2006 State of the Union address, President George W. Bush enunciated goals for increasing the use of biomass fuels in transportation and curbing oil imports. Using a computer model, RAND assessed the possible impact that a 25-percent renewable energy target for electricity and motor vehicle ground transportation could have on total national energy expenditures and on emissions of local air pollutants and carbon dioxide by the year 2025. Currently, 6 percent of America's energy use comes from renewable sources, including hydropower. The authors estimate that about 18 percent of total demand in 2025 could be met by renewables. Further, as renewable energy supplants nonrenewable energy, demand for fuels declines, driving down the prices of fossil fuels in the model. In most cases considered in the study, significant reductions in carbon dioxide emissions could also be achieved. The authors were able to identify potential critical points and ranges where changes in the prices of oil, gas, coal, or renewable technologies are found to result in a reduction or increase in energy expenditures. Online access: http://www.rand.org/pubs/technical_reports/TR384/

TR-388-PAP An Evaluation Framework for "Foundations for Living": Supporting Disabled People to Live Independently in the Community. T. Ling, E. Nason. 2006.

RAND Europe has created an evaluation framework for the Papworth Trust's new independent living project, "Foundations for Living" (FfL), and from this developed performance measures to support learning and accountability. FfL aims to create independent living opportunities through individual accessible flats in a town centre location in Huntingdon. These are built in association with flats on sale to the general public, with the aim of creating an inclusive community. They are also co-located with a community learning centre, designed to offer learning opportunities for both disabled people and the wider community. Based within the community learning centre there will be a dedicated community outreach team, providing housing and day support services to disabled people in Huntingdon. RAND Europe has provided a study that: —Creates logic models of the FfL project as a whole and of individual streams (such as housing, community learning centre, community outreach and "back at the ranch" issues) on which to base the evaluation framework. —Validates those models using a series of interviews, focus

groups and workshops with Papworth Trust clients, managers, staff and external partners. —Creates a series of performance indicators and measures that fit with the logic models of FfL. —Will provide both learning and accountability for FfL, allowing the Trust to provide better services for their clients. This study was undertaken for the Papworth Trust, a Cambridge-based disability charity providing supported housing, progression services, employment, and day support. Online access: http://www.rand.org/pubs/technical_reports/TR388/

TR-389-NIJ Race and the Decision to Seek the Death Penalty in Federal Cases. S. P. Klein, R. A. Berk, L. Hickman. 2006.

This study examined the relationship between the federal government's decision to seek the death penalty in a case and that case's characteristics, including the defendant's and victim's races. This research began by identifying the types of data that would be appropriate and feasible to gather. Next, case characteristics were abstracted from Department of Justice Capital Case Unit (CCU) files. Defendant- and victim-race data were obtained from electronic files. Finally, three independent teams used these data to investigate whether charging decisions were related to defendant or victim race. The teams also examined whether these decisions were related to case characteristics and geographic area. There are large race effects in the raw data that are of concern. However, all three teams found that controlling for nonracial case characteristics eliminated these effects, and that these characteristics could predict the seek decision with 85 to 90 percent accuracy. These findings support the view that decisions to seek the death penalty were driven by heinousness of crimes rather than by race. Nevertheless, these findings are not definitive because of the difficulties in determining causation from statistical modeling of observational data. Online access: http://www.rand.org/pubs/technical_reports/TR389/

TR-391-CTRMP Considering the Effects of a Catastrophic Terrorist Attack. R. C. Molander, C. Meade. 2006.

In recent years, there has been a growing concern that targeted acts of terrorism, focused on critical economic infrastructure, could produce cascading social and economic effects on a very wide scale. The authors carry out a scenario analysis and strategic gaming revolving around a catastrophic terrorist attack on the Port of Long Beach. The authors describe the results from this investigation and provide many of the primary results from the analysis in the appendixes. The analysis tools developed by the authors for this study lay the groundwork for research exploring both the short- and long-term effects of catastrophic events. The need is pressing to continue such investigations, particularly of longer-term economic repercussions. This work would entail developing scenarios for a new generation of strategic games. The overarching goals would be to gain insight into the decision landscape in the months following attacks of this magnitude with a focus on identifying where existing systems are likely to fail and evaluating the benefits of a range of potential economic policies. With these types of tools, policymakers could start to anticipate the types of decisions they might be called upon to make, reflect in times of relative calm on their options, and plan well in advance for contingencies. Online access: http://www.rand.org/pubs/technical_reports/TR391/

TR-399-OCW "Echte Kanjers Verdienen Beter": Een Analyse Van De Financiering Van De Grote Onderzoeksfaciliteiten Van TNO En De GTIs. G. van Rhee, T. Galama, E. Horlings, M. Lankhuizen, S. Nooij. 2006.

In order to increase the effectiveness of large technological institutes in the Netherlands, additional revenues or government support are needed to achieve healthy exploitation of all facilities examined, to provide good access to facilities for universities and researchers, to realise a high-quality infrastructure, and to create a level playing field. Based on the analysis of the current situation, the 23 facilities investigated for this study have a combined shortage of funds between 20 and 30 million Euros per annum. This report provides a coherent set of recommendations for the government and large technological institutes to realise a sustainable model for market-driven financing in the long- and medium-term. Analysis was based on data collected on 23 Dutch and 16 foreign facilities and on 26 interviews with (potential) clients and the policy measures in five other countries. This research was done by RAND Europe as part of a general set of activities aimed at increasing the effectiveness of large technological institutes of the Netherlands. A steering committee with members from five ministries commissioned this study, which addresses questions relating to the current financing and to options for the future financing of existing research facilities. Online access: http://www.rand.org/pubs/technical_reports/TR399/

TR-401 Reducing Terrorism Risk at Shopping Centers: An Analysis of Potential Security Options. T. LaTourrette, D. R. Howell, D. E. Mosher, J. M. Macdonald. 2006.

Terrorist threat at shopping centers is a prominent concern, with over 60 terrorist attacks against shopping centers in 21 countries since 1998. Shopping center operators are beginning to explore and implement increased security efforts specifically designed to combat terrorism. This report offers qualitative and quantitative modeling approaches to help shopping center operators evaluate candidate security options in terms of their effectiveness at reducing terrorism risk, reaching the following conclusions. First, a strategy to reduce terrorism risk will be similar for most shopping centers. Second, because terrorism security at shopping centers is based primarily on deterrence, disaster preparedness plans and exercises do little to reduce terrorism

risk. Third, centers that implement terrorism security options early may experience both challenges (shoppers may be annoyed enough to go elsewhere) and advantages (shoppers may prefer shopping in centers they feel are safer). Fourth, a tiered implementation may be the best strategy-implementing security options most appropriate for now and developing plans for the future. Finally, this analysis provides useful guidance about prioritizing security options to reduce terrorism risk, but it does not address the risk of terrorism overall or when to begin implementing terrorism security options. Online access: http://www.rand.org/pubs/technical_reports/TR401/

TR-405-OSD Infectious Disease and National Security: Strategic Information Needs. G. Cecchine, M. Moore. 2006.

The global community has suffered recently from newly emerged infectious diseases and from diseases once thought to be in decline. It now faces the threat of a human influenza pandemic arising from the recently emerged avian influenza H5N1 virus. The pace of global travel, migration, and commerce has increased dramatically in recent decades, elevating the risk of a global infectious disease outbreak. The spread of infectious disease can have significant effects on U.S. and world security, destabilizing nations and regions through direct mortality and morbidity, resulting in staggering economic and social loss. Collection and analysis of information about the worldwide incidence of infectious disease is imperative for the United States to understand and respond to disease threats. This study, conducted from July through October 2005, examines infectious disease within the context of national security and assesses the need for and adequacy of information that will enable U.S. policymakers to prevent and respond to such threats. At the center of this research is a review of the link between infectious disease and national security, as well as interviews with policymakers and other stakeholders to assess their information needs. This report includes a list of sources providing public health information and surveillance of infectious diseases worldwide. Online access: http://www.rand.org/pubs/technical_reports/TR405/

TR-407-AHRQ Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees. S. S. Teleki, C. Damberg, M. E. S. Sorbero, A. M. Fremont, L. Bradley, D. Farley. 2006.

The Patient Safety Improvement Corps (PSIC), part of the Agency for Healthcare Research and Quality's (AHRQ's) patient safety initiative, is a program of three one-week sessions (didactic lessons, homework, and a team project) operated collaboratively by the AHRQ and the Veterans' Affairs (VA) National Center for Patient Safety (NCPS). Its purpose is to improve patient safety in the nation by increasing the number and capacity of health care professionals with patient safety knowledge and skills, achieved through training teams from all 50 U.S. states over three years. This report presents findings from RAND's evaluation of the first two years of the PSIC. Data were collected through in-person, group interviews with trainees at the final training session in May 2004 and May 2005, and through individual telephone interviews with the first-year trainees one year later. Overall, reported experiences were positive. Participants valued the broad perspective gained, and the tools and skills they learned and continue to use. They appreciated and continued to draw upon the technical aspects, the hands-on exercises, the knowledge gained through team projects, and the reference materials. Additionally, they value the networking opportunities, and they have made efforts to spread their knowledge. Significantly, there are strong indications that the program has contributed to actions in the field to improve patient safety. Key barriers challenging trainees' program participation and ability to make changes at their home organizations included lack of resources and cultural obstacles (such as blaming individuals for system problems). A need for continued training and programs to train larger, more-diverse teams was also noted. The findings suggest that the PSIC is making important contributions toward building a national infrastructure to support implementation of effective patient safety practices. Online access: http://www.rand.org/pubs/technical_reports/TR407/

TR-412-EC An Ex Ante Assessment of the Economic Impacts of EU Alcohol Policies. E. Horlings, A. Scoggins. 2006.

RAND Europe was asked to conduct an evidence-based ex ante impact assessment of a proposed Communication on alcohol policy, with a focus on economic impacts. The European Commission intends to create a comprehensive alcohol policy to combat the harmful effects of alcohol use in the European Union, especially with respect to the young. DG Health and Consumer Protection is designing a Communication on alcohol policy that will give shape to this comprehensive policy. The proposed policy aims to reduce the harmful impacts of alcohol use, while preserving its beneficial economic and social value added. As with all major policy and expenditure proposals, this Communication requires an evidence-based ex ante impact assessment. Online access: http://www.rand.org/pubs/technical_reports/TR412/

TR-413-RC How Schools Can Help Students Recover from Traumatic Experiences: A Tool-Kit for Supporting Long-Term Recovery. L. Jaycox, L. K. Morse, T. L. Tanielian, B. D. Stein. 2006.

Many changes in students' performance and behavior stem from their experience of, for example, witnessing violence, undergoing assault or abuse, living through natural disasters, or experiencing acts of terrorism. This tool kit describes how such changes appear in the school setting and provides a compendium of programs available to schools that help

support the long-term recovery of traumatized students. The tool kit describes how to select students for such programs and possible ways to fund those programs. It compares the programs with one another according to the types of trauma they address, the problems they target, the requirements for training and implementation, and evidence for a program's effectiveness. Finally, it gives a one-page information sheet on each selected program, summarizing the objective, intended population, and format of the program and providing details on implementation, personnel training and materials, and contact information. Online access: http://www.rand.org/pubs/technical_reports/TR413/

TR-414-OFCOM Assessing Indirect Impacts of the EC Proposals for Video Regulation. C. Marsden, J. A. K. Cave, E. Nason, A. Parkinson, C. Blackman, J. Rutter. 2006.

This research report was commissioned by the UK communications regulator, the Office of Communications (Ofcom). The European Commission in December 2005 proposed an Audiovisual Media Services Directive (AVMS), which extends television broadcast regulation to Internet Protocol delivery. The report examines the indirect impacts of the proposal's regulatory definitions for new multimedia services in the UK and across Europe, and the specific effects of regulation in three case studies: Internet Protocol TV (IPTV), online games and mobile multimedia. The forerunner of the AVMS (the 'Television without Frontiers' Directive) affects only licensed broadcasters directly. The AVMS as proposed will affect a very broad range of stakeholders who were regulated by generic regulation such as the E-Commerce Directive. We conclude that the AVMS proposal does not offer firms, particularly the small and medium-sized enterprises (SMEs) that can be expected to play a major role in driving new media innovation, with sufficient regulatory certainty to encourage investment in European Union (EU) multimedia sectors. This study does not attempt to describe material changes or improvements that could be made to the draft Directive to ameliorate the regulatory impacts identified, but the study does point to the need for greater regulatory certainty as to the scope of the regulation of new services and the need for clear commitment to 'light touch' regulatory techniques. Online access: http://www.rand.org/pubs/technical_reports/TR414/

TR-428-LA Governing Urban School Districts: Efforts in Los Angeles to Effect Change. C. H. Augustine, D. Epstein, M. Vuollo. 2006.

Many urban school district students are dropping out and few of the remaining ones reach state or district achievement goals. These problems make governing urban schools both difficult and important. In 2005–06, the governance structure of the Los Angeles Unified School District (LAUSD) was examined, debated, criticized, and praised by several different constituencies, including the mayor, who sought to take over the district. This report focuses on the bid for mayoral control of LAUSD and the competing efforts on behalf of various stakeholders. It sets the struggles that took place in Los Angeles in a national context, drawing on the literature on educational governance to analyze the political process and the resulting policy change. New legislation ushers in an untried governance system with the potential to both improve and worsen the governance of the district. The legislation allows the mayor to develop new approaches to schooling in three high schools and their feeder schools. If this cluster management project demonstrates improvements, the approaches he employs could be applied to other schools in the district. Evaluating this endeavor and determining its effects on student outcomes is vital. Online access: http://www.rand.org/pubs/technical_reports/TR428/

TR-429-NAO German Introduction to Single Farm Payments. C. van Stolk, J. Tiessen, C. Von Schoeler, K. Wegrich. 2006.

This study, commissioned by the UK National Audit Office, gives an overview of the introduction of single farm payments in Germany. This research details the specifics of the German payment system and the process of implementation. Online access: http://www.rand.org/pubs/technical_reports/TR429/

TR-430-RC Student Displacement in Louisiana After the Hurricanes of 2005: Experiences of Public Schools and Their Students. J. F. Pane, D. F. McCaffrey, S. Tharp-Taylor, G. J. Asmus, B. R. Stokes. 2006.

Hurricane Katrina was the most costly and devastating natural disaster in U.S. history. It and Hurricane Rita combined left the Gulf region with tremendous challenges for recovery and the need to rebuild infrastructure and reestablish services. This report focuses on the displacement of approximately 200,000 public school students in Louisiana. To help guide educators and policymakers in their ongoing responses to this disaster and in their preparations for future events, this technical report documents many of the short-term effects of the movements of students caused by the storms. Focusing on the Louisiana public school system, it explores the experiences of displaced students during the first academic year following the hurricanes: their movements among schools, the durations of enrollments at each site, time out of school, and the number and characteristics of students fitting each of four patterns of movement. It also reports on the effects of the displacement on schools and their students, and policies adopted in response to serving displaced students. Using Louisiana's student data system, we obtained information about all students in the state who entered or exited a public school at any time during the 2005–06 school year because of the hurricanes, and we surveyed principals from a stratified sample of schools serving displaced students statewide. The student displacement due to Hurricanes

Katrina and Rita persisted throughout the entire 2005-06 school year; 55 percent of the displaced students ended the school year outside their original schools. The students who remained displaced were disproportionately minority students and students who had been achieving poorly prior to the storms. But even among those students who have returned to their original schools, a substantial amount of schooling was lost, and the effects of the storms linger. Principals reported that displaced students, both those who have returned to their original schools and those who have enrolled elsewhere in the state, exhibited several common symptoms of trauma. In some schools, the displaced students were more likely than others to engage in fighting, arguing, bullying, eating or playing in isolation, and violating school rules; they were less likely to engage in school clubs, activities, social events, or sports teams. Principals also frequently reported that displaced students were more likely than preexisting students to need mental health counseling. Schools throughout the state and the nation will continue to be called on to serve displaced students, and it is imperative that they obtain the resources they need to serve them well. Policies and resources to help teachers manage their own hurricane-related problems and mental health needs might ultimately improve the services teachers provide to students. Finally, education officials at both the state and local levels would benefit from better access to complete and accurate student records and a national system to coordinate two-way sharing of student information across state boundaries. Online access: http://www.rand.org/pubs/technical_reports/TR430/

TR-437-EC Intermediate Evaluation of Directorate-General Health and Consumer Protection Non-Food Scientific Committees : Final Report. R. Levitt, S. Hoorens, M. Hallsworth, J. Rubin, L. Klautzer. 2006.

This report analyzes the findings of an intermediate evaluation of the three non-food scientific committees at the European Commission Directorate-General for Health and Consumer Protection (DG SANCO). These committees provide the commission with scientific advice to prepare policy and proposals in the areas of consumer safety, public health and the environment. This report assesses that advice, guides the commission services in the renewal of the membership of the three scientific committees in 2007, and draws the commission's attention to new or emerging issues that may pose an actual or potential threat. The remit of the research was set by the European Commission. Using document review, interviews and analysis of five case studies, the authors of this report assessed the committees on six main issues: 1) efficiency and timeliness; 2) relevance and impact; 3) coherence; 4) confidence in the soundness of scientific opinions; 5) independence and transparency; and 6) interface between the commission services and the scientific committees. Overall, the committees function adequately and pay substantial contribution to the evidence-base upon which decision-making by the European Commission is established. However, the intermediate evaluation earmarked various practical recommendations to further improve the process of scientific advice and its implementation in DG SANCO policymaking. Online access: http://www.rand.org/pubs/technical_reports/TR437/

TR-445-CC Police-Community Relations in Cincinnati: Year Two Evaluation Report. G. K. Ridgeway, T. L. Schell, K. J. Riley, S. Turner, T. L. Dixon. 2006.

In 2002, the Cincinnati Police Department (CPD), the Fraternal Order of Police, and the American Civil Liberties Union (ACLU) initiated a collaboration to resolve social conflict, improve community relations, and avoid litigation in Cincinnati. The collaborative agreement requires the participants to undertake collective efforts to pursue five primary goals: (1) ensure that police officers and community members partner proactively to solve community problems; (2) build respect, cooperation, and trust within and between police and communities; (3) improve CPD education, oversight, monitoring, hiring practices, and accountability; (4) ensure fair, equitable, and courteous treatment for all; and (5) establish public understanding of police policies and procedures and recognize exceptional service to foster support for police. The parties chose the RAND Corporation to evaluate progress for five years and to publish its findings in annual reports. RAND surveyed citizens and officers, reviewed statistics, examined traffic stop data, and analyzed recorded police-citizen interactions, for this, the second annual report. Online access: http://www.rand.org/pubs/technical_reports/TR445/

TR-448-NAO Interventions to Reduce Anti-Social Behaviour and Crime: A Review of Effectiveness and Costs. J. Rubin, L. Rabinovich, M. Hallsworth, E. Nason. 2006.

Antisocial behaviour is an increasingly key topic of public concern. According to home office statistics, around 66,000 reports of antisocial behaviour (ASB) are made to authorities each day. Vandalism alone, one type of ASB, is estimated to cost victims and the criminal justice system around $1.3 billion a year. In this context, government is introducing new legal instruments and policy initiatives to tackle ASB. The National Audit Office (NAO) has begun a study of a range of measures used by the Home Office to address the problem. As part of its study, the NAO commissioned a review of the existing literature on the effectiveness, costs and benefits for intervention. This review is intended to identify and synthesise research and literature relevant to the issues addressed by the NAO study. Online access: http://www.rand.org/pubs/technical_reports/TR448/

RESEARCH BRIEFS

RB-125-1-AF Managing Cost and Capacity Data in the Air Force's Education and Training Command. T. Manacapilli, B. Bennett, L. A. Galway, J. Weed. 2006.

The Air Education and Training Command relies on cost and capacity data to ensure that it can train the number of professional airmen needed to meet U.S. national security demands. Currently, systemic obstacles prevent these data from flowing to strategic and corporate managers in the most useful way. This PAF study suggests measures to improve the flow and usage of cost and capacity data in the Air Force's technical training programs. Online access: http://www.rand.org/pubs/research_briefs/RB125–1/

RB-173-AF U.S. Military has Important but Limited Long-Term Role in Central Asia. O. Oliker, D. A. Shlapak. 2005.

This research brief analyzes the implications of economic, political, and social trends in Central Asia and examines the U.S. military role in the area. Online access: http://www.rand.org/pubs/research_briefs/RB173/

RB-178-AF South Asia's New Strategic Importance Calls for Stronger U.S. Military Relations in the Region. J. E. Peters, J. Dickens, D. Eaton, C. C. Fair, N. Hachigian, T. W. Karasik, R. Lal, R. M. Swanger, G. F. Treverton, C. Wolf. 2006.

This research brief highlights key factors in South Asia imperiling U.S. interests, and suggests steps the U.S. military might take to advance and defend U.S. interests in the region. Online access: http://www.rand.org/pubs/research_briefs/RB178/

RB-179-AF New Analytic Methods Can Improve the Development of Air Force Space and Missile Officers. G. Vernez, C. Moore, S. C. Martino, J. Yuen. 2006.

This research brief describes work that responded to Air Force concerns that space and missile officers may not have the skills and backgrounds needed for their jobs by providing new methods of analyzing job requirements and career paths. Online access: http://www.rand.org/pubs/research_briefs/RB179/

RB-180-AF Commercial Purchasing and Supply Management Practices Can Help the Air Force Reduce Costs. N. Y. Moore, L. H. Baldwin, F. A. Camm, C. R. Cook. 2006.

This research brief draws lessons from commercial practices that may be applicable to Air Force purchasing and supply management with an emphasis on a shift from tactical to strategic thinking and ensuring successful, permanent change. Online access: http://www.rand.org/pubs/research_briefs/RB180/

RB-181-AF The Air Force Should Rethink Its Plan for Sustainment Surge. C. R. Cook, J. A. Ausink, C. R. Roll. 2005.

This research brief reviews the Air Force's sustainment surge plans and operations in light of new operational demands and recommends ways to effectively meet these demands in the future. Online access: http://www.rand.org/pubs/research_briefs/RB181/

RB-182-AF Enhancing Airlift Planning and Execution in the Joint Theater Distribution System. R. S. Tripp, K. F. Lynch, C. R. Roll, J. Drew, P. H. Mills. 2006.

This research brief describes how improvements in processes, organization, doctrine, training, and systems can help improve the effective and efficient movement of equipment and personnel in contingency operations. Online access: http://www.rand.org/pubs/research_briefs/RB182/

RB-183-AF Integrated Operational and Combat Support Planning Will Support Air and Space Expeditionary Forces. P. H. Mills, K. Evers, D. Kinlin, R. S. Tripp. 2006.

This Research Brief summarizes improvements and shortfalls of the Air Force's combat support command and control (CSC2) architecture and recommends further improvements that will be integral to its continued success. Online access: http://www.rand.org/pubs/research_briefs/RB183/

RB-184-AF Measuring Capabilities of Air and Space Expeditionary Forces to Meet Policy Goals and Control Deployments. D. Snyder, M. J. Carrillo, A. Resnick, P. H. Mills. 2006.

This research brief summarizes a RAND Project AIR FORCE recommended method for quantifying Air and Space Expeditionary Force capabilities in terms of support and sustainment requirements of potential deployments. Online access: http://www.rand.org/pubs/research_briefs/RB184/

RB-186-AF Better Methods of Analyzing Cost Uncertainty Can Improve Acquisition Decisionmaking. M. V. Arena, O. Younossi, L. A. Galway, B. Fox, J. C. Graser, J. M. Sollinger, F. Wu, C. Wong. 2006.

This research brief looks at the Air Force's cost estimation process for weapon systems and reviews ways of implementing cost uncertainty analysis to better understand the costs of future weapon systems. Online access: http://www.rand.org/pubs/research_briefs/RB186/

RB-187-AF The U.S. Air Force's Aging Fleets Require an Improved Structural Integrity Program. Y. Kim, S. Sheehy, D. Lenhardt. 2006.

This research brief recommends ways the Air Force can strengthen and improve its Aircraft Structural Integrity Program. Online access: http://www.rand.org/pubs/research_briefs/RB187/

RB-188-AF Economic Development in Central Asia Is a Long-Term Security Concern. S. Mahnovski, K. Akramov, T. W. Karasik. 2006.

This research brief assesses the economic dimensions of security in post-Soviet Central Asia and considers their implications for the role of the United States. Online access: http://www.rand.org/pubs/research_briefs/RB188/

RB-189-AF Positioning War Reserve Materiel Requires a Flexible, Global Approach. M. A. Amouzegar, R. G. McGarvey, R. S. Tripp, L. Luangkesorn, T. Lang, C. R. Roll. 2006.

This research brief summarizes strategies for positioning war reserve materiel so that it can support a variety of future combat operations at minimal cost and maximum speed. Online access: http://www.rand.org/pubs/research_briefs/RB189/

RB-190-AF New Techniques Help to Estimate Systems Engineering and Program Management Costs for Military Aircraft and Guided Weapons. D. E. Stem, M. Boito, O. Younossi. 2006.

This research brief summarizes trends in the cost of systems engineering and program management for military aircraft and guided weapon systems and factors driving those costs. Online access: http://www.rand.org/pubs/research_briefs/RB190/

RB-191-AF Spend Analyses Conducted for the Air Force F100 Engine Demonstration. M. E. Chenoweth, C. A. Grammich. 2006.

This research brief uses a spend analysis on the F100 engine to show how certain commercial best practices can help the Air Force identify specific goals related to managing outside suppliers and help achieve cost and performance goals. Online access: http://www.rand.org/pubs/research_briefs/RB191/

RB-192-AF A New Planning System Can Help Balance Depot-Level Repair Budgets with Aircraft Readiness Goals. R. J. Hillestad, R. Kerchner, L. W. Miller, A. Resnick, H. L. Shulman. 2006.

This research brief describes a methodology for making depot-level repair budgets with a clear understanding of the readiness consequences of the associated trade-offs. Online access: http://www.rand.org/pubs/research_briefs/RB192/

RB-193-AF What Is the Future of Striking First in U.S. National Security Strategy? K. P. Mueller, J. Castillo, F. E. Morgan, N. Pegahi, B. Rosen. 2006.

This research brief reports that the new emphasis on striking first in U.S. national security policy since September 11, 2001, will not likely produce a correspondingly great change in the future shape or use of American military power. Online access: http://www.rand.org/pubs/research_briefs/RB193/

RB-194-AF "Evolutionary Acquisition" Is a Promising Strategy, but has Been Difficult to Implement. M. A. Lorell, J. Lowell, O. Younossi. 2006.

This research brief summarizes lessons learned from the implementation of evolutionary acquisition strategies on U.S. Department of Defense space programs. Online access: http://www.rand.org/pubs/research_briefs/RB194/

RB-195-AF U.S. Joint Doctrine Should Be Revised to Reflect the Changing Roles of Air and Ground Power. D. E. Johnson. 2006.

This research brief looks at applications of U.S. air and ground power in post-Cold War operations and the implications of air power largely supplanting ground power in future deep operations. Online access: http://www.rand.org/pubs/research_briefs/RB195/

RB-196-AF Asian Countries Are Divided About U.S. Security Intentions in Central Asia. R. Lal. 2006.

This research brief highlights the nature of Asian states' interests and influence in Central Asia, as well as their interpretations of U.S. intentions in the region, as a starting point for shaping future U.S. policy in Central Asia. Online access: http://www.rand.org/pubs/research_briefs/RB196/

RB-197-AF Emerging Security Environment Requires Sophisticated Intelligence, Rapid Response, and Long-Range Capabilities. D. A. Shlapak. 2006.

This research brief offers recommendations related to the future security environment and the balance of demands between the needs of major combat operations and those of counterterrorism, counterinsurgency, and nation-assistance. Online access: http://www.rand.org/pubs/research_briefs/RB197/

RB-198-AF Transforming Combat Support in the Air National Guard Would Support Air Force Deployment and Sustainment Goals. R. S. Tripp, K. F. Lynch, R. G. McGarvey, D. Snyder, R. Pyles, W. A. Williams, C. R. Roll. 2006.

This research brief summarizes an evaluation of four options for transforming Air National Guard combat support mission areas to enhance support to the Air and Space Expeditionary Force. Online access: http://www.rand.org/pubs/research_briefs/RB198/

RB-200-AF As Enemies Put Innocents at Risk, U.S. Military Must Continue Efforts to Minimize Civilian Deaths and Be Positioned to Better Inform the Public When Casualties Do Occur. E. V. Larson, B. Savych. 2006.

This research brief describes the use of civilians as human shields by U.S. enemies and discusses how the U.S. military must continue efforts to minimize civilian deaths and to be positioned to better inform the public when casualties do occur. Online access: http://www.rand.org/pubs/research_briefs/RB200/

RB-201-AF Analysis of Alternatives for Recapitalizing the Air Force's KC-135 Aerial Refueling Tanker. M. Kennedy, L. H. Baldwin, M. Boito, K. Calef, J. Chow, J. Cornuet, M. Eisman, C. Fitzmartin, J. R. Gebman, E. Ghashghai, J. Hagen, T. Hamilton, G. G. Hildebrandt, Y. Kim, R. S. Leonard, R. Lewis, E. N. Loredo, D. Norton, D. T. Orletsky, H. S. Perdue, R. Pyles, T. L. Ramey, C. R. Roll, W. L. Stanley, J. Stillion, F. S. Timson, J. Tonkinson. 2006.

This research brief describes an analysis that assessed alternatives for recapitalization of the ageing KC-135 air tanker fleet. Online access: http://www.rand.org/pubs/research_briefs/RB201/

RB-202-AF U.S. Counterterrorism Strategy Must Address Ideological and Political Factors at the Global and Local Levels. A. Rabasa, P. Chalk, K. Cragin, S. A. Daly, H. S. Gregg, T. W. Karasik, K. A. O'Brien, W. Rosenau. 2006.

This research brief summarizes threats to the United States and U.S. security interests from terrorist and other extremist organizations and describes the elements of U.S. strategies to counter them.

RB-205-AF Market Research Can Help the Air Force Maintain a High-Quality Supply Base. N. Nicosia, N. Y. Moore. 2006.

This research brief summarizes a "how-to" guide for U.S. Air Force commodity teams tasked with conducting market research in order to improve Air Force procurement by emulating commercial best practices. Online access: http://www.rand.org/pubs/research_briefs/RB205/

RB-206-AF Older Commercial Aircraft Have Relatively Stable Total Maintenance Costs. M. C. Dixon. 2006.

This research brief describes how the experience of the commercial sector can help the Air Force forecast long-term aircraft maintenance costs, despite differences in the typical service life and how the aircraft are flown. Online access: http://www.rand.org/pubs/research_briefs/RB206/

RB-208-AF The U.S. Air Force Should Take Steps to Balance Manpower, Skill Levels, and Personnel Tempo. R. E. Conley, A. A. Robbert, J. G. Bolten, M. J. Carrillo, H. G. Massey. 2006.

This research brief examines ways to address the disconnect between authorized personnel at home bases and those actually available in an era of increased deployments. Online access: http://www.rand.org/pubs/research_briefs/RB208/

RB-209-AF "Sense and Respond" Capabilities Can Make the Air Force Combat Support System More Agile. R. S. Tripp, M. A. Amouzegar, R. G. McGarvey, R. Bereit, D. A. George, J. Cornuet. 2006.

This research brief summarizes a promising approach-sense and respond combat support-to distributing materiel to fielded forces as they need them and to adapting quickly to changing operational needs. Online access: http://www.rand.org/pubs/research_briefs/RB209/

RB-211-AF Building Partner Capacity Is the Key to a Successful Counterinsurgency Strategy. A. Vick, A. Grissom, W. Rosenau, B. Grill, K. P. Mueller. 2006.

This research brief examines ways the U.S. Air Force can contribute to allies' conterinsurgency efforts by providing advice; education; and, when necessary, physical and technological assistance to partner-nation air forces. Online access: http://www.rand.org/pubs/research_briefs/RB211/

RB-212-AF What Is the Monetary Value of Expediting Aircraft Programmed Depot Maintenance? E. G. Keating, E. N. Loredo. 2006.

This research brief summarizes the cost-benefit analysis of expediting programmed depot maintenance (PDM) for F-15s by the U.S. Air Force using a methodology based on declining aircraft valuation, relating the value of expedited PDM to aircraft age. Online access: http://www.rand.org/pubs/research_briefs/RB212/

RB-4519-1 Effects of Medicare's Prospective Payment System on the Quality of Hospital Care. D. Draper, W. H. Rogers, K. L. Kahn, E. B. Keeler, E. J. Reinisch, M. J. Sherwood, M. J. Carney, J. Kosecoff, H. Savitt, H. M. Allen, L. V. Rubenstein, R. H. Brook, C. P. Roth, C. H. Chew, S. S. Bentow, C. J. Kamberg. 2006.

This research brief summarizes a study of how Medicare's prospective payment system (PPS) affected the quality of care for hospitalized Medicare patients. Online access: http://www.rand.org/pubs/research_briefs/RB4519–1/

RB-9053-2 The First National Report Card on Quality of Health Care in America. E. A. McGlynn, S. M. Asch, J. L. Adams, J. Keesey, J. Hicks, A. H. DeCristofaro, E. A. Kerr, C. M. Setodji, M. M. Hogan, R. A. Hayward, P. G. Shekelle, L. V. Rubenstein, S. Malik. 2006.

Key findings: —Overall, adults received about half of recommended care. -Quality of care was similar in all of the metropolitan areas studied. -Quality varied across conditions, and across communities for the same condition. -No community had consistently the best or worst quality. -All sociodemographic groups were at risk for poor care. -Systemwide investments in health information technology, performance tracking, and incentives for improvement are needed to improve care. Online access: http://www.rand.org/pubs/research_briefs/RB9053–2/

RB-9073 Forging the Link Between Alcohol Advertising and Underage Drinking. R. L. Collins, K. Hambarsoomians, P. L. Ellickson, D. F. McCaffrey. 2006.

Key findings: —Alcohol advertising appears to promote adolescent drinking. —Different kinds of ads have different effects depending on a youngster's prior alcohol use. —Children recognize certain alcohol advertisements at an early age. —School drug prevention programs can blunt the impact of alcohol ads on youth. Online access: http://www.rand.org/pubs/research_briefs/RB9073/

RB-9150 Deployment, Stress, and Intention to Stay in the Military. J. R. Hosek, J. Kavanagh, L. Miller. 2006.

This research brief summarizes a multidisciplinary study to provide insight into the effect of deployment on military personnel and permit several implications to be drawn for policy. Online access: http://www.rand.org/pubs/research_briefs/RB9150/

RB-9151 Consumer Decisionmaking in the Insurance Market. M. B. Buntin, J. J. Escarce, K. Kapur, J. M. Yegian, M. S. Marquis, T. A. Louis. 2006.

Key findings: Only about 7 percent of the nonelderly purchase individual insurance. —People in poor health pay about 10 percent more for insurance than their healthy counterparts. —It would take very large price subsidies to attract new purchasers. —Reducing nonprice barriers, such as the effort required to get information about insurance products, would spur purchase about as much as modest subsidies. —Consumers are willing to pay higher premiums to have lower deductibles. —Maintaining an individual insurance market will probably require controlling premium costs. Online access: http://www.rand.org/pubs/research_briefs/RB9151/

RB-9165-OSD Is Military Disability Compensation Adequate?. R. J. Buddin, K. Kapur. 2006.

Military and civilian systems have different philosophies about compensation, but both face substantial program growth. Severely disabled military retirees receive disability payments that are much larger than their civilian earnings losses. However, most disabled retirees have less serious injuries that have little effect on their civilian work and earnings. Finally, the system itself is unduly complex, which is likely to confuse and frustrate both veterans and policymakers. Online access: http://www.rand.org/pubs/research_briefs/RB9165/

RB-9166-OSD Acquiring Simulation Training: Evaluating and Implementing an Innovative Approach. C. Paul, H. Thie, E. Reardon, D. Weber Prine, L. Smallman. c2006.

Between 2002 and 2004, the Department of Defense (DoD) investigated ways to improve how it acquires simulations and simulation training support. Under one alternative the DoD considered, the department no longer would buy and own simulation materials; instead, it would contract with the private sector for simulation goods and services. RAND found that this alternative rests on sound economic principles and resembles other successful acquisition approaches. RAND recommended that the DoD implement a prototype of this approach and use impartial outside evaluators to gauge its success. Online access: http://www.rand.org/pubs/research_briefs/RB9166/

RB-9167 Project ALERT Plus May Leverage the Effect of the National Youth Anti-Drug Media Campaign. D. Longshore, B. Ghosh-Dastidar, P. L. Ellickson. 2006.

This fact sheet reports lowered use of marijuana among ninth graders exposed to anti-drug messages from the National Youth Anti-Drug Media Campaign along with Project ALERT Plus, a drug prevention curriculum for middle school students. Online access: http://www.rand.org/pubs/research_briefs/RB9167/

RB-9169 Cutting Drug Co-Payments for Sicker Patients on Cholesterol-Lowering Drugs Could Save a Billion Dollars Every Day . D. P. Goldman, G. Joyce, P. Karaca-Mandic. 2006.

This Research Brief summarizes the relationship between (1) co-payments and compliance for patients whose doctors prescribed cholesterol-lowering drugs, and (2) compliance and subsequent use of expensive health care services. Online access: http://www.rand.org/pubs/research_briefs/RB9169/

RB-9170 Quality Primary Care Requires More Than Insurance. M. Seid, G. D. Stevens. 2006.

This Research Brief summarizes research analyzing and comparing key components of children's primary care: having insurance, having a regular medical care provider, and

actually receiving care when it is needed. Online access: http://www.rand.org/pubs/research_briefs/RB9170/

RB-9171 Disparities in Care for HIV Patients: Results of the HCSUS Study. R. Andersen, S. A. Bozzette, M. F. Shapiro, P. St. Clair, S. C. Morton, S. Crystal, D. P. Goldman, N. S. Wenger, A. L. Gifford, A. A. Leibowitz, S. M. Asch, S. H. Berry, T. Nakazono, K. Heslin, W. E. Cunningham, R. Anderson, M. Katz, M. Stein, R. D. Hays, N. Duan, L. Markson, J. Fleishman, P. Cleary, C. D. Sherbourne, A. W. Wu, D. F. McCaffrey, R. L. Collins, F. Eggan, W. King, C. E. Golin, H. Liu, L. Ding, B. E. Landon, I. B. Wilson, M. D. Wong, T. Kellog, V. Mor, L. S. Morales, F. H. Galvan, C. Susan, C. Ficthenbaum, J. Senterfitt, J. F. Perlman, J. Keesey, A. Ananthanarayanan, B. Turner, M. A. Schuster, S. Zierler, A. London, M. A. Burnam, E. Bing, D. Longshore, K. Kuromiya, N. Christopher, D. Lieu, K. Cylar, L. Athey. 2006.

This research brief summarizes the findings on access to care from the HIV Costs and Services Utilization Study (HCSUS), the first comprehensive U.S. survey of health care use among a nationally representative sample of HIV-positive patients. Online access: http://www.rand.org/pubs/research_briefs/RB9171/

RB-9172 Getting to Outcomes: Improving Community-Based Substance-Use Prevention. M. Chinman, G. Hannah, A. Wandersman, P. A. Ebener, S. B. Hunter, P. S. Imm, J. Sheldon, D. Early, P. Jenkins. 2006.

This research brief summarizes research to create Getting To Outcomes (GTO), a science-based model and support tools to help local groups develop or improve substance-use-prevention programs. Online access: http://www.rand.org/pubs/research_briefs/RB9172/

RB-9173 Anxiety Disorders Can Have Broad, Negative Health Effects . M. B. Stein, P. P. Roy-Byrne, M. G. Craske, A. Bystritsky, J. G. Sullivan, J. M. Pyne, W. Katon, C. D. Sherbourne. 2006.

This research brief summarizes a study that found that patients with anxiety disorders have a greater likelihood of physical and mental impairment and overall poorer quality of health. Online access: http://www.rand.org/pubs/research_briefs/RB9173/

RB-9174-HHS The Health Insurance Experiment: A Classic RAND Study Speaks to the Current Health Care Reform Debate. R. H. Brook, E. B. Keeler, K. N. Lohr, J. P. Newhouse, J. E. Ware, W. H. Rogers, A. R. Davies, C. D. Sherbourne, G. A. Goldberg, P. Camp, C. J. Kamberg, A. A. Leibowitz, J. Keesey, D. Reboussin. 2006.

This research brief summarizes the main findings of the RAND Health Insurance Experiment and clarifies its relevance for today's health care debate. Key findings —In a large-scale, multiyear experiment, participants who paid for a share of their health care used fewer health services than a comparison group given free care. —Cost sharing reduced the use of both highly effective and less effective services in roughly equal proportions. Cost sharing did not significantly affect the quality of care received by participants. —Cost sharing in general had no adverse effects on participant health, but there were exceptions: free care led to improvements in hypertension, dental health, vision, and selected serious symptoms. These improvements were concentrated among the sickest and poorest patients. Online access: http://www.rand.org/pubs/research_briefs/RB9174/

RB-9176-FEMA Evaluating National Flood Insurance. L. S. Dixon, S. Turner, N. Clancy, S. A. Seabury, A. Overton. 2006.

This research brief assesses the nationwide market penetration rate of the Federal Emergency Management Agency-administered National Flood Insurance Program, identifies the contributing factors, and summarizes the benefits of increasing this rate. Online access: http://www.rand.org/pubs/research_briefs/RB9176/

RB-9178 Redefining and Reforming Health Care for the Last Years of Life . J. Lynn, D. M. Adamson. 2006.

Key findings: Increased life expectancy and advances in U.S. health care mean that Americans now live longer, but with increased chronic illness at the end of life. — These changes will likely increase the need for end-of-life care and strain the existing health care system. — To respond to the changing demands, the U.S. health care system will need to change the way it provides health care to older Americans in their last years of life. — The needed reforms will require deliberate efforts from policymakers, health care providers, insurers, consumers, and family caregivers. Online access: http://www.rand.org/pubs/research_briefs/RB9178/

RB-9179-NIC Global Technology Revolution 2020: Technology Trends and Cross-Country Variation. R. S. Silberglitt, P. S. Antâon, D. R. Howell, A. Wong, S. R. Bohandy, N. Gassman, B. A. Jackson, E. Landree, S. L. Pfleeger, E. M. Newton, F. Wu. 2006.

This research brief examines how technology changes-in economic development, health, environmental quality, and military power-will play out differently across the globe. Online access: http://www.rand.org/pubs/research_briefs/RB9179/

RB-9181-ICJ Are Small Businesses Riskier Than Larger Ones?. J. M. Mendeloff, C. Nelson, K. Ko, A. Haviland. 2006.

This research brief summarizes research that provides a more complete picture of fatality risks found at both smaller establishments and smaller firms, to help inform effective

policies toward small businesses. Online access: http://www.rand.org/pubs/research_briefs/RB9181/

RB-9182-NAVY Why Have Navy Ship Costs Risen? M. V. Arena, I. Blickstein, O. Younossi, C. A. Grammich. 2006.

The cost of U.S. Navy ships has risen faster than inflation indexes in recent decades. These cost increases are similar to those for other weapon systems and are driven in part by increasing complexity of ships. To reduce costs, the Navy may wish to consider stable or modular designs, slower increases in complexity, or mission-focused ships, or even to change how it purchases ships (e.g., make multiyear buys). Some manufacturing investments for greater efficiency in production can help reduce costs as well. Online access: http://www.rand.org/pubs/research_briefs/RB9182/

RB-9183 Effect of Activation on Reservist Earnings. D. S. Loughran, J. A. Klerman, C. W. Martin. 2006.

This research brief examines whether reservists have earnings losses either during or after activation and finds that such losses are uncommon. Online access: http://www.rand.org/pubs/research_briefs/RB9183/

RB-9184-WF Despite Some Risks, State Arts Agencies Might Benefit from Closer Relations with Government. E. H. Ondaatje. 2006.

This research brief considers how close the relationship between state officials and state arts agencies should be. Online access: http://www.rand.org/pubs/research_briefs/RB9184/

RB-9185-NAVY New Combat and Noncombat Roles for U. S. Aircraft Carriers . J. Gordon, P. A. Wilson, J. L. Birkler, S. Boraz, G. T. Lee. 2006.

This research brief describes the range of new capabilities that U.S. aircraft carriers will require for combat and noncombat operations in the next 20 to 30 years. Online access: http://www.rand.org/pubs/research_briefs/RB9185/

RB-9186 Despite Deep Scientific Uncertainty Long-Term Problems Can Be Tackled. S. W. Popper, R. J. Lempert, S. C. Bankes. 2006.

This research brief summarizes a study that found that patients with anxiety disorders have a greater likelihood of physical and mental impairment and overall poorer quality of health. Online access: http://www.rand.org/pubs/research_briefs/RB9186/

RB-9188-EDU Reforming Teacher Education, Again. S. N. Kirby, J. S. McCombs, H. Barney, S. Naftel. 2006.

This research brief summarizes a RAND Corporation study of Teachers for a New Era (TNE), an ambitious teacher-education reform effort in place in 11 U.S. institutions of higher learning, and the TNE sites' progress in implementing the initiative. Online access: http://www.rand.org/pubs/research_briefs/RB9188/

RB-9189 Integrating Treatment for People with Co-Occurring Mental Health and Substance Abuse Disorders in Public Systems of Care. M. A. Burnam, K. E. Watkins. 2006.

This fact sheet describes an analysis to review progress in, identify challenges for, and point to promising directions for future integrated financing arrangements and care of people with co-occurring mental health and substance abuse disorders. Online access: http://www.rand.org/pubs/research_briefs/RB9189/

RB-9190 Three Steps for Improving the Quality of Mental Health Care in the United States. K. K. Patel, B. Butler, K. B. Wells. 2006.

This fact sheet summarizes the three steps identified in an analysis by RAND and UCLA researchers on how to accelerate progress in improving the quality of mental health care in the United States. Online access: http://www.rand.org/pubs/research_briefs/RB9190/

RB-9191 Meeting the Health Care Needs of Adults with Severe Mental Illness. M. Horvitz-Lennon, A. M. Kilbourne, H. A. Pincus. 2006.

This fact sheet outlines steps for improving the level of integration between the mental health care sector and the general health care sector for treating the health care needs of adults with severe mental disorders. Online access: http://www.rand.org/pubs/research_briefs/RB9191/

RB-9193-RC Fear Cannot Counter Terror. B. M. Jenkins. 2006.

Five years after the terrorist attacks of September 11, 2001, terrorism expert Brian Michael Jenkins finds that progress in the global counterterrorist campaign has neither dented the determination of the jihadists nor blunted the appeal of their ideology. In America, official reactions to terrorism have often increased the national anxiety. Jenkins proposes one set of strategic principles for defeating the enemy and another set for strengthening America. He underscores the need to attack the terror, not just the terrorists. Online access: http://www.rand.org/pubs/research_briefs/RB9193/

RB-9194-CDC Curbing Teen Dating Violence: Evidence from a School Prevention Program. L. Hickman, L. Jaycox, J. Aronoff, D. F. McCaffrey, B. Weidmer, G. A. Shelley, S. M. Blake, D. J. Peterson, L. S. Richmond, J. E. Kub, D. D. Quigley, E. C. Ulloa, G. N. Marshall, R. L. Collins. 2006.

Key findings: —Break the Cycle's dating-violence prevention program improved Latino teens' knowledge of dating abuse and legal recourse, reduced their acceptance of female-on-male dating violence (but not male-on-female dating violence, whose acceptance was already low), and enhanced teens' perceptions about seeking help if they experience dating violence. —Latino teens experiencing problems with dating violence who seek help are most likely to turn to informal sources of support (family and peers). Consequently, peer mentor and counseling services are a promising avenue for providing help. —Intervention programs can educate teens about the importance of intervening when they witness an incident of violence or abuse among their friends. Online access: http://www.rand.org/pubs/research_briefs/RB9194/

RB-9195-RC The Evolution of the All-Volunteer Force. B. Rostker. 2006.

This research brief describes how a 40-year partnership between U.S. policymakers and the research community produced an all-volunteer force that is America's finest fighting force and one that is broadly representative of its people. Online access: http://www.rand.org/pubs/research_briefs/RB9195/

RB-9196-OSD A Strategic Approach to Reserve Joint Officer Management . H. Thie, M. C. Harrell, S. N. Kirby, A. Crego, R. J. Yardley, S. Nagda. 2006.

This research brief proposes a strategic framework for managing active-status reserve officers by recording individual expertise or experience in joint matters, comparing inventories with demand to compensate for shortages or overages. Online access: http://www.rand.org/pubs/research_briefs/RB9196/

RB-9197 Emergency Preparedness Is Stimulating Changes in Public Health Practice. N. Lurie, J. Wasserman, C. Nelson. 2006.

This fact sheet summarizes interrelated RAND projects to examine public health infrastructure and how public health preparedness is transforming public health agencies. Online access: http://www.rand.org/pubs/research_briefs/RB9197/

RB-9198-DHHS Quality Improvement Methods Can Be Used to Improve Public Health Emergency Preparedness. M. Seid, D. Lotstein, V. L. Williams, C. Nelson, N. Lurie, K. Ricci, A. Diamant, J. Wasserman, S. Stern. 2006.

This fact sheet summarizes a RAND study to show how quality improvement methods can be used to improve the emergency preparedness of the U.S. public health system. Online access: http://www.rand.org/pubs/research_briefs/RB9198/

RB-9199-ARC Reviewing the Returns of Research: Capturing Payback from Funding by the Arthritis Research Campaign. S. Wooding. 2006.

Research charities are under increasing pressure to improve the translation of new scientific knowledge into benefit for patients. This research brief outlines a novel evaluation of paybacks of research grants by the Arthritis Research Campaign. Online access: http://www.rand.org/pubs/research_briefs/RB9199/

RB-9200-FER Should ART Be Part of a Population Policy Mix? Assessing the Demographic Impact of Assisted Reproductive Technologies. J. Grant. 2006.

Details the results of a preliminary investigation into whether Assisted Reproductive Technologies can play a part in preventing European countries from falling into the low-fertility trap. Online access: http://www.rand.org/pubs/research_briefs/RB9200/

RB-9201-EC Can Internet TV Have Frontiers? RAND Europe Informs the European Commission's TVWF Impact Assessment. C. Marsden. 2006.

This brief summarises the results of RAND Europe research, requested by the European Commission (EC) to inform the EC's assessment of options for revising and extending the existing "TV Without Frontiers" (TVWF) Directive. Online access: http://www.rand.org/pubs/research_briefs/RB9201/

RB-9202-RE Measuring the Benefits from Research. J. Grant. 2006.

This brief provides insight into the issues involved in research measurement and evaluation, and offers ways to approach the objective of assessing benefit. It also provides a "toolkit" for use in the evaluation process. Online access: http://www.rand.org/pubs/research_briefs/RB9202/

RB-9203-RE Europe in Pursuit of Excellence. T. Galama, E. Frinking, C. van Oranje, E. Horlings. 2006.

The European Commission has proposed the creation of a European Institute of Technology (EIT) to rival the world's premier technology institutes. This brief outlines RAND Europe's analysis of the initiative. Online access: http://www.rand.org/pubs/research_briefs/RB9203/

RB-9204-RE Discrete Choice Modelling: Methods for Understanding Why People Make the Choices That They Do. 2006.

Understanding what drives people's choices and how these choices may change is critical for developing effective policy. This brief describes discrete choice modelling which provides an analytical framework to understand choice decisions. Online access: http://www.rand.org/pubs/research_briefs/RB9204/

RB-9208-RE TIGRIS XL Land-Use Model: Using the TIGRIS XL Model to Predict Transport and Land-Use Developments. A. Daly. 2006.

The TIGRIS XL land-use model is a simulation model that can help urban planners by providing projections of land-use developments and transport demand under different spatial and transport scenarios. Online access: http://www.rand.org/pubs/research_briefs/RB9208/

RB-9209-OSD When It Comes to Terrorism, How Prepared Are Local and State Agencies? L. M. Davis, L. T. Mariano, J. E. Pace, S. K. Cotton, P. Steinberg. 2006.

Based on a multiwave national survey of state and local response organizations, RAND researchers examined how prepared such organizations were for terrorism following the 9/11 attacks. The survey results identified areas that had improved since 9/11, areas that were still in need of improvement, and areas in which organizations felt they needed support, as well as their expectations of DHS. The survey provides a valuable database and a useful set of baseline measures for tracking improvements in U.S. preparedness over time. Online access: http://www.rand.org/pubs/research_briefs/RB9209/

RB-9210 Improving Access to Needed Health Care Improves Low-Income Children's Quality of Life. M. Seid, J. W. Varni, L. Cummings, M. Schonlau. 2006.

This research brief describes an examination of the effect of the State Children's Health Insurance Program (SCHIP) on children's access to needed health services and on their quality of life. Online access: http://www.rand.org/pubs/research_briefs/RB9210/

RB-9211-NSF Does Reform-Oriented Teaching Make a Difference? The Relationship Between Teaching Practices and Achievement in Mathematics and Science. V. Le, B. M. Stecher, J. R. Lockwood, L. S. Hamilton, A. E. Robyn, V. L. Williams, G. W. Ryan, K. A. Kerr, F. Martinez, S. P. Klein. 2006.

This research brief summarizes a three-year study of the relationship between reform-oriented instruction and student performance in mathematics and science. Online access: http://www.rand.org/pubs/research_briefs/RB9211/

RB-9215 Triple Jeopardy for Vulnerable Children: Greater Health Needs, Less Access, Poorer Primary Care. M. Seid, G. D. Stevens, J. W. Varni, N. Halfon, R. Mistry, H. Yu. 2006.

This research brief summarizes an analysis of data from a nationwide survey to determine why children eligible to be in the State Children's Health Insurance Program (SCHIP) are not enrolled. Online access: http://www.rand.org/pubs/research_briefs/RB9215/

RB-9218 Need for High-Quality Child Care Affects Military Readiness and Retention. J. S. Moini, G. Zellman, S. M. Gates. 2006.

This research brief presents focus group and survey results that point to several options for improving the Department of Defense's approach to addressing the child-care needs of military families. Online access: http://www.rand.org/pubs/research_briefs/RB9218/

RB-9219 Measuring the Quality of Cancer Care: The National Initiative for Cancer Care Quality (NICCQ). M. Hewitt, J. V. Simone, J. Malin, K. L. Kahn, E. A. McGlynn, S. M. Asch, J. Keesey, J. Hicks, A. H. DeCristofaro, E. A. Kerr, J. L. Adams, E. C. Schneider, A. M. Epstein, E. J. Emanuel. 2006.

This research brief describes the development and testing of a prototypical cancer-care quality monitoring system, the National Initiative for Cancer Care Quality (NICCQ), for breast cancer and colorectal cancer. Online access: http://www.rand.org/pubs/research_briefs/RB9219/

RB-9220-RC Preparing for Future Floods: Analyzing Reconstruction Pathways from Past Floods Can Help. J. P. Kahan, M. Wu, S. Hajiamiri, D. S. Knopman. 2006.

This fact sheet summarizes a study of approaches to reconstruction that followed previous flooding disasters as a way to glean lessons for dealing with the aftermath of Katrina and of future floods. Online access: http://www.rand.org/pubs/research_briefs/RB9220/

RB-9221-EDU Comprehensive School Reform: The Implementation Gap. G. Vernez, R. Karam, L. T. Mariano, C. Demartini. 2006.

This research brief explains that at the current level of implementation, comprehensive school reform can be expected to have little effect on student achievement. Online access: http://www.rand.org/pubs/research_briefs/RB9221/

RB-9227 Vaccinating Residents and Staff Can Reduce Influenza Outbreaks in Nursing Homes. L. R. Shugarman, C. Hales, C. M. Setodji, B. Bardenheier, J. Lynn. 2006.

This fact sheet describes the benefits of influenza vaccination for nursing home residents and staff. Online access: http://www.rand.org/pubs/research_briefs/RB9227/

RB-9229 How Schools Can Help Children Recover from Traumatic Experiences . L. Jaycox, L. K. Morse, T. L. Tanielian, B. D. Stein. 2006.

This fact sheet summarizes a program guide, or tool kit, that describes a variety of school-based mental health programs for students exposed to trauma, such as Hurricane Katrina and other natural disasters, and community or personal

violence. Online access:
http://www.rand.org/pubs/research_briefs/RB9229/

RB-9230 The Public Spends Little to Provide Health Care for Undocumented Immigrants. D. P. Goldman, J. P. Smith, N. Sood. 2006.

This fact sheet summarizes an article on the health care costs of immigrants. Online access:
http://www.rand.org/pubs/research_briefs/RB9230/

RB-9231-RC How the 2005 Hurricanes Affected Students in Louisiana . J. F. Pane, D. F. McCaffrey, S. Tharp-Taylor, G. J. Asmus, B. R. Stokes. 2006.

This research brief summarizes a study of the movements of Louisiana public school students in the aftermath of Hurricanes Katrina and Rita and of the short-term effects of these displaced students on the state's public education system. Online access:
http://www.rand.org/pubs/research_briefs/RB9231/

RB-9232-RF/FF Ready for School: Can Full-Day Kindergarten Level the Playing Field? V. Le, S. N. Kirby, H. Barney, C. M. Setodji, D. Gershwin. 2006.

For children who enter school unready to learn, policymakers have been looking to full-day kindergarten as a way to level the playing field. Using longitudinal survey data on a nationally representative sample of children, this RAND study examined issues related to school readiness and the effect of full-day kindergarten on student performance. Both academic and nonacademic school readiness skills at entry to kindergarten were significantly related to reading and mathematics achievement in fifth grade. As with earlier studies, the study finds that full-time kindergarten programs may not enhance achievement in the long term. Online access:
http://www.rand.org/pubs/research_briefs/RB9232/

DISSERTATIONS

RGSD-196 New Methods for Identifying Robust Long-Term Water Resources Management Strategies for California. D. G. Groves. 2006.

Ensuring sufficient, high-quality water supplies for California over the next several decades will be a great challenge for water resource managers. Choosing an appropriate management response using standard methods will be extremely difficult and contentious because the scope and magnitude of these impacts are highly uncertain and stakeholders have diverse views about desirable outcomes. This dissertation first documents the development and use of a model to generate quantitative scenarios of future water demand in California. It next describes a new analytic method for decisionmaking under deep uncertainty called Robust Decision Making (RDM). To demonstrate how RDM can be a valuable analytic tool for California long-term water planning, the dissertation applies the methodology to a stylized representation of the water supply and demand management challenge facing Southern California. Online access:
http://www.rand.org/pubs/rgs_dissertations/RGSD196/

RGSD-198 Discrimination and Health Care Utilization. J. C. Blanchard. 2006.

Despite improvements in medical technology and increased availability of health care, blacks have continued to suffer excess mortality for a number of common health conditions. This dissertation examines the ways in which discrimination can affect health care utilization. Using data from the Commonwealth Fund 2001 Health Care Quality Survey, it focuses on key measures of perceived discrimination as well as measures of health care utilization. Minorities were significantly more likely than whites to report being treated with disrespect or being looked down upon in the patient-provider relationship. Persons who thought that they would have received better treatment if they were of a different race were significantly less likely to receive optimal chronic disease screening and more likely not to follow the doctor's advice or put off care. Racial concordance of patient and provider did not affect whether a patient perceived being treated with respect in the patient-provider setting. While improving the numbers of minority providers in the health care setting is critical, the Commonwealth Fund data suggest that this is not the only pathway that must be addressed. Online access:
http://www.rand.org/pubs/rgs_dissertations/RGSD198/

RGSD-199 Exploratory Modeling and Adaptive Strategies for Investment in Standard Services to Facilitate Public Service Networks. S. Lee. 2006.

Many contemporary challenges that span multiple policy domains require interagency collaboration. Common basic services can be shared to minimize inappropriate redundancies, and standard interfaces may interconnect specialized applications to maximize interdependent synergies. But heterogeneity among users or network nodes as well as technical and organizational uncertainties makes investment in standard services difficult. The author compares several strategies for delivering common services and finds that complementary modular services improve social welfare by eliminating redundancies and expanding the customer base. Modest investment in standard services jointly with mission-centric operation not only enhances mission capabilities but also mitigates their variance. Using as a case study a proposed investment in nationwide consolidated public safety wireless networks by the Korean National Emergency Management Agency, the author

demonstrates that well-designed adaptive strategies mitigate risks and enhance long-term investment values. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD199/

RGSD-200 Police Effectiveness: Measurement and Incentives. B. A. Vollaard. 2006.

This dissertation addresses how to assess police performance and how to use performance assessments to strengthen incentives for the police. First, an econometric analysis provides evidence of negative effects of police on property crime, violent crime and public disorder. The police funding formula is modeled to identify the endogenous variation in police levels. The remaining variation is used to identify police effectiveness. By using victimization data, this study provides evidence on the effects of police on public disorder rather than crime only, circumvents measurement error common to police statistics, and controls for both individual and municipality characteristics. Second, an analysis of incentive design suggests a tradeoff between two alternative approaches to holding the police accountable to results. A performance reward can be based on a definition of "good performance" ex ante. Alternatively, subjective performance assessment can be used to close the gap between performance data and judgment of performance ex post. Given the multidimensional nature of police work and the prevalence of non-discrete outcomes, rule-based assessment proves to be difficult. The government faces an unfavorable tradeoff between power of incentives versus distortion of effort and discretionary power. Subjective assessment alleviates distortion of effort and leaves more room to respond to (changing) regional conditions. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD200/

RGSD-201 Ignoring the Innocent: Non-Combatants in Urban Operations and in Military Models and Simulations. Y. H. Wong. 2006.

Non-combatants have become an important aspect of U.S. military operations in urban areas. Recent experience shows how non-combatants can affect the United States's ability to meet tactical and strategic objectives in engagements across the spectrum of warfare. However, there is currently little systematic research on civilian behavior within the defense community, including the military modeling community. As the policy questions about dealing with civilians continue to gain in importance, further research on non-combatants would be beneficial. This dissertation reviews recent urban operation campaigns and attempts to provide background research that will assist in incorporating non-combatants into models, simulations, training scenarios, and other analytic tools in a more formal way. It identifies non-combatant behavior from recent urban operations that have affected U.S. military activities. It recommends a layered approach to civilian behavior, beginning with basic population density and other demographic characteristics. To this, it adds simple and then complex behaviors. This dissertation also assesses methods for modeling large numbers of non-combatants and proposes using agent-based modeling (ABM). Introducing agent-based non-combatants into existing models and simulations also has the potential to extend current force-on-force models and allow them to be used in examining urban operations. This is an important practical consideration and an alternative to waiting, possibly for years, until new urban combat models are built, tested, and formally accredited. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD201/

RGSD-202 Governance and Foreign Aid Allocation. K. Akramov. 2006.

This dissertation addresses foreign aid allocation and development effectiveness. This is an important issue because each year donors transfer tens of billions of dollars in foreign aid to developing countries. Moreover, based on new pledges and greater commitments to development assistance from donor nations, there is a possibility of scaling up of foreign development assistance far beyond the current levels. From the donors' perspective, the commitment to increase aid flows to developing countries is only the starting point. This, in turn, raises issues regarding the role of the donors' aid allocation policies in ensuring aid effectiveness. This dissertation examines some important propositions that relate governance to foreign aid allocation and effectiveness. The author unravels the critical heterogeneous impacts of governance and different aid categories on development outcomes. One striking finding suggests that aid to the production sector can be effective in promoting growth in countries with a low quality of governance. However, aid allocated to economic infrastructure is efficient in countries with medium and high quality of governance. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD202/

RGSD-203 Multi-Attribute Strategy and Performance Architectures in R&D: The Case of the Balanced Scorecard. A. Osama. 2006.

This dissertation is about the alignment of strategic planning, performance measurement, and incentives systems within research and development (R&D) organizations. Specifically, it is an investigation into the appropriate use of one class of multi-attribute strategy and performance architectures, the Balanced Scorecard, that has become a popular performance measurement and management framework. However, the Balanced Scorecard has not been as well received within research and development settings as elsewhere. This study takes a step back and asks the questions: Are R&D organizations different? Do the underlying assumptions that make the Balanced Scorecard work hold true for research and development organizations? Do R&D organizations that use the Balanced Scorecard realize performance "breakthroughs" that are often associated

with the framework? How might one modify or adapt the Balanced Scorecard framework before applying it to an R&D setting? Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD203/

RGSD-204 Caring for Depression and Comorbid Pain Evidence from the Health and Retirement Survey and the Healthcare for Communities Survey. H. Tian. 2006.

Depression that occurs along with painful physical symptoms has not been fully understood. Serious investigation into the interaction of depression and pain and its impact on the labor market, disability, and on financial aspects of health insurance and medication costs among Americans ages 55 to 65 is long overdue. This study found that depression and comorbid pain is associated with worse labor markets and worse financial, insurance, and disability outcomes compared to depression alone; and found that these adverse effects were attributed disproportionally to individuals whose depression included comorbid pain. Those individuals were less likely to take antidepressants, and pain comorbidity was associated with a heavier burden on total medication costs and prescription drug costs. Moreover, depression along with comorbid pain predicted early retirement for female workers, whereas depression alone did not predict early retirement for male or female workers. This study furthers the understanding of depression and pain comorbidity in terms of its prevalence in the general population and its effect on treatment and access to care. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD204/

RGSD-205 Assessing the Effects of Parental Decisions About School Type and Involvement on Early Elementary Education. M. T. V. Taningco. 2006.

Low achievement in public schools and wide achievement gaps between learners of color and low income and their white and higher-income peers are persistent concerns in U.S. K-12 schools. Two promising reforms have been proposed to improve educational outcomes: school choice and greater parental involvement. This study examines how these two reforms affect elementary-level student achievement, using nationally representative longitudinal data on early elementary grades in the United States. The author found that school type is not associated with reader scores but that attending a religious private school tends to be negatively correlated with math scores. Academic expectations by parents for their children and children's reading at home both have robust correlations with reading and math scores but active school involvement by parents has no correlation with reading scores and very little association with math scores. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD205/

RGSD-206 An International Comparison of Obesity in Older Adults: Effects and Risk Factors. T. Andreyeva. 2006.

Drawing from nationally representative samples of the non-institutionalized population ages 50 and above in ten European countries, this dissertation examines two issues related to obesity in older Europeans: (1) effects of excessive body weight on health, utilization of medical care, and labor force participation; (2) risk factors for obesity and environmental and societal variation across European countries. A review of strategies and approaches to prevent and manage obesity through public policy is included. Practices in different countries are compared, along with analysis of institutional structure, participants, functions, and policy actions in obesity control. Obesity is associated with significantly poorer health, medical care, and employment outcomes, with effects similar across countries. Obesity has stronger links to labor force participation among women, especially for retirement. About one-tenth of disease prevalence and ill health can be explained by obesity, which exceeds risk factors such as smoking and aging. Lack of regular physical activity is associated with higher obesity rates, especially among women. Food-related weight gain differs between European populations, depending on whether meals are eaten at home or at restaurants. Health education and health promotion as well as taxes and subsidies to regulate health are important prevention and intervention tools the government can use to improve social welfare. Policies on obesity worldwide have shifted from health education and individual awareness to the environmental impact of obesity. Further research is needed to permit government action to address the obesity problem. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD206/

RGSD-207 Aircraft Modifications: Assessing the Current State of Air Force Aircraft Modifications and the Implications for Future Military Capability. O. J. Hill. 2006.

The research presented in this dissertation began as a part of a study examining the costing of modifying Air Force weapon systems. Over the same time that the concept for the dissertation was evolving, the Air Force leadership was directing a significant amount of funding to research the past and present state of aircraft modifications with the goal of developing good modification policies for the Air Force in the 21st century. This increased emphasis from Air Force leadership also helped reveal the complexity of the current modification policy. Therefore, the goal of this dissertation is two-fold: First, to describe the current policy in a succinct yet thorough manner; second, to use this understanding to direct the quantitative analysis in an attempt to refine future policy to better serve Air Force needs. The research should aid future analysis because it lays some of the groundwork for a comprehensive understanding of an important facet of

the Air Force aircraft modernization effort. Online access: http://www.rand.org/pubs/rgs_dissertations/RGSD207/

REPRINTS

RP-1185 Biometrics: Trust, but Identify. J. D. Woodward. 2006.

The Global War on Terrorism (GWOT) has heightened the need for Department of Defense (DoD) organizations to identify "friend or foe." Identity assurance is vital to protecting our facilities, our information networks and, most importantly, our personnel. In this article, John D. Woodward, Jr., the former Director of the DoD Biometrics Management Office (BMO) from 2003 to 2005, provides an overview of where DoD is today in building better biometric capabilities. He offers an historical perspective of biometrics, explains the role biometric technologies play as a data acquisition technology, and discusses examples of how currently available biometric technologies may or may not meet national security requirements. Moreover, he suggests an operational framework for examining how DoD can best deploy biometric technologies. He concludes by emphasizing how important the use of biometrics is to help protect the integrity of U.S. Government information, personnel, and installations around the world. Mr. Woodward presented the concepts within this article to the West Virginia High Technology Consortium Foundation (WVHTC) Foundation in 2004. It is included as a RAND reprint because its analysis is relevant to RAND's work for the U.S. Army. "RAND Arroyo Center." Online access: http://www.rand.org/pubs/reprints/RP1185/

RP-1186 DoD's Collaborative Approach to Developing Biometrics Standards. J. D. Woodward. 2006.

The Global War on Terrorism (GWOT) has heightened the need for technologies that can enhance homeland security, force protection, and counterterrorism measures, and in turn, can allow Department of Defense (DoD) organizations to readily identify "friend or foe." Biometric technologies will help promote these goals by assisting with greater interoperability, i.e., the ability to exchange and use information, in DoD systems. In this article, John D. Woodward, Jr., the former Director of the DoD Biometrics Management Office (BMO) from 2003 to 2005 outlines the DoD's collaborative approach for the development and establishment of biometric standards. Building on the DoD Biometrics Standards Development Recommended Approach and its conceptual framework, DoD's goals to encourage, facilitate, and ensure interoperability involving biometrics among DoD organizations. This article was originally published in the April/June 2004 edition of the Defense Standardization Program Journal and is included as a RAND reprint because its analysis is relevant to RAND's work for the U.S. Army. "RAND Arroyo Center." Online access: http://www.rand.org/pubs/reprints/RP1186/

RP-1190 Networks of Care: How Latina Immigrants Find Their Way to and Through a County Hospital. K. P. Derose. 2006.

The purpose of this paper is to explore qualitatively the principal problems that Latino women face in getting health care for themselves and their families, how their experiences with the health care system affect them, and how they often overcome obstacles to get health care. Focus group and individual interviews with Latinas in a public hospital in Los Angeles County revealed that Latinas faced many challenges in getting health care for themselves and their families, and, as a result, many felt embarrassed, scolded, helpless, and discouraged from seeking me. Yet they overcame enormous obstacles to get into the system through solidarity with other Latinas, either friends or extended family, and connections with key health service personnel. These networks of care enabled Latinas to access a complicated health care system and offer lessons for providers and policy-makers concerned with improving the delivery of care to this population. Title from title screen (viewed on February 23, 2006). Online access: http://www.rand.org/pubs/reprints/RP1190/

RP-1191 Do Medicaid and Commercial CAHPS Scores Correlate Within Plans? A New Jersey Case Study. M. N. Elliott, D. Farley, K. Hambarsoomians, R. D. Hays. 2006.

BACKGROUND: The Consumer Assessment of Health Plans Study (CAHPS) health plan survey is currently administered to large independent samples of Medicaid beneficiaries and commercial enrollees for managed care organizations that serve both populations. There is interest in reducing survey administration costs and sample size requirements by sampling these 2 groups together for health plan comparisons. Plan managers may also be interested in understanding variability within plans. OBJECTIVE: The objective of this study was to assess whether the within plan correlation of CAHPS scores for the 2 populations are sufficiently large to warrant inferences about one from the other, reducing the total sample sizes needed. RESEARCH DESIGN: This study consisted of an observational cross-sectional study. SUBJECTS: Subjects were 3939 Medicaid beneficiaries and 3027 commercial enrollees in 6 New Jersey managed care plans serving both populations. MEASURES: Outcomes are 4 global ratings and 6 report composites from the CAHPS 1.0 survey. RESULTS: Medicaid beneficiaries reported poorer care than commercial beneficiaries for 6 composites, but none of the 4 global ratings. Controlling for these main effects, variability between commercial enrollees and Medicaid beneficiaries within plans exceeded variability by plans for commercial enrollees for 4 of the 10 measures (2 composites, 2 global ratings). CONCLUSIONS: Within-

plan variability in evaluations of care by Medicaid and commercial health plan member evaluations is too great to permit meaningful inference about plan performance for one population from the other for many important outcomes; separate surveys should still be fielded. Title from title screen (viewed on February 23, 2006). Online access: http://www.rand.org/pubs/reprints/RP1191/

RP-1192 Marijuana Use from Adolescence to Young Adulthood: Multiple Developmental Trajectories and Their Associated Outcomes. P. L. Ellickson, S. C. Martino, R. L. Collins. 2006.

This study used latent growth mixture modeling to identify discrete developmental patterns of marijuana use from early adolescence (age 13) to young adulthood (age 23) among a sample of 5,833 individuals. After the a priori removal of abstainers, 4 trajectory groups were identified: early high users, who decreased from a relatively high level of use at age 13 to a more moderate level: stable light users, who maintained a low level of use: steady increasers, who consistently increased use; and occasional light users, who began use at age 14 and used at low levels thereafter. Analyses of covariance comparing the trajectory groups on behavioral, socioeconomic, and health outcomes at age 29 revealed that abstainers consistently had the most favorable outcomes, whereas early high users consistently had the least favorable outcomes. Title from title screen (viewed on February 23, 2006). Online access: http://www.rand.org/pubs/reprints/RP1192/

RP-1193 Sex Differences in Predictors of Adolescent Smoking Cessation. P. L. Ellickson, J. S. Tucker, D. J. Klein. 2006.

Sex differences in predictors of smoking cessation were investigated among 337 male and 490 female participants in the RAND adolescent panel study. Participants reported smoking at least 11–20 times during the past year at Grade 10, with cessation defined as not smoking during the past year at Grade 12. Controlling for demographics, sex-specific analyses indicated that girls who quit smoking within 2 years had friends who smoked less frequently, perceived less parental approval of their smoking, had weaker intentions to continue smoking, used marijuana less frequently, attended fewer different schools, were more likely to have an intact nuclear family, experienced greater peer support, and rated themselves as healthier. Similar analyses for boys yielded results that were generally weaker and nonsignificant, with smoking quantity accounting for several associations in the sex-specific models. Despite these differences, interaction tests revealed significant sex differences for only three predictors. Implications of these results for understanding adolescent smoking cessation are discussed. Title from title screen (viewed on February 23, 2006). Online access: http://www.rand.org/pubs/reprints/RP1193/

RP-1194 Using Biometrics to Achieve Identity Dominance in the Global War on Terrorism. J. D. Woodward.

In the Global War On Terrorism, the relevance of biometric technology has grown exponentially. The military must achieve identity dominance, where U.S. military forces have the distinct ability to separate friend from foe by linking people to their previous identities and past terrorist or criminal activities. We can use biometric technology to achieve identity dominance and must deploy it to meet the requirements of force protection, actionable intelligence, and law enforcement. Establishing identity dominance through a comprehensive Automated Biometric Identification System (ABIS) will enable the U.S. military to identify friend or foe to keep America safer. This article was originally published in the September/October 2005 issue of Military Review and is included as a RAND reprint because its analysis is relevant to RAND's work for the Department of Defense Joint Improvised Explosive Devise Defeat Organization (JIEDDO). Title from title screen (viewed on June 15, 2006). Online access: http://www.rand.org/pubs/reprints/RP1194/

RP-1199 Socioeconomic Differences in the Adoption of New Medical Technologies. D. P. Goldman, J. P. Smith. 2006.

New medical technologies hold tremendous promise for improving population health, but they also raise concerns about exacerbating already large differences in health by socioeconomic status. The impact of a new technology on health disparities depends not only on how difficult it is to adhere, but also on who actually receives the treatment. This paper uses hypertension as an example, and we examine the short- and long-term diffusion of anti-hypertensive therapy and how that diffusion varies by a key SES marker, education. "RAND Labor and Population." Online access: http://www.rand.org/pubs/reprints/RP1199/

RP-1200 Living Long Fragile Health: The New Demographics Shape End of Life Care. J. Lynn.

Although most Americans aspire to healthy aging, they will probably grow old and accumulate diseases for a long time before dying. The author lays out the framework of an approach to reform for the health care system so that people can "live well while very sick and dying." She discusses three trajectories of decline-long maintenance of good function with a few weeks of rapid decline (e.g., as with most cancers); slow decline in physical capacity punctuated by serious exacerbations, with death coming rather seriously (e.g., as with heart failure); and long-term dwindling of function, needing years of personal care-and shows how society could build care arrangements based on each trajectory. Finally, she discusses the shape of a reform agenda that might make the last part of lift as meaningful as possible at a cost the community can sustain. Title from title

screen (viewed on April 4, 2006). Online access: http://www.rand.org/pubs/reprints/RP1200/

RP-1201 Do Proxies Reflect Patients' Health Concerns About Urinary Incontinence and Gait Problems? T. Higashi, R. D. Hays, J. A. Brown, C. J. Kamberg, C. Pham, D. B. Reuben, P. G. Shekelle, D. H. Solomon, R. Young, C. P. Roth, J. T. Chang, C. H. MacLean, N. S. Wenger.

Background. While falls and urinary incontinence are prevalent among older patients, who sometimes rely on proxies to provide their health information, the validity of proxy reports of concern about falls and urinary incontinence remains unknown. Methods. Telephone interviews with 43 consecutive patients with falls or fear of falling and/or bothersome urinary incontinence and their proxies chosen by patients as most knowledgeable about their health. The questionnaire included items derived from the Medical Outcomes Study Short Form 12 (SF-12), a scale assessing concerns about urinary incontinence (UI), and a measure of fear of falling, the Falls Efficacy Scale (FES). Scores were estimated using items asking the proxy perspective (6 items from the SF-12, 10 items from a UI scale, and all 10 FES items). Proxy and patient scores were compared using intraclass correlation coefficients (ICC, one-way model). Variables associated with absolute agreement between patients and proxies were explored. Results. Patients had a mean age of 81 years (range 75_b6_s93) and 67% were female while proxies had a mean age of 70 (range 42_b6_s87) and 49% were female. ICCs were 0.63 for the SF-12, 0.52 for the UI scale, and 0.29 for the FES. Proxies tended to understate patients' general health and incontinence concern, but overstate patients' concern about falling. Proxies who lived with patients and those who more often see patients more closely reflected patient FES scores compared to those who lived apart or those who saw patients less often. Internal consistency reliability of proxy responses was 0.62 for the SF-12, 0.86 for the I-QOL, and 0.93 for the FES. In addition, construct validity of the proxy FES scale was supported by greater proxy-perceived fear of falling for patients who received medical care after a fall during the past 12 months ($p < .05$). Conclusion. Caution should be exercised when using proxies as a source of information about older patients' health perceptions. Questions asking about proxies' views yield suboptimal agreement with patient responses. However, proxy scales of UI and fall concern are internally consistent and may provide valid independent information. Title from title screen (viewed on April 6, 2006). Online access: http://www.rand.org/pubs/reprints/RP1201/

RP-1202 Fertility Desires and Intentions of HIV-Positive Men and Women. J. L. Chen, K. A. Phillips, D. E. Kanouse, R. L. Collins, A. Miu. 2006.

HIV-positive men and women may have fertility desires and may intend to have children. The extent of these desires and intentions and how they may vary by individuals' social and demographic characteristics and health factors is not well understood. METHODS: Interviews were conducted from September through December 1998 with 1,421 HIV-infected adults who were part of the HIV Cost and Services Utilization Study, a nationally representative probability sample of 2,864 HIV-infected adults who were receiving medical care within the contiguous United States in early 1996. RESULTS: Overall, 28–29% of HIV-infected men and women receiving medical care in the United States desire children in the future. Among those desiring children, 69% of women and 59% of men actually expect to have one or more children in the future. The proportion of HIV-infected women desiring a child in the future is somewhat lower than the overall proportion of U.S. women who desire a child. The fertility desires of HIV-infected individuals do not always agree with those of their partners: As many as 20% of HIV-positive men who desire children have a partner who does not Generally, HIV-positive individuals who desire children are younger, have fewer children and report higher ratings of their physical functioning or overall health than their counterparts who do not desire children, yet desire for future childbearing is not related to measures of HIV progression. HIV-positive individuals who expect children are generally younger and less likely to be married than those who do not. Multivariate analyses indicate that black HIV-positive individuals are more likely to expect children in the future than are others. While HIV-positive women who already have children are significantly less likely than others both to desire and to expect more births, partner's HIV status has mixed effects: Women whose partner's HIV status is known are significantly less likely to desire children but are significantly more likely to expect children in the future than are women whose partner's HIV status is unknown. Moreover, personal health status significantly affects women's desire for children in the future but not men's, while health status more strongly influences men's expectations to have children. CONCLUSIONS: The fact that many HIV-infected adults desire and expect to have children has important implications for the prevention of vertical and heterosexual transmission of HIV, the need for counseling to facilitate informed decision-making about childbearing and childrearing, and the future demand for social services for children born to infected parents. Title from title screen (viewed on April 3, 2006). Online access: http://www.rand.org/pubs/reprints/RP1202/

RP-1203 Getting to Outcomes: A Community-Based Participatory Approach to Preventive Interventions. M. Chinman, D. Early, P. A. Ebener, S. B. Hunter, P. S. Imm, P. Jenkins, J. Sheldon, A. Wandersman. 2006.

Substance abuse prevention can improve community health, but there is a large gap between the positive outcomes achieved by preventive sciences and those sometimes observed in practice. To facilitate involvement by

community members in research to address this gap, the researchers developed a prevention process and corresponding technical assistance package for substance abuse prevention coalitions called Getting To Outcomes (GTO). After seven months, 48 persons in two community coalitions have been trained in the GTO process. Results showed that GTO helped those coalitions to better plan, implement, and evaluate prevention programs; that these gains were related to greater use of GTO; and that GTO helped the coalitions demonstrate positive outcomes. Title from title screen (viewed on April 3, 2006). Online access: http://www.rand.org/pubs/reprints/RP1203/

RP-1206 Pension Wealth and Household Saving: Evidence from Pension Reforms in the United Kingdom. O. P. Attanasio, S. Rohwedder. 2006.

Using three major U.K. pension reforms as natural experiments, we investigate the relationship between pension saving and discretionary private savings. Unlike most differences-in-differences approaches which rely on average differences between control and treatment group, we use economic theory to model the response of each individual household. The empirical analysis, based on the Family Expenditure Survey, uses both time-series and cross-sectional variation to identify the behavioral response. The earnings-related tier of the pension scheme is found to have a negative impact on private savings with relatively high substitution elasticities; the impact of the flat-rate tier is not significantly different from zero. Title from title screen (viewed on March 16, 2006). Online access: http://www.rand.org/pubs/reprints/RP1206/

RP-1207 Die Zweischneidige Verfassung (The Double Sided Condition). C. Benard. 2006.

The drafting process of the Iraqi constitution attracted a great deal of international interest. In particular, the status of women was a matter of concern. As a review of the relevant passage shows, the document that ultimately emerged appears to meet international current standards on most counts. In comparison with other Islamic countries, it even contains some relatively forward-leaning passages, such as the article that in theory allows citizenship to pass through the mother as well as the father. However, these and other positive passages in the constitution are flawed by formulations that explicitly refer their interpretation by yet-to-be-instituted codes of law. This raises the concern that a parliament, dominated by conservative Shi'as, or crippled by sectarian divisions, could naturalize or even reverse the relatively progressive notion contained in the constitution. A second matter of concern relates to the process by which the constitution was crafted. During the final phases, contentious articles were subjected to heavy backroom negotiations and deal making that took place under complete exclusion of any women. Even the Minister of Women_b2_ss Affairs was dependent on rumors to learn whether or not the articles, most important to the rights and well-being of female citizens, were being retained, changed, or dropped from the draft constitution. Advocacy groups and international observers will need to maintain their attention and focus on human rights and women_b2_ss rights, as the emerging code of law and the manner and form of its implementation will be at least as important as the text of the constitution in determining the kind of society that emerges in Iraq. Title from title screen (viewed on March 13, 2006). Online access: http://www.rand.org/pubs/reprints/RP1207/

RP-1208 Strengthening the Partnership. C. Benard. 2006.

Series of large scale disasters, from a refugee crisis to famine or an environmental disaster such as the current Tsunami, create the necessity for cooperation between nongovernmental aid organizations and the military. The coordination of these two parties (so inherently dissimilar in their structure and mission) creates a series of unique operational challenges. In the example of Provincial Reconstruction Teams in Afghanistan, such challenges include the provision of adequate security for those with non combatant status, the neutrality of humanitarian work, and the constant necessity to re-evaluate mutual goals. This novel partnership may strive to overcome such challenges through extensive planning and exercises during non conflict periods, as well as a continued commitment to dialogue between parties. Such preparedness as well as a shared commitment to the greater humanitarian needs will allow this partnership to garner the greatest success. Title from title screen (viewed on March 1, 2006). Online access: http://www.rand.org/pubs/reprints/RP1208/

RP-1211 Low PH Immobilizes and Kills Human Leukocytes and Prevents Transmission Cell-Associated HIV in a Mouse Model. S. S. Olmsted, K. V. Khanna, E. M. Ng, S. T. Whitten, O. N. Johnson, R. B. Markham, R. A. Cone, T. R. Moench.

BACKGROUND: Both cell-associated and cell-free HIV virions are present in semen and cervical secretions of HIV-infected individuals. Thus, topical microbicides may need to inactivate both cell-associated and cell-free HIV to prevent sexual transmission of HIV/AIDS. To determine if the mild acidity of the healthy vagina and acid buffering microbicides would prevent transmission by HIV-infected leukocytes, we measured the effect of pH on leukocyte motility, viability and intracellular pH and tested the ability of an acidic buffering microbicide (BufferGel) to prevent the transmission of cell-associated HIV in a HuPBL-SCID mouse model. METHODS: Human lymphocyte, monocyte, and macrophage motilities were measured as a function of time and pH using various acidifying agents. Lymphocyte and macrophage motilities were measured using video microscopy. Monocyte motility was measured using video

microscopy and chemotactic chambers. Peripheral blood mononuclear cell (PBMC) viability and intracellular pH were determined as a function of time and pH using fluorescent dyes. HuPBL-SCID mice were pretreated with BufferGel, saline, or a control gel and challenged with HIV-1-infected human PBMCs. RESULTS: Progressive motility was completely abolished in all cell types between pH 5.5 and 6.0. Concomitantly, at and below pH 5.5, the intracellular pH of PBMCs dropped precipitously to match the extracellular medium and did not recover. After acidification with hydrochloric acid to pH 4.5 for 60 min, although completely immotile, 58% of PBMCs excluded ethidium homodimer-1 (dead-cell dye). In contrast, when acidified to this pH with BufferGel, a microbicide designed to maintain vaginal acidity in the presence of semen, only 4% excluded dye at 10 min and none excluded dye after 30 min. BufferGel significantly reduced transmission of HIV-1 in HuPBL-SCID mice (1 of 12 infected) compared to saline (12 of 12 infected) and a control gel (5 of 7 infected). CONCLUSION: These results suggest that physiologic or microbicide-induced acid immobilization and killing of infected white blood cells may be effective in preventing sexual transmission of cell-associated HIV. Title from title screen (viewed on April 6, 2006). Online access: http://www.rand.org/pubs/reprints/RP1211/

RP-1212 Income and Mental Health: Unraveling Community and Individual Level Relations. C. R. Gresenz, R. Sturm, L. Tang.

BACKGROUND: The association between individual socioeconomic status (SES) and mental disorder is well-documented, but studies to date have provided limited and sometimes conflicting evidence on the relationship between aspects of socioeconomic environment, including the role of income inequality, and mental disorder. AIMS OF THE STUDY: This paper explores the relationships between mental disorder and individual SES and socioeconomic environment, with particular attention to both the level and dispersion of community income and to their interactions with individual income. METHODS: Cross sectional study using nationally representative, individual level data from the Healthcare for Communities survey merged with supplemental information. Dependent variable is individual mental health status, measured by the 5 item Mental Health Inventory (MHI-5; average 80.6) and an indicator of probable anxiety or mood disorder based on clinical screening instruments (positive for 14.3 percent of respondents in the sample). RESULTS: MHI-5 decreases (indicating worse mental health), and the probability of an anxiety or depressive disorder increases continuously from the highest to the lowest quintiles of family income. Compared to those in the highest income quintile, MHI-5 is more than 10 points lower and the probability of disorder is much greater among individuals in the lowest income quintile. Within-quintile own income level is also strongly associated with mental health among lower income individuals. The authors find no evidence that higher levels of income inequality are associated with poor mental health outcomes, measured either by the probability of disorder or MHI-5. Regarding income level, MHI-5 is 3.4 to 3.5 points higher among low income individuals in medium or high income states compared to those in low income states. DISCUSSION: The qualitative conclusions are stable across various specifications reported (two different measures of mental health, two geographic levels, and among all individuals and low income individuals alone), and in specifications with alternative parameterizations of the community variables (continuously measured, included as quintiles instead of tertiles, and using other indicators of inequality). Individual income is highly correlated with mental health status; level of state income has some association; community or state income inequality has no detectable relationship with mental health. This analysis provides no support for the hypothesis that income inequality is a stronger determinant of health than individual or family income, a hypothesis that in recent years has received much attention in the popular press and policy debates. Limitations of our analysis include the cross-sectional nature of the analysis, the sample sizes used in derivation of the site variables (though sensitivity analyses showed robust results) and the age of the state data. CONCLUSIONS: The association between individual income and mental health is strong. No support for the income inequality hypothesis is found. IMPLICATIONS FOR HEALTH POLICY FORMULATION: Our findings point to a need for better understanding of the relationship between individual income and mental health outcomes. The authors research does not support the notion that policies aimed at diminishing income inequality are an important lever in improving mental health outcomes for individuals. IMPLICATIONS FOR FURTHER RESEARCH: This research does not address whether and how different sources of income-at the individual or community level-may affect mental health, and whether the associations observed cross-sectionally also bear out longitudinally. In addition, more research into the relationship between other community characteristics, such as service availability, and mental health outcomes is needed. Title from title screen (viewed on April 27, 2006). Online access: http://www.rand.org/pubs/reprints/RP1212/

RP-1213 Modifying Pro-Drug Risk Factors in Adolescents: Results from Project ALERT. C. R. Gresenz, B. Ghosh-Dastidar, D. Longshore, P. L. Ellickson, D. F. McCaffrey.

The objective of this study was to evaluate the impact of a revised state-of-the-art drug prevention program, Project ALERT, on risk factors for drug use in mostly rural midwestern schools and communities. Fifty-five middle schools from South Dakota were randomly assigned to treatment or control conditions. Treatment-group students

received 11 lessons in Grade 7 and 3 more in Grade 8. Effects for 4,276 eighth graders were assessed 18 months after baseline. Results indicate that Project ALERT had statistically significant effects on all the targeted risk factors associated with cigarette and marijuana use and more modest gains with the pro-alcohol risk factors. The program helped adolescents at low, moderate, and high risk for future use, with the effect sizes typically stronger for the low- and moderate-risk groups. Thus, school-based drug prevention programs can lower risk factors that correlate with drug use, help low- to high-risk adolescents, and be effective in diverse school environments. Title from title screen (viewed on April 27, 2006). Online access: http://www.rand.org/pubs/reprints/RP1213/

RP-1214 Al-Qaida: Terrorist Selection and Recruitment. S. Gerwehr, S. A. Daly. 2006.

Chapter 5 of the McGraw-Hill Homeland Security Handbook details various models of al-Qaida may be using to attract new members; approaches to recruitment; characteristics of potential recruits; and nodes-centers of activity, such as mosques, universities, and charities-where al-Qaida's recruiters seek new members and where potential recruits are likely to become acquainted with the radical jihadist world view. Title from title screen (viewed on March 7, 2006). Online access: http://www.rand.org/pubs/reprints/RP1214/

RP-1215 The New Age of Terrorism. B. M. Jenkins. 2006.

Chapter 8 of the McGraw-Hill Homeland Security Handbook offers a perspective on significant trends in terrorism over the past four decades. Terrorism has become bloodier, is less dependent on state sponsors, has evolved new models of organization, has become adept at exploiting new communications technologies, involves global campaigns, and has had a strategic impact. None of these trends will allow prediction or extrapolation. Also, terrorists have yet to achieve their stated long-range goals, and terrorists' use of weapons of mass destruction have not materialized. Title from title screen (viewed on March 7, 2006). Online access: http://www.rand.org/pubs/reprints/RP1215/

RP-1216 Border Control. K. J. Riley. 2006.

Chapter 37 of the McGraw-Hill Homeland Security Handbook explains the formidable task of securing the nation's land, sea, and air borders through which millions of people, planes, trucks, and containers pass annually. The need to improve control over the borders was highlighted dramatically by 9/11. Meeting that need will be complicated and will involve many stakeholders, including foreign allies and trading partners, the private sector, the local governments that have a substantial interest in fees and revenues from ports and airports. This chapter reviews the main policies that have recently been created to strengthen our borders and suggests possible future issues. Title from title screen (viewed on March 7, 2006). Online access: http://www.rand.org/pubs/reprints/RP1216/

RP-1217 Understanding and Preparing for the Psychological Consequences of Terrorism. T. L. Tanielian. 2006.

Chapter 44 of the McGraw-Hill Homeland Security Handbook describes the psychological consequences of terrorism and outlines strategies for dealing with them. Uncertainty and lack of information about specific or unique psychological effects of terrorism may complicate the task of state officials who must develop mental health plans as part of an overall preparedness. The way response plans are implemented and communicated might generate or mitigate fear and anxiety in a particular population. Understanding how to manage the psychological consequences of terrorism is critical to developing and implementing realistic, appropriate response strategies. Title from title screen (viewed on March 7, 2006). Online access: http://www.rand.org/pubs/reprints/RP1217/

RP-1218 Waging the "War of Ideas". W. Rosenau. 2006.

Chapter 72 of the McGraw-Hill Homeland Security Handbook addresses the important issue of the ideological differences between the United States and al-Qaida and the necessity to win the war of ideas. This chapter outlines the ideology promulgated by al-Qaida and associated terrorist groups. It examines recent attempts by the United States to combat al-Qaida's worldview and compares this effort with America's global propaganda campaign against the Soviet Union. The chapter concludes with some preliminary ideas about waging an effective counterpropaganda campaign against al-Qaida, including potential themes and approaches. Title from title screen (viewed on March 7, 2006). Online access: http://www.rand.org/pubs/reprints/RP1218/

RP-1219 Demographics and Security in Maritime Southeast Asia. B. Nichiporuk, C. A. Grammich, A. Rabasa, J. DaVanzo. 2006.

With a population of about 325 million, Maritime Southeast Asia-Indonesia, Malaysia, the Philippines, and Singapore-is an area of significant economic and security interests for the United States. These interests are four fold. First, the United States seeks to maintain open sea lanes through the region, especially through the Straits of Malacca, through which much Persian Gulf oil is shipped to East Asia. Second, the moderate Islam practiced in the region can help offset radical Islamist movements elsewhere. Third, Washington seeks to prevent terrorist infrastructure from developing in the dense jungles of the region. And fourth, the United States needs to

build strong strategic relationships in the region to assure access for American air and naval forces. This article analyzes how demographic factors are affecting the security environment of Southeast Asia and examines the resulting security implications for the United States. Title from title screen (viewed on March 29, 2006). Online access: http://www.rand.org/pubs/reprints/RP1219/

RP-1220 Evaluating the Viability of 100 Per Cent Container Inspection at America's Ports. S. E. Martonosi, D. S. Ortiz, H. H. Willis. 2006.

As U.S. maritime security adapts to the terrorist threat, we argue that quantitative analysis should be used to evaluate security initiatives and present a case study of one proposed measure: 100 percent scanning of containers entering the United States. By assessing the minimum attack likelihood required to justify increased inspection costs, we conclude that 100 percent scanning is cost-effective only if the attack damages or likelihood of an attack are quite high. Even so, additional land and labor transaction costs could render adoption infeasible unless scanning technologies improve significantly. Title from title screen (viewed on May 4, 2006). Online access: http://www.rand.org/pubs/reprints/RP1220/

RP-1223 A New IO Strategy: Prevention and Disengagement. E. O'Connell, C. Benard. 2006.

The insurgency in Iraq is increasingly carried out by paid-for-hire recruits and youth. The authors of this piece believe that to counter this, U.S. forces must focus their efforts at preventing the enemy foot-soldiers from enjoining the battle and, on the other end, disengaging them-or dissuading, deterring, and turning them when possible. Only such a novel and proactive approach will yield the results we desire. Title from title screen (viewed on June 14, 2006). Online access: http://www.rand.org/pubs/reprints/RP1223/

RP-1227 Humor-Auch Fur Musliminnen Die Scharfste Waffe: Humor in the Muslim World: The Cartoon Controversy and the Rest of the Story. C. Benard. 2006.

The turmoil over the Danish cartoons was costly in human lives, damaged property and heightened ill will. In the West, the unspoken conclusion of many was that Muslims are overly sensitive, do not understand freedom of the press - and don't have a very developed sense of humor. This article examines - and quickly dispels - the latter belief. Quite to the contrary, a lengthy history of autocracy has bred a rich tradition of subversive political jokes. And while religion itself might be taboo, its earthly representatives were not, as a multitude of jokes about village mullahs attests. From irreverent bloggers such as the Saudi "Religious Policeman" to stand-up comediennes like Shazia Mirza, whose routine includes a sequence centering around the hajj, to women's rights activists such as the group "Sisters in Islam" whose magazine uses cartoons to critique "pompous Islamists", humor is wielded with effective expertise by Muslim reformers and enjoyed from the Muslim club to the Muslim street. Title from title screen (viewed on August 31, 2006). Online access: http://www.rand.org/pubs/reprints/RP1227/

RP-1232 The United States and the European Security and Defense Policy: Old Fears and New Approaches. F. S. Larrabee. 2006.

The U.S. attitude toward the European Security and Defense Policy (ESDP) continues to be marked by ambivalence. The U.S. fears that the ESDP is seeking to become NATO's competitor or that the EU may want make ESDP a counterweight to NATO. It also has concerns about the EU's operational planning and the capabilities gap between it and its European allies, and worries that the ESDP may form a "European caucus" within NATO or seek to provide its own security guarantees to its members. Although some Europeans have called for a division of labor in which Europe concentrates on peacekeeping and the U.S. on high-intensity operations, the author believes that such a division is unwise. Rather, the United States should takes steps to strengthen transatlantic relations. It should accept that Europe needs some operational planning capacity and should harmonize its defense transformation with Europe's. NATO and the EU need to develop mechanisms to allow rapid response in time of crisis. Finally, the U.S. must recognize that the EU is becoming an increasingly political security actor. Reprinted with permission from Strategic Yearbook 2006, European Security and Defence Policy: A European Challenge, pp. 171–185. Edited by Bo Huldt, Mika Kerttunen, Jan Mortberg, Ylva Ericsson. Copyright c2006 Swedish National Defence College and the authors. Originally published in Strategic Yearbook 2006, European Security and Defence Policy: A European Challenge / Edited by Bo Huldt ... et al. (Stockholm: Institutionen for sakerhet och strategi, ISS, 2006), p. 171-185. Online access: http://www.rand.org/pubs/reprints/RP1232/

RP-1233 National Security and Private-Sector Risk Management for Terrorism. L. S. Dixon.

Much of the discussion around Terrorism Risk Insurance Act (TRIA) has focused on the failure of the terrorism insurance markets, but this chapter argues that the connection between terrorism insurance and compensation policy and national security provides another rationale for public intervention in insurance markets. High take-up rates for terrorism insurance or other forms of compensation for terrorism losses can enhance economic resilience after an attack and encourage national cohesion and solidarity post-event. Doing so thwarts the aims of terrorists and, over the long run, may deter future attacks. Title from title screen (viewed on October 13, 2006). Online access: http://www.rand.org/pubs/reprints/RP1233/

RP-1234 Danger and Opportunity in Eastern Europe. F. S. Larrabee. 2006.

The recent emergence of nationalist and populist forces in eastern Europe, coupled with the rise of Russia, now threatens to derail efforts toward further EU integration, weaken NATO, erode the continent's stability, and damage U.S. interests. Washington must ensure that the region's new politics do not damage the European project, for a strong and cohesive EU is in everyone's interest. Reprinted with permission from Foreign Affairs, November/December 2006, Volume 85, Number 6, pp. 117–131. Originally published in Foreign affairs, v. 85, no. 6, Nov./Dec. 2006, p. 117-131. Online access: http://www.rand.org/pubs/reprints/RP1234/

RP-1240 Denying Armageddon: Preventing Terrorist Use of Nuclear Weapons. M. Hynes, J. E. Peters, J. S. Kvitky. 2006.

The United States can significantly reduce the likelihood of a nuclear terrorist attack if it pursues a vigorous, multilayered approach. Such an approach involves controlling nuclear technology and materials, manipulating the black market, and monitoring the behavior of aspiring nuclear actors. After analyzing each of these components, this article outlines the broad contours of a national preventative strategy that should give the nonproliferation community some cause for optimism. Originally published in The annals of the American Academy of Political and Social Science, v. 607, no. 1, Sep. 2006, p. 150–161.

RP-1241 The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey. N. Sastry, B. Ghosh-Dastidar, J. L. Adams, A. R. Pebley. 2006.

In this paper, the authors describe the development and implementation of the multilevel sample design for the Los Angeles Family and Neighborhood Survey, a study of children, adults, families, and neighborhoods in Los Angeles County. This survey was designed to support multilevel analyses on a number of topics, including child development, residential mobility, and welfare reform. We describe the design of the baseline wave, highlighting the analytical and statistical issues that shaped the study. We also present the results of an in-depth statistical investigation of the survey's ability to support multilevel analyses that was carried out as part of the study design. The results of this study provide important guideposts for future studies of neighborhoods and their effects on adults and children. Title from title screen (viewed on February 5, 2007). Online access: http://www.rand.org/pubs/reprints/RP1241/

RP-1242 Preventing Insurgencies After Major Combat Operations. N. Bensahel. 2006.

Insurgencies are extremely difficult to defeat once they become entrenched. Counterinsurgency campaigns require extensive military, diplomatic, and economic resources over prolonged periods of time, and ultimately require resolution of some of the underlying political grievances that led the insurgents to take up arms. A better approach is to prevent insurgencies from arising in the first place, and to prevent nascent insurgencies from taking root in local populations. Since the wide range of U.S. global interests makes it likely to continue to intervene abroad, the pressing policy question for the United States is therefore how to minimize the development of insurgencies during foreign interventions. This paper seeks to answer that question. A wide literature exists on ways to prevent the resurgence of conflict after interventions, but these mostly focus on cases that involve civil wars, internal conflict, or state collapse. By contrast, little work has been done on how to prevent conflict in the aftermath of major combat operations, since it is generally assumed that victory in major combat means an end to hostilities. Yet as recent U.S. operations in Afghanistan and particularly in Iraq demonstrate, major combat operations that lead to regime change can create insurgencies that are fuelled by opponents of the new political order. Tanks and infantry units may no longer be fighting for supremacy on the battlefield, but victory is not complete if an insurgency rages and continues to take casualties among combatants and civilians alike. This paper starts by examining the experience in Iraq, in order to identify some of the missed opportunities and mistakes that led to the insurgency there. It then moves beyond the Iraq experience, and identifies three factors that can help prevent insurgencies: an official surrender or peace settlement; maintaining public order; and reconstructing local security forces. These factors may not be able to completely prevent insurgencies from developing before, during, or after U.S. military operations, but they may be able to minimize the threat that they pose by denying them the legitimacy, local support, and personnel that they need to thrive. Title from title screen (viewed on March 8, 2007). Online access: http://www.rand.org/pubs/reprints/RP1242/

RP-1249 Training for Urban Resistance: The Case of the Provisional Irish Republican Army. B. A. Jackson. 2006.

Understanding the efficacy of terrorist training efforts is a key element in assessing the threat posed by a terrorist group. This task requires insight into what training really accomplishes for the group, expressed by how the information passed to members meets the organization's needs and the impacts of training on group outcomes. The author uses the Provisional Irish Republican Army (PIRA) as an example case to describe and evaluate a terrorist training effort. He describes induction of the new recruit, PIRA's military and intelligence and counterintelligence training, and the limitations of clandestine training. Finally, he cautions that while descriptive information on PIRA

training is comparatively available, the data needed to assess its efficacy are much more sparse. Thus, PIRA provides insights into the types of information required to more completely and successfully assess a group's raining programs. Title from title screen (viewed on April 23, 2007). Online access: http://www.rand.org/pubs/reprints/RP1249/

RP-1250 Bioterrorism with Zoonotic Disease: Public Health Preparedness Lessons from a Multiagency Exercise. B. A. Jackson, J. W. Buehler, D. Cole, S. Cookson, D. J. Dausey, L. Honess-Morreale, S. Lance, R. C. Molander, P. O'Neal, N. Lurie. 2006.

Responding to agricultural bioterrorism with pathogenic agents that are communicable from animals to humans (zoonotic diseases) requires effective coordination of many organizations, both inside and outside of government. Action must be simultaneously taken to address public health concerns, respond to the agricultural dimensions of the event, and carry out the necessary law enforcement investigation. As part of a project focused on examining public health preparedness in Georgia, an exercise was carried out in July 2005 examining the intentional introduction of avian influenza (H5N1) in commercial poultry operations. The attack scenario, which was written to occur during an already severe human influenza season, enabled exploration of a range of issues associated with public health preparedness for major disease outbreaks including pandemic influenza, coordination of a multiagency response operation at multiple levels of government, and effective management of interdisciplinary response activities. The exercise is described and broader policy lessons regarding preparedness planning are discussed. Title from title screen (viewed on May 14, 2007). Online access: http://www.rand.org/pubs/reprints/RP1250/

CONFERENCE PROCEEDINGS

CF-214-ICJ Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work. S. S. Teleki, A. E. Demebe, J. S. Harris, T. M. Wickizer, D. Farley, B. O. Wynn. 2006.

The papers in these proceedings were selected from those presented at a May 2003 research colloquium on the workers' compensation medical benefit delivery system and workers' return to work after treatment. The colloquium was held at a time when California's workers' compensation program was at the center of intense debate and legislative activity: While coverage and expenditures for eligible workers had increased, California's injured workers were expressing greater dissatisfaction with the quality of their care. The colloquium brought together national experts and California stakeholders with an interest in workers' compensation medical benefits and ways in which initiatives in other health programs might be used to improve the delivery of high-quality services to injured workers. The colloquium was intended to foster dialogue, to further research, and to spur reform of the California workers' compensation medical benefit delivery system. The papers in these proceedings provide an overview of the access, cost, and quality issues confronting the workers' compensation medical benefits delivery system and identify mechanisms that might be used to improve the quality and efficiency of the medical care provided to injured workers. Online access: http://www.rand.org/pubs/conf_proceedings/CF214/

CF-219 Toward a Theory of Intelligence: Workshop Report. G. F. Treverton, S. G. Jones, S. Boraz, P. Lipscy. 2006.

In June 2005, the RAND Corporation and the Office of the Director of National Intelligence convened a one-day workshop to discuss how theories underlie intelligence and might lead to both a better understanding and better practice of U.S. intelligence. Forty attendees (practitioners, academics, and specialists) participated in four panels: What Is Intelligence Theory?; Is There an American Theory of Intelligence?; Which Assumptions Should Be Overturned?; and How Can Intelligence Results Be Measured? Issues debated included whether intelligence should be defined narrowly, as secret state activity, or broadly, as information for decisionmaking; whether there is a uniquely American theory or practice of intelligence, in its technology, militarization and congressional oversight; whether closer relationships between intelligence officers and policymakers leads to politicization; and how to devise metrics for assessing the performance of intelligence. Readers will find opinions that look familiar as well as others that challenge or refine the customary formulations. Online access: http://www.rand.org/pubs/conf_proceedings/CF219/

CF-223-CMEPP/GCSP The Middle East: The Changing Strategic Environment. F. S. Larrabee. 2006.

On June 26–28, 2005, the Geneva Centre for Security Policy and the RAND Center for Middle East Public Policy held their sixth annual conference in Gstaad, Switzerland. The conference was devoted to a dialogue on "The Middle East: Changing Strategic Environment." Participants discussed democracy and stability in Syria, Jordan, Lebanon, Turkey, Palestine, and Israel; the situation in Iraq; Iran's nuclear program; the roles of the United States, the EU, and the UN Security Council in promoting stability and change in the region; strategies for countering Islamic terrorism; and developments in Saudi Arabia and Egypt. Online access: http://www.rand.org/pubs/conf_proceedings/CF223/

CF-227-NIOSH Nanomaterials in the Workplace: Policy and Planning Workshop on Occupational Safety and Health. J. T. Bartis, E. Landree. 2006.

What are the challenges the National Institute for Occupational Safety and Health (NIOSH) and related federal agencies face when allocating limited resources so that worker health and safety go hand in hand with innovation and technical progress? This was the central issue addressed at a workshop on nanotechnology and occupational safety and health hosted by the RAND Corporation on October 17, 2005. The workshop focused on policy and planning issues (as opposed to scientific issues) that are key to understanding the options available to NIOSH in formulating and implementing its strategic objectives to protect the safety and health of workers exposed to nanoscale materials. This document of the conference proceedings draws on discussions during the workshop and places the discussions within a policy framework for further consideration by NIOSH. Online access: http://www.rand.org/pubs/conf_proceedings/CF227/

CF-231-CC Integrating Instruments of Power and Influence in National Security: Starting the Dialogue. R. E. Hunter, K. Nadiri. 2006.

In many areas where U.S. forces are deployed, the use of military power must take place in close coordination and cooperation with non-military instruments of power and influence. There is a clear need for new approaches to this situation on the part of the U.S. government-both civilian and military-as well as the private-sector and nongovernmental organizations. To respond to that need, the RAND Corporation, in cooperation with the American Academy of Diplomacy (AAD), is conducting a 15-month project on Integrating Instruments of Power and Influence in National Security. As part of this project, on March 21, 2006, the AAD and the American University School of International Service, in partnership with RAND, convened a one-day conference devoted to a dialogue on this subject at which two panels of current and former senior military officials and diplomats offered their distinct perspectives. This report summarizes the main results of that conference. Online access: http://www.rand.org/pubs/conf_proceedings/CF231/

TESTIMONY

CT-253 Enhancing Emergency Preparedness in California. M. A. Wermuth. 2006.

Testimony presented to the California Little Hoover Commission on January 26, 2006. Online access: http://www.rand.org/pubs/testimonies/CT253/

CT-254 Challenges to China's Internal Security Strategy. M. S. Tanner. 2006.

Testimony presented to the US-China Economic and Security Review Commission on February 3, 2006. Online access: http://www.rand.org/pubs/testimonies/CT254/

CT-255 Combating Al Qaeda and the Militant Islamic Threat. B. Hoffman. 2006.

Testimony presented to the House Armed Services Committee, Subcommittee on Terrorism, Unconventional Threats and Capabilities on February 16, 2006. Online access: http://www.rand.org/pubs/testimonies/CT255/

CT-256 Advances Underway in China's Defense Industries. R. Cliff. 2006.

"Testimony presented before the U.S.-China Economic and Security Review Commission on March 16, 2006." Online access: http://www.rand.org/pubs/testimonies/CT256/

CT-257 Public Health Preparedness in the 21st Century. N. Lurie. 2006.

Testimony presented before the Senate Health, Education, Labor and Pensions Committee, Subcommittee on Bioterrorism and Public Health Preparedness on March 28, 2006. Online access: http://www.rand.org/pubs/testimonies/CT257/

CT-258 Information Sharing and Emergency Responder Safety Management. B. A. Jackson. 2006.

Testimony presented before the House Government Reform Committee on March 30, 2006. Online access: http://www.rand.org/pubs/testimonies/CT258/

CT-259 Trends in the United Kingdom's Naval Shipbuilding Industrial Base: Lessons for the United States. J. F. Schank. 2005.

Testimony presented before the Senate Armed Services Committee, Subcommittee on Seapower on April 6, 2006. Online access: http://www.rand.org/pubs/testimonies/CT259/

CT-260 A Quiet Crisis in Transportation Finance: Options for Texas. M. Wachs. 2006.

Testimony presented before the Texas Study Commission on Transportation Finance on April 19, 2006. Online access: http://www.rand.org/pubs/testimonies/CT260/

CT-261 Federal Agencies Can Adapt Best Commercial Practice to Improve Their Acquisition of Services. F. A. Camm. 2006.

Testimony presented to the Acquisition Advisory Panel on April 21, 2006. Online access: http://www.rand.org/pubs/testimonies/CT261/

CT-262-1 The Use of the Internet by Islamic Extremists. B. Hoffman. 2006.

Testimony presented to the House Permanent Select Committee on Intelligence, on May 4, 2006. Online access: http://www.rand.org/pubs/testimonies/CT262–1/

CT-263 Islam and the West: Searching for Common Ground: The Terrorist Threat and the Counter-Terrorism Effort. B. Hoffman. 2006.

Testimony presented to the Senate Foreign Relations Committee on July 18, 2006. Online access: http://www.rand.org/pubs/testimonies/CT263/

CT-264 Assessing the Effectiveness of California Charter Schools. R. J. Buddin. 2006.

Testimony presented to the California Select Committee on the Master Plan for Education on August 1, 2006. Online access: http://www.rand.org/pubs/testimonies/CT264/

CT-265 Analyzing Terrorism Risk. H. H. Willis. 2006.

Written testimony submitted to the House Financial Services Committee, Subcommittee on Oversight and Investigations, and the House Homeland Security Committee, Subcommittee on Intelligence, Information Sharing, and Terrorism Risk Assessment on July 25, 2006. Online access: http://www.rand.org/pubs/testimonies/CT265/

CT-266 Border Security and the Terrorist Threat. K. J. Riley. 2006.

Testimony presented to the House Homeland Security Committee, Subcommittee on Economic Security, Infrastructure Protection, and Cybersecurity, Subcommittee on Emergency Preparedness, Science, and Technology on August 8, 2006. Online access: http://www.rand.org/pubs/testimonies/CT266/

CT-267 Radicalization: Homeland Security Implication. J. D. Woodward. 2006.

Testimony presented to the House Homeland Security Committee, Subcommittee on Intelligence, Information Sharing, and Terrorism Risk Assessment on September 20, 2006. Online access: http://www.rand.org/pubs/testimonies/CT267/

CT-268 Policy Issues for Alternative Fuels for Military Operations. J. T. Bartis. 2006.

Testimony presented to the House Armed Services Committee, Subcommittee on Readiness and Subcommittee on Terrorism, Unconventional Threats and Capabilities on September 26, 2006. Online access: http://www.rand.org/pubs/testimonies/CT268/

CORPORATE PUBLICATIONS

CP-22-0604 RAND Review. Vol. 30, No. 1, Spring 2006. E. Peltz, M. L. Robbins, K. Girardini, J. R. Hosek, A. Rathmell, O. Oliker, T. K. Kelly, D. Brannan, K. Crane, J. Boberg, K. J. Riley, J. M. Wilson, G. F. Treverton, B. Raymond, J. A. Thomson, J. Godges. 2006.

The cover story addresses a set of shortfalls in U.S. performance in Iraq and identifies options for improvement, particularly with respect to sustaining army forces, promoting reenlistments, and rebuilding Iraqi security. Other feature articles outline sustainable global water management policies and the desired roles of police agencies in fighting terrorism. Shorter stories discuss the response to HIV and AIDS in Africa, the repopulation of New Orleans, the market-penetration rates of flood insurance, the quality of care widely received, the quality of arthritis care in particular, the benefits of variable copayments for prescription drugs, the earnings of military reservists, and the need for a renewed respect for facts. Online access: http://www.rand.org/pubs/corporate_pubs/CP22–2006-04/

CP-22-0608 RAND Review. Vol. 30, No. 2, Summer 2006. B. M. Jenkins, B. Hoffman, D. Galula, H. H. Willis, N. Lurie, J. A. Thomson, J. Godges. 2006.

Marking the fifth anniversary of the 9/11 terrorist attacks, the cover story warns that we in America have succumbed too easily to fear and, as a consequence, that we risk forsaking the very things for which we are fighting. Related essays discuss suicide attacks, counterinsurgency lessons from Algeria, protection for emergency responders, and public health preparedness. Marking the first anniversary of Hurricane Katrina, the publisher asserts a moral obligation to help the Gulf region over the long term. Other stories focus on unhealthy middle-aged Americans, unsafe small worksites of larger businesses, technologies for 2020, new refueling tanker aircraft, and the value of services obtained from the U.S. health care system. Online access: http://www.rand.org/pubs/corporate_pubs/CP22–2006-08/

CP-22-0612 RAND Review. Vol. 30, No. 3, Fall 2006. B. Rostker, T. W. Croghan, J. A. Thomson, J. Godges. 2006.

The cover story reports on how the nightmare of Hurricane Katrina can give rise to a better morning in the Gulf Coast states, if policy professionals and community members work together. Vast opportunities to improve public policy on behalf of the common good now exist along the Gulf Coast-in the areas of sustainable affordable housing, education, flood zone management, and community health. Other features focus on the U.S. experience with an all-volunteer force, better ways to improve health in developing countries, lessons from counterinsurgency research, and the future of American foreign policy. News articles discuss the risk of maritime terrorism, the purchase of ammunition by

felons, comprehensive school reform, public spending on health care for undocumented immigrants, and improving mental health care. Online access: http://www.rand.org/pubs/corporate_pubs/CP22–2006-12/

CP-514 Building on a Legacy. I. Katagiri. 2006.

Over its 60-year history, the RAND Corporation has operated in many locations in the United States and around the world, but it has built, owned, and operated only two facilities, 1700 and 1776 Main Street in Santa Monica, California. After 52 years of service, 1700 Main Street is now physically gone and the land that it occupied will be turned over to its new owners shortly, but RAND's work continues at 1776 Main Street and other locations in the United States and overseas. Both buildings were designed with much attention to RAND's work style and culture. Certainly 1700 Main Street was completely identified with RAND and there is every expectation that 1776 Main Street will follow suit. To commemorate the opening of this latest chapter for RAND, a keepsake "photo album" featuring the two headquarters buildings has been published. The book includes photographs of the design, construction, and use of the facilities. Brief commentary about the design processes is included, but the emphasis is on pictures rather than words. For RAND Staff to order this book paying by check or credit card, please call x7167 or email order@rand.org.

CP-517-0609 Commencement Address 2006: Pardee RAND Graduate School. C. Bildt. 2006.

Carl Bildt, former Prime Minister of Sweden, delivered the 2006 Commencement Address for the Pardee RAND Graduate School. The address focused on the seven major lessons that have emerged over the past decade of state-building: (1) it is imperative to quickly establish a secure environment; (2) the central challenge is not reconstruction but state-building; (3) to build a state, you need to know what state to build; (4) there must be an early focus on the preconditions for long-term economic growth; (5) there has to be a benevolent regional environment; (6) the greater the international support, the less difficult is the process; and (7) state-building takes a longer time, and requires more resources, than most initially believe. Online access: http://www.rand.org/pubs/corporate_pubs/CP517–2006-09/

OCCASIONAL PAPERS

OP-140-RC Revisiting US-VISIT: U.S. Immigration Processes, Concerns, and Consequences. D. S. Ortiz, S. L. Pfleeger, A. Balakrishnan, M. Miceli. 2006.

In January 2004, spurred by the events of September 11, 2001, the U.S. Department of Homeland Security inaugurated a new system for the tracking of foreign visitors at ports of entry to the United States: the United States Visitor and Immigrant Status Indicator Technology (US-VISIT) program. US-VISIT incorporates new technology, processes, and changes to immigration law across multiple federal departments and agencies. The technological aspects of US-VISIT include biometric visas, passports, and scanning equipment; linked databases; and the recording of the arrival and departure of nonimmigrant aliens. The US-VISIT information systems link several databases, including a watch list of known immigration violators and other criminals, a system for storing information on foreign students, and a database of previous visa holders. It is being implemented in four increments, with the first initiated in January 2004, and the final configuration of the system available near the end of the decade. Building on previous RAND research, this paper discusses some of the policy issues raised by the introduction and development of US-VISIT. Such issues include the program's effect on national security, personal privacy, and trade and tourism. Informing this analysis is a comparative case study of visa requirements instituted by France in the late 1980s and early 1990s in direct response to terrorist attacks. Online access: http://www.rand.org/pubs/occasional_papers/OP140/

OP-156-A Improving the Effectiveness of Distributed Learning:a Research and Policy Agenda. S. G. Straus, J. R. Galegher, M. G. Shanley, J. S. Moini. 2006.

As part of an ambitious plan to transform its training practices, the U.S. Army is in the process of converting 525 training courses to distributed learning (DL) by the year 2010. DL provides decentralized training using one or more information and communication technologies or a combination of classroom training and technology-mediated training. This report reviews the state of research on learning outcomes in DL, particularly in comparison to residential learning (RL), which is the current standard for training. The report also presents a series of recommendations concerning (1) the development of a research agenda focused on the effects of variations in the design of DL rather than the comparison of DL and RL, (2) methodological strategies for improving the quality of research on DL, and (3) policies to support the design, implementation, and evaluation of DL. Adopting these recommendations can help the Army use DL to realize its vision of transforming training and providing life-long learning for multiskilled soldiers. Online access: http://www.rand.org/pubs/occasional_papers/OP156/

OP-157-EDU Making Sense of Charter Schools: Evidence from California. R. W. Zimmer, R. J. Buddin. 2006.

The debate over charter schools often appears to be driven by theory and ideology, with little information on how the reform itself is affecting students. This occasional paper adds clarity to the debate by consolidating the results from the RAND Corporation's comprehensive assessment of charter schools. A key feature of this assessment has been the use of individual student-level data to track students from school to school over time and to measure their test scores in traditional and charter schools. The analysis dispels many of the arguments from charter proponents or critics. The results show that test scores for charter school students are keeping pace with comparable students in traditional public schools. Similarly, minority students are performing no better in charter than in traditional classrooms, so charters are not affecting the achievement gap for these students. Charter proponents have also expected that competition from charters would improve the performance of traditional public schools, but the evidence does not support this contention. On a more positive note, charter schools have achieved comparable test score results with fewer public resources and have emphasized non-core subjects more than have traditional schools. In addition, the evidence shows that charter schools have not created "white enclaves" or "skimmed" high-quality students from traditional public schools, as critics feared. Finally, we discovered that school level operations varied considerably between charter and traditional schools, but these operational differences had little effect on student achievement. Online access: http://www.rand.org/pubs/occasional_papers/OP157/

OP-162-RC Rebuilding Housing Along the Mississippi Coast: Ideas for Ensuring an Adequate Supply of Affordable Housing. M. Bernstein, J. Kim, P. Sorensen, M. Hanson, A. Overton, S. Hiromoto. 2006.

In October 2005, RAND Corporation researchers traveled to Mississippi to assist the Governor's Commission on Recovery, Rebuilding, and Renewal and, more specifically, to provide assistance to the Affordable Housing Subcommittee of the Infrastructure Issues Committee. RAND researchers provided support in identifying and developing a list of policy and implementation options that could be useful to local communities in considering how to address affordable-housing issues. In developing this list of options, RAND researchers considered how affordable housing is defined, what affordable-housing issues different U.S. regions face, what the critical challenges are in providing affordable housing, and what strategies are available to deal with those challenges. They investigated how affordable-housing issues have been addressed in the wake of other natural disasters in this country, what lessons have been learned, and what best practices can be taken away from previous natural disaster experiences. They examined the extent and scope of damage to affordable housing that Mississippi sustained, what types of affordable-housing needs that Mississippi might consider addressing during rebuilding, and on what scale. Finally, they studied options available to deal with affordable-housing issues. This report describes affordable-housing issues and myriad rebuilding options. Online access: http://www.rand.org/pubs/occasional_papers/OP162/

OP-164-RC From Flood Control to Integrated Water Resource Management: Lessons for the Gulf Coast from Flooding in Other Places in the Last Sixty Years. J. P. Kahan, M. Wu, S. Hajiamiri, D. S. Knopman. 2006.

The loss of life and devastation in the Gulf coast region of the United States following the hurricane season of 2005 has led to considerable debate about what should be done and not done in recovering from the damage and mitigating the consequences of future floods. This document reports the experiences of four major floods since 1948 (two in the United States, one in the Netherlands, and one in China), to draw lessons for the Gulf coast restoration effort. The authors conclude that (1) attending to history leads to mitigating the potential damage of floods even when major floods are few and far between; (2) the critical concept of integrated water resource management policy-particularly its implication that flood damage control includes conceding land to the water from time to time-is necessary but may be difficult to accept; (3) delineating roles and responsibilities clearly in advance produces better outcomes; and (4) out of disaster can come improvements to the social and physical infrastructure that go beyond flood protection. Online access: http://www.rand.org/pubs/occasional_papers/OP164/

OP-165-OSD A Brief Analysis of the Republic of Korea's Defense Reform Plan. B. W. Bennett. 2006.

At the request of Republic of Korea (ROK) Assemblyman Jin-Ha Hwang, a member of the National Assembly's National Defense Committee, this analysis was performed of the ROK Defense Reform Plan (DRP). It examines the overall nature of the DRP, identifies major risks in the plan, and discusses how those risks can be managed. It concludes that the DRP is a good approach to potential ROK security dilemmas, but the plan faces major risks, especially in meeting potential ROK security requirements. The DRP could be strengthened by adding concepts for managing its major risks. This paper discusses the background of the DRP and the manpower problem it needs to address. It then presents the author's estimates of the force changes that would occur and how those forces appear to fit the force requirements the ROK will likely face in the coming years. It examines the budget requested for the DRP and whether it will cover the necessary costs, addresses the effects that the DRP could have on ROK military morale and how the United States may view the DRP, and concludes by recommending steps the ROK could take to manage the key

risks identified throughout this analysis. Online access: http://www.rand.org/pubs/occasional_papers/OP165/

OP-170-EDU Making Sense of Data-Driven Decision Making in Education: Evidence from Recent RAND Research. J. A. Marsh, J. F. Pane, L. S. Hamilton. 2006.

Data-driven decision making (DDDM), applied to student achievement testing data, is a central focus of many school and district reform efforts, in part because of federal and state test-based accountability policies. This paper uses RAND research to show how schools and districts are analyzing achievement test results and other types of data to make decisions to improve student success. It examines DDDM policies and suggests future research in the field. A conceptual framework, adapted from the literature and used to organize the discussion, recognizes that multiple data types (input, outcome, process, and satisfaction data) can inform decisions, and that the presence of raw data does not ensure its effective use. Research questions addressed are: what types of data are administrators and teachers using, and how are they using them; what support is available to help with the use of the data; and what factors influence the use of data for decision making? RAND research suggests that most educators find data useful for informing aspects of their work and that they use data to improve teaching and learning. The first implication of this work is that DDDM does not guarantee effective decision making: having data does not mean that it will be used appropriately or lead to improvements. Second, practitioners and policymakers should promote the use of various data types collected at multiple points in time. Third, equal attention needs to be paid to analyzing data and taking action based on data. Capacity-building efforts may be needed to achieve this goal. Fourth, RAND research raises concerns about the consequences of high-stakes testing and excessive reliance on test data. Fifth, attaching stakes to data such as local progress tests can lead to the same negative practices that appear in high-stakes testing systems. Finally, policymakers seeking to promote educators' data use should consider giving teachers flexibility to alter instruction based on data analyses. More research is needed on the effects of DDDM on instruction, student achievement, and other outcomes; how the focus on state test results affects the validity of those tests; and the quality of data being examined, the analyses educators are undertaking, and the decisions they are making. Online access: http://www.rand.org/pubs/occasional_papers/OP170/

DOCUMENTED BRIEFINGS

DB-442-OSD The Effects of A-76 Cost Comparisons on DoD Civilian Education and Training. E. G. Keating, D. G. Levy, J. S. Moini, S. M. Gates, K. Leuschner, C. Riley, T. Kaganoff, C. H. Augustine. 2006.

The Office of Management and Budget Circular A-76 outlines the procedures for conducting a cost comparison of private-sector and in-house performance of commercial activities. The Department of Defense's (DoD) Chancellor's office asked the RAND Corporation to assess the effects of A-76 cost comparisons on DoD civilian education and training. The authors found that there are considerable concerns with A-76, including its length and adverse effects on employee morale and customer service. These concerns are not, in general, specific to education and training. However, despite these concerns, there may not be a way for commensurate savings to be achieved without A-76. In fact, many of the negative comments the authors heard in interviews with involved personnel might be attributable to dissatisfaction with budget cuts. Also, the authors found that A-76s may result in different demand for training services. Training demands may also be different because future government leaders must be trained to effectively oversee contractors. The now-common DoD phenomenon of a long-time government-employed civilian overseeing individuals in a job the long-time employee once held may become less common. Online access: http://www.rand.org/pubs/documented_briefings/DB442/

DB-490-OSD Evaluation and Recommendations for Improvement of the Department of Defense Small Business Innovation Research (SBIR) Program. B. J. Held, T. Edison, S. L. Pfleeger, P. S. Antâon, J. Clancy. 2006.

The broad goal of the Department of Defense (DoD) Small Business Innovation Research (SBIR) program is "to harness the innovative talents of our nation's small technology companies for U.S. military and economic strength." RAND researchers examined the DoD SBIR program to assess to what extent DoD is funding small businesses and to determine whether the program is indeed stimulating innovation both in the military and commercially. Overall, the researchers found that SBIR research topics align well with the department's priorities while remaining flexible enough to focus in areas that are more appropriate for small businesses. But the researchers discovered other trends during the course of the research that might be cause for concern for the future of the program. For example, the DoD SBIR program is managed in a manner that may be too lean. This finding reinforces the idea that the DoD SBIR program might be perceived more as a tax and burden to be borne by DoD than as an research and development resource to be leveraged. In light of their findings, the researchers recommend policy options for making the DoD SBIR program more responsive to the needs of the department and to the broader defense mission. Online access: http://www.rand.org/pubs/documented_briefings/DB490/

DB-499-1-LAWA Implementing Security Improvement Options at Los Angeles International Airport. D. Stevens, T. Hamilton, M. B. Schaffer, D. Dunham-Scott, J. J. Medby, E. W. Chan, J. Gibson, M. Eisman, R. Mesic, C. Kelley, J. Kim, T. LaTourrette, K. J. Riley. 2006.

Despite the high level of security at Los Angeles International Airport (LAX), there are good reasons to believe that LAX is viewed by some terrorist organizations as an attractive target. The RAND Corporation was commissioned by Los Angeles World Airports to conduct a series of studies on options for protecting LAX from terrorism. This documented briefing reviews the recommendations in an earlier RAND study (Donald Stevens, Terry Schell, Thomas Hamilton, Richard Mesic, Michael Scott Brown, Edward Wei-Min Chan, Mel Eisman, Eric V. Larson, Marvin Schaffer, Bruce Newsome, John Gibson, Elwyn Harris, Near-Term Options for Improving Security at Los Angeles International Airport, Santa Monica, Calif.: RAND Corporation, DB-468–1-LAWA, 2004. Only available online, http://www.rand.org/pubs/documented_briefings/DB46 8-1/), develops an LAX security implementation plan based on the 2004 recommendations, and evaluates installation of security film on windows facing LAX's public roadway. The authors reassert the need for reducing the density of people in unsecured areas (areas in which baggage has not been inspected or areas near uninspected vehicles) and adding permanent vehicle security checkpoints with bomb-detection capabilities. Furthermore, they reasserted that adding security film to the tempered windows at LAX is not cost-effective or likely to reduce fatalities in the event of a bomb detonation. Online access: http://www.rand.org/pubs/documented_briefings/DB499-1/

DB-507-FER Should ART Be Part of a Population Policy Mix? A Preliminary Assessment of the Demographic and Economic Impact of Assisted Reproductive Technologies. J. Grant, S. Hoorens, F. Gallo, J. A. K. Cave. 2006.

If demography is destiny, then it appears that destiny for Europe includes a rapidly ageing population, increasing economic, social and healthcare burdens and a weakening position on the world stage. Governments are waking up to the need to address the demographic shift, but, so far, have not discovered the ideal mix for an effective population policy. This Project Resource details the results of a preliminary investigation into whether Assisted Reproductive Technologies can play a part in preventing European countries from falling into the low fertility trap. Online access: http://www.rand.org/pubs/documented_briefings/2006/RAND_DB507.pdf

WORKING PAPERS

WR-174-1 The Quality of Health Care Delivered to Adults in the United States: Appendix. E. A. McGlynn, S. M. Asch, J. L. Adams, J. Keesey, J. Hicks, A. H. DeCristofaro, E. A. Kerr. 2006.

This is the technical appendix to "Who Is at Greatest Risk for Receiving Poor-Quality Health Care?," published in the New England Journal of Medicine, Vol. 354, No. 11, March 16, 2006. It contains specialized material that underlies the results in the paper and was part of the journal submission. Online access: http://www.rand.org/pubs/working_papers/WR174–1/

WR-279 Selection Bias in Web Surveys and the Use of Propensity Scores. M. Schonlau, A. Van Soest, A. Kapteyn, M. Couper. 2006.

Web surveys have several advantages compared to more traditional surveys with in-person interviews, telephone interviews, or mail surveys. Their most obvious potential drawback is that they may not be representative of the population of interest because the sub-population with access to Internet is quite specific. This paper investigates propensity scores as a method for dealing with selection bias in web surveys. The authors' main example has an unusually rich sampling design, where the Internet sample is drawn from an existing much larger probability sample that is representative of the US 50+ population and their spouses (the Health and Retirement Study). They use this to estimate propensity scores and to construct weights based on the propensity scores to correct for selectivity. They investigate whether propensity weights constructed on the basis of a relatively small set of variables are sufficient to correct the distribution of other variables so that these distributions become representative of the population. If this is the case, information about these other variables could be collected over the Internet only. Using a backward stepwise regression they find that at a minimum all demographic variables are needed to construct the weights. The propensity adjustment works well for many but not all variables investigated. For example, they find that correcting on the basis of socio-economic status by using education level and personal income is not enough to get a representative estimate of stock ownership. This casts some doubt on the common procedure to use a few basic variables to blindly correct for selectivity in convenience samples drawn over the Internet. Alternatives include providing non-Internet users with access to the Web or conducting web surveys in the context of mixed mode surveys. Online access: http://www.rand.org/pubs/working_papers/WR279/

WR-283-1 Measurement Error and Misclassification: A Comparison of Survey and Register Data. A. Kapteyn, J. Y. Ypma. 2006.

The authors provide both a theoretical and empirical analysis of the relation between administrative and survey data. By distinguishing between different sources of deviations between survey and administrative data they are able to reproduce several stylized facts in the literature. In doing so, they deviate from the almost universal assumption that the administrative data represent the truth. They illustrate the implications of different error sources for estimation in (simple) econometric models and find potentially very substantial biases, both when using survey data and when using administrative data. The analysis is applied to Swedish data that have been collected for a validation study as part of a larger European health and retirement study (SHARE: Survey of Health, Ageing, and Retirement in Europe). Thus this paper makes two contributions: (1) it adds to the limited number of empirical validation studies of earnings measurement in surveys and (2) it shows the sensitivity of some findings in the literature for the assumption that administrative data represent the truth. They find in particular that the common finding of substantial mean reversion in survey data largely goes away once we allow for a richer error structure. Online access: http://www.rand.org/pubs/working_papers/WR283–1/

WR-317-ICJ The Impact of Regulation and Litigation on Small Business and Entrepreneurship: An Overview. L. S. Dixon, S. M. Gates, K. Kapur, S. A. Seabury, E. L. Talley. 2006.

This working paper surveys existing research and the general state of knowledge on the impact of regulation and legislation on small business. It focuses on laws and regulations in four key regulatory areas: corporate securities, environmental protection, employment, and health insurance. In each of these areas, the review summarizes the regulatory environment, discusses the impact of the regulatory environment on small business and highlights issues in need of further research. In so doing, the review explores the ways small businesses and entrepreneurs behave differently from large businesses; the ways that policymakers, customers, employees and other organizations treat small businesses differently from larger businesses; and how these differences relate to the policy rationales that underlie regulation and the use of the tort system. A primary aim of this review is to identify additional research that would assist regulators, courts, legislatures, and others in balancing competing policy objectives. The report concludes with suggestions for future research. Online access: http://www.rand.org/pubs/working_papers/WR317/

WR-326-HE/GF Data Driven Decisionmaking in Southwestern Pennsylvania School Districts. J. W. Dembosky, J. F. Pane, H. Barney, R. Christina. 2006.

This report investigates the preparedness of Southwestern Pennsylvania school districts to meet the challenges of using data to improve instruction, evaluate the effectiveness of schools, teachers and programs, and create reports. It examines state policies and the roles of regional service agencies, identifies next steps in developing data-driven decisionmaking capabilities, and recommends actions stakeholders can take to support this development. Online access: http://www.rand.org/pubs/working_papers/WR326/

WR-328 A Collaboration Between Researchers and Practitioners to Improve Care for Co-Occurring Mental Health Disorders in Outpatient Substance Abuse Treatment. S. L. Wenzel, P. A. Ebener, K. E. Watkins, S. B. Hunter, J. M. Gilmore, B. Griffin, S. M. Paddock, W. Tu. 2006.

Clients in substance abuse treatment often have co-occurring mental health disorders; however, substance abuse treatment providers may lack training and resources to provide for the mental health needs of clients. To address the gap in effective service provision for clients with co-occurring disorders in substance abuse treatment programs, a research organization and a substance abuse treatment organization collaborated to conduct a community-based intervention trial. By detailing their collaborative process and lessons learned surrounding the design and evaluation of an intervention to improve care for co-occurring disorders, the authors' intention is to facilitate the collaborative efforts of other researchers and providers. Online access: http://www.rand.org/pubs/working_papers/WR328/

WR-336-EDU Using Structured Classroom Vignettes to Measure Instructional Practices in Mathematics. B. M. Stecher, V. Le, L. S. Hamilton, G. W. Ryan, A. E. Robyn, J. R. Lockwood. 2006.

Large-scale educational studies frequently require accurate descriptions of classroom practices to judge implementation and impact. However, such descriptions are difficult to obtain in a timely, efficient manner. To address this problem, we developed a vignette-based measure of one aspect of mathematics instructional practice, reform-oriented instruction. Teachers read contextualized descriptions of teaching practices that varied in terms of reform-oriented instruction and rated the degree to which the options corresponded to their own likely behaviors. Responses from 80 fourth-grade teachers yielded fairly consistent responses across two parallel vignettes and moderate correlations with other scales of reform-oriented instruction derived from classroom observations, surveys and logs. The results suggested that the vignettes are measuring important aspects of reform-oriented instruction that are not captured by other measurement methods. Based on this work, it appears that vignettes can be a useful tool for research on instructional practice, but cognitive interviews with participating teachers provided insight into possible improvements to the items. Online access: http://www.rand.org/pubs/working_papers/WR336/

WR-338-NSF Teachers as Implementers of Mathematics and Science Systemic Reform Policies. D. Chau, V. L. Williams, V. Le, A. E. Robyn, B. M. Stecher, L. S. Hamilton. 2006.

A persistent challenge facing education policies has been the difficulty of ensuring local implementation of instructional reforms by teachers. Despite numerous instructional reform initiatives, teacher practices have remained relatively constant over the past century. Some research studies attribute the lack of implementation of local reforms to teachers' interpretation of the policy messages underlying these reforms, which may be influenced by their views of their discipline and their students, and by the social context of the school, which influences not only their interpretation, but also the extent and quality of implementation. In this study, the authors examine teachers' response to policy messages related to mathematics and science reforms. Using information collected from semi-structured interviews, teacher surveys, and teacher daily logs, the authors identify the policy messages that influence teachers and discuss the factors that either facilitate or hinder teachers' implementation of these policies. Online access: http://www.rand.org/pubs/working_papers/WR338/

WR-340 Health Insurance and the Obesity Externality. J. Bhattacharya, N. Sood. 2006.

If rational individuals pay the full costs of their decisions about food intake and exercise, economists, policy makers, and public health officials should treat the obesity epidemic as a matter of indifference. In this paper, the authors show that, as long as insurance premiums are not risk rated for obesity, health insurance coverage systematically shields those covered from the full costs of physical inactivity and overeating. Since the obese consume significantly more medical resources than the non-obese, but pay the same health insurance premiums, they impose a negative externality on normal weight individuals in their insurance pool. To estimate the size of this externality, they develop a model of weight loss and health insurance under two regimes—(1) underwriting on weight is allowed, and (2) underwriting on weight is not allowed. They show that under regime (1), there is no obesity externality. Under regime (2), where there is an obesity externality, all plan participants face inefficient incentives to undertake unpleasant dieting and exercise. These reduced incentives lead to inefficient increases in body weight, and reduced social welfare. Using data on medical expenditures and body weight from the National Health and Interview Survey and the Medical Expenditure Panel Survey, they estimate that, in a health plan with a coinsurance rate of 17.5%, the obesity externality imposes a welfare cost of about $150 per capita. Their results also indicate that the welfare loss can be reduced by technological change that lowers the pecuniary and non-pecuniary costs of losing weight, and also by increasing the coinsurance rate. Online access: http://www.rand.org/pubs/working_papers/WR340/

WR-342 Some Answers to the Retirement-Consumption Puzzle. M. D. Hurd, S. Rohwedder. 2006.

The simple one-good model of life-cycle consumption requires "consumption smoothing." According to previous results based on partial spending and on synthetic panels, British and U.S. households apparently reduce consumption at retirement. The reduction cannot be explained by the simple one-good life-cycle model, so it has been referred to as the retirement-consumption puzzle. An interpretation is that at retirement individuals discover they have fewer economic resources than they had anticipated prior to retirement, and as a consequence reduce consumption. This interpretation challenges the life-cycle model where consumers are assumed to be forward-looking. Using panel data, we find that prior to retirement workers anticipated on average a decline of 13.3% in spending and after retirement they recollected a decline of 12.9%: widespread surprise is not the explanation for the retirement-consumption puzzle. Workers with substantial wealth both anticipated and recollected a decline. Therefore, for many workers the decline is not necessitated by the fall in income that accompanies retirement. Poor health is associated with above-average declines. At retirement time spent in activities that could substitute for market-purchased goods increases. Apparently a number of factors contribute to the decline in spending, which, for most of the population, can be accommodated in conventional models of economic behavior. Online access: http://www.rand.org/pubs/working_papers/WR342/

WR-345 Using Stated Preferences Data to Analyze Preferences for Full and Partial Retirement. A. Van Soest, A. Kapteyn, J. M. Zissimopoulos. 2006.

Structural models explaining retirement decisions of individuals or households in an inter-temporal setting are typically hard to estimate using data on actual retirement decisions, because choice sets are complicated and uncertain and for a large part unobserved by the researcher. This paper describes an experiment in which both perceived retirement opportunities and preferences for retirement are measured. For the latter, respondents evaluate how attractive they find a number of hypothetical, simplified, retirement trajectories involving early retirement, late retirement, and gradual retirement, each with its own corresponding income path. The questions were fielded in the Dutch Center panel. The answers are used to estimate a stylized structural life-cycle model of retirement preferences. The results suggest that, for example, many respondents could be convinced to work part-time after age 65 before retiring completely at age 70 for a reasonable financial compensation. Simulations combining the information on perceived opportunities with estimated preferences also illustrate the importance of employer imposed restrictions on retirement and the scope

for increasing labor force participation of the elderly by creating opportunities for gradual retirement. Online access: http://www.rand.org/pubs/working_papers/WR345/

WR-346-RE The Pursuit of Excellence: A European Institute of Technology. T. Galama, E. Frinking, C. van Oranje, E. Horlings. 2006.

At the end of 2005, the European Commission launched a consultation procedure to actively explore how to best take the general idea of a European Institute of Technology (EIT) forward. Many interested parties have since contributed their opinions and thoughts to the public debate, and with this paper RAND Europe joins in. The aim of this RAND Europe paper is to further deepen the debate and to provide initial insights into the structure and approach to be chosen in setting up an EIT. This paper does not aim to answer the question of whether the EIT is desirable in the first place. It takes the EIT as a given and focuses on how best to accomplish the wider objective of the EIT: to raise the competitiveness of the European Union through scientific and technological excellence. European universities are compared with top institutes of technology to determine the differentiating and key success factors that result in excellence in research and education. Based on this, the guiding principles and core features of the EIT are formulated, potential forms are developed, and risks and alternatives are discussed. Online access: http://www.rand.org/pubs/working_papers/WR346/

WR-351-ICJ Do Small Group Health Insurance Regulations Influence Small Business Growth? K. Kapur, P. Karaca-Mindic, S. M. Gates, B. Fulton. 2006.

The cost of health insurance has been the primary concern of small business owners for several decades. State small group health insurance reforms, implemented in the 1990s, aimed to control the variability of health insurance premiums and to improve access to health insurance. These small group reforms only affected firms within a specific size range, and the definition of the upper size threshold for small firms varied by state and over time. The primary intended result of these reforms was to increase the propensity of small firms to offer health insurance. However, because of the way these regulations were crafted, an unintended consequence of the reforms may have been to affect the size of small firms around the legislative threshold. Several studies have examined the effect of health insurance mandates on the propensity of small firms to offer health insurance. These studies generally find little to no effect of the mandates. In this paper, the authors examine the effect of small group reforms on small business size and find some evidence that firms that were near the threshold adjusted their size. Online access: http://www.rand.org/pubs/working_papers/WR351/

WR-352-CONSOL The Role of Energy Efficiency in Homebuying Decisions: Results of Initial Focus Group Discussions. M. Hanson, M. Bernstein. 2006.

Various government agencies, advocacy groups, researchers, and homebuilders have struggled to understand what role, if any, energy efficiency plays in home-purchase decisions, and how to make energy-efficient homes more attractive to consumers. There are many reasons why homeowners buy the homes that they do; location, quality, price, amenities, and other factors play into those decisions. Historically, energy efficiency is believed only to have played a small role in particular home-purchase decisions. This report summarizes results of a "natural experiment" that describes views of homeowners who live in an unusual arrangement of new homes in a residential tract outside of Sacramento, California. Homes in this tract are comparable in most respects except that they have substantially different levels of energy efficiency. In a series of focus group discussions, views of these homeowners regarding their purchase decisions were collected, and subsequently analyzed. Online access: http://www.rand.org/publications/WR/WR352/

WR-354 A Future for the Young: Options for Helping Middle Eastern Youth Escape the Trap of Radicalization. C. Benard. 2006.

In the battle of ideas that has come to characterize the struggle against jihadist terrorism, a sometimes neglected dimension is the personal motivations of those drawn into the movement. This paper reports the results of a workshop held in September 2005 and sponsored by RAND's Center for Middle East Public Policy and the Initiative for Middle East Youth. Workshop participants discussed the issue of why young people enter into jihadist groups and what might be done to prevent it or to disengage members of such groups once they have joined. Online access: http://www.rand.org/pubs/working_papers/WR354/

WR-366-EZ Kan Een Maatschappelijke Kosten-Batenanalyse Worden Gebruikt Voor De Beoordeling Van Innovatieprogramma's? = Can a 'societal' Cost-Benefit Analysis Be Used for the Evaluation of Innovation-Programs? G. van Rhee. 2006.

For the Dutch Ministry of Economic Affairs an essay is written that discusses the suitability of "societal" cost-benefit analysis to judge innovation-programs, innovation themes and projects within the setting of the new programmatic approach. The traditional societal cost benefit analysis used in the Netherlands to judge infrastructure projects, is not considered suitable without any changes to the method. The method insufficiently considers a number of specific characteristics of innovation programmes like uncertainty, differences in risks and portfolio aspects. Execution of the method suffers from lack of reliable data both ex ante as ex post. Besides, the approach is not easily

understandable, and does not include a test of legitimacy or effectiveness. Therefore another approach that combines amongst others multi-criteria analysis, portfolio analysis and a quick scan cost-benefit analysis is suggested to properly judge innovation projects/themes and programs. Online access: http://www.rand.org/pubs/working_papers/WR366/

WR-367 Health Endowments and Parental Investments in Infancy and Early Childhood. A. Datar, M. R. Kilburn, D. S. Loughran. 2006.

This paper tests whether parents reinforce or compensate for child endowments. The authors employ birth weight as a proxy for endowments and estimate how the difference in birth weight across siblings impacts specific parental investments, including breastfeeding initiation and duration, well-baby visits, immunizations, preschool attendance, and kindergarten entry age. They also examine whether parental investment in a child is impacted by her siblings' endowments. Their results indicate that heavier birth weight children receive higher levels of most parental investment than their lower birth weight siblings suggesting that parental investments in infancy and early childhood reinforce differences in endowments. In one exception, they find weak evidence that lower birth weight children enter kindergarten slightly later than their normal birth weight siblings, which could be interpreted as a compensating parental investment. Presence of a low birth weight sibling in the household increases the likelihood of investments such as well-baby visits and immunizations. Online access: http://www.rand.org/pubs/working_papers/WR367/

WR-371-CTRMP Guiding Resource Allocations Based on Terrorism Risk. H. H. Willis. 2006.

Establishing tolerable levels of risk is one of the most contentious and important risk management decisions. With every regulatory or funding decision for a risk management program, society decides whether or not risk is tolerable. The Urban Area Security Initiative (UASI) is a Department of Homeland Security (DHS) grant program designed to enhance security and overall preparedness to prevent, respond to, and recover from acts of terrorism, by providing financial assistance for planning, equipment, training, and exercise needs of large urban areas. After briefly reviewing rationales for risk-based resource allocation and challenges in estimating terrorism risk, this paper compares estimates of terrorism risk in urban areas that received UASI funding in 2004 to other federal risk management decisions. This comparison suggests that UASI allocations are generally consistent with other federal risk management decisions. However, terrorism risk in several cities that received funding is below levels that are often tolerated in other risk management contexts. There are several reasons why the conclusions about terrorism risk being de minimis in specific cities should be challenged. Some of these surround the means used to estimate terrorism risk for this study. Others involve the comparison that is made to other risk management decisions. However, many of the observations reported are valid even if reported terrorism risk estimates are several orders of magnitude low. Discussion of resource allocation should be extended to address risk tolerance and include explicit comparisons, like those presented here, to other risk management decisions. Online access: http://www.rand.org/pubs/working_papers/WR371/

WR-372-PPS Estimating Graduation and Dropout Rates with Longitudinal Data: A Case Study in the Pittsburgh Public Schools. J. Engberg, B. Gill. 2006.

Graduation and dropout rates are difficult to calculate. These difficulties arise because of both conceptual ambiguities and imperfect data. In this paper, the authors review some of these challenges, discuss how the challenges have been approached when using cross-sectional data, and describe a method that analyzes longitudinal, student-level data to provide an improved estimate of graduation and dropout rates. They then apply that method to estimate graduation and dropout rates for the Pittsburgh Public Schools district-wide and for each high school in the district. Online access: http://www.rand.org/pubs/working_papers/WR372/

WR-373-EDU Measuring Instructional Responses to Standards-Based Accountability. L. S. Hamilton, B. M. Stecher. 2006.

Although it may not be possible to fully understand how state-based accountability (SBA) initiatives influence mathematics teachers in-classroom approach to the subject matter, it is important to understand that instructional reform efforts that become externally mandated testing policies do affect teachers' decisions about classroom content. While SBA systems do not mandate specific instructional approaches for teachers, any effects of SBA on student achievement are likely to occur largely because of changes in teachers' approaches to their subject matter. SBA systems also change teachers' classroom practices by creating stronger incentives to improve student testing achievement, which in turn may lead teachers to focus on raising test scores rather than improving student achievement more generally. Using a stratified random sampling procedure, this study selected 25 school districts from three states and randomly selected 100 schools per state from these districts to survey mathematics teachers' responses to SBA. One-half of respondents expressed concern about high-achieving students-valuable information about the ways that SBA is influencing teachers' classroom work. Any use of surveys for accountability purposes must include safeguards to limit bias. By presenting a framework for understanding teacher responses to SBA testing requirements, this work sets the stage for a more formal investigation of these questions. To inform the debate about whether SBA leads to genuine improvement in student

achievement or to inflated scores that indicate a too-narrow curriculum, SBA systems must be monitored for bias, political backlash, and high costs. Online access: http://www.rand.org/pubs/working_papers/WR373/

WR-374-EDU Instructional Practices Related to Standards and Assessments. L. S. Hamilton, M. Berends. 2006.

As part of the standards-based accountability (SBA) system mandated under the No Child Left Behind Act (NCLB), RAND is examining how district staff, principals, and teachers are responding to SBA systems. Using two years of survey data from mathematics and science teachers on the standards-based accountability (SBA) requirements mandated by the No Child Left Behind Act , this study explores changes in teachers' classroom content to accommodate SBA. Using two years of survey data from mathematics and science teachers on the standards-based accountability (SBA) requirements mandated by the No Child Left Behind Act, this study explores changes in teachers' classroom content to accommodate SBA. Because aspects of SBA relate directly to the core of teaching and learning in classrooms and because changes in student achievement are likely to occur because of actions that teachers take in their classrooms, it is important to examine shifts in emphasis subjects taught, changes in the timing of topics to match the testing schedule, shifts in emphasis within a subject to reflect the material that will be tested under SBA. Results indicate that SBA policies are influencing what teachers are doing in the classroom, and that this influence is leading to an increased focus on state standards and tests. Together with the findings from other studies under this project, it is clear that there is a heavy use of test-score data, a tendency to reflect state standards in broad and narrow ways, and attention being paid to students who are most likely to show changes on the NCLB-required percent-proficient metric. Evidence surfaces on reallocation of effort toward instruction focused on tested topics toward classroom assessment methods that reflect the state test, and toward students near the proficient cut point. It is likely that certain topics, activities, and even students are receiving less attention than they would in the absence of the state test. Accountability systems can influence teacher practices, but they also raise concern about whether teachers might not only respond in ways likely to benefit student learning, but in less beneficial ways as well. Online access: http://www.rand.org/pubs/working_papers/WR374/

WR-375-EDU Using Test-Score Data in the Classroom. B. M. Stecher, L. S. Hamilton. 2006.

The success of the test-based accountability policy, No Child Left Behind (NCLB), designed to raise student achievement, will be strongly influenced by educators' use of test-score data to guide school policy and classroom practice. This paper summarizes the data, providing insights for improving both the utility of test-score information at the classroom level, and the validity of large-scale testing systems. Because of the No Child Left Behind Act (NCLB), all states have implemented statewide testing programs in reading and mathematics for students in grade 3 to 8 and for one high school grade. However, most states have not examined the effects of testing on educational practice-an important omission, since a central assumption of NCLB is that the provision of high-quality information will promote improved educational decisionmaking. This study explores how teachers and principals use test score data, what features of its use are relevant to them, and what assistance is available to help them use the data for instructional decisionmaking. Using 2005 data, the study focuses on mathematics, using stratified random sampling to select 25 districts, and 100 schools per state (across three states) from within these districts. Within a single school, teachers have different impressions of the usefulness of the data. Over one-half of teachers surveyed reported that they used test results to identify topics for review and students who need attention. Most said that the test data were clear and easy to understand, and that they had received a variety of support for using the data. Most teachers relied on progress tests in instructional planning; they said that annual state test results were more useful for curriculum planning than for improving specific instructional practice. Periodic standardized progress testing or formative classroom assessments may be more useful than annual state tests. The variation observed in responses from teachers in different states suggests that state policy matters. Online access: http://www.rand.org/pubs/working_papers/WR375/

WR-376-1-EDU Superintendent, Principal, and Teacher Understanding of and Attitudes About Accountability. J. Russell, J. S. McCombs. 2006.

Since 1989, state policymakers have steadily moved toward standards-based accountability (SBA) systems that emphasize explicit content and performance standards, systematic standardized testing, and consequences for failure to make progress in improving student achievement. Using survey and school site visit data from three states, this study assesses whether educators understand and support the standards-based accountability model that is required under the No Child Left Behind Act (NCLB) by asking one broad question: What is the level of perceived validity and reported impact of NCLB policies in districts and schools. Results rely primarily on the superintendent, principal, and teacher survey report from the 2004–05 school year, asking to what extent are these educators familiar with state content standards and find them useful; and for their views on the state assessments and on the state accountability system as a whole, including standards, assessments, adequate yearly progress (AYP) targets, rewards, and sanctions. Results show generally positive responses regarding standards, some concern by administrators in meeting future AYP goals, and

both positive and negative perceptions about assessments and the impact of the entire states' accountability system. Familiarity with standards among principals and teachers tended to be high; most superintendents viewed state test results as a valid indicator of student progress in mastering standards; most superintendents found state test results moderately useful in making decisions about their curriculum and instructional materials; most were confident about meeting current AYP targets, but concerned about meeting future student proficiency targets. Both district and school leaders reported important changes due to the SBA systems, e.g., increased staff focus on student learning, more students learning important skills, improved curriculum changes, especially of mathematics across grades. Principals were more likely to believe that accountability was beneficial to students, while teachers had more negative assessments, such as insufficient time to teach content not on the test, and accountability pressures on students, especially those with special needs. Online access: http://www.rand.org/pubs/working_papers/WR376-1/

WR-378-EDU Effect of Teacher Pay on Student Performance: Findings from Illinois. A. Flanagan, D. W. Grissmer. 2006.

There is increasing concern about the performance of students and the quality of the teachers in our nation's schools. Higher teacher pay (linked to accountability) has been put forward as one of the ways of attracting and retaining high-quality teachers, but direct evidence of whether higher teacher pay results in improved student outcomes has been sparse. Illinois offers a unique opportunity to examine the effect of teacher pay on student performance at the district level for two reasons: (a) some districts are split districts encompassing either elementary and middle schools or high schools only; and (b) salaries differ significantly by district type. This paper uses data on Illinois districts from 1995–1998 to explore differences in teacher pay and to examine the effect of teacher pay on district test scores, controlling for other district student and teacher characteristics. The results, while based on exploratory analyses, should be of interest to education researchers and policymakers at the national, state, and local levels who are struggling with issues of teacher quality and improving learning for all students. Online access: http://www.rand.org/pubs/working_papers/WR378/

WR-379-EDU Using Test Scores to Rank Performance of Districts: Findings from Illinois. A. Flanagan, D. W. Grissmer. 2006.

Concern about the quality of teaching and learning in America's schools has led to a demand for greater accountability through legislation. The "No Child Left Behind Act of 2001" has required states to set standards for what students ought to know at certain grade levels, and to conduct annual tests of student performance to meet progress goals or face sanctions if they fail to do so. Because school districts differ considerably in student characteristics and resources, these absolute standards are being used alongside relative standards that use risk-adjusted comparisons to level the playing field. Using data from Illinois school districts between 1993 and 1998, this study explores different models for adjusting risk and for ranking schools and districts on the basis of average student performance. Highlighting the volatility of the rankings and using a fuller set of risk factors, this study explores models for adjusting risk and ranking schools and districts on the average performance of students to improve accountability systems and to target resources to improve the performance of at-risk schools and school districts. Online access: http://www.rand.org/pubs/working_papers/WR379/

WR-380-EDU Implementing Standards Based Accountability (ISBA): Study Design, State Context, and Accountability Policies. B. M. Stecher, S. Naftel. 2006.

Test-based accountability provisions of the No Child Left Behind Act (NCLB) require states to set standards, measure student progress, and intervene when schools fail to meet the standards. Together, these standards, assessments, and consequences make up a standards-based accountability (SBA) system. The SBA portion of the NCLB affects every public school in the nation and has already had a noticeable impact on the actions of schools and districts. Two broad questions were addressed in this study: What strategies are used in implementing SBA at state, district, and school levels? Which of those strategies are associated with changes in classroom practice? This study gathered information on implementation across several levels, to understand how variations across schools and classrooms affect student learning-the strongest emphasis of this work. Using large-scale quantitative data collection and small-scale case studies to examine SBA implementation in California, Georgia, and Pennsylvania, this study focused on elementary and middle school science and mathematics to associate implementation factors with student outcomes. Overall, the performance of schools has been improving in all three states over the past three academic years. However, it is important to note that the three states approached accountability and teacher quality in different ways. The states also varied in the nature and breadth of their standards. These differences underscore the importance of considering state context when examining the effects of SBA on districts, schools, and students. Online access: http://www.rand.org/pubs/working_papers/WR380/

WR-381-CHCF Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons: Final Report. S. S. Teleki, R. Shaw, C. Damberg, E. A. McGlynn. 2006.

There is increasing interest in and capability to assess the performance of individual physicians. However, because

such activities are relatively new and often proprietary, lessons learned in applied settings frequently remain unknown to others. This report summarizes findings from the published literature and interviews with 12 key informants who were asked questions about their physician-level reporting activities. Regarding content, report sponsors should be honest and direct about the purpose; peer comparisons, actionable feedback, and achievable benchmarks are compelling. Regarding format, there is no definitive guidance; experience to date suggests that reports should be designed to provide a readily understandable snapshot of performance (e.g., rank-ordering results so high and low scores are obvious). There are many options for the report medium: printed hard copies; electronic static copies; and flexible web versions. Although web formats allow users to tailor information, many physicians do not have convenient web access or are not accustomed to using this medium. Thus, care should be taken to meet the needs of the intended audience. In terms of the reporting process, physicians should be involved early and often in development and implementation, and allowed to question data and make changes if errors are uncovered. Importantly, the passive provision of information alone is not sufficient to bring about behavior change. Multi-faceted approaches are more effective, such as interactive educational sessions, coupled with the use of local opinion leaders, and/or feedback reports. Many questions remain about how best to provide performance information to individual physicians; more research is needed. Online access: http://www.rand.org/pubs/working_papers/WR381/

WR-382-EDU School and District Improvement Efforts in Response to the No Child Left Behind Act. J. A. Marsh, A. E. Robyn. 2006.

Using RAND project on implementing standards-based accountability as a starting point, this study presents preliminary findings on how improvement is playing out in schools and districts in California, Georgia, and Pennsylvania after the expectations and consequences raised by the No Child Left Behind Act (NCLB). Understanding the improvement strategies adopted by states and districts is vitally important because the success of any education reform will be measured by its ability to bring about positive change in schools and districts. Drawing from survey and case study data from 2003–04 and 2004-05, this paper examines the strategies schools and districts are using to improve student performance, the perceived quality and usefulness of these efforts, as well as the perceived constraints and enablers of improvement efforts. Results presented here rely on superintendent and principal survey data from the 2004-05 school year, as well as data from teacher, principal, and parent surveys and interviews. Three of the most important strategies identified by principals in this study were increasing the use of student achievement data to inform instruction, matching curriculum and instruction with standards and/or assessments, and providing additional instruction to low-performing students. These improvement strategies are well under way in all three states in the study. This preliminary research points to areas of promise and of need that state departments of education, regional offices, and school districts may want to consider to further bolster improvement efforts. Teachers, principals, and parents all expressed concern about the unintended consequences of improvement strategies targeting low-achieving students and students close to proficient; further attention is required to determine the effects of such activities on the quality of instruction and educational outcomes for both high-achieving students and the lowest performers. This study is a useful preliminary view of the efforts that schools and districts are making to increase student proficiency and meet the federal goal of 100 percent proficiency. Online access: http://www.rand.org/pubs/working_papers/WR382/

WR-383 Improving the Measurement of Socially Unacceptable Attitudes and Behaviors with Item Response Theory. M. Orlando, L. Jaycox, D. F. McCaffrey, G. N. Marshall. 2006.

Assessment of socially unacceptable behaviors and attitudes via self-report is likely to yield skewed data that may be vulnerable to measurement non-invariance. Item response theory (IRT) can help address these measurement challenges. This paper illustrates application of IRT to data from a teen dating violence intervention study. Three factors reflecting teens' attitudes about dating violence were identified, and items from these 3 scales were subjected to IRT calibration and evaluated for differential item functioning (DIF) by gender. The IRT scores displayed superior measurement properties relative to the observed scale scores, and in 1 of the 3 factors, inferences about group mean differences were impacted by the presence of DIF. This application demonstrates how IRT analysis can improve measurement of socially unacceptable behaviors and attitudes. Online access: http://www.rand.org/pubs/working_papers/WR383/

WR-384-ICJ The Impact of Liability on the Physician Labor Market. E. Helland, M. H. Showalter. 2006.

This study examines the impact of malpractice reforms on physician behavior using a new measure of liability risk and a nationally representative, individual-level dataset on physician behavior. The authors first develop a theoretic model in which physicians are unable to fully insure against liability risk. They then match their liability measure to data on physician behavior from the Physician Practice Costs and Income Survey (PPCIS). Data from the PPCIS bracket a period of substantial state-level legal reform between 1983 and 1988, which provides identifying variation in their liability measure. They estimate the impact of liability reform on hours worked. They find an estimated elasticity of hours worked to liability exposure of -0.285 for the full

sample of physicians. The interpretation is that a 10 percent increase in expected liability costs (not necessarily malpractice premiums) is associated with a 2.85 percent decrease in hours worked. The effect for physicians age 55 or older is much larger: They find an elasticity of -1.224 for this category. They also examine the link between their 'pure' liability measure and malpractice premiums. They find that an increase in $1 of expected liability is associated with a $0.699 to $1.05 increase in malpractice premiums, although there remains substantial unexplained variation in premiums after accounting for expected liability and observable demographic characteristics of physicians. Online access: http://www.rand.org/pubs/working_papers/WR384/

WR-386 Why Did the Food Stamp Caseload Decline (And Rise)? C. Danielson, J. A. Klerman. 2006.

The Food Stamp Program (FSP) is intended to help low-income households afford a nutritionally adequate diet. Since 1990, the FSP caseload has varied widely-rising sharply in the early 1990s, dropping sharply in the late 1990s, and then rising again in the early 2000s. Welfare and food stamp policy changes, as well as the changing economic climate, are plausible candidates for explaining the path of the caseload over time. The authors estimate the effect of these three factors on the total caseload and on two of its components: persons in households combining cash assistance with food stamps, and persons in households where some or all are not receiving cash assistance. They find that together welfare reform and the improving economy explain all of the FSP caseload decline during the late 1990s, and that policies aimed at increasing access to the FSP and the weakening economy explain about half of the FSP caseload increase in the early 2000s. Results analyzing the disaggregated caseloads are not as clear-cut, apparently because of measurement issues during the period when Temporary Assistance for Needy Families (TANF) programs were implemented. Online access: http://www.rand.org/pubs/working_papers/WR386/

WR-387 Dynamics of Work Disability and Pain. A. Kapteyn, J. P. Smith, A. Van Soest. 2006.

This paper investigates the role of pain in affecting self-reported work disability and employment of elderly workers in the US. The authors investigate pain and its relationship to work disability and work in a dynamic panel data model, using six biennial waves from the Health and Retirement Study. They find the dynamics of the presence of pain is central to understanding the dynamics of self-reported work disability. By affecting work disability pain also has important implications for the dynamic patterns of employment. Online access: http://www.rand.org/pubs/working_papers/WR387/

WR-395 A Discrete Time Hazards Model of Smoking Initiation Among West Coast Youth from Age 5 to 23. M. Orlando, J. S. Tucker, P. L. Ellickson. 2006.

Adolescents who start smoking at an early age are at increased risk for tobacco dependence and continued use, health problems, and psychosocial and behavioral difficulties during adolescence and emerging adulthood. Time hazards analysis was used with a group ages 5 to 23 to identify factors that lead to initiation of smoking at an early age, and to help discern vulnerable periods for initiation according to those factors. Half the sample had started smoking by age 12, with the hazard for initiation greatest between ages 13 and 14. Having an older sibling, and exposure to smoking by the adult closest to them were risk factors. Although having an intact nuclear family was protective, it could not counteract the risk of having an older sibling and being exposed to an important adult smoker. For all effects, the strength of the association differed across the age range. Demographic and family influence factors on smoking initiation vary over time. However, children are at maximum risk for initiation in their early teen years, and the range of considerable vulnerability is during middle school and high school. Since maximum risk is associated with early onset, identifying factors associated with the age of smoking initiation and finding ways to delay initiation, especially among adolescent girls, may be useful. The significance of the family variables, especially the impact of the important adult smoker, point to the practical implications of these findings. Online access: http://www.rand.org/pubs/working_papers/WR395/

WR-396-AIU Math Science Partnership of Southwest Pennsylvania: Year Three Evaluation Report. V. L. Williams, J. F. Pane, C. A. Tananis, S. S. Olmsted, C. Ciminillo. 2006.

In 2002, the National Science Foundation (NSF) launched the Math and Science Partnership program, which builds on the nation's dedication to educational reform by supporting partnerships that unite the efforts of K-12 school districts with science, mathematics, engineering, and education faculties of colleges and universities. RAND evaluated the Math Science Partnership of Southwest Pennsylvania, one of seven comprehensive partnership projects funded by NSF in 2003. The evaluation investigates the effectiveness of the partnership, its impact on institutional practices and policies at partner educational institutions, changes in math and science instruction, and changes in student course taking and outcomes. Data were collected from focus groups and interviews of key project personnel, surveys of principals and math and science teachers, case studies in partnership school districts, documentation of partnership meetings and activities, artifacts produced by the partnership, math and science achievement data for K-12 students, and course completion data for K-12 and students in institutions of higher education. This working paper provides a baseline

description of the partners and a formative assessment of the project's progress and challenges. Online access: http://www.rand.org/pubs/working_papers/WR396/

WR-399-SEC An Introduction to Qatar's Primary and Secondary Education Reform. D. J. Brewer, C. A. Goldman, C. H. Augustine, G. Zellman, G. W. Ryan, C. Stasz, L. Constant. 2006.

Qatar-a small, natural-resource-rich country in the Persian Gulf-has embarked on an ambitious, comprehensive effort to upgrade its educational institutions. In 2001, the Emir of Qatar asked RAND, a US-based nonprofit research institution, to conduct an objective analysis of the existing education system. Based on this analysis, the RAND team and Qatari partners considered how the current organization of schooling dominated by the Ministry of Education was meeting the country's needs, and suggested systemic improvements. In 2002, the Emir announced a sweeping plan based on (1) new government-funded schools that are not operated by the Ministry of Education but by other parties and (2) standardized national student tests aligned with internationally-benchmarked curriculum standards. The reform includes the development of many types of schools and an information system about school performance that facilitates parental choice and involvement. Implementation of the reform began in Fall 2002. In this paper, the authors describe the background analysis underlying the reform and its main elements. They briefly discuss the progress of the reform, and highlight some of the challenges encountered. Online access: http://www.rand.org/pubs/working_papers/WR399/

WR-400 Measuring and Reporting the Performance of Disease Management Programs. S. Mattke, G. Bergamo, A. Balakrishnan, S. C. Martino, N. Vakkur. 2006.

Health care costs in the United States are rising dramatically and are expected to continue growing faster than the overall economy. Despite the high costs, the quality of care delivered by the health care system remains low. Vulnerable patients with chronic conditions consume the lion's share of the health care resources, rendering their care an obvious target for improving effectiveness and efficiency of care. A promising approach to bridge the gaps in the health care system and improve management of patients with chronic conditions is a class of interventions known generally as disease management. This paper presents the first comprehensive methodology for measuring and reporting the performance of disease management programs-a Disease Management Report Card-that is built on a conceptual framework covering the relevant components of the intervention; uses statistical techniques to attribute changes in the health, utilization, and behavior of the target population to the intervention; and a sampling method that avoids common sources of bias. The methodology would allow a disease management vendor to fairly and credibly demonstrate its performance to current and future clients. Widespread adoption of standardized reporting would facilitate client choice and potentially stimulate ongoing improvements in the delivery of services. Online access: http://www.rand.org/pubs/working_papers/WR400/

WR-401-MEDPAC The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements. N. Nicosia, E. Reardon, K. A. Lorenz, J. Lynn, M. B. Buntin. 2006.

Recent changes in the patient population and provision of care have generated interest in re-evaluating Medicare's per diem payment system for hospice. Given the limitations of the Medicare data with respect to patient-level resource utilization, the authors rely on visit data from a large national chain of hospice providers. The findings suggest that the hospice payment system reflects resource use and that available case mix adjusters would not substantially improve the system's performance. However, they also find that the per diem system could be adjusted to more accurately capture variation in costs within stays. Future data collection and analysis efforts should focus on more detailed and comprehensive measures of patient-level utilization and on patient characteristics that relate directly to necessary care. Online access: http://www.rand.org/pubs/working_papers/WR401/

WR-404 The Interactive Effect of Birth Weight and Common Parental Investment on Child Test Scores. D. S. Loughran, A. Datar, M. R. Kilburn. 2006.

The theoretical and empirical literature on intrahousehold resource allocation focuses on whether child-specific parental investments reinforce or compensate for a child's initial endowments. However, many parental investments, like housing and neighborhood quality and family structure, are shared wholly or in part among all children in a household. The empirical results of this paper imply that these common parental investments are more beneficial to relatively poorly endowed siblings, where birth weight proxies for endowments. This is especially true in relatively high-SES families. Online access: http://www.rand.org/pubs/working_papers/WR404/

WR-409-1 Self Reported Disability and Reference Groups. A. Van Soest, A. Kapteyn, T. Andreyeva, J. P. Smith. 2006.

Different people may have different thresholds for the extent to which health problems limit the kind and amount of work they can do. The thresholds may be related to the kind of work one does currently, demographics, work history. In this paper the authors look at a different determinant of self-reported disability, namely social influence. Using data on self-reports of work disability, work disability vignettes, and self-reports on disability in one's reference group they

estimate a model describing the influence of work disability prevalence in one's reference group on the subjective scale used to report own work disability. It appears that these reference group effects exert a significant influence, thereby suggesting a significant role for social influences (and perhaps social norms) on the perception of work limitations. Online access: http://www.rand.org/pubs/working_papers/WR409–1/

WR-410 Economic Well-Being at Older Ages: Income- and Consumption-Based Poverty Measures in the HRS. M. D. Hurd, S. Rohwedder. 2006.

According to economic theory, well-being or utility depends on consumption. However, at the household level, total consumption is rarely measured because its collection requires a great deal of survey time. As a result income has been widely used to assess economic well-being and poverty rates. Yet, because households can use wealth to consume more than income, an income-based measure of well-being could yield misleading results for many households, especially at older ages. The authors use data from the Health and Retirement Study to find income-based poverty rates which they compare with poverty rates as measured in the Current Population Survey. They use HRS consumption data to calculate a consumption-based poverty rate and study the relationship between income-based and consumption-based poverty measures. They find that the poverty rate based on consumption is lower than the income-based poverty rate. Particularly noteworthy is the much lower rate among the oldest single persons such as widows. The explanation for the difference is the ability to consume out of wealth. Online access: http://www.rand.org/pubs/working_papers/WR410/

WR-411 China Rural Health Insurance Experiment: Final Report. S. Cretin, A. P. Williams, J. Sine. 2006.

Cooperative medical systems (CMS) were developed in rural China as the primary method of delivering and financing health care. At their peak, they provided limited health coverage for 85 to 90 percent of the population. But the CMS system has broken down, probably because of agricultural and market reforms that had a disruptive impact on the village welfare funds that supported CMS. Many cooperative systems disbanded, leaving many people uninsured. The primary purpose of the China Rural Health Insurance Experiment project is to provide a sound analytic basis for designing sustainable health care financing mechanisms for China's rural population. The model of health care financing used in this project is a form of "managed care" in which a health insurance mechanism is integrated into the existing primary care system. Using the model, the authors estimate changes in per-patient expenditures for such a plan. Online access: http://www.rand.org/pubs/working_papers/WR411/

WR-415-HLTH A Technical Supplement: Reducing the Burden of Sexually Transmitted Infections and HIV/AIDS in Resource-Poor Countries: The Role of Improved Diagnostics for Gonorrhoea and Chlamydia. J. E. Aledort, M. E. Rafael, M. Shea, F. Girosi. 2006.

This working paper provides technical material to support Aledort JE, Ronald A, Rafael ME et al. Reducing the burden of sexually transmitted infections in resource-limited settings: the role of improved diagnostics. Nature. S1 59–72 (2006). Online access: http://www.rand.org/pubs/working_papers/WR415/

WR-416-HLTH A Technical Supplement: Estimating the Health Impact of New Antenatal Syphilis Screening Diagnostics in Africa. J. E. Aledort, F. Girosi, M. Shea. 2006.

This working paper provides technical material to support Aledort JE, Ronald A, Rafael ME et al. Reducing the burden of sexually transmitted infections in resource-limited settings: the role of improved diagnostics. Nature. S1 59–72 (2006). Online access: http://www.rand.org/pubs/working_papers/WR416/

WR-417-HLTH A Technical Supplement: Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics. J. E. Aledort, M. E. Rafael, M. Shea. 2006.

This working paper provides technical material to support Aledort JE, Ronald A, LeBlancq, SM et al. Reducing the burden of HIV/AIDS in infants: the contribution of improved diagnostics. Nature. S1 19–28 (2006). Online access: http://www.rand.org/pubs/working_papers/WR417/

WR-418-HLTH Determining the Priority Global Health Needs and Quantifying the Health Benefits Resulting from the Introduction of New Diagnostics in the Developing World. F. Girosi, M. E. Rafael, J. E. Aledort, Y. Lim, R. Boer, K. Ricci, M. Shea, E. B. Keeler. 2006.

This working paper provides technical material to support Girosi F, Olmsted S et al. Developing and interpreting models to improve diagnostics in developing countries. Nature. S1 3–8 (2006). Online access: http://www.rand.org/pubs/working_papers/WR418/

WR-419-HLTH A Technical Supplement: Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics. M. E. Rafael. 2006.

This working paper provides technical material to support Rafael ME, Taylor TE, Magill A, et al. Reducing the burden of childhood malaria in Africa: the role of improved diagnostics. Nature S1 39–48 (2006). Online access: http://www.rand.org/pubs/working_papers/WR419/

WR-420-HLTH A Technical Supplement: Reducing Stunting Among Children: The Potential Contribution of Improved Diagnostics. F. Girosi, K. Ricci, Y. Lim. 2006.

This working paper provides technical material to support Ricci KA, Girosi F, Tarr PI et al. Reducing stunting among children: the potential contribution of diagnostics. Nature S1; 29–38 (2006). Online access: http://www.rand.org/pubs/working_papers/WR420/

WR-421-HLTH A Technical Supplement: Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of Improved Diagnostics. Y. Lim, F. Girosi, R. Boer. 2006.

This working paper provides technical material to support Lim YW, Steinhoff M, Girosi F, Holtzman D, Campbell H, Boer R, Black R and Mulholland K. Reducing the global burden of acute lower respiratory infections in children: the contribution of new diagnostics. Nature. S1 9–18 (2006). Online access: http://www.rand.org/pubs/working_papers/WR421/

WR-422-HLTH A Technical Supplement: Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics. E. B. Keeler, M. E. Rafael. 2006.

This working paper provides technical material to support Keeler E, Mark D Perkins, Peter Small et al. Reducing the Global Burden of Tuberculosis. Nature. S1 49–57 (2006). Online access: http://www.rand.org/pubs/working_papers/WR422/

WR-423-HLTH Determining Access to Care and User Requirements for Diagnostic Tests in Developing Countries. S. S. Olmsted, K. P. Derose, C. M. Beighley. 2006.

This working paper provides technical material to support Girsoi F, Olmsted SS, Keeler D, et al. Developing and Interpreting Models to Improve Diagnostics in Developing Countries. Nature. S1 3–8 (2006). Online access: http://www.rand.org/pubs/working_papers/WR423/

WR-424-NYCDOE Ending Social Promotion in Grades K-8|helectronic Resource]: Insights Regarding Policy Implementation. J. A. Marsh, H. Barney, S. N. Kirby, N. Xia. 2006.

In 2006, the New York City Department of Education (NYCDOE) contracted with the RAND Corporation to conduct a longitudinal evaluation of its 5th grade social promotion policy. To situate the NYC promotion policy in a broader context and to identify lessons learned that might inform the work of policymakers and administrators in NYC and elsewhere, RAND examined the design and implementation of policies to end social promotion within a sample of states and districts with policies and programs in grades K-8 that are similar to those of NYC. The following paper presents findings from reviews of state and district websites and an analysis of data from semi-structured interviews with officials from selected states and districts. Among the sample of 12 states and districts, promotion and retention policies varied along several key design dimensions (e.g., the grade levels and subject areas covered; the required criteria for promotion; appeals processes) and in the nature of interventions and support programs (e.g., criteria for identification; specifications regulating the intervention; and follow-up support provided in the next school year). Interviews with state and district officials provided further insights into the challenges, successes, and lessons to consider within six categories of policy design and implementation, including: building stakeholder support; setting promotion criteria; identifying at-risk students; providing student interventions and support; building capacity; and monitoring implementation and outcomes. Online access: http://www.rand.org/pubs/working_papers/WR424/

WR-428-AIU Professional Development Participation and the Role of Administrator Involvement in the Math Science Partnership of Southwest Pennsylvania. J. F. Steele, J. F. Pane, V. L. Williams, S. S. Olmsted. 2006.

The Math Science Partnership of Southwest Pennsylvania (MSP) (part of the National Science Foundation's Math and Science Partnership initiative) aims to improve math and science education by partnering higher education institutions with K-12 schools districts. The specific goals of the MSP are to increase K-12 students' knowledge of math and science, increase the quality of the K-16 educator workforce, and create sustainable working relationships between higher education institutions and K-12 districts through coordination by the Intermediate Units. This study focuses on the implementation of professional development, examining district and school administrators' roles in facilitating professional development participation among school staff in 48 school districts. Professional development seems most successful when it is connected to the student curriculum and when teachers are given time to focus on the relevant content and pedagogy. Because building leadership capacity lies at the heart of the MSP theory of action, the key question was to assess how administrators' participation in MSP activities was related to participation of their staff members, with analysis that used a database of participation hours, maintained by the MSP. Findings show positive relationships between administrative leadership in central offices and professional growth and development of school staff, which is consistent with the study's hypothesis that administrator participation is related to staff participation. Although these findings cannot be interpreted as causal, they do support the idea that MSP participation at the top of a school district's organizational hierarchy is related to that

among individuals working in schools. Online access: http://www.rand.org/pubs/working_papers/WR428/

WR-429-AHRQ Evaluation of AHRQ's Children's Health Activities: Final Report. M. Seid, D. Schultz, P. J. McClure, M. A. Stoto. 2006.

Since its inception, the U.S. Agency for Healthcare Research and Quality (AHRQ) has funded research and other activities concerning a variety of children's health issues. As part of its strategic planning process AHRQ is evaluating its priority populations, including children. RAND was asked to assess the AHRQ's contribution to new knowledge in child health, improved clinical practice and health care outcomes for children, and AHRQ's involvement in children's health activities. To implement these objectives, RAND developed and implemented a conceptual framework based on state-of-the-art research evaluation theories. This framework suggests that the effect of any particular activity is likely to be highly indirect and that policy and practice outcomes are multi-determined and depend on a loose network of actors (funders, researchers, policy makers, the public, regulatory officials, practitioners). It also suggests that the impact of activities is typically characterized by a highly skewed distribution, with a relatively small number of activities having a large impact and the vast majority having a smaller impact. Online access: http://www.rand.org/pubs/working_papers/WR429/

WR-433-RPC In Search of How Societies Work: Tribes--the First and Forever Form. D. F. Ronfeldt. 2006.

The latest in a string of efforts to develop a theoretical framework about social evolution, based on how people develop their societies by using four forms of organization-tribes, hierarchical institutions, markets, and networks-this installment focuses on the tribal form. The tribal form was the first to emerge and mature, beginning thousands of years ago. Its main dynamic is kinship, which gives people a distinct sense of identity and belonging-the basic elements of culture, as manifested still today in matters ranging from nationalism to fan clubs. This report provides a lead-off chapter that sketches the entire framework, plus a "rethinking" chapter that shows why David Ronfeldt thinks that social evolution revolves around four forms of organization. A chapter then traces the evolution of tribes and clans, and the final chapter describes modern manifestations of the tribal form. An appendix reprints three op-ed pieces that sprang from Ronfeldt's efforts to understand the tribal form and its continuing relevance. Ronfeldt maintains that societies advance by learning to use and combine all four forms, in a preferred progression. What ultimately matters is how the forms are added and how well they function together. They are not substitutes for each other; they are complements. Historically, a society's advance-its progress-depends on its ability to use all four forms and combine them into a coherent, well-balanced, well-functioning whole. Essentially monoform tribal/clan societies and biform chiefdoms and clan-states, some dressed in the trappings of nation-states and capitalist economies, remain a ruling reality in vast areas of the world. It therefore behooves analysts and strategists who mostly think about states and markets to gain a better grip on roles the tribal form plays in both national development and national security. Online access: http://www.rand.org/pubs/working_papers/WR433/

WR-436 Labour-Market Reforms and the Beveridge Curve: Some Macro Evidence for Italy. S. Destafanis, R. Fonseca. 2006.

A matching theory approach is utilised to assess the impact on the Italian labour market of the 1997 legge Treu, which considerably eased the regulation of temporary work and favoured its growth in Italy. The authors re-parameterise the matching function as a Beveridge Curve and estimate it as a production frontier, finding huge differences in matching efficiency between the South and the rest of the country. The legge Treu appears to have improved matching efficiency in the North of the country, particularly for skilled workers, but also to have strengthened competition among skilled and unskilled workers, especially in the South. Online access: http://www.rand.org/pubs/working_papers/WR436/

WR-437 Welfare Effects of Social Security Reforms Across Europe: The Case of France and Italy. R. Fonseca, T. Sopraseuth. 2006.

This paper uses a calibrated life cycle model to quantify the distributional effects of Social Security reforms. The authors focus on two countries, Italy and France, because they adopted two different strategies to cope with aging. While France marginally modified its defined benefit pension plan, Italy switched from a defined benefit pension plan to a contributive system. They find both reforms redistribute welfare unevenly: high skilled workers are the primary winners of the French reform and self employed individuals, especially unskilled workers, are the losers under the new Italian Social Security arrangement. Finally, they estimate that the French reform only finances 20% of the expected deficit. This is in sharp contrast with the Italian reform which finances the expected deficit by cutting drastically the generosity of Social Security benefits. Online access: http://www.rand.org/pubs/working_papers/WR437/

WR-441-HLTH Pattern-Mixture Models for Addressing Nonignorable Nonresponse in Longitudinal Substance Abuse Treatment Studies. S. M. Paddock, M. O. Edelen, S. L. Wenzel, P. A. Ebener, W. Mandell. 2006.

Missing data is a pervasive problem in longitudinal treatment research studies. Missing data due to study non-completion complicate the task of drawing conclusions about the effect of a treatment or policy on a measure of interest (e.g., a process measure or outcome). Biased

estimates of change over time in a measure could result if attrition is related to the constructs that are being measured. Identifying potential biases in estimates is critical for research involving longitudinal assessments. The pattern-mixture model (PMM) provides a way to understand and account for attrition when analyzing data and communicating results to research stakeholders. This paper demonstrates the use of PMMs in a study of the quality of care in therapeutic communities (TCs) using the Dimensions of Change Instrument (DCI) to measure longitudinal client-level change and TC treatment process. The effect of choice of missing data pattern and its effects on conclusions drawn from analyses is highlighted along with the role of clinical expertise in formulating PMMs. Online access: http://www.rand.org/pubs/working_papers/WR441/

WR-448-MCAN Estimating the Impact of Improving Asthma Treatment: A Review and Synthesis of the Literature. S. Mattke, F. Martorell, P. Sharma, L. K. Morse, N. Lurie, M. Lara. 2006.

Over 30 million Americans are suffering from asthma. It is the most common chronic disease among children, particularly minority children. While asthma has become an inherently treatable disease, actual treatment continues to fall short of recommended care. Many asthma attacks could be avoided, and much suffering prevented, if nationally accepted treatment guidelines were consistently followed. This report informs the debate about better ways to care for asthma by synthesizing the research on the cost and benefits of better asthma care. While the researchers could not obtain reasonable estimates of the costs or benefits of care, they found that there were substantial gaps in the quality of asthma care and that disadvantaged populations appear to receive worse care. More economic evaluation of the impact of these gaps and of interventions to improve asthma control is needed; such research should use standard definitions to allow comparison across studies and aggregation of data. Online access: http://www.rand.org/pubs/working_papers/WR448/

WR-449-EC An Analysis of the Economic, Social and Environmental Impact of the Rising Prevalence of Overweight and Obesity in the European Union: Inception Report. M. Lankhuizen, W. J. Oortwijn, J. A. K. Cave, F. Tsang. 2006.

The European Commission, Directorate-General Health and Consumer Protection (DG SANCO) has asked RAND Europe to contribute to the Commission's impact assessment of the White Paper on nutrition and physical activity strategy that will be published in spring 2007. This White Paper sets a comprehensive approach to reduce the prevalence and incidence of diet and physical activity related conditions (such as diabetes, cardiovascular disease, cancer etc). The authors examined the nature and extent of the problem posed by diet and physical activity related conditions in Europe, which provides the rationale and focus for the associated policy initiative. In addition, they developed a conceptual approach that discusses how diet and physical activity is linked to macroeconomic development. This approach was then used to examine the future impacts of different policy options. This report focuses on clarifying the definitional issues, assessing availability and quality of evidence, the methodological approach and the evidence strategy for the evaluation. Online access: http://www.rand.org/pubs/working_papers/WR449/

WR-451-PPS Evaluation of Two Out-of-School Programs in Pittsburgh Public Schools: No Child Left Behind's Supplemental Educational Services and State of Pennsylvania's Educational Assistance Program. R. W. Zimmer, R. Christina, L. S. Hamilton, D. Weber Prine. 2006.

Programs that provide services to children outside of school hours have grown tremendously in recent decades. Historically, non- and for-profit organizations provided many of these programs and often did not coordinate their efforts with the school district. However, out-of-school programs have been transformed through federal, state, and local programs-most notably through the No Child Left Behind Act supplemental educational services (SES). Pennsylvania has also set up its own out-of-school programs, including one known as the Educational Assistance Program (EAP). Both programs offer tutoring services for students. In this report, data is used from parent focus groups, surveys of SES providers and EAP schools, and student achievement data program to examine the implementation and effectiveness of these programs. Overall, the analysis suggests that less than 25 percent of eligible students participate in SES and EAP programs and factors perceived by parents as inhibiting participation include unclear information about eligibility for and cost of the program, disciplinary issues, and provision of transportation. Parents also cited increased competition for student time as they get older and take on a wider range of activities, e.g., sports and jobs, as a reason for not participating in the programs. Finally, the analysis provides strong evidence that the programs do have a positive effect on student achievement in math, with more limited evidence of an effect in reading. The largest effect occurs in math for students who participate in both programs, and that effect is substantial. Online access: http://www.rand.org/pubs/working_papers/WR451/

WR-454 Employment Protection Laws, Barriers to Entrepreneurship, Financial Markets and Firm Size. R. Fonseca, N. Utrero. 2006.

This paper provides new evidence on the institutional determinants of firm size. Using a comprehensive longitudinal database of firm characteristics across 29 industrial sectors in 15 OECD countries, the authors study

how labor regulations and barriers to entrepreneurship affect industrial organization in the presence of credit market frictions. They show that strict employment protection laws and more barriers to entrepreneurship affect negatively firms in sectors that are dependent on external funds. Their findings show that the interaction between market regulations and financial imperfections help to explain some of the differences in firm structure across countries. Online access: http://www.rand.org/pubs/working_papers/WR454/

WR-457/1-ASPE Nursing Home Selection: How Do Consumers Choose? Volume I, Findings from Focus Groups of Consumers and Information Intermediaries. L. R. Shugarman, J. A. Brown. 2006.

More than a million elders enter a nursing facility each year, yet we know little about how consumers of skilled and long-term nursing care select the facility to which they or their loved ones will be admitted. Consumers increasingly need useful and reliable information about their health- and social care options, including nursing homes. This study uses qualitative methods to (1) systematically review the existence and accessibility of Internet-based resources intended to support the decision to enter a nursing facility and select the appropriate facility for one's needs and preferences; (2) examine how consumers select a nursing home; (3) explore if and how existing information resources are used in the decision-making process; and (4) identify gaps in needed information resources. Online access: http://www.rand.org/pubs/working_papers/WR457.1/

WR-457/2-ASPE Nursing Home Selection: How Do Consumers Choose? Volume II, Findings from the Website Content Review. L. R. Shugarman, R. H. Garland. 2006.

The aging of the population points to the increasing need for useful and reliable information resources available to consumers about their health and social care options, including nursing homes. There are numerous resources available to the public to support the decision-making process through federal and state governments as well as private sources. However, there is some skepticism both about the ability of elders and their families to understand and translate that information into a decision, and about whether the information available is relevant to the decision-making process. While these resources are widely available through the Internet, phone, and in print, there is little information about if and how they are used to support the decision-making process. This report presents a review of a subset of the Internet sites that may be used to inform a consumer's selection of a nursing facility. As part of this content review, the reviewed 29 websites. Thirteen websites were national in scope and sixteen were state specific. Online access:
http://www.rand.org/pubs/working_papers/WR457.2/

WR-494-AIU Math Science Partnership of Southwest Pennsylvania: Year Four Evaluation Report. C. A. Tananis, J. F. Pane, V. L. Williams, S. S. Olmsted, C. Ciminillo, S. Tharp-Taylor. 2007.

In 2002, the National Science Foundation launched the Math and Science Partnership program. This program builds on the nation's dedication to educational reform by supporting partnerships that unite the efforts of K-12 school districts with science, mathematics, engineering, and education faculties of colleges and universities. The Math Science Partnership of Southwest Pennsylvania (MSP) is one of seven comprehensive partnership projects funded by NSF in 2003. This working paper is the fourth in a series of annual evaluation reports that investigate the effectiveness of the partnership, its impact on institutional practices and policies at partner educational institutions, changes in math and science instruction, and changes in student course taking and outcomes. It examines the MSP in terms of what elements of the partnership seem to be working and develops hypotheses about the circumstances under which the MSP may be successful. Online access:
http://www.rand.org/pubs/working_papers/WR494/

RAND LIBRARY REPRINTS (JOURNAL ARTICLES AND BOOK CHAPTERS Not available from RAND)

LRP-194903-01 Some Significance Tests for the Median Which Are Valid under Very General Conditions. J. E. Walsh.

Summary: Order statistics are used to derive significance tests for the population median which are valid under very general conditions. These tests are approximately as powerful as the student t-test for small samples from a normal population. Also the application of a test requires very little computation. Thus the tests derived compare very favorably with the t-test for small sets of observations. Applications of these order statistic tests to certain well known statistical problems are given in another paper. Published in Annals of mathematical statistics, v. 20, no. 1, Mar. 1949, p. 64–81.

LRP-194904-01 Doppler Radar. E. J. Barlow.

SUMMARY: This paper contains a discussion of the principle of operation of cw Doppler search radar systems and an analysis of their performance capabilities, with particular emphasis on the elimination of fixed targets. A comparison of these systems and MTI pulse radar systems is made. Published in Proceedings of the IRE (Institute of Radio Engineers), v. 37, no. 4, Apr. 1949, p. 1–16

LRP-194909-01 Applications of Some Significance Tests for the Median Which Are Valid under Very General Conditions. J. E. Walsh.

In two other papers (1 and 2 order statistics were used to derive some tests for the population median which have significance levels which are either exact or bounded under some very general conditions. These order statistics tests were found to be very efficient for small samples from a normal population; also they can be applied with very little computation. This paper contains applications of these tests to several well known statistical problems. Also a graphical method of applying the tests of 1 is outlined. Published in Journal of the American Statistical Association, v. 44, no. 247, Sep. 1949, p. 342–355.

LRP-195001-01 Basic Principles for Construction and Application of Discriminators. G. W. Brown.

Published in Journal of clinical psychology, v. 6, no. 1, Jan. 1950, p. 58–61

LRP-195210-01 A Second-Order Solution for an Oscillating Two-Dimensional Supersonic Airfoil. A. Wylly.

Published in Journal of the aeronautical sciences, v. 19, no. 10,Oct. 1952, p. 685–697.

LRP-195301-01 Boundary-Layer Stability and Transition in Subsonic and Supersonic Flow: A Review of Available Information with New Data in the Supersonic Range. C. Gazley.

SUMMARY: Accurate prediction of the aerodynamic characteristics of a body at high flight speeds requires knowledge of the characteristics of the existing boundary layer. Although the effects of compressibility on the characteristics of both laminar and turbulent boundary layers are known rather well, little information has been available as to how the transition between the two types of flow is affected by compressibility and other factors. Even in subsonic flow, the effects of such variables as free-stream turbulence, surface curvature, pressure gradient, surface roughness, and surface temperature are known only qualitatively. While the theory of laminar boundary-layer stability yields the conditions necessary for instability, it does not permit prediction of the transition point. This theory is, however, useful in indicating possible effects of the several variables on transition. It has recently been extended to compressible flows with heat transfer and with pressure gradient. This paper presents the available data in subsonic and supersonic flow for the effects of free-stream turbulence, surface curvature, pressure gradient, surface roughness, surface temperature, and Mach Number on the transition position. New supersonic data are included from rocket flights, firing-range tests, and wind-tunnel tests. The effects of the several variables on transition are compared with the theoretically predicted effects on boundary-layer stability. In general, the experimental data for transition confirm the trends indicated by the stability theory. Perhaps the most significant deviation from the trend expected from the stability theory is the relative insensitivity of supersonic transition to surface-temperature variation. The transition Reynolds Number range appears to increase with increasing Mach Number in both firing-range tests, where relatively low surface temperatures occur, and in wind-tunnel tests, where relatively high surface temperatures occur. Published in Journal of the aeronautical sciences, v. 20, no. 1, Jan. 1953, p. 19–28.

LRP-195302-01 Report of the Standing Committee on Problems of the Upper Atmosphere, 1951-1952. W. W. Kellogg, A. P. Crary, M. J. Ference, J. Kaplan, A. G. McNish, F. E. Roach, L. J. Spitzer, J. A. Van Allen, F. L. Whipple, O. R. Wulf.

Published in Transactions, American Geophysical Union, v. 34, no. 1, Feb. 1953, p. 115–121.

LRP-195310-01 The Logical Principles of a New Kind of Binary Counter. W. H. Ware.

SUMMARY: In a shifting register or binary counter, there is a real logical requirement for a short term or temporary storage facility. In the counter, this occurs during the interval in which the actual count process is occurring. A positive memory counter is described in which this auxiliary storage is provided by elements which have the same time-indefinite storage property as the principal storage elements of the counter. This leads to a device which has two ranks of storage elements: the "true" and the "false" rank. The behavior of the single-stage and multiple-stage counter of this kind is derived, and the rules of formation for all numbers appearing in the true and in the false ranks are derived. The basic device is then generalized to one with four modes of operation, and the behavior and rules of number formation are discussed. Example of the application of the extended counter to a computing machine is given. Published in Proceedings of the IRE (Institute of Radio Engineers), v. 41, no. 10, Oct. 1953, p. 1429 1437.

LRP-195310-02 On a Generalization of Classical Probability Theory, I.: Markoff Chains. R. E. Bellman.

Published in Proceedings of the National Academy of Sciences, v. 39, no. 10, Oct. 1953, p. 1075 1077.

LRP-195312-01 On the Order of Convergence of Solutions of a Difference Equation to a Solution of the Diffusion Equation. M. L. Juncosa, D. M. Young.

Published in Journal of the Society for Industrial and Applied Mathematics, v. 1, no. 2, Dec. 1953, p. 111–135.

LRP-195402-01 On the Convergence of a Solution of a Difference Equation to a Solution of the Equation of Diffusion. M. L. Juncosa, D. M. Young.

Published in Proceeding of the American Mathematical Society, v. 5, no. 1, Feb. 1954, p. 168–174.

LRP-195403-01 Calculation of the Resonant Properties of Electrical Cavities. S. Bertram.

SUMMARY: It is shown that the resonant properties of axially symmetric cavities can be calculated using data obtained on an analogous static system in an electrolytic tank. The electrodes simulating the cavity are split into segments to allow a measurement of the current distribution along the electrodes. This current distribution is then used to obtain an approximation to the distribution of dynamic charge density over the walls of the cavity, and so yields the current distribution in the cavity. Calculations of the cavity parameters from the estimated current distribution yield results within a few per cent of the values measured on an actual cavity. Published in Proceedings of the IRE (Institute of Radio Engineers), v. 42, no. 3, Mar. 1954, p. 579 585.

LRP-195606-01 The Analysts' Bookshelf: Publications of The RAND Corporation. L. J. Henderson.

Published in Operations research, v. 4, no. 3, June 1956, p. 402–411.

LRP-195610-01 PACT I: A Series of Seven Papers on the PACT I Automatic Coding System for the IBM Type 701. C. L. Baker, J. I. Derr, I. D. Greenwald, G. S. Hempstead, R. C. Luke, H. G. Martin, W. S. Melahn, R. C. Miller, O. R. Mock, B. C. Oldfield, J. I. Schwartz.

Published in Journal of the Association for Computing Machinery, vol. 3, no. 4, Oct. 1956, p. 265–313.

LRP-195710-01 Operations Research and National Planning, a Dissent. C. J. Hitch.

Published in Operations research, v. 5, no. 5, letters to the editor, Oct. 1957, p. 718–723.

LRP-195807-01 Problem of Overlapping Lines in the Theory of Pressure Broadening. M. Baranger.

The theory of pressure broadening is re-examined, in order to include the possibility of overlapping lines, which are a regular feature of pressure broadening in an ionized gas. It is found that a simple treatment can be given using the impact approximation. This approximation is examined in detail, and its validity conditions are discussed. When it is valid, it is permissible to replace the exact time-dependent interaction between the atom and the perturbers by a time-independent effective interaction. The latter is no Hermitian, however, and therefore every level acquires a width. The shape of a group of overlapping lines is then worked out, and is found to consist of a sum of Lorentz line shapes, plus some interference terms. In the particular case of an isolated line, the results given previously by Anderson are obtained. Finally, a study is made of the simplifications brought about by rotational invariance. Published in The physical review, v. 111, no. 2, July 15, 1958, p. 494–504.

LRP-195811-01 General Impact Theory of Pressure Broadening. M. Baranger.

The work of two previous papers is extended and a theory of pressure broadening is developed which treats the perturbers quantum mechanically and allows for inelastic collisions, degeneracy, and overlapping lines. The impact approximation is used. It consists in assuming that it takes, on the average, many collisions to produce an appreciable disturbance in the wave function of the atom, and it results in an isolated line having a Lorentz shape. Validity criteria are given. When the approximation is valid, it is allowable to replace the exact, fluctuating interaction of the perturbers with the atom by a constant effective interaction. The effective interaction is expressed in terms of the one-perturber quantum mechanical transition amplitudes on and near the energy shell and its close relationship to the scattering matrix is stressed. The calculation of the line shape in terms of the effective interactions is the same as when the perturbers move on classical paths. Results are written explicitly for isolated lines. If the interaction of the perturbers with the final state can be neglected, the shift and width are still given in terms of the elastic scattering amplitudes, in a slightly more complicated fashion. Finally, rules are given for taking into account rotational degeneracy of the radiating states. Published in The physical review, v. 112, no. 3, Nov. 1958, p. 855 865.

LRP-196001-01 Homicides and Suicides of World War II: A Critical Analysis of 656 Homicides and 1179 Suicides. N. Zamcheck, M. A. Geisler.

Published in Journal of forensic sciences, v. 5, no. 1, Jan. 1960, p. 84–101.

LRP-196001-02 The Manuscripts of Social Welfare. V. D. Bornet.

Published in The American archivist, v. 23, no. 1, Jan. 1960, p. 33–48.

LRP-196007-01 Evaluation of the Pituitary-Adrenal Axis in Simple Hirsutism. J. W. Goldzieher, H. Laitin.

Pituitary-adrenal relationships were studied in 63 women with simple hirsutism, by means of urinary 17-ketosteroid and corticoid determinations under control conditions and during maximal stimulation with ACTH and minimal suppression with prednisolone. The data were analyzed by various statistical techniques including a matrix of simple correlations. Involvement of the adrenal cortex in this

clinical disorder was confirmed by several functional parameters. It appears that the adrenals of hirsute patients may be more sensitive to fluctuations in endogenous ACTH than are the adrenals of normal subjects, and that such hypersensitivity is largely confined to the ketosteroid-producing mechanism. Several features of the statistical approach to adrenal function tests, as well as the utility of the correlation matrix are discussed. Published in The journal of clinical endocrinology and metabolism, v. 20, no. 7, July 1960, p. 967–982.

LRP-196007-02 On Relevance, Probabilistic Indexing and Information Retrieval. M. E. Maron, J. L. Kuhns.

This paper reports on a novel technique for literature indexing and searching in a mechanized library system. The notion of relevance is taken as the key concept in the theory of information retrieval and comparative concept of relevance is explicated in the terms of the theory of probability. The resulting technique called "Probabilistic Indexing," allows a computing machine, given a request for information, to make a statistical inference and derive a number (called the "relevance number") for each document, which is a measure of the probability that the document will satisfy the given request. The result of a search is an ordered list of those documents which satisfy the request ranked according to their probable relevance. The paper goes on to show that whereas in a conventional library system the cross-referencing ("see" and "see also") is based solely on the "semantical closeness" between index terms, statistical measures of closeness between index terms can be defined and computed. Thus, given an arbitrary request consisting of one (or many) index term(s), a machine can elaborate on it to increase the probability of selecting relevant documents that would not otherwise have been selected. Finally, the paper suggests an interpretation of the whole library problem as one where the request is considered as a clue on the basis of which the library system makes a concatenated statistical inference in order to provide as an output an ordered list of those documents which most probably satisfy the information needs of the user. Published in Journal of the Association for Computing Machinery, v. 7, no. 3, July 1960, p. 216–244.

LRP-196100-01 Basic Principles and Technical Variations in Sentence-Structure Determination. D. G. Hays, J. W. Kern.

Published in Information theory; papers read at a symposium ... held at the Royal Institution, London, August 29th to September 2nd 1960 / edited by Colin Cherry (London: Butterworth & Co. (Publishers) Limited, 1961) p. 367–376.

LRP-196100-02 Defense Decisions: Design Vs. Analysis. A. J. Wohlstetter.

In aiding complex decisions on national defense, operations research has had a spotty record. In its greatest successes large scale models have played a subordinate role and stress has been on systems design rather than on systems analysis. While the best possible system is hard even to define, still, precisely because the problems are hard, the technology swiftly changing, and bureaucracies somewhat inert, it has sometimes been possible to design systems which dominate those programmed. "Abstract of paper presented at Second International Conference on Operational Research, Aix-en-Provence, France, September, 1960."

LRP-196102-01 Research in the Economics and Sociology of Medical Care: A Point of View. V. D. Bornet.

The social scientist who ventures to research on aspects of medical care encounters many pitfalls. The term itself encompasses a range of topics, often controversial. The medical practitioner does not always take kindly to research on the economics, sociology, and politics of the total conditions in which medical care is provided, and may not be receptive to the results. The author's major premise is that objective research is not enough. Rather, the best research study is done by "the researcher who knows what he does, why he does it, and the consequences that may flow from the deed." In light of this policy approach, some crucial issues and research opportunities are outlined.Published in The American behavioral scientist, v. 4, no. 6, Feb. 1961, p. 8–12.

LRP-196103-01 Daytime and Nighttime Atmospheric Properties Derived from Rocket and Satellite Observations. H. K. Kallmann-Bijl.

Upper air densities obtained by means of rockets and satellites in the region from 100 to about 800 km are presented. Variations of densities from day to night become apparent around 200 plus or minus 30 km; the effect increases with altitude. Pressures and scale heights are derived from densities, and preliminary mean, and daytime and nighttime values are obtained. From the variation of scale height with altitude, regions of constant temperature and of variable molecular approximately 1400 degrees K, and that it stays constant above that altitude. Two hours after noon, at about 350 km, the temperature rises to approximately 1800 degrees K. Shortly after midnight, the temperature drops to about 1050 degrees K and stays approximately constant above 250 km. A change in slope of the density curve in the ionosphere is indicated from satellite observations. It is shown that as a result of this, the scale height in the F and E regions has a pattern comparable to the electron density pattern in these regions. The possibility of a solar activity effect on densities is discussed. Published in Journal of geophysical research, v. 66, no. 3, Mar. 1961, p. 787–795.

LRP-196103-02 Reply to Some Comments by Malville Concerning the Midnight Auroral Maximum. E. H. Vestine, J. W. Kern.

Published in Journal of geophysical research, v. 66, no. 3, Mar. 1961, p. 898–991.

LRP-196104-01 Solar-Stream Distortion of the Geomagnetic Field and Polar Electrojets. J. W. Kern.

Published in Journal of geophysical research, v. 66, no. 4,Apr. 1961, p. 1290–1292.

LRP-196105-01 Good Disarmament -and Bad. A. H. Katz.

Published in Air Force/space digest, May 1961.

LRP-196106-01 Elasticities of Substitution and Constant-Output Demand Curves for Labor. J. R. Minasian.

Published in Journal of political economy, v. 69, no. 3, June 1961, p. 261–270.

LRP-196106-02 Bargaining and Group Decision Making: Experiments in Bilateral Monopoly. D. Ellsberg.

Published in The American economic review, v. 51, no. 3, June 1961, p. 420 421.

LRP-196107-01 A Summary of the Supersonic Pressure Drag of Bodies of Revolution. D. N. Morris.

A number of approximate theories for supersonic and hypersonic flow over bodies of revolution at zero angle of attack are appraised by a critical comparison with characteristics and second-order results, with the use of hypersonic similarity as a basis for the comparison. Most of the approximate theories are inadequate except over very limited ranges of fineness ratio and Mach number. The combination of second-order supersonic theory and second-order shock-expansion theory provides consistently good results throughout the supersonic speed range. On the basis of exact (or nearly exact) supersonic solutions and a limited amount of test data and theory in the transonic region, summary design curves are developed that give the pressure drag of conical and ogive noses and conical and ogive boattails over the complete range of transonic, supersonic, and hypersonic Mach numbers. Other shapes can be analyzed in the same manner, provided that an equivalent amount of data is available. The analysis is made with the assumption of inviscid flow, so that the effects of boundary-layer growth, shock-boundary-layer interaction, and flow separation are not included. The present correlations provide a sound basis of inviscid-flow results from which these additional viscous effects can be evaluated. Published in Journal of the aerospace sciences, v. 29, no. 7, July 1961, p. 564 572.

LRP-196109-01 The Structure of the East German Economy. A. S. Becker.

Published in The American economic review, v. 51, no. 4, Sept. 1961, p. 726 728.

LRP-196109-02 Geometric Projections of the Sphere and the Spheroid. R. C. Kao.

Published in The Canadian geographer, v. 3, Autumn 1961, p. 12–21.

LRP-196212-01 Reply. R. R. Rapp.

Published in Journal of applied meteorology, v. 1, no. 4, Dec. 1962, p. 591.

LRP-196306-01 The Soviet Financial System: Its Development and Relations with the Western World. H. Heymann.

Published in The American economic review, v. 43, no. 3, book reviews, June 1953, p. 428 429.

LRP-196309-01 A Key to Soviet Politics: The Crisis of the Anti-Party Group. M. Rush.

Published in Slavic review, v. 22, no. 3, reviews, Sept. 1963, p. 569–570.

LRP-196408-01 Scattering of Light by Light in Plasmas. D. F. DuBois, V. Gilinsky.

Published in The physical review, v. 135, no. 4A, Aug. 1964, p. A995-A1002.

LRP-196409-01 "Gobble'uns" and Foreign Policy: A Review. A. Frye.

Published in The Journal of conflict resolution, v. 8, no. 3, discussions and reviews, Sept. 1964, p. 314 321.

LRP-196506-01 The ABC of R&D. D. Novick.

Published in Challenge, the magazine of economic affairs, June 1965, p. 1–5

LRP-196510-01 Commentary on "The Researcher and the Manager: A Dialectic of Implementation". C. W. Churchman, A. H. Schainblatt.

Published in Management science, v. 12, no. 2, Oct. 1965, commentary, p. B-1-B42.

LRP-196511-01 Bands of D2 and T2 Originating from the Lowest Excited 1Sigma G States (1s Sigma)(2s Sigma)1Sigma G and (2p Sigma) Squared 1Sigma G. G. H. Dieke, S. P. Cunningham.

Bands of the two extensive band systems (1Sigma g) (2s sigma)1Sigma g to (1Sigma g) (2p sigma)1Sigma g and (2p

sigma) squared 1Sigma g to (1Sigma g) (2p sigma)1Sigma u of D2 and T2 are presented. The initial states interact strongly and the result of this interaction is a potential curve with two minima, such as computed by Davidson, with which the observations are compatible. The lower vibrational states can be assigned to the individual minima, the higher ones are clearly above the intervening maximum. The presence of perturbations and the comparison between the isotopes result in a fairly definite assignment of all vibrational quantum numbers, even though the low states belonging to the far minimum have not yet been located empirically. Published in Journal of molecular spectroscopy , v. 18, no. 3, Nov. 1965, p. 288–320.

LRP-196512-01 Systems for the Detection and Identification of Nuclear Explosions in the Atmosphere and in Space. H. Dickinson.

A qualitative perspective is given of problems encountered in designing systems for the detection and identification of nuclear explosions above the earth's surface. Pertinent physical phenomenology is summarized; detection techniques are explained briefly; effects of natural backgrounds are mentioned; system requirements are discussed; a summary comparative table is presented which incorporates these various considerations. The paper is meant to serve as an introduction to a group of technical papers on diverse related subjects. Published in Proceedings of the IEEE, v. 53, no. 12, Dec. 1965, p. 1921–1934.

LRP-196512-02 On the Origin and Characteristics of Single-Sided Angle Modulation. H. Voelcker, E. Bedrosian.

Published in IEEE transactions on communication technology, v. COM-13, no. 4, correspondence, Dec. 1965, p. 555 556.

LRP-196512-03 Mathematical Theory of Reliability. J. J. McCall.

Published in The annals of mathematical statistics, v. 36, no. 6, book review, Dec. 1965, p. 1902–1904.

LRP-196601-01 Best Linear Unbiased Estimation by Recursive Methods. M. Blum.

Published in SIAM journal of applied mathematics, v. 14, no. 1, Jan. 1966, p. 167–180.

LRP-196601-02 The Use of an Adaptive Threshold Element to Design a Linear Optimal Pattern Classifier. J. S. Kosford, G. F. Groner.

This paper develops a relationship between two traditional statistical methods of pattern classifier design, and an adaption technique involving minimization of the mean-square error in the output of a linear threshold device. It is shown that the two-category classifier derived by least-mean-square-error adaption using an equal number of sample patterns from each category is equivalent to the optimal statistical classifier if the patterns are multivariate Gaussian random variables having the same covariance matrix for both pattern categories. It is also shown that the classifier is always equivalent to the classifier derived by R. A. Fisher. A simple modification of the least-mean-square-error adaption procedure enables the adaptive structure to converge to a nearly-optimal classifier, even though the numbers of sample patterns are not equal for the two categories. The use of minimization of mean-square error as a technique for designing classifiers has the added advantage that it leads to the optimal classifier for patterns even when the covariance matrix is singular. Published in IEEE transactions on information theory, v. 12, no. 1, Jan. 1966, p. 42–50.

LRP-196603-01 Studies in Probabilistic Information Processing. R. J. Kaplan, J. R. Newman.

This paper outlines a theory of Probabilistic Information Processing and describes three experimental studies testing that theory. The theory is based on certain principles of Bayesian statistical decision theory and is designed as an aid to human diagnostic decision-making. The experiments were concerned with certain types of military diagnostic decisions. In general, the experimental results support the theory. The implications of the theory for practical applications are discussed and suggestions are made for future research. Published in IEEE transactions on human factors in electronics, v. HFE-7, no. 1, Mar. 1966, p. 49–63.

LRP-196603-02 An Approximate Procedure for the Solution of a Class of Transient-Wave Diffraction Problems. L. A. Peralta, G. F. Carrier, C. C. Mow.

The description of even the gross features of the response to an incident stress pulse of an infinite elastic solid with a hole or obstruction requires very extensive calculations. On the other hand, the response of such elastic systems to a harmonic incident wave is much less intricate. It is well known that the response to any given incident pulse can be constructed from the solution of the harmonic wave problem. Furthermore, it is clear that the computational difficulty associated with this synthesis can be reduced enormously when a suitable, algebraically simple approximation to the harmonic response can be found. In this paper, a useful rule for choosing the appropriate approximation to the harmonic wave response is presented. This method is shown to give results in agreement with known solutions. The procedure is also applied to problems where only solutions to the harmonic wave case are available. The most important potential use of the technique lies in the possibility that, for some classes of structures, one may be able to identify the parameters of the approximate harmonic response with simple macroscopic properties of the system. Such an identification would not only save much labor but would also identify design criteria

for the optimization of the system. Published in Journal of applied mechanics, Mar. 1966, p. 168–172.

LRP-196605-01 Reply by Authors to R. W. Porter and A. B. Cambel. M. C. Smith, H. S. Schwimmer, C. S. Wu.

Published in AIAA journal, v. 4, no. 5, May 1966, p. 953

LRP-196611-01 High-Dispersion Spectroscopic Observations of Mars: I. the CO2 Content and Surface Pressure. H. Spinrad, R. A. Schorn, R. C. Moore, L. P. Giver, H. J. Smith.

Published in The astrophysical journal, v. 146, no. 2, Nov. 1966, p. 331–338.

LRP-196702-01 Redistributional Aspects of the Balanced-Budget Multiplier: A Comment on the Musgrave, Baumol-Peston, and Hansen Contributions. R. E. Park.

Published in The review of economics and statistics, vol. 49, no. 1, notes, Feb. 1967, p. 119–122.

LRP-196705-01 Improper Solutions of the Vector Maximum Problem. A. Klinger.

Published in Operations research, v. 15, no. 3, letters to the editor, May-June 1967, p. 570 572.

LRP-196706-01 The Effective Use of Both Positive and Negative Controls in Screening Experiments. A. J. Gross, N. Mantel.

In the experimental screening of anti-cancer agents, it is common to employ two control groups. These are, an untreated negative control group, and a group treated with standard effective agent, the positive control group. In this paper the problems of animal allocation to the two control groups and estimation of drug effects, taking data for both groups into account, are considered using a minimum variance criterion. The rationale for the use of both types is discussed. Published in Biometrics, v. 23, no. 2, June 1967, p. 285–295.

LRP-196706-02 Lower Bounds to the Critical Rayleigh Number in Completely Confined Regions. M. Sherman, S. Ostrach.

A method is presented for estimating lower bounds to the minimum Rayleigh number that will induce a state of convective motion in a quasi-incompressible (Boussinesq) fluid where the temperature gradient is in the direction of the body force. The fluid is completely confined by fixed-temperature, rigid bounding walls. For any arbitrary region, the critical Rayleigh number is greater than 1558(h/D)4 where h is the maximum dimension of the given region in the direction of the body force and D is the diameter of an equal volume sphere. In certain simple geometrical configurations, improved lower-bound estimates are calculated. Published in Journal of applied mechanics, June 1967, p. 308–312.

LRP-196708-01 Towards an Improved Basis of Estimating and Controlling R & D Tasks. L. S. Hill.

This article discusses a practical framework for more positive management control of exploratory development programs, advanced development programs not incorporating subsystem design activities, and certain applied research programs. Relatively little attention has been directed toward improving control techniques for research and early development projects, yet such programs provide essential building blocks for future systems. Techniques, such as tree diagrams, are suggested to encourage productivity in research by providing increased visibility for the establishment, pursuit, and accomplishments of research objectives. Published in The journal of industrial engineering, v. 18, no. 8, Aug. 1967, p. 482–488.

LRP-196712-01 The Possibility of a Social Welfare Function: Comment. R. E. Park.

Published in The American economic review, v. 57, no. 5, communications, Dec. 1967, p. 1301 1304.

LRP-200106-07 Police Use of Force: An Analysis of Organizational Characteristics. G. P. Alpert, J. M. Macdonald.

Police use of force has become an important public policy concern and topic of research during the past few years. A number of researchers have hypothesized that the structural context of police departments may influence officers' use of force. Despite these claims, little is known on a national level about how law enforcement agencies manage and influence their officers' use of force. The authors analyzed data from a national probability sample of 265 agencies to examine the impact of agency-related characteristics on aggregate rates of reported police use of force. The authors found that agencies which require supervisors and other personnel to fill out use-of-force forms report significantly lower rates of force than agencies that allow officers to fill out their own forms. In contrast, agencies that collect use-of-force data for a specific purpose report significantly higher rates of force. The rate of violent crime in the reporting jurisdiction has the strongest association with reported use-of-force rates. Implications of this research for theory and policy are discussed. Published in Justice quarterly, v. 18, no. 2, June 2001, p. 393 409.

LRP-200110-03 Effect of Case Management on Unmet Needs and Utilization of Medical Care and Medications Among HIV-Infected Persons. M. H. Katz, W. E. Cunningham, J. A. Fleishman, R. M. Andersen, T. Kellogg, S. A. Bozzette, M. F. Shapiro.

BACKGROUND: Although case management has been advocated as a method for improving the care of chronically ill persons, its effectiveness is poorly understood. OBJECTIVE: To assess the effect of case managers on unmet need for supportive services and utilization of medical care and medications among HIV-infected persons. DESIGN: Baseline and follow-up interview of a national probability sample. SETTING: Inpatient and outpatient medical facilities in the United States. PARTICIPANTS: 2437 HIV-infected adults representing 217 081 patients receiving medical care. MEASUREMENTS: Outcomes measured at follow-up were unmet need for supportive services, medical care utilization (ambulatory visits, emergency department visits, and hospitalizations), and use of HIV medication (receipt of antiretroviral therapy and prophylaxis against Pneumocystis carinii pneumonia and toxoplasmosis). RESULTS: At baseline, 56.5% of the sample had contact with a case manager in the previous 6 months. In multiple logistic regression analyses that adjusted for potential confounders, contact with a case manager at baseline was associated with decreased unmet need for income assistance (odds ratio OR 0.57 95% CI, 0.36 to 0.91 , health insurance (OR, 0.54 CI, 0.33 to 0.89 , home health care (OR, 0.29 CI, 0.15 to 0.56 , and emotional counseling (OR, 0.62 CI, 0.41 to 0.94 at follow-up. Contact with case managers was not significantly associated with utilization of ambulatory care (OR, 0.77 CI, 0.57 to 1.04 , hospitalization (OR, 1.13 CI, 0.84 to 1.54 , or emergency department visits (OR, 1.30 CI, 0.97 to 1.73 but was associated with higher utilization of two-drug (OR, 1.58 CI, 1.23 to 2.03 and three-drug (OR, 1.34 CI, 1.00 to 1.80 antiretroviral regimens and of treatment with protease inhibitors or non-nucleoside reverse transcriptase inhibitors (OR, 1.29 CI, 1.02 to 1.64 at follow-up. CONCLUSIONS: Case management appears to be associated with fewer unmet needs and higher use of HIV medications in patients receiving HIV treatment. Published in Annals of internal medicine, v. 135, no. 8, pt. 1, Oct. 16, 2001, p. 557–565.

LRP-200111-16 Reducing Firearms Violence Through Directed Police Patrol. E. F. McGarrell, S. Chermak, A. Weiss, J. M. Wilson.

RESEARCH SUMMARY: This evaluation of a directed police patrol project utilizes a pre-post quasi-experimental design with a non-equivalent control group as well as an interrupted time series analysis. The results suggest that directed patrol had an impact on firearms crime in one of the target areas but not the other. POLICY IMPLICATIONS: The results suggest that a specific deterrence strategy whereby the police utilize directed patrol to focus on suspicious activities and locations reduced violent gun crime. In contrast, a general deterrence strategy focused on maximizing vehicle stops did not have an apparent effect. Published in Criminology and public policy, v. 1, no. 1, Nov. 2001, p. 119–148.

LRP-200204-08 Estimating the Compliance Costs for California SB1953. C. Meade, J. Kulick, R. J. Hillestad.

Published in California HealthCare Foundation (Oakland, CA: 2002). Online access: http://www.chcf.org/topics/hospitals/index.cfm?itemID=19753

LRP-200305-39 Analysis of US Energy Scenarios: Meta-Scenarios, Pathways, and Policy Implications. R. S. Silberglitt, A. Hove, P. Shulman.

This manuscript reviews a collection of recent energy scenarios from a policy and planning perspective and compares these scenarios quantitatively with respect to US energy consumption, energy efficiency, and carbon content of the fuel mix in 2020. "Carbon efficiency," a combined measure of the effects of energy efficiency and decarbonization, is defined and is shown to be proportional to the product of energy efficiency and the inverse of the carbon content of the fuel efficiency and the results used to define a set of stylized meta-scenarios that span a broad range of possible US energy futures. Pathways to these meta-scenarios and implications for US energy policy are discussed in comparison to past and present US energy experience. Published in Technological forecasting and social change, v. 70, no. 4, May 2003, p. 297 315.

LRP-200400-22 Competing Views of Chiropractic: Health Services Research Versus Ethnographic Observation. I. D. Coulter.

Published in Healing by hand: manual medicine and bonesetting in global perspective / edited by Kathryn S. Oths and Servando Z. Hinojosa (Lanham, Md.: AltaMira Press, 2004), Chapter 3, p. 43 62.

LRP-200402-22 Studying the Characteristics of Arrest Frequency Among Paroled Youthful Offenders. P. K. Lattimore, J. M. Macdonald, A. R. Piquero, R. L. Linster, C. A. Visher.

In recent years, much attention has been devoted to developing appropriate analytical methods to model criminal careers. Largely ignored in this methodological debate is the study of how the criminal behavior patterns of active offenders are related to individual characteristics. This article presents and analysis of the postrelease offending patterns of two cohorts of male youth released by the California Youth Authority in 1981 to 1982 and 1986 to 1987. The focus of the analysis is the frequency of arrest during the first three years following release. Negative binomial models are used to examine the relationship between a variety of factors that have been linked theoretically and empirically to the frequency of offending. Results suggest that measures of individual and geographic characteristics can be used to predict the average arrest frequencies and their variation among paroled youthful

offenders. These findings suggest that there may be useful distinctions to be made among offending populations. Published in Journal of research in crime and delinquency, v. 41, no. 1, Feb. 2004, p. 37–57.

LRP-200412-33 Interactive Police-Citizen Encounters That Result in Force. G. P. Alpert, R. G. Dunham, J. M. Macdonald.

The behavior of officers and suspects during encounters is influenced by the actions, comments, and demeanor of the other actor. The present study looks at the interactive context of police-citizen encounters that result in the use of force. The results of the study show that police-citizen encounters are not only interactive but also asymmetrical with respect to authority. Police use-of-force interactions with civilians are more likely to involve greater levels of force by the police relative to the level of suspect resistance when a suspect appears to have less authority relative to the police officer. During an encounter, police and citizens interpret and decide how to respond to each other. This interpretive process can shape the outcome of an encounter and is an important link to the understanding of police behavior. Published in Police quarterly, v. 7, no. 4, Dec. 2004, p. 13–14

LRP-200500-13 Sociodemographic Factors Associated with Postprostatectomy Radiotherapy. T. L. Krupski, L. Kwan, M. S. Litwin.

PURPOSE: To determine if nonclinical factors affect the use of adjuvant radiation therapy after surgical resection of the prostate gland. METHODS: Using the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) public use data files, the authors identified men with localized/regional prostate cancer who underwent postprostatectomy radiotherapy within 4 months of surgery. The authors used 2000 Census information to ascribe a median education and income level to these men based on the county of residence and ethnicity. RESULTS: Of 34 763 men who underwent surgical resection, 1549 received postprostatectomy radiotherapy. Those with higher tumor grade and from certain geographic regions (Seattle and Hawaii) had significantly higher rates of radiotherapy while being older and from other geographic regions (Detroit, Utah, and New Mexico) was protective. The use of additional radiation therapy was not affected by ethnicity, income level, or educational attainment. CONCLUSIONS: The authors found no socioeconomic or demographic disparities in the receipt of postprostatectomy radiotherapy. Geographic variation in postprostatectomy radiotherapy may be explained by limited evidence supporting its use in clinical practice. Published in Prostate Cancer and Prostatic Diseases, v. 8, no. 2, p. 184–188.

LRP-200500-14 Sweden's Varying Success in Offsetting Low Fertility: Assessing the Role of Policy in Sweden's Fluctuating Fertility Rates. S. Hoorens, A. Parkinson, J. Grant.

Cover title. Online access: http://robin.rand.org/pubs/rand/europe/SwedenHoorens.pdf

LRP-200503-35 Predictors and Consequences of Negative Physician Attitudes Toward HIV-Infected Injection Drug Users. L. Ding, B. E. Landon, I. B. Wilson, M. D. Wong, M. F. Shapiro, P. D. Cleary.

BACKGROUND: The authors evaluated physicians' training, experience, and practice characteristics and examined associations between their attitudes toward human immunodeficiency virus (HIV)-infected persons who are injection drug users (IDUs) and quality of care. METHODS: Cross-sectional surveys were conducted among a probability sample of noninstitutionalized HIV-infected individuals in the United States and their main HIV care physicians. Physician and practice characteristics, training, HIV knowledge, experience, attitudes toward HIV-infected IDUs, stress levels, and satisfaction with practice were assessed. The main quality-of-care measures were patient exposure to highly active antiretroviral therapy, reported problems, satisfaction with care, unmet needs, and perceived access to care. RESULTS: Nationally, 23.2% of HIV-infected patients had physicians with negative attitudes toward IDUs. Seeing more IDUs, having higher HIV treatment knowledge scores, and treating fewer patients per week were independently associated with more positive attitudes toward IDUs. Injection drug users who were cared for by physicians with negative attitudes had a significantly lower adjusted rate of exposure to highly active antiretroviral therapy by December 1996 (13.5%) than non-IDUs who were cared for by such physicians (36.1%) or IDUs who were cared for by physicians with positive attitudes (32.3%). Physician attitudes were not associated with other problems with care, satisfaction with care, unmet needs, or perceived access to care. CONCLUSIONS: Negative attitudes may lead to less than optimal care for IDUs and other marginalized populations. Providing education or experience-based exercises or ensuring that clinicians have adequate time to deal with complex problems might result in better attitudes and higher quality of care. Published in Archives of internal medicine, v. 165, no. 6, Mar. 28, 2005, p. 618–623.

LRP-200506-20 Ethnic Variation in Health-Related Quality of Life Among Low-Income Men with Prostate Cancer. T. L. Krupski, G. A. Sonn, L. Kwan, S. L. Maliski, A. Fink, M. S. Litwin.

OBJECTIVE: To describe and compare health related quality of life (HRQOL) among Hispanic, African-American, and Caucasian men with localized prostate cancer. DESIGN: Observational study of low-income, ethnically diverse men with non-metastatic prostate cancer. SETTING: Statewide public assistance program in California.

PARTICIPANTS: 208 men (51 Caucasian, 115 Hispanic, and 42 African-American men) with non-metastatic disease. INTERVENTIONS: Radical retropubic prostatectomy, radiation therapy, and hormonal therapy. MAIN OUTCOME MEASURES: Validated instruments measured general and disease-specific HRQOL, anxiety and fear of recurrence, spirituality, symptom distress, and self-efficacy. RESULTS: Hispanic men with prostate cancer were less educated, more often in significant relationships, and had more variable incomes compared with men of other ethnic/racial backgrounds. In univariate analyses, Caucasian men reported better physical function but less spirituality, while Hispanic men reported worse sexual function. Multivariate analysis revealed that Hispanic men had significantly worse physical function, bowel function, and bowel bother. African-American men experienced greater anxiety over recurrence. African- American and Hispanic men were more spiritual than Caucasian men. CONCLUSIONS: Greater attention to demographic variations in HRQOL may allow physicians to improve outcomes across ethnicities in low income men with prostate cancer by offering more specialized counseling and providing referral to social support systems. (Ethn Dis. 2005;15:461–468) Published in Ethnicity and disease, v. 15, no. 3, Summer 2005, p. 461-468.

LRP-200506-22 Field Testing: What It Is and How We Do It. R. D. Hays, J. A. Brown.

Published in CAPHS Connection, v. 2, no. 1, Dec. 2005, p. 4–5.

LRP-200507-18 Partnership Status Influences Quality of Life in Low-Income, Uninsured Men with Prostate Cancer. J. L. Gore, T. L. Krupski, L. Kwan, S. L. Maliski, M. S. Litwin.

BACKGROUND: Being partnered confers significant benefits in survival for patients with prostate cancer, yet little is known of the impact of relationship status on health-related quality of life (HRQOL). The authors evaluated the influence of partnership on measures of HRQOL. METHODS: The authors studied 291 patients who were enrolled in a program that provided free treatment to impoverished, uninsured men with prostate cancer. The associations between relationship status and measures of general and disease-specific HRQOL were evaluated. Results from multivariate models determined the independent effect of partnership on HRQOL. RESULTS: Partnered patients were more likely than unpartnered patients to be Hispanic (58% vs. 34%) and were more likely to have elected surgical therapy (49% vs. 34%). Multivariate analyses, controlling for age, ethnicity, disease stage, and treatment type, revealed that partnered patients had better mental health (P = 0.009), less urinary bother (P = 0.011), higher spirituality (P = 0.037), and lower symptom distress (P = 0.005) than unpartnered participants. CONCLUSIONS: Relationship status had a positive effect on the quality of life of low-income, uninsured men with prostate cancer. Published in Cancer, v. 104, no. 1, July 1, 2005, p. 191–8.

LRP-200508-28 Entry by Spinoffs. S. Klepper, S. Sleeper.

Entry by spinoffs from incumbent firms is investigated for the laser industry. A model in which spinoffs exploit knowledge from their parents is constructed to explain the market conditions conducive to spinoffs, the types of firms that spawn spinoffs, and the relationship of spinoffs to their parents. The model is tested using detailed data on all laser entrants from the start of the industry through 1994. Our findings support the basic premise of the model that spinoffs inherit knowledge from their parents that shapes their nature at birth. Implications of our findings for organizational behavior, business strategy, entry and industry evolution, and technological change are discussed. Published in Management science, v. 51, no. 8, Aug. 2005, p. 1291–1306.

LRP-200511-12 Reinforcing Effects of Diazepam under Anxiogenic Conditions in Individuals with Social Anxiety. T. C. Helmus, M. Tancer, C. Johanson.

Diazepam (DZ) reinforcement was tested under anxiogenic (public speaking) and neutral (computer task) conditions. Individuals with social anxiety disorder (n = 11) and healthy controls (n = 11) participated in two 5-session phases. Each phase used a standard choice procedure (2 sample, 3 choice sessions) comparing 10-mg DZ and placebo. During the public speaking condition, DZ preference was greater among the participants with social anxiety compared with controls (81.8% vs. 36.4%; $p < .05$). Participants with social anxiety also gave DZ significantly higher crossover values on the multiple choice procedure under the speech condition compared with the computer condition. Subjective effects indicated that DZ reduced anxiety when levels were elevated during the speech in socially anxious participants. These results suggest that DZ reinforcement may occur under conditions of heightened anxiety by bestowing therapeutic efficacy. Published in Experimental and clinical psychopharmacology, v. 13, no. 4, Nov. 2005, p. 348–356.

LRP-200511-13 An Empirical Study of Ordinal Condom Use Measures. H. Cecil, S. D. Pinkerton, L. M. Bogart, J. Pavlovic, A. M. Kimball.

Accurate condom use assessment is critical in sexually transmitted infection-prevention research. Ordinal condom use frequency measures may be problematic due to subjective interpretation by respondents. To assess this potential bias, we examined the ordinal condom use labels (e.g., "never," "rarely," err.) assigned by college students to 17 scenarios that described how frequently a hypothetical couple used condoms. Scenarios varied by condom use frequency (0% to 100%) and by whether frequency was described by stating the number of protected acts out of 20

total acts of intercourse, out of 100 total acts, or as a proportion of acts that were protected. There was substantial interpersonal variability in the labels assigned by participants in all 17 scenarios and inconsistent use of the "never" and "always" labels- to characterize 0% and 100% condom use, respectively, The assigned labels varied as a function of the number of total acts (20 vs. 100) and whether condom use was expressed as a count or a percentage, which suggests that participants did not convert the number of protected acts to an equivalent proportion. These results call into question both the reliability and validity of ordinal condom use measures. Published in Journal of sex research, v. 42, no. 4, Nov. 2005, p. 353–358.

LRP-200512-24 Social Cognitive Processes Mediating the Relationship Between Exposure to Television's Sexual Content and Adolescents' Sexual Behavior. S. C. Martino, R. L. Collins, D. E. Kanouse, M. N. Elliott, S. H. Berry.

This study used multiple-group structural equation modeling to test a model explaining the association between exposure to televised sexual content and initiation of intercourse among an ethnically diverse national sample of 1,292 adolescents. The authors hypothesized, on the basis of social-cognitive theory, that exposure to televised sexual content would influence adolescents' safe-sex self-efficacy, sex-related outcome expectancies, and perceived peer norms regarding sex, and that each of these would, in turn, influence intercourse initiation. Findings support a model in which the relationship between exposure to TV's sexual content and intercourse initiation is mediated by safe-sex self-efficacy among African Americans and Whites but not among Hispanics. Outcome expectancies and perceived peer norms may also mediate the link between exposure and intercourse initiation among all 3 racial/ethnic groups, although evidence of this could not be confirmed. Published in Journal of personality and social psychology, v. 89, no. 6, Dec. 2005, p. 914–924.

LRP-200512-26 Research-Practice Partners Assess Their First Joint Project. S. L. Wenzel, P. A. Ebener, S. B. Hunter, K. E. Watkins, J. M. Gilmore.

Investigators from RAND Corporation and community treatment providers at Behavioral Health Services joined forces to test an intervention to improve services for patients with co-occurring mental disorders. In the course of working together, the partners confronted many of the issues that typify research-practice collaborations in community settings. The researchers' applied theoretical understanding and the counselors' intimacy with patient responses combined to strengthen the intervention. However, counselors' discomfort with some protocols and changes reflecting the extremely dynamic nature of the community-based research setting complicated the study execution and interpretation. Despite these challenges, the intervention improved the counselor's ability to identify and respond appropriately to patient's co-occurring disorders, and one of its components was associated with improved patient outcomes. The experience also demonstrated the advisability of consulting collaboratively with clinic staff during the planning of studies and the pretesting of study protocols. Published in NIDA, Science and practice perspectives, v. 3, no. 1, Dec. 2005, p. 38–45.

LRP-200512-31 Pramipexole and Levodopa in Early Parkinson's Disease: Dynamic Changes in Cost Effectiveness. K. Noyes, A. W. Dick, R. G. Holloway.

BACKGROUND AND OBJECTIVE: In chronic disease, treatment effects and costs accumulate over time; hence, the choice of time horizon in cost-effectiveness analysis can be particularly important. In this article we analyse the dynamic changes in cumulative costs, effects and incremental cost effectiveness of two competing drug strategies in patients with early Parkinson's disease (PD). The incremental cost-effectiveness ratio (ICER) and the net monetary benefit (NB) using $US50 000, $US100 000 and $US150 000 as the value of a QALY were estimated, and were bootstrapped to calculate the standard errors. Cost-effectiveness acceptability curves (CEAC) were built to estimate the probability that pramipexole was cost effective given different societal values of QALY, for various study horizons. We conducted sensitivity analyses on the ICER and the NB to test their robustness to various assumptions about missing data, for various subpopulations and under changes in the drug prices. METHODS: Three hundred and one subjects with PD were randomised to initial pramipexole or levodopa and followed every 3 months over a 4-year period. Healthcare resource use was recorded in patient diaries and valued using a variety of sources at year 2002 $US values. Health-related quality of life (HRQoL) was measured using the EuroQoL EQ-5D. The study was conducted from a US societal perspective. Missing data were imputed using a multivariate fixed-effects model. Additional quality adjusted life years (QALY) gained by using pramipexole compared with levodopa were estimated as the area between the normalised treatment HRQoL profiles. The QALYs and costs for each treatment arm were calculated for various study horizons. The incremental cost-effectiveness ratio (ICER) and the net monetary benefit (NB) using $US50 000, $US100 000 and $US150 000 as the value of a QALY were estimated, and were bootstrapped to calculate the standard errors. Cost-effectiveness acceptability curves (CEAC) were built to estimate the probability that pramipexole was cost effective given different societal values of QALY, for various study horizons. We conducted sensitivity analyses on the ICER and the NB to test their robustness to various assumptions about missing data, for various subpopulations and under changes in the drug prices. RESULTS: Under the base-case assumptions, the ICER for pramipexole was $US42 989 per QALY. Using the CEAC approach, the probability that pramipexole was cost effective relative to levodopa over the

first 4 years was 0.57, 0.77 and 0.82 when a QALY was valued at $US50 000, $US100 000, and $US150 000, respectively. Over time, the ICER for pramipexole improved and uncertainty around the ICER decreased. If, after treatment withdrawal, HRQoL improved in pramipexole subjects and declined in levodopa subjects (best-case scenario for pramipexole), the probability of pramipexole being cost effective increased to 0.88, 0.96 and 0.98, respectively. Factors that improved the ICER of pramipexole were a decrease in the relative price of pramipexole and having low HRQoL or depression at baseline. CONCLUSIONS: The cost effectiveness of pramipexole compared with levodopa in the treatment of early PD increased as the time horizon of the clinical trial extended from 2 to 4 years. Our results suggest that pramipexole is more cost effective for patients with depression and low baseline HRQoL than in other patient subgroups. Published in PharmacoEconomics, v. 23, no. 12, 2005, p. 1257–1270.

LRP-200600-01 Health Plans Respond to Parity: Managing Behavioral Health Care in the Federal Employees Health Benefits Program. M. S. Ridgely, M. A. Burnam, C. L. Barry, H. H. Goldman, K. D. Hennessy.

The government often uses the Federal Employees Health Benefits (FEHB) Program as a model for both public and private health policy choices. In 2001, the U.S. Office of Personnel Management (OPM) implemented full parity, requiring that FEHB carriers offer mental health and substance abuse benefits equal to general medical benefits. OPM instructed carriers to alter their benefit design but permitted them to determine whether they would manage care and what structures or processes they would use. This article reports on the experience of 156 carriers and the government-wide BlueCross and BlueShield Service Benefit Plan. Carriers dropped cost-restraining benefit limits. A smaller percentage also changed the management of the benefit, but these changes affected the care of many enrollees, making the overall parity effect noteworthy. Published in The Milbank quarterly, v. 84, no. 1, 2006, p. 201–218.

LRP-200600-02 Secondary Syringe Exchange Among Users of 23 California Syringe Exchange Programs. J. Lorvick, R. N. Bluthenthal, A. Scott, M. L. Gilbert, K. S. Riehman, R. L. Anderson, N. M. Flynn, A. H. Kral.

This article describes the secondary syringe exchange (SSE) practices of injection drug users (IDUs) attending 23 syringe exchange programs (SEPs) in the state of California during 2002 (n = 539). The sample was primarily heroin injecting, about two thirds male, half White and half other racial/ethnic groups. Participants were interviewed with a structured questionnaire that included items on sociodemographic factors, drug use practices, sexual practices, use of SEP and other social services, and satisfaction with SEP services. Interviews lasted about 30 minutes. SSE was highly prevalent: 75% of IDUs reported participating in SSE in the 6 months before interview. Program characteristics, such as legal status, SSE policy, and exchange policy, did not affect the prevalence of SSE among SEP clients. Infectious disease risk behaviors were significantly more common among SSE participants than nonparticipants. SSE participants were more likely to share syringes ($p < .001$) and cookers ($p < .001$) in the previous 6 months. SSE was significantly associated with being stuck with another person's syringe (needle-stick), a little-discussed "occupational hazard" of this practice. In multivariate analysis, the adjusted odds ratio of needle-stick among SSE participants was 2.8 (95% confidence interval, 1.3, 6.0). The high prevalence of SSE and the infectious disease risk associated with it warrant additional research to determine the causality of these associations. In the interim, SEPs should consider reinforcing HIV prevention education messages and training IDUs who engage in SSE in safe handling of biohazardous materials. Published in Substance use & misuse, v. 41, no. 6–7, 2006, p. 865-882.

LRP-200600-03 Measurement and Association in the Structure of Municipal Police Organizations. J. M. Wilson.

Aside from a few groundbreaking studies, there has been little empirical exploration into the structure of American police organizations. Traditional organizational inquiries have suggested that structural characteristics can be differentiated between those that represent control mechanisms to coordinate and manage the complexity. This research investigates whether these various structural elements are indicative of two latent constructs by developing and testing measurement models representing structural complexity and control. Organizational scholars have also argued that structural complexity increases the demand for structural control. Maguire investigated this issue in the context of police organizations and found little support for the hypothesis. The paper reexamines this relationship by extending the replicating Maguire's analysis to ascertain if a different specification and sample sustain his conclusion. Utilizing data from the 1997 Law Enforcement Management and Administrative Statistics survey and a survey conducted by Edward Maguire, the paper explores these issues using a sample of 401 large, municipal police organizations in the USA. The results indicate that structural control is unidimensional, while structural complexity is not. This study also provides modest evidence supporting an association between structural complexity and control. Published in Policing: An International Journal of Police Strategies and Management , v. 26, no. 2, 2003, p. 276–297.

LRP-200600-04 Chapter 13: A Comparative Review of CISNET Breast Models Used to Analyze U.S. Breast Cancer Incidence and Mortality Trends. L. D. Clarke, S. K. Plevritis, R. Boer, K. A. Cronin, E. J. Feuer.

The CISNET Breast Cancer program is a National Cancer Institute-sponsored collaboration composed of seven research groups that have modeled the impact of screening and adjuvant treatment on trends in breast cancer incidence and mortality over the period 1975- 2000 (base case). This collaboration created a unique opportunity to make direct comparison of results from different models of population-based cancer screening produced in response to the same question. Comparing results in all but the most cursory way necessitates comparison of the models themselves. Previous chapters have discussed the models individual in detail. This chapter will aid the reader in understanding key areas of difference between the models. A focused analysis of differences and similarities between the models is presented with special attention paid to areas deemed most likely to contribute substantially to the results of the target analysis. Published in Journal of the National Cancer Institute Monographs, no. 36, 2006, p. 96–105.

LRP-200600-05 College Students' Use of Cocaine. J. William, R. L. Pacula, F. J. Chaloupka, H. Wechsler.

After experiencing a period of rapid decline between 1986 and 1994, cocaine use is once again on the rise in the United States. The increased prevalence of use among college students is particularly troubling because of its potential impact on human capital acquisition and long-term labor market success. Merging information on the price of cocaine and marijuana from the U.S. Drug Enforcement Agency with data on cocaine use from the College Alcohol Study, the authors investigate the demand for cocaine in the college population. The authors find evidence that participation in cocaine use by college students is responsive to changes in the price of cocaine and marijuana and that cocaine and marijuana are economic complements for this population. Further investigation revealed significant differences in the demand for cocaine by those less than age 21 and those at least age 21, years, with the younger age group being more responsive to changes in the price of cocaine. No difference is found, however, in the demand for cocaine across gender. Published in Substance use & misuse, v. 41, no. 4, 2006, p. 489–509.

LRP-200600-06 Pandemic Influenza Preparedness: Adaptive Responses to an Evolving Challenge. D. B. Reissman, P. J. Watson, R. W. Klomp, T. L. Tanielian, S. D. Prior.

In the United States, preparation for a potential influenza pandemic is receiving heightened media coverage and scrutiny. Scientific attention is focused on the potential for the current Southeastern Asian avian flu virus, influenza A (H5N1), to become a pandemic threat through genetic mutation and viral reassortment. It is imperative that we act now, as we face an evolving and advancing disease state with insufficient national preparation. Existing preparedness plans address laboratory and disease surveillance, community containment and border protection, and mass dispensing and vaccination strategies. However, little attention has been directed to identifying and managing psychological and social factors likely to influence human behavior during a pandemic. All of our health and medical strategies require people to behave in prescribed ways to avoid exposure, prevent infection, or halt disease transmission. This article provides timely expert panel recommendations for pandemic influenza response and recovery by addressing human behavior and adaptation. Published in Journal of homeland security and emergency management, v. 3, no. 2, article 13, 2006, p. 1–27

LRP-200600-07 Evaluating Statistical Methods for Syndromic Surveillance. M. A. Stoto, R. D. Fricker, J. Arvind, A. Diamond, J. O. Davies-Cole, C. Glymph, G. Kidane, G. Lum, L. V. Jones, K. Dehan, C. Yuan.

Published in Statistical methods in counterterrorism: game theory, modeling, syndromic surveillance, and biometric authentication / by Alyson G. Wilson, Gregory D. Wilson, and David H. Olwell (New York: Springer, 2006), Chapter 1, p. 1–32.

LRP-200600-08 Subversion and Terrorism: Understanding and Countering the Threat. W. Rosenau.

Published in The MIPT terrorism annual, 2006, p. 53–69.

LRP-200600-09 Embedding Improvements, Lived Experience, and Social Justice in Evaluation Practice. E. Whitmore, I. Guijt, D. M. Mertens, P. S. Imm, M. Chinman, A. Wandersman.

Published in Handbook of evaluation: program, policy and practice / edited by I. Shaw, Mark J. Greene (Thousand Oaks, CA: Sage Publication, 2006), Chapter 15, p. 297 314.

LRP-200600-10 California Acupuncturists Comment on Their Training. T. Kuo, A. Burke, I. D. Coulter, K. McNamee, L. Gelberg, S. Asch, L. V. Rubenstein.

This article provides information derived from the findings of The Licensed Acupuncture Collaborative (LAC) Study conducted in California during 2002–2003. The research was conducted by the LAC Study Group which comprises a team of investigators from UCLA, San Francisco State University and the California Health Institute. The group also included advisors and other contributors from the acupuncturist community, including members of the California State Oreiental Medical Association (CSOMA). Published in American acupuncturists, v. 35, 2006, p. 22-25.

LRP-200600-11 The MISCAN-Fadia Continuous Tumor Growth Model for Breast Cancer. S. Y. G. L. Tan, G. J. van Oortmarssen, H. J. de Koning, R. Boer, J. D. F. Habbema, A. G. Zauber.

The MISCAN-Fadia model was used to analyze the impact of screening and adjuvant treatment on U.S. breast cancer mortality between 1975 and 2000. MISCAN-Fadia uses the concept of "fatal diameter" to model survival and screening benefit and is based on continuous tumor growth. It consists of four major components: population, natural history, screening, and treatment. Population parameters were quantified using U.S. population data. Most natural history and screening parameters were fitted to the Swedish Two County screening trial data; some were based on Surveillance, Epidemiology, and End Results data. Adjuvant treatment parameters were quantified using data from the Early Breast Cancer Trialists' Collaborative Group's meta-analysis. The simulated trend in incidence matches the observed trend reasonably well; the simulated mortality is equal to the observed in 1975 but becomes increasingly too high in 2000. The authors estimate that screening leads to a 15% and adjuvant treatment to a 21% mortality reduction in the year 2000. Published in Journal of the National Cancer Institute Monographs, v. 36, Chapter 9, 2006, p. 56–65.

LRP-200600-12 US Counterterrorism Policy. W. Rosenau.

Published in How states fight terrorism: policy dynamics in the West / edited by Doron Zimmermann, Andreas Wenger (Boulder, CO: Lynne Rienner Publishers, 2006), p. 133–154.

LRP-200600-13 Loss Function Based Ranking in Two-Stage, Hierarchical Models. R. Lin, T. A. Louis, S. M. Paddock, G. K. Ridgeway, T. A. Louis.

Performance evaluations of health services providers burgeons. Similarly, analyzing spatially related health information, ranking teachers and schools, and identification of differentially expressed genes are increasing in prevalence and importance. Goals include valid and efficient ranking of units for profiling and league tables, identification of excellent and poor performers, the most differentially expressed genes, and determining exceedances' (how many and which unit-specific true parameters exceed a threshold). These data and inferential goals require a hierarchical, Bayesian model that accounts for nesting relations and identities both population values and random effects for unit-specific parameters. Furthermore, the Bayesian approach coupled with optimizing a loss function provides a framework for computing non-standard inferences such as ranks and histograms. Estimated ranks that minimize Squared Error Loss (SEL) between the true and estimated ranks have been investigated. The posterior mean ranks minimize SEL and are general purpose, relevant to a broad spectrum of ranking goals. However, other loss functions and optimizing ranks that are tuned to application-specific goals require identification and evaluation. For example, when the goal is to identify the relatively good (e.g., in the upper 10%) or relatively poor performers, a loss function that penalizes classification errors produces estimates that minimize the error rate. We construct loss functions that address this and other goals, developing a unified framework that facilitates generating candidate estimates, comparing approaches and producing data analytic performance summaries. The authors compare performance for a fully parametric, hierarchical model with Gaussian sampling distribution under Gaussian and a mixture of Gaussians prior distributions. The authors illustrate approaches via analysis of standardized mortality ratio data from the United States Renal Data System. Results show that SEL-optimal ranks perform well over a broad class of loss functions but can be improved upon when classifying units above or below a percentile cut-point. Importantly, even optimal rank estimates can perform poorly in many real-world settings; therefore, data-analytic performance summaries should always be reported. Published in Bayesian analysis, v. 1, no. 4, 2006, p. 915 946.

LRP-200600-14 Availability and Quality of Human Biospecimens for Use in Biomedical Research. E. Eiseman.

Although human biospecimens and associated demographic and clinical data are collected and stored for research purposes at hundreds of biorepositories throughout the United States, researchers are often unaware of the wealth of resources available to them because of the lack of a single guide that provides information about the availability of biospecimens. In addition, techniques for tissue collection, processing, and storage — the core functions of a biorepository — vary depending on the purpose for which the biorepository was established. Published in www.BioBankCentral.org, 2006, Who's Who in Biobanking, Guest essay, p. 1–4.

LRP-200600-16 Application of Group-Level Item Response Models in the Evaluation of Consumer Reports About Health Plan Quality. S. P. Reise, R. R. Meijer, A. T. Ainsworth, L. S. Morales, R. D. Hays.

Group-level parametric and non-parametric item response theory models were applied to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2.0 core items in a sample of 35,572 Medicaid recipients nested within 131 health plans. Results indicated that CAHPS responses are dominated by within health plan variation, and only weakly influenced by between health plan variation. Thus, although the CAHPS 2.0 survey has acceptable psychometric properties when analyzed at the individual level, large sample sizes are needed to reliably differentiate among health plans. These results illustrate why it is important to study evaluations of health care, such as CAHPS, at multiple levels of analyses. Published in Multivariate behavioral research, v. 41, no. 1, 2006, p. 85 102.

LRP-200600-18 A Coalition of Coalitions: International Cooperation Against Terrorism. N. Bensahel.

The term "coalition against terror" is commonly used, but is fundamentally misleading. Multiple coalitions against terror exist in different issue areas—including military, financial, law enforcement, intelligence, and reconstruction. These coalitions are independent of each other, and yet inextricably linked, both enabling and constraining each other's actions. Actions taken by the military coalition can undermine the intelligence coalition, for example, by destroying documents and other information during attacks. Overlapping membership may also cause challenges, for countries who disagree with the approach of one coalition many restrict their cooperation with the others. A successful counterterror strategy must account for the interactions of the various coalitions, understanding how actions taken in one area may cause tradeoffs and unintended consequences in others. Published in Studies in conflict and terrorism, v. 29, no. 1, 2006, p. 35 49.

LRP-200600-19 Charter School Performance in Two Large Urban Districts. R. W. Zimmer, R. J. Buddin.

In the national effort to improve educational achievement, urban districts offer the greatest challenge as they often serve the most disadvantaged students. Many urban leaders, including mayors and school district superintendents, have initiated charter schools, which are publicly supported, autonomously operated schools of choice, as a mechanism of improving learning for these disadvantaged students. In this analysis, the authors examine the effect charter schools are having on student achievement generally, and on different demographic groups, in two major urban districts in California. Student achievement results suggest that charter schools are having mixed overall effects and generally not promoting student achievement for minorities. Published in Journal of urban economics, v. 60, no. 2, 2006, p. 307–326.

LRP-200600-20 Beyond Achievement: Enrollment Consequences of Charter Schools in Michigan. E. F. Toma, R. W. Zimmer, J. T. Jones.

One of the biggest public school reform movements in the past decade has been the passage of charter school laws. Forty states and Washington, D.C. have approved legislation that allows charter schools to operate within their jurisdictional boundaries. The academic research thus far has focused on where charter schools have located and the achievement consequences of the schools. This paper addresses a direct effect of charter schools by examining their enrollment consequences. The authors find that in Michigan approximately 20 percent of the students who enroll in charter schools were previously enrolled in private schools and approximately 80 percent move from the traditional public schools. Published in Advances in applied microeconomics, 2006, p. 1–26

LRP-200600-21 Health Care IT Adoption Could Save USD162 Billion. R. J. Hillestad.

This article looks at how health care IT can save hospitals and health services valuable funding and how these saving compare to the costs involved. The chief barriers to success and possible solutions to these difficulties are outlined. The author also points to the need for government intervention in implementing health care IT on a broad scale. Published in World hospitals and health services, v. 42, no. 2, 2006, p. 36, 38–40.

LRP-200601-01 US-Based Indices of Area-Level Deprivation: Results from HealthCare for Communities. C. Eibner, R. Sturm.

In this analysis the authors create census-tract level indices of area deprivation for the US that parallel similar indices developed in Britain, and they determine whether these indices are related to physical and mental health outcomes. Data for the indices come from the 2000 Census Summary File Tapes and the 2001 Zip Code Business Patterns Files. These indices are then linked by census tract to cross-sectional data from the HealthCare for Communities (HCC) study, and equations are estimated using multi-level models with census-tract random effects. The authors find that area-level deprivation predicts poor mental and physical health outcomes, but different components of deprivation have different effects. When the authors measure deprivation using three factor scores that emerged from our analysis (rather than combining all measures of deprivation into a single index), we find that access to services has a more pronounced association with physical health, whereas racial composition and local language barriers are more strongly correlated with mental health. These findings suggest that grouping all variables into a single index may mask important heterogeneity in the ways in which area characteristics affect health outcomes. Published in Social science & medicine, v. 62, no. 2, Jan. 2006, p. 348–359.

LRP-200601-02 Correlates of Alcohol Use Among Anxious and Depressed Primary Care Patients. J. J. Arch, M. G. Craske, M. B. Stein, C. D. Sherbourne, P. P. Roy-Byrne.

OBJECTIVE: The purpose of this study is to determine the patterns of alcohol use for primary care patients with anxiety disorders and/or major depression in three urban university-affiliated outpatient clinics. METHOD: A waiting room sample of adults was screened for anxiety disorders and major depression. Six hundred fourteen screened patients were assessed using the Composite International Diagnostic Interview World Health Organization. Composite International Diagnostic Interview (CIDI) 2.1. Geneva: World Health Organization, 1997 and frequency-quantity alcohol use questions. Adjusted for age and gender, logistic regression analyses were used to determine associations between panic disorder, social phobia, PTSD, major

depression and typical heavy (three drinks/two or more times a week) and frequent (four or more times a week) alcohol use. RESULTS: Of the patients, 6.19% (38/614) reported typical heavy drinking and 8.31% (51/614) reported frequent drinking in the preceding 3 months. PTSD was associated with heavy drinking (adjusted OR=3.1; 95% CI, 1.3–7.3). Panic disorder was associated with frequent alcohol use (adjusted OR=2.2; 95% CI, 1.2-4.2) but reduced heavy drinking (adjusted OR=0.4; 95% CI, 0.2-0.9). There was no significant relationship between alcohol use and the co-occurrence of two or more anxiety and/or mood disorders. CONCLUSION: In an examination of primary care patients diagnosed, the majority of whom were with at least one anxiety disorder and/or major depression; current heavy and frequent alcohol use was associated with specific individual anxiety disorders and/or major depression. Published in General hospital psychiatry, v. 28, no. 1, Jan.-Feb. 2006, p. 37-42.

LRP-200601-03 Improving Care for Depression in Patients with Comorbid Substance Misuse. K. E. Watkins, S. M. Paddock, L. Zhang, K. B. Wells.

OBJECTIVE: The authors investigated whether quality improvement programs for depression would be effective among substance misusers and whether there would be a differential program-by-comorbidity effect. METHOD: A group-level randomized controlled trial (Partners in Care) compared two quality improvement programs for depression with usual care. Consecutive patients (N=27,332) from six managed care organizations in five states were screened, and 1,356 were enrolled: 443 received usual care while the rest entered a quality improvement program involving either medication (N=424) or therapy (N=489). Multiple logistic regression was used to test hypotheses and compute standardized predictions of the adjusted rates of depression and use of psychotherapy and antidepressants. RESULTS: Under usual care conditions, depressed patients with substance misuse had an increased probability of ongoing depression despite higher rates of overall appropriate treatment. Among clients with comorbid substance misuse, the quality improvement programs were associated with improved depression outcomes at 12 months and increased antidepressant use at 6 months. Among clients with no substance misuse, the quality improvement programs improved depression outcomes at 6 months and were associated with increased treatment utilization. CONCLUSIONS: Co-occurring substance misuse is associated with depression and with increased risk for poorer depression treatment outcomes under usual care conditions. Quality improvement programs can significantly reduce the likelihood of probable depressive disorders in depressed patients with and without comorbid substance misuse. No consistent evidence was found for a differential program-by-comorbidity effect except for a suggestion of greater increase in psychotherapy among individuals with no substance misuse. Published in American journal of psychiatry, v. 163, no. 1, Jan. 2006, p. 125–132.

LRP-200601-04 The Relationship Between High School Marijuana Use and Annual Earnings Among Young Adult Males. J. S. Ringel, P. L. Ellickson, R. L. Collins.

This article uses a unique panel data set to examine the relationship between high school marijuana use and annual earnings at age 29. The authors estimate a series of OLS models that incrementally add potential confounding variables, including marijuana use at age 29. The analysis finds that part of the negative relationship reflects an indirect pathway whereby early marijuana use affects human capital accumulation, which in turn affects earnings. Moreover, the authors find evidence that the remaining association between early marijuana use and earnings, after controlling for differences in human capital, reflects the cumulative effect of marijuana use on cognitive ability and motivation. Published in Contemporary economic policy, v. 24, no. 1, Jan. 2006, p. 52–63.

LRP-200601-05 Evidence of Cost Shifting in California: Shifting Cost to Private Payers Can Lower Public Spending, but at a Price. J. Zwanziger, A. Bamezai.

The authors used 1993–2001 data from private hospitals in California to investigate whether decreases in Medicare and Medicaid prices were associated with increases in prices paid for privately insured patients. They found that a 1 percent relative decrease in the average Medicare price is associated with a 0.17 percent increase in the corresponding price paid by privately insured patients; similarly, a 1 percent relative reduction in the average Medicaid price is associated with a 0.04 percent increase. These relationships imply that cost shifting from Medicare and Medicaid to private payers accounted for 12.3 percent of the total increase in private payers' prices from 1997 to 2001. Published in Health affairs, v. 25, no. 1, Jan./Feb. 2006, p. 197-203.

LRP-200601-06 Patterns of Psychotropic Medication Use by Race Among Veterans with Bipolar Disorder. A. M. Kilbourne, H. A. Pincus.

OBJECTIVE: This study investigated whether race was associated with patterns of psychotropic medication use among veterans with bipolar disorder. METHODS: Data were examined for veterans from the mid-Atlantic region with a diagnosis of bipolar disorder in fiscal year 2001. Prescription data determined whether differences existed between black and nonblack patients in the receipt of lithium, other mood stabilizers, all mood stabilizers, first-generation antipsychotics, second-generation antipsychotics, all antipsychotics, selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, all antidepressants, and benzodiaze-pines. RESULTS: Data for 2,958 patients were sampled: 347 blacks and 2,611 nonblacks. Multivariable

analyses that adjusted for patient and clinical factors revealed that compared with nonblacks, blacks were significantly less likely to receive lithium and SSRIs and significantly more likely to receive first-generation antipsychotics and any antipsychotic. CONCLUSIONS: These findings suggest that efforts should be made to reduce disparities in access to pharmacotherapy among patients with bipolar disorder. Published in Psychiatric services, v. 57, no. 1, Jan. 2006, p. 123–126.

LRP-200601-07 Transforming Mental Health Care at the Interface with General Medicine: Report for the President's Commission. J. Un*utzer, M. Schoenbaum, B. G. Druss, W. Katon.

This paper is based on a report commissioned by the Subcommittee on Mental Health Interface With General Medicine of the Presidents New Freedom Commission on Mental Health. Although mental and medical conditions are highly interconnected, medical and mental health care systems are separated in many ways that inhibit effective care. Treatable mental or medical illnesses are often not detected or diagnosed properly, and effective services are often not provided. Improved mental health care at the interface of general medicine and mental health requires educated consumers and providers; effective detection, diagnosis, and monitoring of common mental disorders; valid performance criteria for care at the interface of general medicine and mental health; care management protocols that match treatment intensity to clinical outcomes; effective specialty mental health support for general medical providers; and financing mechanisms for evidence-based models of care. Successful models exist for improving the collaboration between medical and mental health providers. Recommendations are presented for achieving high-quality care for common mental disorders at the interface of general medicine and mental health and for overcoming barriers and facilitating use of evidence-based quality improvement models. Published in Psychiatric services, v. 57, no. 1, Jan. 2006, p. 37–47.

LRP-200601-08 Implementation and Maintenance of Quality Improvement for Treating Depression in Primary Care. L. S. Meredith, P. Mendel, M. L. Pearson, S. Wu, G. Joyce, J. B. Straus, E. B. Keeler, J. Un*utzer.

OBJECTIVE: Little is known about the long-term success of quality improvement efforts for the treatment of depression in primary care. This study assessed factors associated with the successful implementation, maintenance, and spread of such efforts. METHODS: The authors conducted an independent process evaluation of data from monthly progress reports and 18-month telephone interviews from multidisciplinary quality improvement teams in 17 diverse primary care organizations that participated in the Institute for Healthcare Improvement's Breakthrough Series for Depression from February 2000 through March 2001. RESULTS: All sites made changes toward improving care in three of six categories: delivery system redesign, self-management strategies, and information systems. The changes that were most commonly viewed as major successes were delivery system changes (ten sites, or 59 percent) and information system changes (nine sites, or 53 percent); these types of changes were also the most often sustained over time (ten sites, or 59 percent, and 16 sites, or 94 percent, respectively). Fifteen sites made changes in decision support, community linkages, and health system support but were less likely to view these changes as major successes or to sustain them. Organizational structure and leadership support were the most common facilitators. Staff resistance, time constraints, and information technology were the most common barriers. Implementation strategies varied with sets of barriers. CONCLUSIONS: Despite substantial challenges, there was evidence of broad success at implementation and maintenance of quality improvement for depression treatment in primary care. Published in Psychiatric services, v. 57, no. 1, Jan. 2006, p. 48–55.

LRP-200601-09 Longitudinal Patterns of Alcohol, Drug, and Mental Health Need and Care in a National Sample of U.S. Adults. S. E. Stockdale, R. Klap, T. R. Belin, L. Zhang, K. B. Wells.

OBJECTIVE: Use of longitudinal data can help clarify the extent of persistent need for services or persistent problems in gaining access to services. This study examined the level of transient and persistent need and unmet need over time among respondents to a national survey and whether need was met by provision of mental health services or resolved without treatment. METHODS: Data from the longitudinal Health Care for Communities (HCC) household telephone survey were used to produce joint distributions of need status and care for two periods (wave 1 data collected in 1997 to 1998 and wave 2 data collected in 2000 to 2001; N=6,659). Perceived need was measured as self-report of need for help with a mental or substance use problem. Probable clinical need was assessed with the Composite International Diagnostic Interview, the Alcohol Use Disorders Identification Test, and the 12-item Short Form Health Survey. RESULTS: High levels of persistent unmet need for care (44 to 52 percent) were found among respondents who had probable clinical need in wave 1. Although a majority of those with need received some care, an equal proportion (about 30 percent) of those with perceived need only or probable clinical need in wave 1 did not receive any care. A substantial portion of need (22 to 26 percent) appears to have resolved without treatment, which may suggest high levels of transient need. CONCLUSIONS: Persistent patterns of unmet need represent important targets for policy and programs that can improve utilization, including outreach, education, and

improved insurance coverage. Published in Psychiatric services, v. 57, no. 1, Jan. 2006, p. 93–99.

LRP-200601-10 Impact of Instructional Practices on Student Satisfaction with Attendings' Teaching in the Inpatient Component of Internal Medicine Clerkships. C. M. Guarino, C. Y. Ko, L. C. Baker, D. J. Klein, J. J. Escarce.

OBJECTIVE: To determine the prevalence and influence of specific attending teaching practices on student evaluations of the quality of attendings' teaching in the inpatient component of Internal Medicine clerkships. DESIGN: Nationwide survey using a simple random sample. SETTING: One hundred and twenty-one allopathic 4-year medical schools in the United States. PARTICIPANTS: A total of 2,250 fourth-year medical students. MEASUREMENTS AND MAIN RESULTS: In the spring of 2002, student satisfaction with the overall quality of teaching by attendings in the inpatient component of Internal Medicine clerkships was measured on a 5-point scale from very satisfied to very dissatisfied (survey response rate, 68.3%). Logistic regression was used to determine the association of specific teaching practices with student evaluations of the quality of their attendings' teaching. Attending physicians' teaching practices such as engaging students in substantive discussions (odds ratio (OR)=3.0), giving spontaneous talks and prepared presentations (OR=1.6 and 1.8), and seeing new patients with the team (OR=1.2) were strongly associated with higher student satisfaction, whereas seeming rushed and eager to finish rounds was associated with lower satisfaction (OR=0.6). CONCLUSION: Findings suggest that student satisfaction with attendings' teaching is high overall but there is room for improvement. Specific teaching behaviors used by attendings affect student satisfaction. These specific behaviors could be taught and modified for use by attendings and clerkship directors to enhance student experiences during clerkships. Published in Journal of general internal medicine, v. 21, no. 1, Jan. 2006, p. 7–12.

LRP-200601-11 Differences in Individual-Level Terrorism Preparedness in Los Angeles County. D. Eisenman, C. Wold, J. Fielding, A. Long, C. M. Setodji, S. C. Hickey, L. Gelberg.

BACKGROUND: Increasing individual preparedness for disasters, including large-scale terrorist attacks, is a significant concern of public health planners. As with natural disasters, individuals can help protect their health and safety by preparing for the emergency situation that may follow a terrorist event. Our study describes variations in preparedness among the population of Los Angeles County after the September 11, 2001 and subsequent anthrax attacks. METHODS: In 2004, the data were analyzed from the Los Angeles County Health Survey, a random-digit-dialed telephone survey of the non-institutionalized population in Los Angeles County fielded October 2002 through February 2003. RESULTS: Overall, 28.0% of respondents had emergency supplies, and 17.1% developed an emergency plan in the past year in response to the possibility of terrorism. Factors associated with having emergency supplies included African American (adjusted odds ratio AOR 1.8, 95% confidence interval CI 1.1–3.1) and Latino (AOR=1.5, 95% CI=1.0-2.4) race/ethnicity; having a household dependent aged </=18 years (AOR=1.4, 95% CI=1.0-2.0); being born outside the United States (AOR=1.9, 95% CI=1.3-2.9); some college or trade school education (AOR=1.9, 95% CI=1.3-2.9); and higher perceived likelihood of a bioterrorist attack (AOR=2.2, 95% CI=1.6-3.0). Factors associated with having an emergency plan included African American (AOR=2.6, 95% CI=1.5-4.6) race/ethnicity; having a household dependent aged </=18 years (AOR=2.4, 95% CI=1.6-3.5); and physical disability (AOR=1.7, 95% CI=1.1-2.7). CONCLUSIONS: Some groups were more likely to adopt some, but not all, recommended preparedness activities. Identifying subpopulation differences in preparedness is important since different public health messages, programs, and distribution channels are required for different subgroups. Published in American journal of preventive medicine, v. 30, no. 1, Jan. 2006, p. 1-6.

LRP-200601-12 Varying Pharmacy Benefits with Clinical Status: The Case of Cholesterol-Lowering Therapy. D. P. Goldman, G. Joyce, P. Karaca-Mandic.

OBJECTIVE: To determine whether a pharmacy benefit that varies copayments for cholesterol-lowering (CL) therapy according to expected therapeutic benefit would improve compliance and reduce use of other services. METHODS: Using claims data from 88 health plans, we studied 62 274 patients aged 20 years and older who initiated CL therapy between 1997 and 2001. We examined the association between copayments and compliance in the year after initiation of therapy, and the association between compliance and subsequent hospital and emergency department (ED) use for up to 4 years after initiation. RESULTS: The fraction of fully compliant patients fell by 6 to 10 percentage points when copayments increased from $10 to $20, depending on patient risk (P < .05). Full compliance was associated with 357 fewer hospitalizations annually per 1000 high-risk patients (P < .01) and 168 fewer ED visits (P < .01) compared with patients not in full compliance. For patients at low risk, full compliance was associated with 42 fewer hospitalizations (P = .02) and 21 fewer ED visits (P = .22). Using these results, we simulated a policy that eliminated copayments for high- and medium-risk patients but raised them (from $10 to $22) for low-risk patients. Based on a national sample of 6.3 million adults on CL therapy, this policy would avert 79 837 hospitalizations and 31 411 ED admissions annually. CONCLUSION: Although many obstacles exist, varying copayments for CL therapy by therapeutic need would reduce hospitalizations

and ED use—with total savings of more than $1 billion annually. Published in The American journal of managed care, v. 12, no. 1, Jan. 2006, p. 21–28.

LRP-200601-13 Heterogeneity of Childhood Asthma Among Hispanic Children: Puerto Rican Children Bear a Disproportionate Burden. M. Lara, L. Akinbami, G. Flores, H. Morgenstern.

OBJECTIVES: To estimate differences in asthma prevalence among Hispanic subgroups and non-Hispanic children living in the United States and to explore the association between these differences and risk factors. METHODS: Weighted logistic regression analyses of merged 1997 to 2001 National Health Interview Survey data were used to estimate the prevalence of asthma diagnosis and asthma attacks in a sample of 46511 children (age: 2–17 years) living in the 50 states and the District of Columbia. RESULTS: Puerto Rican children had the highest prevalence of lifetime asthma (26%) and recent asthma attacks (12%), compared with non-Hispanic black children (16% and 7%, respectively), non-Hispanic white children (13% and 6%, respectively), and Mexican children (10% and 4%, respectively). Adjustment for asthma risk factors did not change these comparisons appreciably. Compared with non-Hispanic white children, the adjusted odds ratios (ORs) for a lifetime asthma diagnosis were 2.33 (95% confidence interval CI 1.90-2.84) for Puerto Rican children, 1.16 (95% CI: 1.04-1.29) for non-Hispanic black children, and 0.90 (95% CI: 0.79-1.03) for Mexican children. Birthplace influenced the association between ethnicity and lifetime asthma diagnosis differently for Puerto Rican and Mexican children. Compared with United States-born non-Hispanic white children with United States-born parents, the adjusted ORs were 1.95 (95% CI: 1.48-2.57) for Puerto Rican children in families with the child and parent(s) born in the 50 states/District of Columbia and 2.50 (95% CI: 1.51-4.13) for island-born Puerto Rican children with island-born parents. The corresponding adjusted ORs for Mexican children were 1.05 (95% CI: 0.90-1.22) for families born in the 50 states/District of Columbia and 0.43 (95% CI: 0.29-0.64) for those born in Mexico. The results were similar for recent asthma attacks. CONCLUSIONS: The appreciably higher asthma morbidity rates experienced by Puerto Rican children cannot be explained by sociodemographic and other risk factors measured in the National Health Interview Survey. The heterogeneity of asthma among Hispanic subgroups should be considered in developing effective public health prevention and intervention strategies. Published in Pediatrics, v. 117, no. 1, Jan. 2006, p. 43-53.

LRP-200601-14 Variation in the Readability of Items Within Surveys. J. L. Calderâon, L. S. Morales, H. Liu, R. D. Hays.

The objective of this study was to estimate the variation in the readability of survey items within 2 widely used health-related quality-of-life surveys: the National Eye Institute Visual Functioning Questionnaire-25 (VFQ-25) and the Short Form Health Survey, version 2 (SF-36v2). Flesch-Kincaid and Flesch Reading Ease formulas were used to estimate readability. Individual survey item scores and descriptive statistics for each survey were calculated. Variation of individual item scores from the mean survey score was graphically depicted for each survey. The mean reading grade level and reading ease estimates for the VFQ-25 and SF-36v2 were 7.8 (fairly easy) and 6.4 (easy), respectively. Both surveys had notable variation in item readability; individual item readability scores ranged from 3.7 to 12.0 (very easy to difficult) for the VFQ-25 and 2.2 to 12.0 (very easy to difficult) for the SF-36v2. Because survey respondents may not comprehend items with readability scores that exceed their reading ability, estimating the readability of each survey item is an important component of evaluating survey readability. Standards for measuring the readability of surveys are needed. Published in American journal of medical quality, v. 21, no. 1, Jan.-Feb. 2006, p. 49–56.

LRP-200601-15 Effects of Omega-3 Fatty Acids on Cancer Risk: A Systematic Review. C. H. MacLean, S. J. Newberry, W. A. Mojica, P. Khanna, A. M. Issa, M. J. Suttorp, Y. Lim, S. Traina, L. G. Hilton, R. H. Garland, S. C. Morton.

CONTEXT: Omega-3 fatty acids are purported to reduce the risk of cancer. Studies have reported mixed results. OBJECTIVE: To synthesize published and unpublished evidence to determine estimates of the effect of omega-3 fatty acids on cancer risk in prospective cohort studies. DATA SOURCES: Articles published from 1966 to October 2005 identified through MEDLINE, PREMEDLINE, EMBASE, Cochrane Central Register of Controlled Trials, and CAB Health; unpublished literature sought through letters to experts in the neutraceutical industry. STUDY SELECTION: A total of 38 articles with a description of effects of consumption of omega-3 fatty acids on tumor incidence, prospective cohort study design, human study population; and description of effect of omega-3 among groups with different levels of exposure in the cohort were included. Two reviewers independently reviewed articles using structured abstraction forms; disagreements were resolved by consensus. DATA EXTRACTION: Two reviewers independently abstracted detailed data about the incidence of cancer, the type of cancer, the number and characteristics of the patients, details on the exposure to omega-3 fatty acids, and the elapsed time between the intervention and outcome measurements. Data about the methodological quality of the study were also abstracted. DATA SYNTHESIS: Across 20 cohorts from 7 countries for 11 different types of cancer and using up to 6 different ways to categorize omega-3 fatty acid consumption, 65 estimates of the association between omega-3 fatty acid

consumption were reported. Among these, only 8 were statistically significant. The high degree of heterogeneity across these studies precluded pooling of data. For breast cancer 1 significant estimate was for increased risk (incidence risk ratio IRR 1.47; 95% confidence interval CI 1.10–1.98) and 3 were for decreased risk (RR, 0.68-0.72); 7 other estimates did not show a significant association. For colorectal cancer, there was 1 estimate of decreased risk (RR, 0.49; 95% CI, 0.27-0.89) and 17 estimates without association. For lung cancer one of the significant associations was for increased cancer risk (IRR, 3.0; 95% CI, 1.2-7.3), the other was for decreased risk (RR, 0.32; 95% CI, 0.13-0.76), and 4 other estimates were not significant. For prostate cancer, there was 1 estimate of decreased risk (RR, 0.43; 95% CI, 0.22-0.83) and 1 of increased risk (RR, 1.98; 95% CI, 1.34-2.93) for advanced prostate cancer; 15 other estimates did not show a significant association. The study that assessed skin cancer found an increased risk (RR, 1.13; 95% CI, 1.01-1.27). No significant associations between omega-3 fatty acid consumption and cancer incidence were found for aerodigestive cancer, bladder cancer, lymphoma, ovarian cancer, pancreatic cancer, or stomach cancer. CONCLUSIONS: A large body of literature spanning numerous cohorts from many countries and with different demographic characteristics does not provide evidence to suggest a significant association between omega-3 fatty acids and cancer incidence. Dietary supplementation with omega-3 fatty acids is unlikely to prevent cancer. Published in JAMA, the journal of the American Medical Association, v. 295, no. 1, Jan. 25, 2006, p. 403-415.

LRP-200601-16 Asking Why and What: The Authors Respond. R. Taylor, R. J. Hillestad.

Published in Health affairs, v. 25, no. 1, letters, Jan-Feb. 2006, p. 294.

LRP-200601-17 Creating the Future. R. Taylor, R. J. Hillestad.

Published in Health affairs, v. 25, no. 1, letters, Jan.-Feb. 2006, p. 294–295.

LRP-200601-18 An Alternative Approach to Reducing the Costs of Patient Care? A Controlled Trial of the Multi-Disciplinary Doctor-Nurse Practitioner (MDNP) Model. S. L. Ettner, J. Kotlerman, A. A. Afifi, S. Vazirani, R. D. Hays, M. F. Shapiro, M. Cowan.

OBJECTIVE: Hospitals adapt to changing market conditions by exploring new care models that allow them to maintain high quality while containing costs. The authors examined the net cost savings associated with care management by teams of physicians and nurse practitioners, along with daily multidisciplinary rounds and postdischarge patient follow-up. METHODS: One thousand two hundred and seven general medicine inpatients in an academic medical center were randomized to the intervention versus usual care. Intervention costs were compared to the difference in nonintervention costs, estimated by comparing changes between preadmission and postadmission in regression-adjusted costs for intervention versus usual care patients. Intervention costs were calculated by assigning hourly costs to the time spent by different providers on the intervention. Patient costs during the index hospital stay were estimated from administrative records and during the 4-month follow-up by weighting selfreported utilization by unit costs. RESULTS: Intervention costs were $1187 per patient and associated with a significant $3331 reduction in nonintervention costs. About $1947 of the savings were realized during the initial hospital stay, with the remainder attributable to reductions in postdischarge service use. After adjustment for possible attrition bias, a reasonable estimate of the cost offset was $2165, for a net cost savings of $978 per patient. Because health outcomes were comparable for the 2 groups, the intervention was cost-effective. CONCLUSIONS: Wider adoption of multidisciplinary interventions in similar settings might be considered. The savings previously reported with hospitalist models may also be achievable with other models that focus on efficient inpatient care and appropriate postdischarge care. Published in Medical decision making, v. 26, no. 1, Jan.-Feb. 2006, p. 9–17.

LRP-200601-19 Cigarette Smoking from Adolescence to Young Adulthood: Women's Developmental Trajectories and Associates Outcomes. J. S. Tucker, P. L. Ellickson, M. Orlando, D. J. Klein.

OBJECTIVES: This study aimed to compare 1,442 women with distinct developmental trajectories of smoking from ages 13–23 on important young adult outcomes at age 29 (e.g., education, income, mental and physical health, arrest history, drug and alcohol abuse), as well as early transitions to sexual intercourse, parenthood, and marriage. METHODS: Women were classified as Abstainers or into 1 of 5 trajectory classes for which they had the highest probability of membership: Stable Highs, Early Increasers, Late Increasers, Triers, and Decreasers. Regression analysis was used to model outcomes as a function of trajectory class membership. RESULTS: Abstainers and Triers generally had more favorable outcomes than Stable Highs and Early Increasers. Decreasers were more likely to graduate from college than Stable Highs and Early Increasers and had a lower arrest rate than Stable Highs. Women who increased their smoking from initial low levels (Late Increasers) generally had poorer young adult outcomes compared to Triers and Abstainers, but lower risk for early sex and early parenthood compared to Stable Highs and Early Increasers. CONCLUSIONS: Women with certain patterns of smoking from age 13-23 are at heightened risk for early transitions to sexual activity and parenthood, as well as health, behavioral, and socioeconomic problems during young adulthood.

Published in Women's health issues, v. 16, no. 1, Jan.-Feb. 2006, p. 30 37.

LRP-200601-20 Depression in Primary Care: Learning Lessons in a National Quality Improvement Program. H. A. Pincus, C. M. Pechura, D. J. Keyser, J. Bachman, J. K. Houtsinger.

In this introduction, the authors describe the overall context and rationale for the Depression in Primary Care program and the design and implementation of its key components, especially emphasizing its unique combined clinical and economic/systems framework. The authors also discuss some of the new challenges and opportunities that may impact the program's evolution and the state of behavioral health care more generally. The authors conclude with some thoughts on potential future scenarios and strategies for improving the quality of behavioral health care, including the treatment of depression in primary care. Published in Administration and policy in mental health, v. 33, no. 1, Jan. 2006, p. 3–16.

LRP-200601-21 African American Women and Family Planning Services: Perceptions of Discrimination. S. Thorburn, L. M. Bogart.

OBJECTIVES: The purpose of this study was to examine perceived race-based discrimination in obtaining family planning or contraceptive services among African American women in the U.S. METHODS: The authors conducted a 30-minute telephone survey with a random sample of 500 African Americans (aged 15–44), which included questions about race-based discrimination when obtaining family planning services. The present analyses were limited to the 326 women who completed interviews. RESULTS: The majority (79%) of women reported having seen a health care provider for family planning or birth control services. Of those, 67% reported race-based discrimination when obtaining such services. Half of the women reported more general experiences of discrimination when obtaining family planning services (e.g., poorer service), and 52% reported experiences that reflect stereotypes of African American women (e.g., doctor or nurse assumed they had multiple sexual partners). Most indicated that experiences of discrimination occurred infrequently. Generally, background characteristics were not significantly associated with perceived discrimination. However, in multivariate models, stronger Black identity, younger age, and lower income were associated with reports of discrimination. CONCLUSION: African American women may be vulnerable to prejudice within reproductive health care contexts, including family planning. Published in Women & health, v. 42, no. 1, Jan. 2006, p. 23-39.

LRP-200601-22 An Electronic Tool for Venous Thromboembolism Prevention in Medical and Surgical Patients. M. Samama, O. E. Dahl, P. Mismetti, D. J. Quinlan, N. Rosencher, M. Cornelis, H. de Vries, I. van Beusekom, J. P. Kahan.

BACKGROUND AND OBJECTIVES: Venous thromboembolism (VTE) is a complex disorder influenced by numerous risk factors, and occurs frequently in at-risk hospitalized patients. Because appropriate prevention with thromboprophylaxis is underused, the authors wanted to create an electronic tool to provide a simple risk assessment and suggest appropriate prophylaxis. DESIGN AND METHODS: To develop the risk matrix, iterative rating of odds ratios was performed for 60 predisposing VTE risk factors, using analytical methods that account for multiple risk factors in a single patient and their non-independence. For exposing risk factors, a single score was assigned to each set of factors, both medical (25 items) and surgical conditions (144 items). A CART regression model was used to integrate the risk scales into a 4-level measure of overall risk. The validity of the level of risk and the appropriateness of 11 different prophylactic approaches was assessed using the RAND/UCLA appropriateness method and validated by expert opinion ratings (n=1998) on sample case scenarios (n=108). RESULTS: Correlation between the level of risk calculated by the risk matrix and that offered by expert opinion for individual surgical and medical clinical cases was high (65% and 70%, respectively). The matrix over-estimated the level of risk, compared with that offered by expert opinion, in 28% and 20% of surgical and medical cases, respectively, but the appropriate prophylaxis suggested was no different. Between-expert agreement on the appropriateness of the prophylaxis recommendations was high (90–94% of indications). Interpretation and CONCLUSIONS: This computer-based electronic tool for individualized assessment of venous thromboembolic risk successfully identified both the perceived risk of thrombosis and the appropriate prophylactic approach for medical and surgical patients. Published in Haematologica, v. 64, no. 1, Jan. 2006, p. 64-70.

LRP-200601-23 Pathways to Sexual Risk Reduction: Gender Differences and Strategies for Intervention. D. Longshore, J. A. Stein, D. Chin.

Using the AIDS risk reduction model as our conceptual framework and structural equation modeling as our analytic tool, the authors tested psychosocial antecedents of sexual risk reduction among heterosexually active men and women who use illegal drugs. With baseline sexual risk behavior controlled, stronger commitment to safer sex predicted less sexual risk behavior for both men and women. For men but not women, greater AIDS knowledge predicted safer sex commitment. For women but not men, higher self-efficacy predicted stronger commitment to safer sex, and peer norms favoring sexual risk reduction predicted higher self-efficacy. Intervention for men should focus on increasing safer sex commitment and AIDS knowledge. Intervention for women should promote safer sex commitment by raising self-

efficacy for sexual risk reduction. Published in AIDS and behavior, v. 10, no. 1, Jan. 2006, p. 93–104.

LRP-200601-24 Pramipexole Versus Levodopa in Patients with Early Parkinson's Disease: Effect on Generic and Disease-Specific Quality of Life. K. Noyes, A. W. Dick, R. G. Holloway.

OBJECTIVE: Although health-related quality of life (HRQOL) has been included in multiple Parkinson's disease (PD) clinical trials, little is known about how HRQOL responds to treatments over time. Here the authors assess the effect of therapy on HRQOL and explore factors that influence the HRQOL profiles and subdomains. METHOD: A total of 301 subjects with early PD were randomized to either initial pramipexole or initial levodopa and followed every 3 months over a 4-year period. To estimate health outcomes, the authors used EQ-5D and PDQUALIF. They calculated the incremental effectiveness as the accumulated difference in the total HRQOL over time between treatments. The subgroup analyses (by sex, race, age, baseline patient characteristics, and occurrence of adverse events) were conducted using the same approach. Sensitivity analysis was performed to test the effect of missing data imputation on the results. RESULTS: All three HRQOL measures resulted in similar profiles over time characterized by initial improvement over the first 3 to 6 months and followed by a gradual decline in years 2, 3, and 4. The difference in HRQOL between the treatment arms widened in favor of pramipexole in years 3 and 4 for all HRQOL measures used (EQ-5D: Y3 0.048, P = 0.03; Y4 0.071, P = 0.04). Our analyses suggested that the effect of pramipexole on HRQOL was mediated through nonmotor functions, whereas levodopa improved primarily motor domains of HRQOL. CONCLUSION: Our results suggest that pramipexole and levodopa affect patient HRQOL via improvement on different domains of well-being: nonmotor effect for pramipexole and mobility improvement for levodopa. Published in Value in health, v. 9, no. 1, Jan. 2006, p. 28–38.

LRP-200601-25 Review of Uniform Assessment Items and Tools for Ambulatory and Hospital Settings. D. Saliba.

Published in Uniform patient assessment for post-acute care: final report / edited by Andrew Kramer and Danielle Holthaus, (Aurora, CO : Division of Health Care Policy and Research, Jan. 25, 2006), Chapter 3, p. 39–45.

LRP-200601-26 The Efficacy of Omega-3 Fatty Acids on Cognitive Function in Aging and Dementia: A Systematic Review. A. M. Issa, W. A. Mojica, S. C. Morton, S. Traina, S. J. Newberry, L. G. Hilton, R. H. Garland, C. H. MacLean.

The authors systematically reviewed the published literature on the effects of omega-3 fatty acids on measures of cognitive function in normal aging, incidence and treatment of dementia. Computerized databases were searched for published literature to identify potentially relevant studies with the intent to conduct a meta-analysis. They screened 5,865 titles, reviewed 497 studies of which 49 underwent a detailed review, and found 5 studies that pertained to our objectives. The authors included controlled clinical trials and observational studies, including prospective cohort, case-control, and case series designs; we excluded case reports. The authors had no language restrictions. They abstracted data on the effects of omega-3 fatty acids and on study design, relevant outcomes, study population, source, type, amount, and duration of omega-3 fatty acid consumption, and parameters of methodological quality. A single cohort study has assessed the effects of omega-3 fatty acids on cognitive function with normal aging and found no association for fish or total omega-3 consumption. In four studies that assessed the effects of omega-3 fatty acids on incidence and treatment of dementia, a trend in favor of omega-3 fatty acids (fish and total omega-3 consumption) toward reducing risk of dementia and improving cognitive function was reported. The available data are insufficient to draw strong conclusions about the effects of omega-3 fatty acids on cognitive function in normal aging or on the incidence or treatment of dementia. However, limited evidence suggests a possible association between omega-3 fatty acids and reduced risk of dementia. Published in Dementia and geriatric cognitive disorders, v. 21, no. 2, Jan. 2006, p. 88–96.

LRP-200602-01 Collective Efficacy and Obesity: The Potential Influence of Social Factors on Health. D. Cohen, B. K. Finch, A. Bower, N. Sastry.

Social determinants have been identified as a fundamental cause of health and disease in most industrialized countries. However, much less is known about which characteristics of communities may lead to disparities in health outcomes. Collective efficacy—the willingness of community members to look out for each other and intervene when trouble arises—is a social factor shown to be associated with outcomes related to obesity, including premature mortality and cardiovascular disease. The objective of this study is to determine whether neighborhood collective efficacy is associated with individual measures of body mass index (BMI) in adolescents. We use a multi-level, cross-sectional survey in Los Angeles County, involving 807 adolescents in 684 households in 65 neighborhoods in addition to a sample of 3000 adult respondents. The main outcomes measures are BMI, at risk of overweight, and overweight status. Using a two-level model, we find significant relationships between collective efficacy and all three outcomes, net of levels of neighborhood disadvantage. The associations between BMI and collective efficacy could potentially be explained by several factors, including a metabolic pathway, neighborhood differences in the physical and social

environments, or a combination of these two. If group-level collective efficacy is indeed important in the regulation of individual-level net energy balance, it suggests that future interventions to control weight by addressing the social environment at the community level may be promising. Published in Social Science & Medicine, v. 62, no. 3, Feb. 2006, p. 769–778.

LRP-200602-02 Unmet Need for Recommended Preventive Health Services Among Clients of California Syringe Exchange Programs: Implications for Quality Improvement. K. G. Heinzerling, A. H. Kral, N. M. Flynn, R. L. Anderson, A. Scott, M. L. Gilbert, S. M. Asch, R. N. Bluthenthal.

BACKGROUND: Comprehensive preventive services are recommended for injection drug users (IDU), including screening tests, vaccinations, risk reduction counseling, and sterile syringes. Syringe exchange programs (SEP) may facilitate receipt of preventive services by IDUs, but whether SEP clients receive recommended preventive care is not known. The authors examined use of recommended preventive services by clients of 23 SEPs throughout California. METHODS: Five hundred and sixty SEP clients were recruited from 23 SEPs throughout California between March and September 2003. Receipt of 10 recommended preventive services and source of care (SEP versus non-SEP providers) was ascertained from client interviews. RESULTS: On average, SEP clients received only 13% of recommended preventive services and 49% of clients received none of the recommended services. Of services that were received, 76% were received from SEPs. In multivariate analysis, use of drug treatment and more frequent SEP visits were associated with receipt of recommended preventive services by clients. CONCLUSIONS: SEPs are often the only source of preventive care for their IDU clients. Still, SEP clients fail to receive most recommended preventive services. Interventions to increase use of preventive services and improve the quality of preventive care received by IDUs, such as increased access to drug treatment and SEPs, are needed. Published in Drug and alcohol dependence, v. 81, no. 2, Feb. 2006, p. 167–178.

LRP-200602-03 Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women. M. N. Elliott, D. Golinelli, K. Hambarsoomians, J. F. Perlman, S. L. Wenzel.

In this article, the authors present a statistically efficient, cost-effective way of collecting a probability sample in the presence of certain field burden constraints: restrictions on the maximum number of participants that can be sampled within a given institution and a small population size relative to the sample size dictated by the study aims. The authors suggest the use of disproportionate stratified random sampling as an alternative to two-stage sampling under these circumstances and illustrate how to account, via weighting, for the participants' differential probabilities of inclusion. They describe their approach with respect to a study of impoverished women, for which this sampling scheme was quite effective. Published in Field methods, v. 18, no. 1, Feb. 2006, p. 43–58.

LRP-200602-04 A Prospective Study of Symptoms and Quality of Life in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome: The National Institutes of Health Chronic Prostatitis Cohort Study. K. J. Propert, M. McNaughton-Collins, B. E. Leiby, M. P. O'Leary, J. W. Kusek, M. S. Litwin.

PURPOSE: The authors present the results of 2 years of symptom and quality of life followup of men with CP/CPPS enrolled in the CPC. MATERIALS AND METHODS: They followed 445 subjects from 6 clinical centers across North America for 2 years with outcome measures that included the NIH-CPSI, quality of life, and GRA. All subjects were treated according to usual care practices at each clinical site. RESULTS: Of the 445 subjects 293 had complete data at 2 years. Withdrawals were younger, had been diagnosed more recently and had higher baseline symptoms. Among the 293 men the mean improvement at 2 years was 5 points on the 43-point NIH-CPSI total score. Most of the observed improvement occurred in the first 3 months of followup. Among all 445 subjects, retaining withdrawals in the denominator, 31% considered themselves moderately or markedly improved at 2 years. Although group mean symptom scores were stable and improved slightly over time, some individual subjects reported large fluctuations. No baseline demographic or clinical factors significantly predicted changes in symptom scores over time. CONCLUSIONS: CP/CPPS is a chronic disease characterized by substantial variation in symptoms within and among subjects. There is no evidence that the disorder worsens significantly during 2 years of followup, and for about a third of men with long-standing symptoms there may be moderate to marked improvement during this period. Published in The Journal of urology, v. 175, no. 2, Feb. 2006, p. 619–623.

LRP-200602-05 Comparison of Administrative Data and Medical Records to Measure the Quality of Medical Care Provided to Vulnerable Older Patients. C. H. MacLean, R. Louie, P. G. Shekelle, C. P. Roth, D. Saliba, T. Higashi, J. L. Adams, J. T. Chang, C. J. Kamberg, D. H. Solomon, R. Young, N. S. Wenger.

BACKGROUND: Administrative data are used to determine performance for publicly reported in health plan "report cards," accreditation status, and reimbursement. However, it is unclear how performance based on administrative data and medical records compare. METHODS: The authors compared applicability, eligibility, and performance on 182 measures of health care quality using medical records and administrative data during

a 13-month period for a random sample of 399 vulnerable older patients enrolled in managed care. RESULTS: Of 182 quality indicators (QIs) spanning 22 conditions, 145 (80%) were applicable only to medical records and 37 (20%) to either medical records or administrative data. Among 48 QIs specific to geriatric conditions, all were applicable to medical records; 2 of these also were applicable to administrative data. Eligibility for the 37 QIs that were applicable to both medical records and administrative data was similar for both data sources (94% agreement, kappa = 0.74). With the use of medical records, 152 of the 182 the QIs that were applicable to medical records were triggered and yielded an overall performance of 55%. Using administrative data, 30 of the 37 QIs that were applicable to administrative data were triggered and yielded overall performance of 83% ($P < 0.05$ vs. medical records). Restricting to QIs applicable to both data sources, overall performance was 84% and 83% ($P = 0.21$) for medical records and administrative data, respectively. CONCLUSIONS: The number and spectrum of QIs that can be measured for vulnerable elderly patients is far greater for medical records than for administrative data. Although summary estimates of health care quality derived from administrative data and medical records do not differ when using identical measures, summary scores from these data sources vary substantially when the totality of care that can be measured by each data source is measured. Published in Medical care, v. 44, no. 2, Feb. 2006, p. 141–148.

LRP-200602-06 What Is the Concordance Between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? D. M. Tisnado, J. L. Adams, H. Liu, C. Damberg, W. Chen, F. A. Hu, D. Carlisle, C. M. Mangione, K. L. Kahn.

BACKGROUND: The validity of quality of care assessments relies upon data quality, yet little is known about the relative completeness and validity of data sources for evaluating the quality of care. OBJECTIVES: The authors evaluated concordance between ambulatory medical record and patient survey data. Levels of concordance, variations by type of item, sources of disagreement between data sources, and implications for quality of care assessment efforts are discussed. DESIGN AND SUBJECTS: This was an observational study that included 1270 patients sampled from 39 West Coast medical organizations with at least 1 of the following: diabetes, ischemic heart disease, asthma or chronic obstructive pulmonary disease, or low back pain. MEASURES: Items from both data sources were grouped into 4 conceptual domains: diagnosis, clinical services delivered, counseling and referral, and medication use. We present total agreement, kappa, sensitivity, and specificity at the item and domain-levels and for all items combined. RESULTS: The authors found good concordance between survey and medical records overall, but there was substantial variation within and across domains. The worst concordance was in the counseling and referrals domain, the best in the medication use domain. Patients were able to report with good sensitivity on memorable items. CONCLUSIONS: Quality ratings are likely to vary in differing directions, depending on the data source used. The most appropriate data source for analyses of components of and overall quality of care must be considered in light of study objectives and resources. The authors recommend data collection from multiple sources to most accurately portray the patient and provider experience of medical care. Published in Medical care, v. 44, no. 2, Feb. 2006, p. 132–140.

LRP-200602-07 Parent-Identified Barriers to Pediatric Health Care: A Process-Oriented Model. E. J. Sobo, M. Seid, L. R. Gelhard.

OBJECTIVE: To further understand barriers to care as experienced by health care consumers, and to demonstrate the importance of conjoining qualitative and quantitative health services research. DATA SOURCES: Transcripts from focus groups conducted in San Diego with English- and Spanish-speaking parents of children with special health care needs. STUDY DESIGN: Participants were asked about the barriers to care they had experienced or perceived, and their strategies for overcoming these barriers. Using elementary anthropological discourse analysis techniques, a process-based conceptual model of the parent experience was devised. PRINCIPLE FINDINGS: The analysis revealed a parent-motivated model of barriers to care that enriched our understanding of quantitative findings regarding the population from which the focus group sample was drawn. Parent-identified barriers were grouped into the following six temporally and spatially sequenced categories: necessary skills and prerequisites for gaining access to the system; realizing access once it is gained; front office experiences; interactions with physicians; system arbitrariness and fragmentation; outcomes that affect future interaction with the system. Key to the successful navigation of the system was parents' functional biomedical acculturation; this construct likens the biomedical health services system to a cultural system within which all parents/patients must learn to function competently. CONCLUSIONS: Qualitative analysis of focus group data enabled a deeper understanding of barriers to careone that went beyond the traditional association of marker variables with poor outcomes ("what") to reveal an understanding of the processes by which parents experience the health care system ("how,""why") and by which disparities may arise. Development of such process-oriented models furthers the provision of patient-centered care and the creation of interventions, programs, and curricula to enhance such care. Qualitative discourse analysis, for example using this project's widely applicable protocol for generating experientially based models, can enhance our knowledge of the parent/patient experience and aid in the development of more powerful conceptualizations of key health care constructs. Published in HSR, Health services research, v. 41, no. 1, Feb. 2006, p. 148–172.

LRP-200602-08 Trends in European Fertility: Should Europe Try to Increase Its Fertility Rate ... or Just Manage the Consequences? J. Grant, S. Hoorens, S. Sivadasan, M. van het Loo, J. DaVanzo, L. Hale, W. P. Butz.

Currently across Europe, birth rates are falling and the population is aging. This paper describes these trends and assesses which policies can prevent or mitigate the adverse consequences of these two trends. Published in International journal of andrology, v. 29, issue 1, Feb. 2006, p. 17–24. Online access: http://www.blackwell-synergy.com/doi/full/10.1111/j.1365-2605.2005.00634.x

LRP-200602-09 Estimating Probit Models with Self-Selected Treatments. J. Bhattacharya, D. P. Goldman, D. F. McCaffrey.

Outcomes research often requires estimating the impact of a binary treatment on a binary outcome in a non-randomized setting, such as the effect of taking a drug on mortality. The data often come from self-selected samples, leading to a spurious correlation between the treatment and outcome when standard binary dependent variable techniques, like logit or probit, are used. Intuition suggests that a two-step procedure (analogous to two-stage least squares) might be sufficient to deal with this problem if variables are available that are correlated with the treatment choice but not the outcome. This paper demonstrates the limitations of such a two-step procedure. The authors show that such estimators will not generally be consistent. They conduct a Monte Carlo exercise to compare the performance of the two-step probit estimator, the two-stage least squares linear probability model estimator, and the multivariate probit. The results from this exercise argue in favour of using the multivariate probit rather than the two-step or linear probability model estimators, especially when there is more than one treatment, when the average probability of the dependent variable is close to 0 or 1, or when the data generating process is not normal. The authors demonstrate how these different methods perform in an empirical example examining the effect of private and public insurance coverage on the mortality of HIV+ patients. Published in Statistics in medicine, v. 25, no. 3, Feb. 15, 2006, p. 389 413.

LRP-200602-10 Increasing Costs of Urinary Incontinence Among Female Medicare Beneficiaries. J. T. Anger, C. S. Saigal, R. Madison, G. Joyce, M. S. Litwin.

PURPOSE: The authors measured the financial burden of urinary incontinence in the United States from 1992 to 1998 among women 65 years old or older. MATERIALS AND METHODS: The authors analyzed Medicare claims for 1992, 1995 and 1998 and estimated spending on the treatment of urinary incontinence. Total costs were stratified by type of service (inpatient, outpatient and emergency department). RESULTS: Costs of urinary incontinence among older women nearly doubled between 1992 and 1998 in nominal dollars, from $128 million to $234 million, primarily due to increases in physician office visits and ambulatory surgery. The cost of inpatient services increased only slightly during the period. The increase in total spending was due almost exclusively to the increase in the number of women treated for incontinence. After adjusting for inflation, per capita treatment costs decreased about 15% during the study. CONCLUSIONS: This shift from inpatient to outpatient care likely reflects the general shift of surgical procedures to the outpatient setting, as well as the advent of new minimally invasive incontinence procedures. In addition, increased awareness of incontinence and the marketing of new drugs for its treatment, specifically anticholinergic medication for overactive bladder symptoms, may have increased the number of office visits. While claims based Medicare expenditures are substantial, they do not include the costs of pads or medications and, therefore, underestimate the true financial burden of incontinence on the aging community. Published in The Journal of urology, v. 176, no. 1, July 2006, p. 247–251.

LRP-200602-11 The Prevalence of Urinary Incontinence Among Community Dwelling Adult Women: Results from the National Health and Nutrition Examination Survey. J. T. Anger, C. S. Saigal, M. S. Litwin.

PURPOSE: Population based studies estimate that a large proportion of adult women report urinary incontinence. However, there is a wide range of estimates of the burden posed by UI. To measure the prevalence of incontinence in women in the community the analyzed data from women responding to the National Health and Nutrition Examination Survey. MATERIALS AND METHODS: NHANES is a series of health and nutrition surveys performed by the National Center for Health Statistics. From 1999 to 2000 NHANES asked a national sample of community dwelling women, "In the past 12 months, have you had difficulty controlling your bladder, including leaking small amounts of urine when you cough or sneeze (exclusive of pregnancy or recovery from childbirth)?" Questionnaire results were recorded and analyzed with respect to demographic data including age, race and level of education. RESULTS: The overall prevalence of urinary incontinence in women was 38%. The prevalence of daily incontinence increased with age, ranging from 12.2% in women 60 to 64 years old to 20.9% in women 85 years old or older. Of women reporting any incontinence, 13.7% reported daily incontinence, and an additional 10.3% reported weekly incontinence. Prevalence was higher in non-Hispanic white women (41%) than in non-Hispanic black (20%) or Mexican-American women (36%). Women with less than a high school education were less likely to report incontinence than were those with at least a high school education. CONCLUSIONS: Unlike many other studies the NHANES draws a nationally representative sample of subjects in the community and, thus, provides prevalence

data for urinary incontinence for all women in the United States. Prevalence is high, and varies with age, race/ethnicity and socioeconomic variables. Published in The Journal of urology, v. 175, no. 2, Feb. 2006, p. 601–604.

LRP-200602-12 Organizational Characteristics Associated with Staff Turnover in Nursing Homes. N. Castle, J. Engberg.

PURPOSE: The association between certified nurse aide, licensed practical nurse, and registered nurse turnover and the organizational characteristics of nursing homes are examined. DESIGN AND METHODS: Hypotheses for eight organizational characteristics are examined (staffing levels, top management turnover, resident case mix, facility quality, ownership, chain membership, size, and Medicaid census), using Online Survey, Certification, and Reporting (known as OSCAR) data. Turnover information came from primary data collected from 854 facilities in six states (Missouri, Texas, Connecticut, New York, Pennsylvania, and New Jersey). RESULTS: The 1-year turnover rates were 56.4%, 39.7%, and 35.8% for certified nurse aides, licensed practical nurses, and registered nurses, respectively. The results consistently show that, for all caregivers, lower staffing levels, lower quality, for-profit ownership, and higher bed size are associated with higher turnover. Some differences also are found for different levels of turnover, but there are few differences among types of nursing staff. IMPLICATIONS: Given that turnover rates are problematic, this study gives us a better understanding of the phenomenon and at the same time helps us further understand the wide variation that is known to exist between nursing homes, based on their organizational characteristics. Published in The gerontologist, v. 41, no. 1, Feb. 2006, p. 62–73.

LRP-200602-13 A Population-Based Survey of Prostate-Specific Antigen Testing Among California Men at Higher Risk for Prostate Carcinoma. B. A. Spencer, S. H. Babey, D. A. Etzioni, N. A. Ponce, E. R. Brown, H. Yu, N. Chawla, M. S. Litwin.

BACKGROUND: Despite the lack of evidence demonstrating a survival benefit from prostate-specific antigen (PSA) screening, its use has become widespread, organizations have encouraged physicians to discuss early detection of prostate carcinoma, and two higher risk groups have been recognized. In the current study, the authors examined whether African-American men and men who had a family history of prostate carcinoma underwent PSA testing preferentially, and patterns of test use were examined according to age, race, and other factors. METHODS: Data regarding self-reported PSA test use in the past year among men age 50 years and older without a history of prostate carcinoma (n = 8713 men) were analyzed from the 2001 California Health Interview Survey. RESULTS: The overall rate of PSA use was 43.0%. Older age, higher socioeconomic status, having a usual source of healthcare, and a family history of prostate carcinoma were the strongest predictors of testing. Higher risk African-American men age 50 years and older were no more likely to be tested than white men. Men at higher risk who had a family history of prostate carcinoma were more likely to have been tested than men who had no such family history. CONCLUSIONS: Rates of PSA use among higher risk men who had a family history of prostate carcinoma were higher compared with the rates among men without such a family history. However, PSA testing rates among higher risk African-American men were no different than the rates among lower risk white men, suggesting that some risk factors for prostate carcinoma (but not others) are associated with preferential testing. Testing in all groups was associated with access to care variables, highlighting the importance of removing barriers to preventive healthcare services. Published in Cancer, v. 106, no. 4, Feb. 15, 2006, p. 765–774.

LRP-200602-14 Results of the National Initiative for Cancer Care Quality: How Can We Improve the Quality of Cancer Care in the United States? J. Malin, E. C. Schneider, A. M. Epstein, J. L. Adams, E. J. Emanuel, K. L. Kahn.

PURPOSE: In 1999, the National Cancer Policy Board called attention to the quality of cancer care in the United States and recommended establishing a quality monitoring system with the capability of regularly reporting on the quality of care for patients with cancer. METHODS: Using data from a patient survey 4 years after diagnosis and review of medical records, the authors determined the percentage of stage I to III breast cancer and stage II to III colorectal cancer survivors in five metropolitan statistical areas (MSAs) across the United States who received recommended care specified by a comprehensive set of explicit quality measures. RESULTS: Two thousand three hundred sixty-six (63%) of 3,775 eligible patients responded to the survey, and 85% consented to have their medical records reviewed. Our final analytic sample (n = 1,765) included 47% of the eligible patients. Patients with breast and colorectal cancer received 86% of recommended care (95% CI, 86% to 87%) and 78% of recommended care (95% CI, 77% to 79%), respectively. Adherence to quality measures was less than 85% for 18 of the 36 breast cancer measures, and significant variation across MSAs was observed for seven quality measures. The percent adherence was less than 85% for 14 of the 25 colorectal cancer measures, and one quality measure demonstrated statistically significant variation across the MSAs. CONCLUSION: Initial management of patients with breast and colorectal cancer in the United States seemed consistent with evidence-based practice; however, substantial variation in adherence to some quality measures point to significant opportunities for improvement. Published in Journal of clinical oncology, v. 24, no. 4, Feb. 1, 2006, p. 626–634.

LRP-200602-15 Spirituality Influences Health Related Quality of Life in Men with Prostate Cancer. T. L. Krupski, L. Kwan, A. Fink, G. A. Sonn, S. L. Maliski, M. S. Litwin.

Spirituality is interdependent with the biological, psychological, and interpersonal aspects of life. Although spirituality has been studied in breast cancer survivors, little work has been done in men with prostate cancer. The authors sought to determine whether lower spirituality in men with early stage prostate cancer is associated with worse general health-related quality of life (HRQOL), disease-specific HRQOL, or psychosocial health. Two hundred and twenty-two subjects were drawn from a state-funded program providing free prostate cancer treatment to indigent men. Validated instruments captured spirituality, general and disease-specific HRQOL, anxiety, symptom distress, and emotional well-being. The authors found a consistent relationship between spirituality and the outcomes assessed. Low spirituality was associated with significantly worse physical and mental health, sexual function and more urinary bother after controlling for covariates. All of the psychosocial variables studied reflected worse adjustment in the men with low spirituality. Because the likelihood of prostate cancer survivorship is high, interventions targeting spirituality could impact the physical and psychosocial health of many men. Published in Psycho-oncology, v. 15, no. 2, Feb. 2006, p. 121–131

LRP-200602-16 Racial and Ethnic Disparities in Care: The Perspectives of Cardiovascular Surgeons. S. L. Taylor, A. M. Fremont, A. K. Jain, S. L. Taylor, R. McLaughlin, E. Peterson, T. B. Ferguson, N. Lurie.

BACKGROUND: Although racial/ethnic disparities in care are well documented, particularly for cardiac care, the authors know little about what cardiac surgeons think about them. For educational efforts to be effective in helping physicians address disparities, they must consider providers' knowledge and beliefs about the underlying causes of the disparities. METHODS: The authors conducted a survey in 2004 to assess cardiologists' and cardiac surgeons' knowledge of racial/ethnic disparities in cardiovascular care and their perceptions about the underlying causes. Respondents were recruited from the membership of four cardiovascular professional associations. This paper focuses on cardiovascular surgeons' responses (n = 208). RESULTS: Forty-four percent of cardiovascular surgeons thought that, among patients with cardiac risk factors, black patients were not as likely as white patients to receive cardiac diagnostic tests and procedures. Additionally, 30% thought that black patients were not as likely as white patients to receive therapeutic tests and procedures. However, only 13% agreed that cardiac care disparities occur "often" or "somewhat often" based on patients' race/ethnicity, independent of their insurance and education. Only 3% thought disparities were likely to occur in their clinical setting. Respondents appeared more likely to endorse patient factors (eg, health behaviors or treatment adherence) than system or provider (eg, miscommunication or continuity of care) factors as reasons for disparities. CONCLUSIONS: Although some surgeons acknowledge that racial/ethnic disparities in cardiac care occur, very few agree that they occur often, independent of patients' characteristics. Educational efforts tailored to local care settings, such as reviewing quality of care data on patients of different races/ethnicities within a clinic/hospital, may effectively inform all physicians of these disparities. Published in The Annals of thoracic surgery, v. 81, no. 2, Feb. 2006, p. 531–536.

LRP-200602-17 Revalidation of the Original Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire. C. Chiou, C. D. Sherbourne, I. Cornelio, D. P. Lubeck, H. E. Paulus, M. H. Weisman.

OBJECTIVE: To assess the psychometric characteristics of the original 33-item Cedars-Sinai Health-Related Quality of Life in Rheumatoid Arthritis Questionnaire (O-CSHQ-RA) and 11-item CSHQ-RA Short Form (SF) using a representative population of patients with rheumatoid arthritis (RA) from 55 sites across the United States. METHODS: Data were from a 24-week multicenter, open-label, single-arm study of 312 RA patients receiving anakinra. Cronbach's alpha coefficient was used to indicate the internal consistency. Test-retest reliability was assessed by establishing the intraclass correlation coefficient (ICC) for screening and baseline visit responses. Convergent validity was tested with the Pearson correlation coefficient. Analysis of variance was performed to determine discriminant validity. A Wilcoxon signed-rank test and analysis of covariance were used to assess the responsiveness. A discriminant function was generated to determine the clinically meaningful change. RESULTS: Test-retest reliability was demonstrated for both versions of the CSHQ-RA, with ICC ranging from 0.82 to 0.94. Cronbach's alpha coefficients were = 0.9, indicating good internal consistency. Pearson correlations between health-related quality of life instruments and CSHQ-RA measures ranged from -0.33 to -0.73 and 0.39 to 0.76, demonstrating good convergent validity. Scores on both versions of the CSHQ-RA differed significantly ($p < 0.0001$) for patients with different levels of physical disability as measured by the Stanford Health Assessment Questionnaire. Both instruments were responsive to differences in patient health as measured by the general health question ($p < 0.0001$). Clinically meaningful changes were calculated for all 5 domains of the O-CSHQ-RA (6.9–14.0) and the overall O-CSHQ-RA SF (12.7). CONCLUSION: These results support the validity and reliability of both the original CSHQ-RA and the 11-item CSHQ-RA SF when tested in a representative patient population. Published in The Journal of rheumatology, v. 33, no. 2, Feb. 2006, p. 256-262

LRP-200602-18 Family History of Type 2 Diabetes: A Population-Based Screening Tool for Prevention? S. Hariri, P. W. Yoon, N. Qureshi, R. Valdez, M. T. Scheuner, M. J. Khoury.

PURPOSE: To evaluate the use of self-reported family medical history as a potential screening tool to identify people at-risk for diabetes. METHODS: The HealthStyles 2004 mail survey comprises 4345 US adults who completed a questionnaire to ascertain personal and family history of diabetes, perceived risk of diabetes, and practice of risk-reducing behaviors. Using number and type of affected relatives, respondents were ranked into three familial risk levels. Adjusted odds ratios (AORs) were obtained to evaluate associations between familial risk and prevalent diabetes, perceived risk of disease, and risk-reducing behaviors. Validity of family history as a screening tool was examined by calculating sensitivity, specificity, and positive and negative predictive values. RESULTS: Compared to those of average risk, people with moderate and high familial risk of diabetes were more likely to report a diagnosis of diabetes (AOR: 3.6, 95% CI: 2.8, 4.7; OR: 7.6, 95% CI: 5.9, 9.8, respectively), a higher perceived risk of diabetes (AOR: 4.6, 95% CI: 3.7, 5.7; OR: 8.5, 95% CI: 6.6, 17.7, respectively), and making lifestyle changes to prevent diabetes (AOR: 2.2, 95% CI: 1.8, 2.7; OR: 4.5, 95% CI: 3.6, 5.6, respectively). A positive familial risk of diabetes identified 73% of all respondents with diabetes and correctly predicted prevalent diabetes in 21.5% of respondents. CONCLUSION: Family history of diabetes is not only a risk factor for the disease but is also positively associated with risk awareness and risk-reducing behaviors. It may provide a useful screening tool for detection and prevention of diabetes. Published in Genetics in medicine, v. 8, no. 2, Feb. 2006, p. 102–108.

LRP-200602-19 Reduction of Abstinence-Induced Withdrawal and Craving Using High-Dose Nicotine Replacement Therapy. S. Shiffman, S. G. Ferguson, C. J. Gwaltney, M. H. Balabanis, W. G. Shadel.

RATIONALE: Decreasing withdrawal and craving during smoking cessation is a major aim of cessation medications. Prior studies have shown that Nicotine Replacement Therapy (NRT) decreases withdrawal symptom severity but have relied on retrospective reports and lacked robust measures of baseline symptoms or symptoms during unmedicated abstinence. OBJECTIVES AND METHODS: The authors tested the effect of high-dose (35 mg) nicotine patch on withdrawal and craving during abstinence using real-time assessment with electronic diaries during ad libitum smoking, a brief period of experimentally directed trial abstinence, and the first 3 days of cessation. Subjects were 324 smokers randomized to high-dose nicotine patches or placebo. RESULTS: Treatment with active patches reduced withdrawal and craving during cessation and completely eliminated deprivation-related changes in affect or concentration. CONCLUSION: High-dose NRT reduces withdrawal symptoms and craving and can eliminate some symptoms entirely. Published in Psychopharmacology, v. 184, nos. 3–4, Feb. 2006, p. 637-644.

LRP-200602-20 Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research. L. V. Rubenstein, J. Pugh.

BACKGROUND: The persistence of a large quality gap between what the authors know about how to produce high quality clinical care and what the public receives has prompted interest in developing more effective methods to get evidence into practice. Implementation research aims to supply such methods. PURPOSE: This article proposes a set of recommendations aimed at establishing a common understanding of what implementation research is, and how to foster its development. METHODS: The authors developed the recommendations in the context of a translation research conference hosted by the VA for VA and non-VA health services researchers. IMPACTS: Health care organizations, journals, researchers and academic institutions can use these recommendations to advance the field of implementation science and thus increase the impact of clinical and health services research on the health and health care of the public. Published in Journal of general internal medicine, v. 21, suppl. 2, Feb. 2006, p. S58-S64.

LRP-200602-21 Proximity to School and Physical Activity Among Middle School Girls: The Trial of Activity for Adolescent Girls Study. D. Cohen, J. S. Ashwood, M. Scott, A. Overton, K. R. Evenson, C. C. Voorhees, A. Bedimo-Rung, T. L. McKenzie.

BACKGROUND: Proximity to routine destinations is an important correlate of physical activity. The authors examined the association between distance from school and physical activity in adolescent girls. METHODS: The authors mapped the addresses of 1554 sixth-grade girls who participated in the Trial of Activity for Adolescent Girls (TAAG) Study and calculated the shortest distance from home to school along the street network. Using a hierarchical design they examined the association between MET-weighted moderate to vigorous physical activity (MW-MVPA) and distance to school, while controlling for potential confounders. RESULTS: Distance to school was inversely associated with weekday MW- MVPA for middle school girls. For every mile the girls lived from their schools, they engaged in an average of 13 fewer MET-weighted minutes per week. CONCLUSIONS: Distance to school is inversely associated with MW-MVPA. The most adversely affected girls lived more than 5 miles from school. Time spent commuting could explain reduced time for physical activity. Published in Journal of physical activity and health, v. 3, suppl. 1, Feb. 2006, p. S129-S138.

LRP-200602-22 System for Observing Play and Recreation in Communities (SOPARC): Reliability and Feasibility Measures. T. L. McKenzie, D. Cohen, A. Sehgal, S. Williamson, D. Golinelli.

BACKGROUND: New tools are needed to examine physical activity and the contexts in which it occurs. Community parks contribute to physical activity, but measuring activity and associated variables in them is challenging because area contexts change and the numbers and characteristics of users are highly variable. METHODS: The authors developed SOPARC (System for Observing Play and Recreation in Communities) and tested its use by observing 16,244 individuals in 165 park areas. Reliabilities included 472 simultaneous measures by independent observers. RESULTS: Correlations between observers on number of area participants was 0.99 for female and male park users. Reliabilities (i.e., percent agreement) for age (89%, females; 85%, males), race/ethnic (80%, females; 82%, males), and activity level (80%, females; 88%, males) groupings met acceptable criteria. Reliabilities for area contexts (i.e., usable, accessible, supervised, organized, equipped) exceeded 94%. CONCLUSIONS: SOPARC is a reliable and feasible instrument for assessing physical activity and associated contextual data in community settings. Published in Journal of physical activity and health, v. 3, suppl. 1, Feb. 2006, p. S208-S222.

LRP-200602-23 The Effect of a Multidisciplinary Hospitalist/Physician and Advanced Practice Nurse Collaboration on Hospital Costs. M. Cowan, M. F. Shapiro, R. D. Hays, A. A. Afifi, S. Vazirani, C. R. Ward, S. L. Ettner.

OBJECTIVE: To compare nurse practitioner/physician management of hospital care, multidisciplinary team-based planning, expedited discharge, and assessment after discharge to usual management. BACKGROUND: In the context of managed care, the goal of academic medical centers is to provide quality care at the lowest cost and minimize length of stay (LOS) while not compromising quality. METHODS: Comparative, 2-group, quasiexperimental design was used; 1,207 general medicine patients (n = 581 in the experimental group and n = 626 in the control group) were enrolled. The control unit provided usual care. The care management in the experimental unit had 3 different components: an advanced practice nurse who followed the patients during hospitalization and 30 days after discharge, a hospitalist medical director and another hospitalist, and daily multidisciplinary rounds. LOS, hospital costs, mortality, and readmission 4 months after discharge were measured. RESULTS: Average LOS was significantly lower for patients in the experimental group than the control group (5 vs. 6 days, P < .0001). The "backfill profit" to the hospital was US$1591 per patient in the experimental group (SE, US$639). There were no significant group differences in mortality or readmissions. CONCLUSIONS: Collaborative physician/nurse practitioner multidisciplinary care management of hospitalized medical patients reduced LOS and improved hospital profit without altering readmissions or mortality. Published in Journal of nursing administration, v. 36, no. 2, Feb. 2006, p. 79–85.

LRP-200602-24 True Prevalence of Urinary Incontinence Among Female Nursing Home Residents. J. T. Anger, C. S. Saigal, J. E. Pace, L. V. Rodrâiguez , M. S. Litwin.

OBJECTIVES: Urinary incontinence is a significant problem in nursing home residents in the United States. Estimates of its prevalence have often been based on data from medical records obtained at nursing home admission. To measure the sensitivity of this method of defining the prevalence of urinary incontinence among female nursing home residents, the authors examined data from a clinical survey. METHODS: The authors analyzed data from the National Nursing Home Survey, which collected information from nursing homes for each resident concerning admission diagnoses, presence of an indwelling Foley catheter or ostomy, need for assistance from equipment or personnel in using the toilet, and difficulty controlling urination. RESULTS: Residents's medical records revealed a very low rate of admission diagnoses of incontinence. However, clinical queries revealed a high prevalence of bladder dysfunction. More than one half of all female nursing home residents were reported to have "difficulty controlling urination," and more than one half needed assistance in using the toilet. CONCLUSIONS: Although only 1% to 2% of nursing home residents have a diagnosis of urinary incontinence, the true prevalence of bladder dysfunction in this group is much greater. The sharp divergence of National Nursing Home Survey data from published studies on the prevalence of incontinence in nursing homes highlights the limitations of using administrative data to study the epidemiology of bladder dysfunction. Published in Urology, v. 67, no. 2, Feb. 2006, p. 281–287.

LRP-200602-25 Physical Activity and Changes in Health Care Costs in Late Middle Age. T. Andreyeva, R. Sturm.

BACKGROUND: Physical activity has clear health benefits but there remains uncertainty about how it affects health care costs. OBJECTIVE: To examine how physical activity is associated with changes in health expenditure for a national sample age 54 to 69 y, and estimate how this association varies across people with different chronic diseases and health behaviors. METHODS: Data were from the Health and Retirement Study, a national longitudinal survey of late middle age Americans. RESULTS: Correcting for baseline differences in active and inactive groups, physical activity was associated with reduced health care costs of about 7% over 2 y (or $483 annually). CONCLUSIONS: Regular

physical activity in late middle age may lower health expenditure over time, and the effect is likely to be more pronounced for the obese, smokers, and individuals with some baseline health problems. While substantially large for the health care system, our estimates are much smaller than health-unadjusted comparisons or cross-sectional effects. Published in Journal of physical activity and health, v. 3, suppl. 1, Feb. 2006, p. S6-S19.

LRP-200602-26 Does Date Stamping ICD-9-CM Codes Increase the Value of Clinical Information in Administrative Data? L. G. Glance, A. W. Dick, T. M. Osler, D. B. Mukamel.

CONTEXT: Comorbidity measures are designed to exclude complications when they map International Classification of Diseases (ICD-9-CM) codes to diagnostic categories. The use of data fields that indicates whether each secondary diagnosis was present at the time of hospital admission may lead to the more accurate identification of preexisting conditions. OBJECTIVE: To examine the rate of misclassification of ICD-9-CM codes into diagnostic categories by the Dartmouth-Manitoba adaptation of the Charlson index and by the Elixhauser comorbidity algorithm. DATA SOURCE: Analysis of 178,838 patients in the California State Inpatient Database (CA SID) admitted in 2000 for one of seven major medical and surgical conditions. The CA SID includes a condition present at admission (CPAA) modifier for each ICD-9-CM code. STUDY DESIGN: The Dartmouth/Charlson index and the Elixhauser comorbidity measure were used to map the ICD-9-CM codes into diagnostic categories for patients in each study population. The authors calculated the misclassification rate for each mapping algorithm, using information from the CPAA as the "gold standard." PRINCIPAL FINDINGS: The Dartmouth/Charlson index underestimated the prevalence of hemiplegia/paraplegia by 70 percent, cerebrovascular disease by 70 percent, myocardial infarction by 65 percent, congestive heart failure (CHF) by 45 percent, and peptic ulcer disease by 34 percent. The Elixhauser algorithm misclassified complications as preexisting conditions for 43 percent of the coagulopathies, 25 percent of the fluid and electrolyte disorders, 18 percent of the cardiac arrhythmias, 18 percent of the cardiac arrhythmias, and 9 percent of the cases of CHF. CONCLUSION: Adding the CPAA modifier to administrative data would significantly enhance the ability of the Dartmouth/Charlson index and of the Elixhauser algorithm to map ICD-9-CM codes to diagnostic categories accurately. Published in Health services research, v. 41, no. 1, Feb. 2006, p. 231–251.

LRP-200602-27 Hostility and Perceptions of Support in Ambiguous Social Interactions. A. Vranceanu, L. C. Gallo, L. M. Bogart.

The present study investigated whether a social information processing bias contributes to the inverse association between trait hostility and perceived social support. A sample of 104 undergraduates (50 men) completed a measure of hostility and rated videotaped interactions in which a speaker disclosed a problem while a listener reacted ambiguously. Results showed that hostile persons rated listeners as less friendly and socially supportive across six conversations, although the nature of the hostility effect varied by sex, target rated, and manner in which support was assessed. Hostility and target interactively impacted ratings of support and affiliation only for men. At least in part, a social information processing bias could contribute to hostile persons' perceptions of their social networks Published in Journal of individual differences, v. 27, no. 2, 2006, p. 108–115.

LRP-200602-28 Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York. P. G. Szilagyi, A. W. Dick, J. D. Klein, L. P. Shone, J. Zwanziger, A. Bajorska, H. L. Yoos.

BACKGROUND. Uninsured children with asthma are known to face barriers to asthma care, but little is known about the impact of health insurance on asthma care. OBJECTIVES. We sought to assess the impact of New York's State Children's Health Insurance Program (SCHIP) on health care for children with asthma. DESIGN. Parents of a stratified random sample of new enrollees in New York's SCHIP were interviewed by telephone shortly after enrollment (baseline, n = 2644 74% of eligible children and 1 year later (follow-up, n = 2310 87% . Asthma was defined by parent report using questions based on National Heart, Lung, and Blood Institute criteria. A comparison group (n = 401) who enrolled in SCHIP 1 year later was interviewed as a test for secular trends. MAIN OUTCOME MEASURES. Access (having a usual source of care USC unmet health needs, problems receiving acute asthma care), asthma-related medical visits, quality (continuity of care at the USC, problems receiving chronic asthma care, use of antiinflammatory medications), and asthma outcomes (change in asthma care or severity) were the main outcome measures used. Bivariate and multivariate analyses compared measures at baseline (year before SCHIP) versus follow-up (year during SCHIP). RESULTS. Three-hundred eighty-three children (14%) had asthma at baseline, and 364 had asthma at follow-up (16%). No secular trends were detected between the baseline study group and the comparison group. After enrollment in SCHIP, improvements were noted in access: lacking a USC (decrease from 5% to 1%), unmet health needs (48% to 21%), and problems getting to the USC for asthma (13 to 4%). Children had fewer asthma-related attacks and medical visits after SCHIP (mean number of attacks: 9.5 to 3.8: mean number of asthma visits: 3.0 to 1.5; hospitalizations: 11% to 3%). Quality of asthma care improved for general measures

(most/all visits to USC: 53% to 94%; mean rating of provider: 7.9 to 8.8 of 10) and asthma-specific measures (problems getting to the USC for asthma care when child was well: 13% to 1%). More than two thirds of the parents at follow-up reported that both quality of asthma care and asthma severity were "better or much better" than at baseline, generally because of insurance coverage or lower costs of medications and medical care. CONCLUSIONS. Enrollment in New York's SCHIP was associated with improvements in access to asthma care, quality of asthma care, and asthma-specific outcomes. These findings suggest that health insurance improves the health of children with asthma. Published in Journal of individual differences, v. 117, no. 2, Feb. 2006, p. 486–496.

LRP-200603-01 How Much Can Treatment Reduce National Drug Problems? P. Reuter, H. Pollack.

AIMS: Treatment of drug addiction has been the subject of substantial research and, in contrast to several other methods of reducing drug use, has been found to be both effective and cost-effective. This review considers what is known about how much a nation can reduce its drug problems through treatment alone and what is known at the aggregate level about the effectiveness of prevention and enforcement. METHODS: The literature on the effectiveness of treatment, prevention and enforcement are reviewed, and set in a policy analytical framework. FINDINGS: Many studies have found treatment to have large effects on individuals' consumption and harms. However, there is an absence of evidence that even relatively well-funded treatment systems have much reduced the number of people in a nation who engage in problematic drug use. For prevention, the scientific literature shows useful and modest effects at the individual level but there is little support for substantial aggregate effects. For enforcement, research has failed almost uniformly to show that intensified policing or sanctions have reduced either drug prevalence or drug-related harm. Nor-outside the UK-is there more than a modest effort to improve the evidence base for making decisions about the appropriate level of enforcement of drug prohibitions. CONCLUSIONS: Treatment can justify itself in terms of reductions in harms to individuals and communities. However, even treatment systems that offer generous access to good quality services will leave a nation with substantial drug problem. Finding effective complementary programs remains a major challenge. Published in Addiction, v. 101, no. 3, Mar. 2006, p. 341 347.

LRP-200603-02 What Drug Policies Cost: Estimating Government Drug Policy Expenditures. P. Reuter.

AIMS: Many nations now spend large sums of government money to reduce drug problems. The size and composition of public expenditures aimed at reducing drug use and related problems (a drug budget) is a useful partial description of a nation's drug policy. This paper examines whether it is possible to estimate these sums in a consistent manner across nations. METHODS: Past drug budget efforts in the United Kingdom and United States were reviewed. A new methodology was offered for estimation and used for estimates of expenditures in the Netherlands and Sweden. Using this methodology, expenditures were compared. FINDINGS: In both the Netherlands and Sweden, with very different official drug policy rhetoric, enforcement expenditures dominate the total; prevention expenditures are a tiny share. The baseline estimates indicate that the Netherlands, by a variety of metrics (e.g. Euros per capita, Euros per problematic user), spends more on drug control, even enforcement, than Sweden but the range of estimates is such that this cannot be inferred with confidence. CONCLUSION: Estimating total government expenditures on reducing drug use and related problems is feasible and can yield useful policy insights. Published in Addiction, v. 101, no. 3, Mar. 2006, p. 315 322.

LRP-200603-03 Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas. C. R. Gresenz, J. A. Rogowski, J. J. Escarce.

OBJECTIVE: Despite concerted policy efforts, a sizeable percentage of children lack health insurance coverage. This article examines the impact of the health care safety net and health care market structure on the use of health care by uninsured children. METHODS: The authors used the Medical Expenditure Panel Survey linked with data from multiple sources to analyze health care utilization among uninsured children. The authors ran analyses separately for children who lived in rural and urban areas and assessed the effects on utilization of the availability of safety net providers, safety net funding, supply of primary care physicians, health maintenance organization penetration, and the percentage of people who are uninsured, controlling for other factors that influence use. RESULTS: Fewer than half of uninsured children had office-based visits to health care providers during the year, 8% of rural and 10% of urban children visited the emergency department at least once, and just over half of children had medical expenditures or charges during the year. Among uninsured children in rural areas, living closer to a safety net provider and living in an area with a higher supply of primary care physicians were positively associated with higher use and medical expenditures. In urban areas, the supply of primary care physicians and the level of safety net funding were positively associated with uninsured children's medical expenditures, whereas the percentage of the population that was uninsured was negatively associated with use of the emergency department. CONCLUSIONS: Uninsured children had low levels of utilization over a range of different health care provider types and settings. The availability of safety net providers in the local area and the safety net's capacity to serve the uninsured influence access to care

among children. Possible measures for ensuring access to health care among uninsured children include increasing the density of safety net providers in rural areas, enhancing funding for the safety net, and policies to increase primary care physician supply. Published in Pediatrics, v. 117, no. 3, Mar. 2006, p. e509-e517. Online access: http://pediatrics.aappublications.org/cgi/reprint/117/3/e509

LRP-200603-04 The PedsQLTM 4.0 as a School Population Health Measure: Feasibility, Reliability, and Validity. J. W. Varni, T. M. Burwinkle, M. Seid.

Background: The application of health-related quality of life (HRQOL) as a school population health measure may facilitate risk assessment and resource allocation, the tracking of student health at the school and district level, the identification of health disparities among schoolchildren, and the determination of health outcomes from interventions and policy decisions at the school, district, and county level. Objective:To determine the feasibility, reliability, and validity of the 23-item PedsQL TM 4.0 (Pediatric Quality of Life Inventory TM) Generic Core Scales as a school population health measure for children and adolescents. Design: Survey conducted in 304 classes at 18 elementary schools, 4 middle schools, and 3 high schools within a large metropolitan school district. Methods:The PedsQL TM 4.0 Generic Core Scales (Physical, Emotional, Social, School Functioning) were completed by 2437 children ages 8–18 and 4227 parents of children ages 5-18. Results:The PedsQL TM 4.0 evidenced minimal missing responses, achieved excellent reliability for the Total Scale Score (a = 0.89 child, 0.92, parent report), and distinguished between healthy children and children with chronic health conditions. The PedsQL TM 4.0 was related to indicators of socioeconomic status (SES) at the school and district level. The PedsQLTM School Functioning Scale was significantly correlated with standardized achievement scores based on the Stanford 9. Conclusion: The results demonstrate the feasibility, reliability and validity of the PedsQL TM 4.0 Generic Core Scales as a school population health measure. The implications of measuring HRQOL in schoolchildren at the school, district, and county level for identifying and ameliorating health disparities are discussed. Published in Quality of life research, v. 15, no. 2, Mar. 2005, p. 204 215.

LRP-200603-05 Higher Vulnerable Elders Survey Scores Predict Death and Functional Decline in Vulnerable Older People. L. C. Min, M. N. Elliott, N. S. Wenger, D. Saliba.

OBJECTIVES: To examine whether the Vulnerable Elders Survey (VES-13) score predicts risk of death and functional decline in vulnerable older adults. DESIGN: Longitudinal evaluation with mean follow-up of 11 months (range 8–14 months). SETTING: Two managed care organizations in the United States. PARTICIPANTS: Four hundred twenty community-dwelling older people identified as having moderate to high risk of death and functional decline based on a VES-13 score of 3 or higher. These older people were enrolled in the Assessing Care of Vulnerable Elders observational study. MEASUREMENTS: Baseline: VES-13 score, sex, income, cognitive score, and number of medical diagnoses. Outcome measures: functional decline and death. RESULTS: VES-13 scores strongly predicted death and functional decline (P<.001, area under the receiver operating curve=0.66). The estimated combined risk of death and decline rose with VES-13 score, increasing from 23% for older people with a VES-13 score of 3 to 60% for those with a score of 10. Other measures (sex, comorbidity) were not significant predictors of death or decline over this period after controlling for VES-13 score. CONCLUSION: The VES-13 score is useful as a screening tool to detect risk of health deterioration in already vulnerable older populations, and higher scores reflect greater risk over a short follow-up period. Published in JAGS, Journal of American Geriatrics Society, v. 54, no. 3, Mar. 2006, p. 507-511.

LRP-200603-06 National Youth Anti-Drug Media Campaign and School-Based Drug Prevention: Evidence for a Synergistic Effect in ALERT Plus. D. Longshore, B. Ghosh-Dastidar, P. L. Ellickson.

This analysis examined the possible synergistic effect of exposure to the National Youth Anti-Drug Media Campaign and a classroom-based drug prevention curriculum among 9th grade students participating in a randomized trial of ALERT Plus. A total of 45 South Dakota high schools and their middle-school feeder(s) were randomly assigned to an ALERT condition (basic prevention curriculum delivered in 7th and 8th grades), an ALERT Plus condition (basic curriculum with booster lessons added for 9th and 10th grades), or a control condition. Marijuana use in the past month was significantly less likely among ALERT Plus students reporting at least weekly exposure to anti-drug media messages. The National Youth Anti-Drug Media Campaign may have led to reductions in marijuana use among youth who simultaneously received school-based drug prevention. Published in Addictive behaviors, v. 31, no. 3, Mar. 2006, p. 496 508.

LRP-200603-07 Incremental Cost-Effectiveness of a Collaborative Care Intervention for Panic Disorder. W. Katon, J. Russo, C. D. Sherbourne, M. B. Stein, M. G. Craske, M. Fan, P. P. Roy-Byrne.

BACKGROUND: Panic disorder is a prevalent, often disabling, disorder among primary-care patients, but there are large gaps in quality of treatment in primary care. This study describes the incremental cost-effectiveness of a combined cognitive behavioral therapy (CBT) and pharmacotherapy intervention for patients with panic disorder versus usual primary-care treatment. METHOD: This randomized control trial recruited 232 primary-care

patients meeting DSM-IV criteria for panic disorder from March 2000 to March 2002 from six primary-care clinics from university-affiliated clinics at the University of Washington (Seattle) and University of California (Los Angeles and San Diego). Patients were randomly assigned to receive either treatment as usual or a combined CBT and pharmacotherapy intervention for panic disorder delivered in primary care by a mental health therapist. Intervention patients had up to six sessions of CBT modified for the primary-care setting in the first 12 weeks, and up to six telephone follow-ups over the next 9 months. The primary outcome variables were total out-patient costs, anxiety-free days (AFDs) and quality adjusted life-years (QALYs). RESULTS: Relative to usual care, intervention patients experienced 60.4 95% confidence interval (CI) 42.9.77.9 more AFDs over a 12-month period. Total incremental out-patient costs were $492 higher (95% CI $236.747) in intervention versus usual care patients with a cost per additional AFD of $8.40 (95% CI $2.80.14.0) and a cost per QALY ranging from $14158 (95% CI $6791–21496) to $24776 (95% CI $11885-37618). The cost per QALY estimate is well within the range of other commonly accepted medical interventions such as statin use and treatment of hypertension. CONCLUSIONS: The combined CBT and pharmacotherapy intervention was associated with a robust clinical improvement compared to usual care with a moderate increase in ambulatory costs. Published in Psychological medicine, v. 36, no. 3, Mar. 2006, p. 353-363

LRP-200603-08 Predicting DUI Recidivism: Personality, Attitudinal, and Behavioral Risk Factors. T. L. Schell, K. S. Chan, A. R. Morral.

AIMS: To predict DUI recidivism using personality, attitudinal, and behavioral factors. DESIGN: The authors conducted cross-sectional analyses of survey data. Covariance structure modeling was used to identify unique predictors of driving after drinking (DAD), alcohol consumption, and high-risk driving. PARTICIPANTS: Two hundred and eighty individuals with multiple DUI convictions, predominately male and Hispanic. Participants were surveyed in the Rio Hondo Courthouse, Los Angeles County, California. MEASUREMENTS: The survey included measures of past year frequency of DAD, socially desirable response bias, sensation seeking, trait hostility, high-risk driving style, alcohol expectancies, and alcohol consumption. FINDINGS: DAD was positively related with frequency of drinking and with positive alcohol expectancies. It was negatively associated with socially desirable response bias. Measures of high-risk driving and the personality variables were highly negatively associated with socially desirable response bias. CONCLUSIONS: Individuals who believe that they are affected positively by alcohol intoxication are not responding to the standard penalties for DUI and persist in driving after drinking. These beliefs may serve as an important point of intervention for programs designed to reduce drunk driving. The current research also suggests that self-report measures of DAD, as well as many hypothesized risk factors, are highly correlated with socially desirable response biases. Failure to control for such biases may be a significant threat to the validity of research in this field. Published in Drug and alcohol dependence, v. 82, no. 1, Mar. 15, 2006, p. 33 40.

LRP-200603-09 Funding for Biomedical Research. M. Seid, E. A. McGlynn.

Published in JAMA, the journal of the American Medical Association, v. 295, no. 9, letters, Mar. 1, 2006, p. 1000–1001.

LRP-200603-10 Responsiveness of the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). K. J. Propert, M. S. Litwin, Y. Wang, R. B. Alexander, E. Calhoun, J. C. Nickel, M. P. O'Leary, M. A. Pontari, M. McNaughton-Collins.

OBJECTIVES: The NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) was developed to assess symptoms and quality of life in men with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). The authors assessed the responsiveness of the NIH-CPSI to change over time and defined thresholds for changes perceptible to patients. METHODS: The authors studied 174 men with CP/CPPS who participated in a placebo-controlled randomized clinical trial. Changes from baseline to six weeks in the NIH-CPSI total score and pain, urinary, and quality of life subscores were compared to a global response assessment (GRA). Effect sizes and Guyatt statistics were calculated to evaluate responsiveness; 95% confidence intervals were produced using bootstrapping. RESULTS: All scores decreased over time with the largest decrease in subjects who reported on the GRA that they were markedly improved. The NIH-CPSI total, pain, and quality of life scores were highly responsive in the improved groups; the urinary score showed minimal responsiveness. There was no evidence of responsiveness among those subjects who worsened on the trial. ROC curves identified a 6-point decline in the NIH-CPSI total score as the optimal threshold to predict treatment response. CONCLUSIONS: The NIH-CPSI total score and pain and quality of life subscores are responsive to change over time. Published in Quality of life research, v. 15, no. 2, Mar. 2006, p. 299 305.

LRP-200603-11 Isolation of Health Services Research from Practice and Policy: The Example of Chronic Health Failure Management. H. Seow, C. O. Phillips, M. W. Rich, J. A. Spertus, H. M. Krumholz, J. Lynn.

This study examined how health services research connects with practice and policy, first by investigating whether successful research projects continued in their test settings and engendered replication and then by examining whether a

coherent body of research helped shape public policy. Chronic heart failure (CHF) was studied because randomized, controlled trials of posthospital CHF disease management have repeatedly demonstrated patient benefits and reduced costs, yet this practice has not become standard in the United States. Literature review produced 30 randomized, controlled trials of multidisciplinary outpatient CHF management, generally yielding improved patient outcomes. An e-mail survey of first authors (97% response rate) showed that practices proven to be effective in U.S. studies generally did not continue or expand (13 of 15 studies), mostly attributed to financial constraints (11 of 13), whereas similar projects in other countries often became permanent (7 of 13). U.S. respondents generally rated current quality of clinical care as good, whereas those elsewhere mostly rated it as excellent. Recent Medicare reforms implemented a model of CHF management substantially different from those studied in health services research. The Congressional hearings leading to these Medicare reforms, and the statute itself, mostly evidence the model used by commercial disease-management firms. Policy-makers, health service researchers, and funding agencies could develop more-effective methods for translating proven models of healthcare delivery into routine practice. Reforms that might improve the effectiveness of the linkages between research, policy, and practice are suggested. Published in JAGS, Journal of the American Geriatrics Society, v. 54, no. 3, Mar. 2006, p. 535 540.

LRP-200603-12 Who Is at Greatest Risk for Receiving Poor-Quality Health Care? S. M. Asch, E. A. Kerr, J. Keesey, J. L. Adams, C. M. Setodji, S. Malik, E. A. McGlynn.

BACKGROUND: American adults frequently do not receive recommended health care. The extent to which the quality of health care varies among sociodemographic groups is unknown. METHODS: We used data from medical records and telephone interviews of a random sample of people living in 12 communities to assess the quality of care received by those who had made at least one visit to a health care provider during the previous two years. We constructed aggregate scores from 439 indicators of the quality of care for 30 chronic and acute conditions and for disease prevention. We estimated the rates at which members of different sociodemographic subgroups received recommended care, with adjustment for the number of chronic and acute conditions, use of health care services, and other sociodemographic characteristics. RESULTS: Overall, participants received 54.9 percent of recommended care. Even after adjustment, there was only moderate variation in quality-of-care scores among sociodemographic subgroups. Women had higher overall scores than men (56.6 percent vs. 52.3 percent, P<0.001), and participants below the age of 31 years had higher scores than those over the age of 64 years (57.5 percent vs. 52.1 percent, P<0.001). Blacks (57.6 percent) and Hispanics (57.5 percent) had slightly higher scores than whites (54.1 percent, P<0.001 for both comparisons). Those with annual household incomes over $50,000 had higher scores than those with incomes of less than $15,000 (56.6 percent vs. 53.1 percent, P<0.001). CONCLUSIONS: The differences among sociodemographic subgroups in the observed quality of health care are small in comparison with the gap for each subgroup between observed and desirable quality of health care. Quality-improvement programs that focus solely on reducing disparities among sociodemographic subgroups may miss larger opportunities to improve care. Published in New England journal of medicine, v. 354, no. 11, Mar. 16, 2006, p. 1147–1156.

LRP-200603-13 Health-Related Quality of Life and Patient Reports About Care Outcomes in a Multidisciplinary Hospital Intervention. R. D. Hays, J. Eastwood, J. Kotlerman, S. L. Ettner, M. Cowan.

BACKGROUND: Patient perceptions of care and health-related quality of life (HRQOL) are important outcomes for hospitalized patients. PURPOSE: This study examined patient experiences with hospital care and HRQOL in individuals hospitalized at a west coast teaching hospital. METHODS: The authors assessed patient experiences with care and HRQOL using interviews with 1,207 hospitalized, general medicine patients participating in a multidisciplinary provider team intervention at a large academic medical center. Patient outcome variables included the Picker dimensions of hospital care (Continuity and Transition, Coordination of Care, Emotional Support, Information and Education, Involvement of Family and Friends, Physical Comfort, Respect for Patient Preferences, Overall Impression), the Health Utilities Index Mark 3 (HUI-3), and the SF-12 physical (PCS-12) and mental health (MCS-12) summary scores. RESULTS: Patients randomized to a multidisciplinary intervention reported higher emotional support (b = 3.32), t(xx) = 2.01, p =.044, and physical comfort (b = 3.49), t(xx) = 2.25, p = .025, from health care providers than did the control group, but these effects became nonsignificant after adjusting for multiple comparisons. The HUI-3, PCS-12, and MCS-12 summary scores improved significantly from baseline to the 30-day, ts(xx)= 4.94, 2.20, and 5.31, ps < .0001, = .03, and < .0001, respectively, and the 4-month follow-ups, ts(xx) = 7.25, 8.68, and 8.08, ps < .001, < .001, and <.0001, respectively, but change on these measures did not differ between intervention and control patients. Baseline health was significantly associated with patient evaluations of hospital care, but patient evaluations did not predict future health. CONCLUSIONS: There were no differences in reports and ratings of hospital care or HRQOL between the control and the intervention groups. Hence, the behavioral changes in hospital staff in the intervention group had no effect on patient-reported outcomes. Mental health at baseline was predictive of patient evaluations of the hospitalization, but

evaluations of care were not associated with subsequent HRQOL. Thus, it may be important to adjust patient evaluations of hospital care for case-mix differences in health. Published in Annals of behavioral medicine, v. 31, no. 2, Mar. 2006, p. 173–178.

LRP-200603-14 Impact of Comorbidity on Health-Related Quality of Life in Men Undergoing Radical Prostatectomy: Data from CaPSURE. S. A. Arredondo, E. P. Elkin, P. L. Marr, D. M. Latini, J. DuChane, M. S. Litwin, P. R. Carroll.

OBJECTIVES: Comorbidity is one of many factors that may affect health-related quality of life (HRQOL) in men with prostate cancer. The authors hypothesized that the number and type of comorbidities negatively affect HRQOL in men undergoing radical prostatectomy. METHODS: The authors reviewed HRQOL outcomes before and up to 2 years after radical prostatectomy for men with localized prostate cancer in the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE), a longitudinal disease registry. This analysis focused on 856 men who completed a pretreatment survey and at least one posttreatment survey. HRQOL was assessed using the University of California, Los Angeles, Prostate Cancer Index (six subscales) and the Medical Outcomes Study 36-Item Short Form questionnaire (eight subscales and two summary scales). The associations between HRQOL and the number and type of comorbidities were analyzed using repeated measures during a 2-year follow-up period. RESULTS: Preoperatively, men with no comorbidities had greater HRQOL scores than did men with comorbidities for physical health and disease-specific measures, but not for mental health measures. Only sexual function and the physical component summary scores showed a significant interaction between the number of comorbidities and time ($P < 0.01$ and $P = 0.03$, respectively). Significant interactions with time were observed for other urinary conditions, gastrointestinal disease, heart disease, and hypertension on at least one HRQOL domain. CONCLUSIONS: Men with comorbidities had worse HRQOL scores than men without comorbidities, both before and after radical prostatectomy. However, with two exceptions, the scores declined at similar rates after surgery. Specific comorbidities also had an association with certain HRQOL domains. Therefore, during preoperative counseling, clinicians should consider a patient's number and type of comorbidities. Published in Urology, v. 67, no. 3, Mar. 2006, p. 559–565.

LRP-200603-15 The ISTSS/RAND Guidelines on Mental Health Training of Primary Healthcare Providers for Trauma-Exposed Populations in Conflict-Affected Countries. D. Eisenman, S. Weine, B. Green, J. de Jong, N. Rayburn, P. Ventevogel, A. Keller, F. Agani.

Mental health care for trauma-exposed populations in conflict-affected developing countries often is provided by primary healthcare providers (PHPs), including doctors, nurses, and lay health workers. The Task Force on International Trauma Training, through an initiative sponsored by the International Society for Traumatic Stress Studies and the RAND Corporation, has developed evidence- and consensus-based guidelines for the mental health training of PHPs in conflict-affected developing countries. This article presents the Guidelines, which provide a conceptual framework and specific principles for improving the quality of mental health training for PHPs working with trauma-exposed populations. Published in Journal of traumatic stress, v. 19, no. 1, Mar. 27, 2006, p. 5–17.

LRP-200603-16 Evaluating Smokers' Reactions to Advertising for New Lower Nicotine Quest Cigarettes. W. G. Shadel, C. Lerman, J. Cappella, A. A. Strasser, A. Pinto, R. Hornik.

Quest cigarettes are a relatively new (2003) product that has been marketed as a way for smokers to gradually reduce the nicotine they receive from cigarettes in order to, according to marketing materials, become nicotine free. However, despite lower levels of nicotine, Quest cigarettes do not have reduced tar levels and, thus, still pose health hazards. This study evaluated beliefs about Quest cigarettes following exposure to a single print advertisement among 200 regular smokers who had never heard of the brand itself. Descriptively, smokers made several specific false inferences about Quest cigarettes after exposure (i.e., lower in tar, healthier, less likely to cause cancer). Two individual-differences variables, need for cognition and perceived vulnerability, moderated smokers' health beliefs about Quest cigarettes. Published in Psychology of addictive behaviors, v. 20, no. 1, Mar. 2004, p. 80–84.

LRP-200603-17 Evaluating Social-Cognitive Mechanisms That Regulate Self-Efficacy in Response to Provocative Smoking Cues: An Experimental Investigation. W. G. Shadel, D. Cervone.

Smokers' self-efficacy appraisals strongly predict smoking outcomes. However, the cognitive structures that regulate smokers' self-efficacy appraisals have not yet been identified. Knowledge of such structures could assist in designing treatments that target self-efficacy appraisals to improve smoking outcomes. This study evaluated whether 2 abstinence-related self-schemas, the abstainer ideal- and abstainer ought-possible selves, regulated self-efficacy to resist smoking when smokers were exposed to provocative smoking cues. Craving responses to the cues were a secondary outcome. Cognitively priming both of these abstainer selves increased self-efficacy and decreased craving compared with when a smoking-related self-schema was cognitively primed under the same provocative cue conditions. Higher levels of self-efficacy were consistently associated with decreased craving. These results have both

theoretical and clinical implications for smoking cessation. Published in Psychology of addictive behaviors, v. 20, no. 1, Mar. 2006, p. 91–96.

LRP-200603-18 Behavioral Health Insurance Parity for Federal Employees. H. H. Goldman, R. G. Frank, M. A. Burnam, H. A. Huskamp, M. S. Ridgely, S. T. Normand, A. S. Young, C. L. Barry, V. Azzone, A. B. Busch, S. T. Azrin, G. Moran, C. Lichtenstein, M. Blasinsky.

BACKGROUND: To improve insurance coverage of mental health and substance-abuse services, the Federal Employees Health Benefits (FEHB) Program offered mental health and substance-abuse benefits on a par with general medical benefits beginning in January 2001. The plans were encouraged to manage care. METHODS: The authors compared seven FEHB plans from 1999 through 2002 with a matched set of health plans that did not have benefits on a par with mental health and substance abuse benefits (parity of mental health and substance-abuse benefits). Using a difference-in-differences analysis, the authors compared the claims patterns of matched pairs of FEHB and control plans by examining the rate of use, total spending, and out-of pocket spending among users of mental health and substance-abuse services. RESULTS: The difference-in-differences analysis indicated that the observed increase in the rate of use of mental health and substance-abuse services after the implementation of the parity policy was due almost entirely to a general trend in increased use that was observed in comparison health plans as well as FEHB plans. The implementation of parity was associated with a statistically significant increase in use in one plan (+0.78 percent, $P<0.05$) a significant decrease in use in one plan (-0.96 percent, $P<0.05$), and no significant difference in use in the other five plans (range, -0.38 percent to +0.23 percent; $P>0.05$ for each comparison). For beneficiaries who used mental health and substance-abuse services, spending attributable to the implementation of parity decreased significantly for three plans (range, -$201.99 to -$68.97; $P<0.05$ for each comparison) and did not change significantly for four plans (range, -$42.13 to +$27.11; $P>0.05$ for each comparison). The implementation of parity was associated with significant reductions in out-of-pocket spending in five of seven plans. CONCLUSIONS: When coupled with management of care, implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs. Published in The New England journal of medicine, v. 354, no. 13, Mar. 2006, p. 1378–1386.

LRP-200603-19 Using Five Questions to Screen for Five Common Mental Disorders in Primary Care: Diagnostic Accuracy of the Anxiety and Depression Detector. A. J. Means-Christensen, C. D. Sherbourne, P. P. Roy-Byrne, M. G. Craske, M. B. Stein.

OBJECTIVE: Primary care providers are increasingly taking on the role of ad hoc mental health provider. However, before patients in primary care can be treated, they must be identified. This study set out to validate a very brief screening instrument for identifying primary care patients with anxiety and depression. METHOD: Eight hundred one primary care patients completed a questionnaire screening for (1) panic disorder, posttraumatic stress disorder (PTSD) and social phobia, or (2) panic disorder, generalized anxiety disorder (GAD) and major depression. Screening was followed by a diagnostic interview. The properties of the questionnaires were examined to identify a small set of items that effectively and efficiently screened for panic disorder, PTSD, social phobia, GAD and depression. RESULTS: Five items were selected across the two versions of the questionnaire, comprising the Anxiety and Depression Detector (the ADD). The sensitivities for the items ranged from 0.62 to 1.00, and the specificity values ranged from 0.56 to 0.83. When a "yes" answer to any of the screening questions was used to predict the presence of any diagnosis, sensitivity values were 0.92 to 0.96 and specificity values were 0.57 to 0.82. Sensitivity and specificity values varied little by gender, age or ethnicity. CONCLUSIONS: The five items of the ADD appear to comprise a useful screening device for anxiety and depressive disorders in primary care settings. Published in General hospital psychiatry, v. 28, no. 2, Mar-Apr. 2006, p. 108–118.

LRP-200603-20 The Context of Aggressive Behavior in Marriage: A Longitudinal Study of Newlyweds. N. E. Frye, B. R. Karney.

Under what circumstances are spouses more or less likely to engage in aggressive behaviors? To address this question, the current study drew on multiple longitudinal assessments of 1st-married newlyweds to examine correlates of within-subject variability in aggressive behavior. Controlling for marital satisfaction, the authors found that spouses were more likely to engage in physical aggression at times when they engaged in higher levels of psychological aggression. Additionally, husbands reporting higher levels of chronic stress were more likely to engage in physical aggression overall and were more likely to engage in physical aggression when they were experiencing higher than average levels of acute stress. These results highlight how demands and supports in the context external to a marriage may affect processes within the marriage. Published in Journal of family psychology, v. 20, no. 1, Mar. 2006, p. 12–20.

LRP-200603-21 Quantifying the Health Benefits of Genetic Tests: A Clinical Perspective. M. T. Scheuner, J. I. Rotter.

Published in Genetics in medicine, v. 8, no. 3, editorial, Mar. 2006, p. 141–142.

LRP-200603-22 Pay for Performance: Its Influence on the Use of IT in Physician Organizations. T. R. Williams, K. Raube, C. Damberg, R. E. Mardon.

The introduction of information technology (IT) in physician organizations and practices is a source of great interest to physician leaders and policy makers. In this article, the authors describe what may be the nation's largest pay-for-performance program, its performance metrics, and incentives for the implementation and use of IT in medical groups and independent physician associations (IPAs). Results include the increased use of electronic clinical data, point-of-care technology, and the generation of more actionable reports for quality improvement. Noteworthy are the efforts by physician organizations to enhance data collection to demonstrate improved clinical performance and earn financial incentives. Published in The Journal of medical practice management, Mar./Apr. 2006, p. 301–305.

LRP-200603-23 Adolescent Primary Care Patients' Preferences for Depression Treatment. L. Jaycox, J. R. Asarnow, C. D. Sherbourne, M. M. Rea, A. P. LaBorde, K. B. Wells.

Despite efficacious treatments for depression in youth, current data indicate low rates of care. To better understand reasons for these low rates of care, the authors examined treatment preferences for depression treatment. Adolescents (N=444) who screened positive for depression at a primary care visit completed measures of predisposing, enabling, and need characteristics thought to be related to help seeking. Results indicated a strong tendency for adolescents to prefer active treatment (72%) versus watchful waiting (28%), and for youth to prefer counseling (50%) versus medication (22%). Female gender, prior treatment experience, and current depression and anxiety were related to preference for active treatment over watchful waiting. In multivariable analyses, female gender and current anxiety symptoms remained significant predictors of preference for active treatment. Ethnicity, attitudes about depression care, prior treatment experience, and anxiety symptoms were related to preference for medication over counseling. In multivariable analyses, those with negative attitudes about depression treatment generally, with positive attitudes about treatment via medication, or with current anxiety symptoms were more likely to prefer medication. Youth preference for counseling over medication may contribute to low adherence to medication treatment and underscores the importance of patient education aimed at promoting positive expectations for treatments. Published in Administration and policy in mental health, v. 33, no. 2, Mar. 2006, p. 198–207.

LRP-200603-24 Hospital Utilization for Injection Drug Use-Related Soft Tissue Infections in Urban Versus Rural Counties in California. K. G. Heinzerling, D. A. Etzioni, B. Hurley, P. Holtom, R. N. Bluthenthal, S. M. Asch.

Drug related-soft tissue infections (DR-STIs) are a significant source of hospital utilization in inner-city urban areas where injection drug use is common but the magnitude of hospital utilization for DR-STIs outside of inner-city urban areas is not known. The authors described the magnitude and characteristics of hospital utilization for DR-STIs in urban versus rural counties in California. All discharges from all nonfederal hospitals in California in 2000 with ICD-9 codes for a soft tissue infection and for drug dependence/abuse were abstracted from the California Office of Statewide Health Planning and Development discharge database. There were 4,152 DR-STI discharges in 2000 from hospitals in 49 of California's 58 counties. Residents of 12 large metropolitan counties accounted for 3,598 discharges (87% of total). The majority of DR-STI discharges were from urban safety net hospitals with county indigent programs and Medicaid as the expected payment source and opiate related discharge diagnoses. Hospital utilization for DR-STIs in California is highest in large urban metropolitan counties, although DR-STI discharges are widespread. Increased access to harm reduction services and drug treatment may reduce government health care expenditures by preventing unnecessary hospital utilization for DR-STIs. Published in Journal of urban health, v. 83, no. 2, Mar. 2006, p. 176–181.

LRP-200603-25 Mental Health Care Deficiency Citations in Nursing Homes and Caregiver Staffing. N. Castle, S. Myers.

In this paper, the authors examine the association between caregiver staffing levels and mental health outcomes in approximately 17,000 U.S. nursing homes. As outcomes, they focus on deficiency citations available in the Center for Medicare and Medicaid Services' Online Survey, Certification, And Recording data. The authors examine nurse aide, licensed practical nurse, registered nurse, and mental health provider staffing. Our results show that the level of nursing staff matter with respect to mental health outcomes. Whereas greater RN staffing was associated with a lower likelihood of being cited for deficiencies in mental health care, greater LPN and NA staffing were associated with a higher likelihood. The authors found no association between mental health provider staffing levels and mental health outcomes Published in Administration and policy in mental health, v. 33, no. 2, Mar. 2006, p. 215–225.

LRP-200603-26 Management of Mental Disorders in VA Primary Care Practices. A. M. Kilbourne, H. A. Pincus, K. Schutte, J. E. Kirchner, G. L. Haas, E. M. Yano.

The association between facility-level organizational features and management of mental health services was assessed based on a survey of directors from 219 VA primary care facilities. Overall, 26.4% of VA primary care facilities referred patients with depression, while 72.6% and 46.1% referred patients with serious mental illness and substance

use disorders, respectively Staffing mix (i.e., physician extenders such as nurse practitioners) was associated with a lesser likelihood of mental health referral. Managed care (preauthorization requirement) was associated with a greater likelihood of referral for depression. VA primary care programs, while tending to refer for more serious mental illnesses, may also be using mental health specialists and physician extenders to provide mental health care within general medical settings. Published in Administration and policy in mental health, v. 33, no. 2, Mar. 2006, p. 208–214.

LRP-200603-27 Assessing the Effect of Race Bias in Post-Traffic Stop Outcomes Using Propensity Scores. G. K. Ridgeway.

In response to community demands, case settlements, and state laws concerning racial profiling, police departments across the nation are collecting data on traffic stops. While the data collection is rapidly moving forward, there are few if any agreed upon methods for analyzing the data. Much of the attention has been on benchmarks for the race distribution of stops and searches. Little empirical work has advanced our understanding of the influence of race in the post-stop activities of police. The present study proposes a propensity score technique to determine the extent to which race bias affects citation rates, search rates, and the duration of the stop. Adjusting for confounding variables using the propensity score offers an alternative to multivariate regression that is more interpretable, less prone to errors in model assumptions, and ultimately easier to present to stakeholders in policing practices. An analysis of traffic stop data from the City of Oakland, results that the methodology produces. Ultimately, the study addresses the extent to which race plays a role in officers' use of discretion. Published in Journal of quantitative criminology, v. 22, no. 1, Mar. 2006, p. 1–29.

LRP-200603-28 Success Matters: Recasting the Relationship Among Geophysical, Biological, and Behavioral Scientists to Support Decision Making on Major Environmental Challenges. D. S. Knopman.

Coping with global change, providing clean water for growing populations, and disposing of nuclear waste are some of the most difficult public policy challenges of our time. Unknowns in the physical sciences are one source of the difficulty. Real difficulties in meeting these challenges also arise in the behavioral sciences. A potentially rich vein of transdiciplinary research is to integrate the psychology of decision making, known as "judgment and decision making," of JDM, with the development of technical information and decision support tools for complex, long-term environmental problems. Practitioners of JDM conduct research on how individuals and groups respond to uncertainty and ambiguity, hedge against risks, anchor decisions to the status quo, compare relative risks and rewards of alternative strategies, and cope with other classes of decisions. Practitioners use a variety of stimuli, chance devices, hypothetical and real choices involving small stakes, scenarios, and questionnaires to measure (directly and indirectly) preferences under varying conditions. These kinds of experiments can help guide choices about the level of complexity required for different types of decision-making processes, the outcomes can be cast to minimize decision-making paralysis. They can also provide a scientific basis for interacting with decision makers throughout the model development process, designing better ways of eliciting and combining opinions and of communicating information relevant to public policy issues with the goal of improving the value of the scientific contribution to the social decision. Published in Water resources research, v. 42, no. 3, Mar. 2006, p. W03S09 (1–2).

LRP-200603-29 The Dimensions of Change in Therapeutic Community Treatment Instrument. M. Orlando, S. L. Wenzel, P. A. Ebener, M. C. Edwards, W. Mandell, K. Becker.

In this article, the authors describe the refinement and preliminary evaluation of the Dimensions of Change in Therapeutic Community Treatment Instrument (DCI), a measure of treatment process. In Study 1, a 99-item DCI, administered to a cross-sectional sample of substance abuse clients (N = 990), was shortened to 54 items on the basis of results from confirmatory factor analyses and item response theory invariance tests. In Study 2, confirmatory factor analyses of the 54-item DCI, completed by a longitudinal cohort of 993 clients, established and validated an 8-factor solution across 2 subpopulations (adults and adolescents) and 2 time points (treatment entry and 30-days postentry). The results of the 2 studies are encouraging and support use of the 54-item DCI as a tool to measure treatment process. Published in Psychological assessment, v. 18, no. 1, Mar. 2006, p. 118–122.

LRP-200603-30 In Search of Mixed Anxiety-Depressive Disorder: A Primary Care Study. A. J. Means-Christensen, C. D. Sherbourne, P. P. Roy-Byrne, M. C. Schulman, J. Wu, D. C. Dugdale, D. Lessler, M. B. Stein.

The diagnosis of mixed anxiety-depressive disorder, as proposed in DSM-IV, is intended to be useful in settings such as primary care, where low-level anxiety and depressive symptoms may cause clinically significant impairment but are undiagnosable using current criteria. Evidence of the prevalence of this diagnosis is, however, lacking, particularly since the publication of the proposed diagnostic criteria in DSM-IV. Our study examined symptoms of anxiety and depression in 65 primary care patients screened for anxiety and depression while visiting their doctor. Results indicated that of the 37 patients without a diagnosable anxiety or depressive disorder, none had symptoms of depression and anxiety accompanied by interference that the patient deemed significant and attributable to his or her symptoms. These

data dispute the need for a mixed anxiety-depression category (beyond mood and anxiety syndromes currently in DSM-IV) in future editions of the DSM. Published in Depression and anxiety, v. 23, no. 4, Mar. 2006, p. 183 189.

LRP-200603-31 Repeated Measures Longitudinal Analyses of HIV Virologic Response as a Function of Percent Adherence, Dose Timing, Genotypic Sensitivity, and Other Factors. H. Liu, L. G. Miller, R. D. Hays, C. E. Golin, T. Wu, N. S. Wenger, A. H. Kaplan.

BACKGROUND: Adherence to antiretroviral medications is critical to achieving HIV viral suppression. Studies have been limited to cross-sectional analyses using measures that reflect only the percentage of prescribed doses taken (percent adherence), however. The contribution of dose timing and other factors to achieving virologic suppression has received less scrutiny. METHODS: In a longitudinal study, the authors collected detailed adherence information using multiple tools along with demographic, clinical, social-behavioral, and virologic measures. Subjects were followed for 48 weeks. Percent adherence, dose-timing, genotypic sensitivity, and virologic outcomes were collected every 4 weeks. Repeated measures mixed effects models (RMMEMs) were used to model the relation between virologic outcomes and adherence as well as genotypic sensitivity and others. RESULTS: Of the 141 subjects, mean percent adherence was 73% with a downward trend. Viral load (VL) dropped significantly ($P = 0.01$) over time. RMMEMs revealed that higher genotypic sensitivity, higher percent adherence, lower baseline VL, longer inclusion in the study, earlier HIV stage, and smaller dose-timing error were significantly associated with lower VL. In multivariate modeling, a 0.50 increase in the genotypic sensitivity score, a 10% increase in adherence, and a decrease of 3 hours of dose-timing error were associated with a decrease in log10 HIV RNA at 48 weeks of 0.69, 0.54, and 0.48, respectively ($P < 0.05$ for each). CONCLUSIONS: Long-term viral suppression requires consistent and high percent adherence accompanied by optimal interdose intervals. Efforts to improve viral outcomes should address not only missed doses but excessive variation in dose timing and prevention of adherence decline over time. Preventing the development and transmission of resistant variants is also critically important. Published in Journal of acquired immune deficiency syndromes, v. 41, no. 3, Mar. 2006, p. 315–322.

LRP-200603-32 The New Pronatalism? The Policy Consequences of Population Ageing. J. Grant.

Published in Public policy research, v. 13, no. 1, Mar. 2006, p. 13 25. Online access: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1070–3535.2006.00416.x#search=%22the%20new%20pronatalism%3F%22

LRP-200603-33 Patterns of HIV Care for Patients with Serious Mental Illness. L. M. Bogart, A. M. Fremont, A. S. Young, P. Pantoja, M. Chinman, S. C. Morton, P. Koegel, J. G. Sullivan, D. E. Kanouse.

Individuals with serious mental illness are at higher risk for HIV than are members of the general population. Although studies have shown that individuals with serious mental illness experience less adequate care and worse physical health outcomes than comparable patients without serious mental illness, little is known about HIV care among individuals with serious mental illness who become infected with HIV. In the present study, we describe patterns of highly active antiretroviral treatment (HAART) use and physician monitoring received by 154 patients with serious mental illness infected with HIV. Participants were recruited from mental health agencies in Los Angeles, California. Data from 762 HIV-only patients from a separate Western U.S. probability sample were used for comparison. High proportions of serious mental illness patients with HIV in our sample appeared to be receiving adequate HIV care. Fifty-one percent of all serious mental illness patients with serious mental illness with HIV were taking HAART, and the majority received close monitoring of their CD4 counts (84%) and viral loads (82%) throughout a 1-year period. HAART use and patterns of CD4 count and viral load monitoring did not differ significantly between patients with both serious mental illness and HIV, and patients with HIV only (all $p > 0.05$). Specialized programs providing assistance to serious mental illness populations with HIV may be helping to narrow health care disparities as a result of having serious mental illness. Published in AIDS patient care and STDs, v. 20, no. 3, Mar. 2006, p. 175–182.

LRP-200603-34 Individualized Strategy for Dosing Luteinizing Hormone-Releasing Hormone Agonists for Androgen-Independent Prostate Cancer: Identification of Outcomes and Costs. J. A. Wagmiller, J. J. Griggs, A. W. Dick, D. M. Sahasrbudhe.

PURPOSE: Continuing androgen suppression is the current standard in men with androgen-independent prostate cancer (AIPC). An individualized strategy, wherein luteinizing hormone-releasing hormone agonists (LH-RHas) are redosed when serum testosterone approaches a non-castrate level, may decrease costs without worsening outcomes. To understand possible outcomes, we performed a cost-utility analysis comparing individualized and fixed LH-RHa dosing strategies in men with AIPC. METHODS: The model used a societal perspective, a 5-year time horizon, and 3% annual cost discounting. The model accounted for direct costs of androgen suppression. Utilities were varied in accordance with published preference data. RESULTS: Under base-case assumptions, individualized LHRHa dosing yielded 1.089 expected quality-adjusted life years (QALYs), compared with 1.094 expected QALYs for fixed LHRHa dosing. In cost analysis, lifetime per-patient costs

for androgen suppression were estimated to be $5,694 for individualized LH-RHa dosing and $9,157 for fixed LH-RHa dosing. Applied to the total population, a strategy of individualized LH-RHa dosing would cost $170 million for androgen suppression, compared with $274 million for fixed LH-RHa dosing. Under these assumptions, adopting the individualized strategy resulted in $692,600 gained from a societal perspective for each QALY lost (the decremental cost utility). CONCLUSION: The results suggest that an individualized LHRHa dosing strategy would be associated with moderate savings on an individual basis but substantial savings on a population basis, and would not adversely affect quality of life or life expectancy. Further research is needed to establish the effects of this strategy on symptoms and survival, as well as patient satisfaction and true costs. Published in Journal of oncology practice, v. 2, no. 2, Mar. 2006, p. 57–66. Online access: http://www.jopasco.org/jopasco/March_2006_Issue/

LRP-200603-35 Economic Burden Associated with Parkinson's Disease on Elderly Medicare Beneficiaries. K. Noyes, H. Liu, Y. Li, R. G. Holloway, A. W. Dick.

The authors evaluated medical utilization and economic burden of self-reported Parkinson's disease (PD) on patients and society. Using the 1992–2000 Medicare Current Beneficiary Survey, they compared health care utilization and expenditures (in 2002 U.S. dollars) of Medicare subscribers with and without PD, adjusting for sociodemographic characteristics and comorbidities. PD patients used significantly more health care services of all categories and paid significantly more out of pocket for their medical services than other elderly (mean ± SE, $5,532 ± $329 vs. $2,187 ± $38; $P < 0.001$). After adjusting for other factors, PD patients had higher annual health care expenses than beneficiaries without PD ($18,528 vs. $10,818; $P < 0.001$). PD patients were more likely to use medical care (OR = 3.77; 95% CI = 1.44-9.88), in particular for long-term care (OR = 3.80; 95% CI = 3.02-4.79) and home health care (OR = 2.08; 95% CI = 1.76-2.46). PD is associated with a significant economic burden to patients and society. Although more research is needed to understand the relationship between PD and medical expenditures and utilization, these findings have important implications for health care providers and payers that serve PD populations. Published in Movement Disorders, v. 21, no. 3, March 2006, p. 362-372.

LRP-200603-36 The Effects of Reinsurance in Financing Children's Health Care. D. E. M. Sappington, S. K. Aydede, A. W. Dick, B. Vogel, E. Shenkman.

This paper examines the effects of reinsurance on the financial performance of health plans serving enrollees in a State Children's Health Insurance Program (SCHIP). The authors demonstrate that simple reinsurance policies can reduce substantially the variation in the financial performance of plans with different case mixes, even when the plans bear the cost of the reinsurance and are not fully insured against large expenditures on individual enrollees. Published in Inquiry, v. 43, no. 1, Spring 2006, p. 23–33.

LRP-200603-37 The Collectivity of Sexual Behaviour. D. Cohen, T. A. Farley, K. Mason, G. K. Ridgeway.

Human behaviour can be viewed as a collective phenomenon, determined partly by the group to which individuals belong. Collectivities of health behaviour have been found in alcohol consumption, hypertension, obesity, mental illness, and sodium intake in that the average level of risk is associated with the percentage of individuals at extremely high risk. The goal was to investigate whether sexual behaviour may be collectively determined. A cross-sectional US survey was conducted. Across 45 states, the mean number of lifetime sex partners excluding persons with >10, >20, and >40 lifetime partners was strongly associated with the proportion with >10, > 20 and > 40 lifetime sex partners, respectively, among men and women. Sexual activity may represent collectively determined behaviour. If so, interventions to reduce high-risk sexual behaviour to prevent HIV or sexually transmitted diseases (STDs) may be more effective if they address the entire population, rather than target only those at the extremes of risk. Published in International journal of STD & AIDS, v. 17, no. 3, Mar. 2006, p. 151–156.

LRP-200604-01 Rigorous Disease Management Evaluation. M. B. Buntin.

Since the early 1990s, disease management (DM) has been one of the most heralded - and least rigorously evaluated - developments in health service delivery. The four related articles in this issue, together with the authors' other work, go a long way towards putting DM evaluation on solid statistical ground (Linden 2006; Linden & Adams 2006; Linden et al.2006). They should be read carefully by anyone purchasing or evaluating a DM programme and should raise the bar for evaluations in this area, which are often little more than marketing dressed up as research. Published in Journal of evaluation in clinical practice, Commentary, v. 12, no. 2, Apr. 2006, p. 121–123.

LRP-200604-02 Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors. G. D. Stevens, M. Seid, R. Mistry, N. Halfon.

Objectives. To analyze vulnerability as a profile of multiple risk factors for poor pediatric care based on race/ethnicity, poverty status, parent education, insurance, and language. Profiles are used to examine disparities in child/adolescent health status and primary care experience. Data Sources. Cross-sectional data on 19,485 children/adolescents 0–19 years of age from the 2001 California Health Interview Survey. Study Design. Multiple logistic regression models

are used to examine risk profiles in relation to health status and three aspects of primary care: access (physician and dental visit; access surety), continuity (regular source of care), and comprehensiveness (i.e., health promotion counseling). Principal Findings. About 43 percent of (or 4.4 million) children in California have two or more risk factors (RF). Controlling for age and gender, more RFs is associated with poorer health status (i.e. percent reporting "excellent/very good" health: no RFs=81 percent, 1=71 percent, 2=57 percent, 3=45 percent, 4=35 percent, 5=28 percent, all p<.001). Controlling for health status, higher risk profiles is associated with poorer primary care access and continuity, but greater comprehensiveness of care. For example, higher risk profile children are less likely to have a regular source of care: one RF (prevalence ratio PR 0.92, confidence interval CI 0.86-0.98), two (PR=0.77, CI: 0.69-0.84), three (PR=0.55, CI: 0.46-0.65), and four or more (PR=0.31, CI: 0.22-0.44), all p<.001. Conclusions. This study demonstrates a dose-response relationship of higher risk profiles with poorer child health status, access to, and continuity of primary care. Having gained access, however, adolescents with higher risk profiles are more likely to receive health promotion counseling. Higher profiles appear to be associated with greater barriers to accessing primary care for children in "fair or poor" health, suggesting that vulnerable children who have the greatest health care needs also have the greatest difficulty obtaining primary care. Published in HSR, health services research, v. 41, no. 2, Apr. 2006, p. 507-531.

LRP-200604-03 Team Leadership and Patient Outcomes in US Psychiatric Treatment Settings. R. Wells, K. Jinnett, J. A. Alexander, R. Lichtenstein, D. Liu, J. L. Zazzali.

Previous studies suggest that psychiatric patients mirror the behaviors of the staff members who treat them, but there is little empirical evidence about how staff dynamics affect patients over time. The goals of this study were to examine associations between: (1) team leader discipline and mutual respect among treatment team members; and (2) mutual respect among team members and improvements in patient quality of life. Two models were tested on data from psychiatric treatment teams within the US Veterans Administration. The first examined associations between the discipline of each team's emergent leader and the level of mutual respect among that team's members. The second model tested associations between mutual respect among staff and changes over time in patients' quality of life. The subjects for model 1 were psychiatric staff members (n=785) whose responses were aggregated for team-level analyses (n=78). Mutual respect was highest in social worker-led teams and lowest in physician-led teams. The subjects for model 2 were 1638 seriously mentally ill patients in 44 of the units examined in the first model. When mutual respect among staff was greater, patients improved more over time in their satisfaction with the quality of their housing, relations with families, social life, and finances. Together, these analyses imply that mutual respect may improve patient outcomes and that leadership by some disciplines may facilitate such dynamics. In general, leaders may consider learning from other disciplines' strengths to improve their impact. Published in Social science and medicine, v. 62, no. 8, Apr. 2006, p. 1840 1852.

LRP-200604-04 Preventive Care for Children in the United States: Quality and Barriers. P. J. Chung, T. C. Lee, J. L. Morrison, M. A. Schuster.

Our objective was to examine the academic literature covering quality of childhood preventive care in the United States and to identify barriers that contribute to poor or disparate quality. The authors systematically reviewed articles related to childhood preventive care published from 1994 through 2003, focusing on 58 large observational studies and interventions addressing well-child visit frequency, developmental and psychosocial surveillance, disease screening, and anticipatory guidance. Although many children attend recommended well-child visits and receive comprehensive preventive care at those visits, many do not attend such visits. Estimates of children who attend all recommended visits range widely (from 37%-81%). In most studies, less than half is the proportion of children who receive developmental or psychosocial surveillance, adolescents who are asked about various health risks, children at risk for lead exposure who are screened, adolescents at risk for Chlamydia who are tested, or children and adolescents who receive anticipatory guidance on various topics. Major barriers include lack of insurance, lack of continuity with a clinician or place of care, lack of privacy for adolescents, lack of clinician awareness or skill, racial/ethnic barriers, language-related barriers, clinician and patient gender-related barriers, and lack of time. In summary, childhood preventive care quality is mixed, with large disparities among populations. Recent research has identified barriers that might be overcome through practice and policy interventions. Published in Annual review of public health, v. 27, Apr. 2006, p. 491–515

LRP-200604-05 Quality of Osteoarthritis Care for Community-Dwelling Older Adults. D. A. Ganz, J. T. Chang, C. P. Roth, M. Guan, C. J. Kamberg, F. Niu, D. B. Reuben, P. G. Shekelle, N. S. Wenger, C. H. MacLean.

OBJECTIVE: To describe the quality of osteoarthritis care provided to community-dwelling elderly patients and to characterize arthritis-related function in these patients. METHODS: Two medical groups in the western United States participated in a practice-redesign intervention targeted at falls and mobility disorders, incontinence, and cognitive impairment, but not osteoarthritis. From 339 individuals reporting a diagnosis of arthritis, the authors collected information on demographics, functional status,

and quality of care via patient interviews and mailed questionnaires. Eight quality indicators measured osteoarthritis care: 4 indicators measuring the provision of effective osteoarthritis care (osteoarthritis treatment indicators) and 4 measuring the provision of safe osteoarthritis care (medication safety indicators). RESULTS: The mean - SD Short Form 12 physical component summary score was 35 - 11 points, indicating a physically frail population. The overall indicator pass rate was 57.0% (95% confidence interval 95% CI 53.9–60.2). Pass rates were higher for indicators of osteoarthritis treatment (63.5%, 95% CI 59.8-67.2) than for indicators of medication safety (43.8%, 95% CI 38.2-49.4). Patients with hip or knee pain had mean - SD Western Ontario and McMaster Universities Osteoarthritis Index pain, stiffness, and function scores of 6.0 - 4.0, 3.1 - 1.7, and 25 - 12 points, respectively. CONCLUSION: Quality of osteoarthritis care for older adults is suboptimal, particularly with regard to medication safety. Given the high prevalence of osteoarthritis in older age groups, the population impact of any improvement in quality would be substantial. Quality improvement efforts for osteoarthritis should target appropriate use of and counseling regarding medications, as well as underuse of efficacious therapy for osteoarthritis. Published in Arthritis and rheumatism, v. 55, no. 2, Apr. 15, 2006, p. 241-247.

LRP-200604-06 Costs and Benefits of Health Information Technology|h[electronic Resource. P. G. Shekelle, S. C. Morton, E. B. Keeler, J. K. Wang, B. Chaudhry, S. Wu, W. A. Mojica, E. A. Roth, C. Rolon, D. Valentine, R. Shanman, S. J. Newberry.

OBJECTIVES: An evidence report was prepared to assess the evidence base regarding benefits and costs of health information technology (HIT) systems, that is, the value of discrete HIT functions and systems in various healthcare settings, particularly those providing pediatric care. DATA SOURCES: PubMed, the Cochrane Controlled Clinical Trials Register, and the Cochrane Database of Reviews of Effectiveness (DARE) were electronically searched for articles published since 1995. Several reports prepared by private industry were also reviewed. REVIEW METHODS: Of 855 studies screened, 256 were included in the final analyses. These included systematic reviews, meta-analyses, studies that tested a hypothesis, and predictive analyses. Each article was reviewed independently by two reviewers; disagreement was resolved by consensus. RESULTS: Of the 256 studies, 156 concerned decision support, 84 assessed the electronic medical record, and 30 were about computerized physician order entry (categories are not mutually exclusive). One hundred twenty four of the studies assessed the effect of the HIT system in the outpatient or ambulatory setting; 82 assessed its use in the hospital or inpatient setting. Ninety-seven studies used a randomized design. There were 11 other controlled clinical trials, 33 studies using a pre-post design, and 20 studies using a time series. Another 17 were case studies with a concurrent control. Of the 211 hypothesis-testing studies, 82 contained at least some cost data. The authors identified no study or collection of studies, outside of those from a handful of HIT leaders, that would allow a reader to make a determination about the generalizable knowledge of the study's reported benefit. Beside these studies from HIT leaders, no other research assessed HIT systems that had comprehensive functionality and included data on costs, relevant information on organizational context and process change, and data on implementation. A small body of literature supports a role for HIT in improving the quality of pediatric care. Insufficient data were available on the costs or cost-effectiveness of implementing such systems. The ability of Electronic Health Records (EHRs) to improve the quality of care in ambulatory care settings was demonstrated in a small series of studies conducted at four sites (three U.S. medical centers and one in the Netherlands). The studies demonstrated improvements in provider performance when clinical information management and decision support tools were made available within an EHR system, particularly when the EHRs had the capacity to store data with high fidelity, to make those data readily accessible, and to help translate them into context specific information that can empower providers in their work. Despite the heterogeneity in the analytic methods used, all cost-benefit analyses predicted substantial savings from EHR (and health care information exchange and interoperability) implementation: The quantifiable benefits are projected to outweigh the investment costs. However, the predicted time needed to break even varied from three to as many as 13 years. CONCLUSIONS: HIT has the potential to enable a dramatic transformation in the delivery of health care, making it safer, more effective, and more efficient. Some organizations have already realized major gains through the implementation of multifunctional, interoperable HIT systems built around an EHR. However, widespread implementation of HIT has been limited by a lack of generalizable knowledge about what types of HIT and implementation methods will improve care and manage costs for specific health organizations. The reporting of HIT development and implementation requires fuller descriptions of both the intervention and the organizational/economic environment in which it is implemented. Title from title screen (viewed on April 18, 2006). Online access: http://www.ahrq.gov/downloads/pub/evidence/pdf/hitsyscosts/hitsys.pdf

LRP-200604-07 Seventy-Five Years Is an Appropriate Upper Age Limit for Population-Based Mammography Screening. J. Fracheboud, H. Gronenewoud, R. Boer, G. Draisma, A. E. de Bruijn, A. L. M. Verbeek, H. J. de Koning.

In this study, the authors assessed the results of the Dutch breast cancer screening programme for women aged 70–75,

and discussed the current upper age limit of the women invited. The authors compared the main outcome parameters of the screening programme 1998-2000 for women aged 70-75, with those in women aged 50-69. Breast cancer detection rates were also compared with prediction from 2 variants of a simulation model of breast cancer screening, assuming the mean sojourn time, i.e., the duration of the preclinical detectable phase, to increase or not with age above the age of 65. The underlying idea is that an increase of the sojourn time with age will lead to a less favourable balance between screening benefits and harms from a certain age on. Of the 315,103 women (aged 70-75) invited, 65.6% participated. The attendance increased from 1998 to 2000. For women aged 74 and 75 years, this increase was almost 10%. As a result of the 187,207 screening examinations performed within this age group, 18.3 per 1,000 women were referred and 10.3 per 1,000 breast cancer were diagnosed. Detection rates in both initial and subsequent screens increased steadily with age and got close to those model-simulated rates, which assume a continuously increasing sojourn time with age. A major finding of this study is that the screening participation among elderly women is high. The outcomes of our study suggest a steadily increasing sojourn time of breast tumours beyond the age of 69, leading to a strong increase in detection of cancers, and therefore, disfavouring the balance with the benefits of screening. At present, 75 years of age can be regarded as an appropriate upper age limit for the Dutch programme. Published in International journal of cancer, v. 118, no. 8, April 15, 2006, p. 2020-2025.

LRP-200604-08 Enrolling Vulnerable, Uninsured but Eligible Children in Public Health Insurance: Association with Health Status and Primary Care Access. G. D. Stevens, M. Seid, N. Halfon.

OBJECTIVES: Given that more than two thirds of uninsured children in California are eligible for public health insurance coverage, this study examined differences in primary care access and health status between uninsured but eligible (UBE) children and those who were insured. METHODS: Using data on 19485 children from the 2001 California Health Interview Survey, this study examined differences in primary care access and health status for UBE children versus those who were enrolled in public coverage. Results are stratified by profiles of other risk factors (RF) for poor access: nonwhite, low income, low parent education, and non-English speaking. RESULTS: UBE children were less likely than publicly enrolled children to have a physician visit in the past year, dental visit in the past year, and a regular source of care. On the basis of differences between the UBE children and enrollees in the prevalence of each dependent measure, UBE children with multiple RFs experienced greater disparities than UBE children with fewer RFs. For example, enrollees were more likely than UBE children to have a regular source of care among children with 2, 3, or 4 RFs (differences of 26, 26, and 25 percentage points, respectively) compared with 1 RF (19 percentage points) and 0 RFs (12 percentage points). A similar pattern was found for dental visits but not physician visits. Although there was no difference in health status between UBE children and enrollees overall, enrollees were more likely than UBE children to have excellent/very good health status among children with 2 RFs (difference of 9 percentage points), 3 RFs (12 percentage points), and 4 RFs (11 percentage points). CONCLUSIONS: This study demonstrates that UBE children in California have poorer access to care compared with enrollees, and those with the highest levels of risk have poorer health status. This suggests that providing insurance to these children (and particularly those with multiple RFs) may lead to improved access and health for these vulnerable children. Published in Pediatrics, v. 177, no. 4, Apr. 2006, p. e751-e759.

LRP-200604-09 The Precautionary Principle and Emerging Biologic Risks: Lessons from Human Immunodeficiency Virus in Blood Products. M. A. Stoto.

In times of crisis, such as during the early 1980s when acquired immune deficiency syndrome (AIDS) was first recognized as a threat to the blood supply, it can be difficult to find reliable evidence upon which to base appropriate public health policies. Unreliable evidence produces substantial scientific uncertainty. Yet despite ambiguity and unanswered questions, decisions must be made and policy established to protect people's health. The precautionary principle provides important guidelines for public health policy decision making that are of particular value in times of crisis, such as the emergence of a new pathogen: be open and honest about scientific uncertainty; communicate with the public; and consider immediate, adaptable policy decisions. Ongoing research into the important uncertainties and review of policies in light of the data that emerge are crucial to the development of good public policy. Published in Seminars in hematology, v. 43, no. 2, suppl. 3, Apr. 2006, p. S10-S12.

LRP-200604-10 Are Consumers Reshaping Hospitals? Complementary and Alternative Medicine in U.S. Hospitals, 1999-2003. J. P. Clement, H. Chen, D. Burke, D. G. Clement, J. L. Zazzali.

All types of acute care hospitals across the U.S. are becoming increasingly involved in offering CAM services. Hospitals appear to be responding to consumer demand, CAM specific market forces, and their organizational missions but not to regulatory mandates. Published in Health care management review, v. 31, no. 2, Apr./June 2006, p. 109–118.

LRP-200604-11 Toward the Implementation of Mental Health Consumer Provider Services. M. Chinman, A. S. Young, J. Hassell, L. Davidson.

Encouraged by the New Freedom Commission, mental health systems such as the Veteran Administration (VA) are now becoming more recovery-oriented. Consumer providers (CPs)—those with serious mental illness who are further along in recovery who provide services to others with similar mental health problems—are viewed as a key part of this change. However, organizational change theories suggest that careful consideration of implementation issues is critical when disseminating new and sometimes controversial services into existing organizations. Therefore, to guide the dissemination of CP services, the literature on the effectiveness of CPs was reviewed, and interviews, focus groups, and a brief survey of 110 administrators, providers, and patients were conducted at three large VA clinics in Southern California. Questions focused on their perceptions of feasibility and acceptability of CP services. Using literature and study findings, an organizational change framework and other strategies to overcome potential implementation challenges of CP services are suggested. Published in The journal of behavioral health services & research, v. 33, no. 2, Apr./June 2006, p. 176–195.

LRP-200604-12 A General, Analytic Method for Generating Robust Strategies and Narrative Scenarios. R. J. Lempert, D. G. Groves, S. W. Popper, S. C. Bankes.

Robustness is a key criterion for evaluating alternative decisions under conditions of deep uncertainty. However, no systematic, general approach exists for finding robust strategies using the broad range of models and data often available to decision makers. This study demonstrates robust decision making (RDM), an analytic method that helps design robust strategies through an iterative process that first suggests candidate robust strategies, identifies clusters of future states of the world to which they are vulnerable, and then evaluates the trade-offs in hedging against these vulnerabilities. This approach can help decision makers design robust strategies while also systematically generating clusters of key futures interpretable as narrative scenarios. Our study demonstrates the approach by identifying robust, adaptive, near-term pollution-control strategies to help ensure economic growth and environmental quality throughout the 21st century. Published in Management science, v. 52, no. 4, Apr. 2006, p. 514–528.

LRP-200604-13 Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? R. Smith-Bindman, D. L. Miglioretti, N. Lurie, L. Abraham, R. B. Barbash, J. Strzelczyk, M. Dignan, W. E. Barlow, C. M. Beasley, K. Kerlikowske.

BACKGROUND: Reasons for persistent differences in breast cancer mortality rates among various racial and ethnic groups have been difficult to ascertain. OBJECTIVE: To determine reasons for disparities in breast cancer outcomes across racial and ethnic groups. DESIGN: Prospective cohort. SETTING: The authors pooled data from 7 mammography registries that participate in the National Cancer Institute-funded Breast Cancer Surveillance Consortium. Cancer diagnoses were ascertained through linkage with pathology databases; Surveillance, Epidemiology, and End Results programs; and state tumor registries. PARTICIPANTS: 1 010 515 women 40 years of age and older who had at least 1 mammogram between 1996 and 2002; 17 558 of these women had diagnosed breast cancer. MEASUREMENTS: Patterns of mammography and the probability of inadequate mammography screening were examined. The authors evaluated whether overall and advanced cancer rates were similar across racial and ethnic groups and whether these rates were affected by the use of mammography. RESULTS: African-American, Hispanic, Asian, and Native American women were more likely than white women to have received inadequate mammographic screening (relative risk, 1.2 95% CI, 1.2 to 1.2 1.3 CI, 1.2 to 1.3 1.4 CI, 1.3 to 1.4 and 1.2 CI, 1.1 to 1.2 respectively). African-American women were more likely than white, Asian, and Native American women to have large, advanced-stage, high-grade, and lymph node-positive tumors of the breast. The observed differences in advanced cancer rates between African American and white women were attenuated or eliminated after the cohort was stratified by screening history. Among women who were previously screened at intervals of 4 to 41 months, African-American women were no more likely to have large, advanced-stage tumors or lymph node involvement than white women with the same screening history. African-American women had higher rates of high-grade tumors than white women regardless of screening history. The lower rates of advanced cancer among Asian and Native American women persisted when the cohort was stratified by mammography history. LIMITATIONS: Results are based on a cohort of women who had received mammographic evaluations. CONCLUSIONS: African-American women are less likely to receive adequate mammographic screening than white women, which may explain the higher prevalence of advanced breast tumors among African-American women. Tumor characteristics may also contribute to differences in cancer outcomes because African-American women have higher-grade tumors than white women regardless of screening. These results suggest that adherence to recommended mammography screening intervals may reduce breast cancer mortality rates. Published in Annals of internal medicine, v. 144, no. 8, Apr. 18, 2006, p. 541–553.

LRP-200604-14 Childhood Asthma Surveillance by Community Coalitions. J. R. Meurer, L. Navon, S. Redd, L. A. Gilmore, F. D. Butterfoss, M. Lara, J. H. Cohn, L. L. Lachance.

Multiple benefits can accrue when community coalitions conduct asthma surveillance activities. Surveillance data are used to identify children with asthma, assess disease burden

and needs in the community, understand the illness and risk factors, identify children with asthma who are undertreated, plan community interventions, evaluate the effect of interventions, and monitor trends. These data, which are used to inform coalition and program decisions and to evaluate asthma interventions, can also be used to strengthen state and national asthma surveillance efforts and to inform clinical practice and public health policies. Local coalition data collection represents a complementary approach to national asthma surveillance, allowing action at the local level and showing how local findings vary from national observations. The Allies Against Asthma coalitions developed several practical means to conduct childhood asthma surveillance that informed coalition efforts and facilitated innovative linkages among government officials, health care providers, community agencies, families, and academicians and/or researchers. Published in Health promotion practice, v. 7, no. 2, suppl., Apr. 2006, p. 77S-86S.

LRP-200604-15 Improving Quality of Care and Promoting Health Care System Change: The Role of Community-Based Coalitions. M. Lara, M. D. Cabana, C. R. Houle, J. W. Krieger, L. L. Lachance, J. R. Meurer, M. P. Rosenthal, I. Vega.

As part of their community action plans, the Allies Against Asthma coalitions have developed efforts to improve quality of care and promote health care system change. All the coalitions have used an interdisciplinary collaborative approach to design these strategies and demonstrated a range of intervention approaches appropriate to their local context and circumstances. The coalitions' collective experience suggests that coalitions provide three key forces for quality improvement and change that may be lacking in the current fragmented U.S. health care system-motivation to change the status quo, integration across systems, and accountability for results. The collaborative and empowering processes that a coalition model encourages and the direct advocacy opportunity provided to the consumer appear to bring these forces into play. Published in Health promotion practice, v. 7, no. 2, suppl., Apr. 2006, p. 87S-95S .

LRP-200604-16 Engaging the Community in Coalition Efforts to Address Childhood Asthma. J. W. Peterson, L. L. Lachance, F. D. Butterfoss, C. R. Houle, E. A. Nicholas, L. A. Gilmore, M. Lara, A. R. Friedman.

For health improvement efforts to effectively address community needs, community members must be engaged in planning and implementing public health initiatives. For Allies Against Asthma's coalitions, the community included not only the subpopulation of individuals who suffer disproportionately from asthma but also the individuals and institutions that surround them. Through a quantitative self-assessment survey, informal discussion among coalition leadership, and interviews with key informants, data relevant to community engagement identified a number of important ways the Allies coalitions approached community involvement. Respondents' comments made clear that the way the coalitions conduct their work is often as important as what they do. Across coalitions, factors that were identified as important for community involvement included (a) establishing a commitment to community involvement, (b) building trust, (c) making participation feasible and comfortable, (d) responding to community identified needs, (e) providing leadership development opportunities, and (f) building a shared commitment to desired outcomes. Published in Health promotion practice, v. 7, no. 2, suppl. Apr. 2006, p. 56S-65S.

LRP-200604-17 From Formation to Action: How Allies Against Asthma Coalitions Are Getting the Job Done. F. D. Butterfoss, L. A. Gilmore, J. E. Krieger, L. L. Lachance, M. Lara, J. R. Meurer, C. E. Orians, J. W. Peterson, S. W. Rose, M. P. Rosenthal.

Coalitions develop in and recycle through stages. At each stage (formation, implementation, maintenance, and institutionalization), certain factors enhance coalition function, accomplishment of tasks, and progression to the next stage. The Allies Against Asthma coalitions assessed stages of development through annual member surveys, key informant interviews of 16 leaders from each site, and other evaluation tools. Results indicate all coalitions completed formation and implementation, six achieved maintenance, and five are in the institutionalization stage. Differences among coalitions can be attributed to their maturity and experience working within a coalition framework. Participants agreed that community mobilization around asthma would not have happened without coalitions. They attributed success to being responsive to community needs and developing comprehensive strategies, and they believed that partners' goals were more innovative and achievable than any institution could have created alone. Published in Health promotion practice, v. 7, no. 2, suppl., Apr. 2006, p. 34S-43S.

LRP-200604-18 Integrating Asthma Prevention and Control: The Roles of the Coalition. J. W. Krieger, E. Bourcier, M. Lara, J. W. Peterson, M. P. Rosenthal, J. C. Taylor-Fishwick, A. R. Friedman, L. L. Lachance, L. J. Doctor.

Activities addressing pediatric asthma are often fragmented. Allies coalitions promoted integration, the alignment of concurrent asthma control activities across and within sectors. Systems integration describes activities from an organizational perspective. Activities included developing a shared vision, promoting consistency in asthma education and self-management support, improving adherence to clinical guidelines, advocating jointly for policy change, and seeking funds collaboratively. Service integration describes activities focused on ensuring seamless, comprehensive

services through coordination within and across organizations. Activities included use of community health workers (CHWs) and nurses for care coordination, program cross-referral, and clinical quality improvement. Integration is a sustainable role for coalitions as it requires fewer resources than service delivery and results in institutionalization of system changes. Organizations that seek integration of asthma control may benefit. Published in Health promotion practice, v. 7, no. 2, suppl., Apr. 2006, p. 127S-138S.

LRP-200604-19 Analyzing Milestones in Smoking Cessation: Illustration in a Nicotine Patch Trial in Adult Smokers. S. Shiffman, D. M. Scharf, W. G. Shadel, C. J. Gwaltney, Q. Dang, S. M. Paton, D. B. Clark.

Tests of addiction treatments seldom reveal where treatment exercises its effect (i.e., promoting initial abstinence, preventing lapses, and/or impeding progression from lapse to relapse). The authors illustrate analyses distinguishing effects on these milestones in a randomized trial of high-dose nicotine patch (35 mg; n = 188) versus placebo (n = 136) in adult smokers, who used electronic diaries to monitor smoking in real time during 5 weeks of treatment. High-dose patch promoted initial abstinence (hazard ratio HR = 1.3) and decreased the risk of lapsing among those who achieved abstinence (HR = 1.6). The biggest effect of treatment was to prevent progression to relapse among those who had lapsed (HR = 7.1). Analysis of effects by milestones may enhance understanding of cessation treatments and their mechanisms of action. Published in Journal of consulting and clinical psychology, v. 74, no. 2, Apr. 2006, p. 276–285.

LRP-200604-20 A Test of Knowledge About Prostate Cancer Screening: Online Pilot Evaluation Among Southern California Physicians. D. S. Bell, R. D. Hays, J. R. Hoffman, F. C. Day, J. K. Higa, M. S. Wilkes.

BACKGROUND: Although the benefits of prostate cancer screening are uncertain and guidelines recommend that physicians share the screening decision with their patients, most U.S. men over age 50 are routinely screened, often without counseling. OBJECTIVE: To develop an instrument for assessing physicians' knowledge related to the U.S. Preventive Services Task Force recommendations on prostate cancer screening. PARTICIPANTS: Seventy internists, family physicians, and general practitioners in the Los Angeles area who deliver primary care to adult men. MEASUREMENTS: The authors assessed knowledge related to prostate cancer screening (natural history, test characteristics, treatment effects, and guideline recommendations), beliefs about the net benefits of screening, and prostate cancer screening practices for men in different age groups, using an online survey. They constructed a knowledge scale having 15 multiple-choice items. RESULTS: Participants' mean knowledge score was 7.4 (range 3 to 12) of 15 (Cronbach's a=0.71). Higher knowledge scores were associated with less belief in a mortality benefit from prostate-specific antigen (PSA) testing (r=-.49, P<.001). Participants could be categorized as low, age-selective, and high users of routine PSA screening. High users had lower knowledge scores than age-selective or low users, and they believed much more in mortality benefits from PSA screening. CONCLUSIONS: Based on its internal consistency and its correlations with measures of physicians' net beliefs and self-reported practices, the knowledge scale developed in this study holds promise for measuring the effects of professional education on prostate cancer screening. The scale deserves further evaluation in broader populations. Published in Journal of general internal medicine, v. 21, no. 4, Apr. 2006, p. 310–314.

LRP-200604-21 Impact of Changing the Statistical Methodology on Hospital and Surgeon Ranking: The Case of the New York State Cardiac Surgery Report Card. L. G. Glance, A. W. Dick, T. M. Osler, Y. Li, D. B. Mukamel.

BACKGROUND: Risk adjustment is central to the generation of health outcome report cards. It is unclear, however, whether risk adjustment should be based on standard logistic regression, fixed-effects or random-effects modeling. OBJECTIVE: The objective of this study was to determine how robust the New York State (NYS) Coronary Artery Bypass Graft (CABG) Surgery Report Card is to changes in the underlying statistical methodology. METHODS: Retrospective cohort study based on data from the NYS Cardiac Surgery Reporting System on all patient undergoing isolated CABG surgery in NYS and who were discharged between 1997 and 1999 (51,750 patients). Using the same risk factors as in the NYS models, fixed-effects and random-effects models were fitted to the NYS data. Quality outliers were identified using 1) the ratio of observed-to-expected mortality rates (O/E ratio) and confidence intervals (CIs) calculated using both parametric (Poisson distribution) and nonparametric (bootstrapping) techniques; and 2) shrinkage estimators. RESULTS: At the surgeon level, the standard logistic regression model, the fixed-effects model, and the fixed-effects component of the random-effects model demonstrated near-perfect agreement on the identity of quality outliers using a quality indicator based on the O/E ratio and the Poisson distribution. Shrinkage estimators identified the fewest outliers, whereas the O/E ratios with bootstrap CI identified the greatest number of outliers. The results were similar for hospitals, except that the fixed-effects model identified more outliers than either the NYS model or the fixed-effects component of the random-effects model. CONCLUSION: Shrinkage estimators based on random-effects models are slightly more conservative in identifying quality outliers compared with the traditional approach based on fixed-effects modeling and standard regression. Explicitly modeling surgeon provider effect (fixed-effects and random-effects models) did not

significantly alter the distribution of quality outliers when compared with standard logistic regression (which does not model provider effect). Compared with the standard parametric approach, the use of a bootstrap approach to construct 95% confidence interval around the O/E ratio resulted in more providers being identified as quality outliers. Published in Medical care, v. 44, no. 4, Apr. 2006, p. 311–319.

LRP-200604-22 Effect of a Voucher Benefit on the Demand for Paid Personal Assistance. H. Meng, B. Friedman, A. W. Dick, B. R. Wamsley, G. Eggert, D. B. Mukamel.

PURPOSE: The authors estimated the effect of a voucher benefit on the demand for personal assistance by Medicare beneficiaries aged 65 years or older who had functional disabilities. DESIGN AND METHODS: The authors performed a secondary data analysis on 645 Medicare beneficiaries from the Medicare Primary and Consumer-Directed Care Demonstration (a randomized controlled trial) between August 1998 and June 2000. They estimated a two-part model to determine the effect of the voucher on out-of-pocket personal assistance expenditures. The model controlled for individual health and functional status variables, sociodemographics, prior health care utilization, and state fixed effects. RESULTS: A modest experimental Medicare personal assistance voucher benefit (that reimbursed 80% of up to $250 of eligible expenses per month) increased the likelihood of any out-of-pocket spending for assistance (by 12%, p <.05), but it did not increase the amount of personal assistance expenditures among users (p =.94). Overall, the voucher benefits increased average annual expenditures by 10% ($5,304 for the voucher group vs $4,836 for the control group). However, this effect did not reach statistical significance (p =.66). IMPLICATIONS: The voucher benefit provided a small incentive to use personal assistance for older Medicare beneficiaries with functional disabilities. Thus, if Medicare were to implement such a benefit, Medicare expenditures may increase. Further research is needed to determine if the increased personal assistance use leads to better health outcomes and whether it is associated with offset cost savings for Medicare-covered services. Published in The Gerontologist, v. 46, no. 2, April 2006, p. 183–192.

LRP-200604-23 An Ethno-Medical Perspective on Research Participation: A Qualitative Pilot Study. J. L. Calderâon, R. S. Baker, H. Fabrega, R. D. Hays, E. Fleming, K. C. Norris.

BACKGROUND: Recruitment of racial/ethnic minorities for clinical research continues to be problematic, yet critical to ensuring that research data will be applicable to diverse populations. There is a paucity of information about culturally appropriate methods for recruiting and retaining racial/ethnic minorities in research. OBJECTIVE: To cross-culturally assess perceptions of research participation by African American and immigrant Latinos living in the inner-city community of Watts, Los Angeles, California, using qualitative methods. DESIGN: Focus groups using ethnically matched moderators were convened with African American and immigrant Latino participants. Discussion was facilitated using a script that focused on perceived "feelings" and "perceptions" about research. Discussions were audiotaped, transcribed, and analyzed using manual and computerized statistically based software (mixed) methods. RESULTS: African Americans and immigrant Latinos shared several barriers and motivators to research. However, they also reported barriers and motivators to research that were distinct to each group. Latinos were more interested in healthcare and health information, and African Americans were more concerned with issues of trust and quality of care. Most participants said they would participate in research if they were better informed, or if they or a family member had an illness. Improving communication was reported as being important for motivating participation in clinical research. Overall, socioecologically and socioeconomically based domains were shared, whereas historically and/or socioculturally based domains were distinct. CONCLUSIONS: Using an ethno-medical science model, we demonstrated that it is possible to identify shared barriers and motivators to research participation between 2 distinct cultural groups. This approach can be useful in developing targeted community-based strategies to increase minority participation in clinical trials. Published in Medscape general medicine, v. 8, no. 2, Apr. 25, 2006, p. 1–10

LRP-200605-01 Price Elasticity of Demand for Malt Liquor Beer: Findings from a US Pilot Study. D. Brown-Taylor, R. N. Bluthenthal.

Our objective is to estimate the relative price elasticity of demand for malt liquor beer (MLB), regular beer, hard liquor, and a combined group of all other alcoholic beverages. Three hundred and twenty-nine alcohol consumers (mostly male) in South-Central Los Angeles answered a series of questions pertaining to expected consumption responses to hypothetical price increases. We found that based on a 10% price increase, the mean price elasticity of demand (% change in quantity demanded / % change in price) was -0.79 for MLB drinkers, -1.14 for regular beer drinkers, -1.11 for hard liquor drinkers, and -1.69 for the combined group of all other drinkers. Logistic regression analysis revealed that the personal characteristics significantly related to being a MLB drinker were older age, not working, being homeless, and a daily drinker. Daily (or nearly daily) drinkers were more likely to be married, earning lower incomes, and hard liquor drinkers. This study is the first to investigate the price elasticity of demand for MLB drinkers and other heavy alcohol consumers in poor urban neighborhoods of the US. Future research can use the methods from this pilot study to more rigorously examine and compare the price sensitivity

among heavy drinking groups. Published in Social science and medicine, v. 62, no. 9, May 2006, p. 2101 2111.

LRP-200605-02 Groups, Networks, or Movements: A Command-and-Control-Driven Approach to Classifying Terrorist Organizations and Its Application to Al Qaeda. B. A. Jackson.

Appropriately describing the properties and defining the boundaries of terrorist groups is frequently challenging. Public and policy discussion of Al Qaeda as a group, network, or broad social movement is described as an example of this problem, with an emphasis on the consequences of placing a terrorist organization in each of these different categories. To resolve the confusion that such uncertainties can introduce into discussion, an approach is described focusing on the strength of command-and-control linkages with an organization for laying out the differences between groups, networks, and movements and defining the boundaries between them. Published in Studies in conflict and terrorism, v. 29, no. 3, May 2006, p. 241–262.

LRP-200605-03 Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care. B. Chaudhry, J. Wang, S. Wu, M. Maglione, W. A. Mojica, E. A. Roth, S. C. Morton, P. G. Shekelle.

BACKGROUND: Experts consider health information technology key to improving efficiency and quality of health care. PURPOSE: To systematically review evidence on the effect of health information technology on quality, efficiency, and costs of health care. DATA SOURCES: The authors systematically searched the English-language literature indexed in MEDLINE (1995 to January 2004), the Cochrane Central Register of Controlled Trials, the Cochrane Database of Abstracts of Reviews of Effects, and the Periodical Abstracts Database. The authors also added studies identified by experts up to April 2005. STUDY SELECTION: Descriptive and comparative studies and systematic reviews of health information technology. DATA EXTRACTION: Two reviewers independently extracted information on system capabilities, design, effects on quality, system acquisition, implementation context, and costs. DATA SYNTHESIS: 257 studies met the inclusion criteria. Most studies addressed decision support systems or electronic health records. Approximately 25% of the studies were from 4 academic institutions that implemented internally developed systems; only 9 studies evaluated multifunctional, commercially developed systems. Three major benefits on quality were demonstrated: increased adherence to guideline-based care, enhanced surveillance and monitoring, and decreased medication errors. The primary domain of improvement was preventive health. The major efficiency benefit shown was decreased utilization of care. Data on another efficiency measure, time utilization, were mixed. Empirical cost data were limited. LIMITATIONS: Available quantitative research was limited and was done by a small number of institutions. Systems were heterogeneous and sometimes incompletely described. Available financial and contextual data were limited. CONCLUSIONS: Four benchmark institutions have demonstrated the efficacy of health information technologies in improving quality and efficiency. Whether and how other institutions can achieve similar benefits, and at what costs, are unclear. Published in Annals of internal medicine, v. 144, no. 10, May 16, 2006, p. E12-E22, W1-W18.

LRP-200605-04 Primary Care Patients' Involvement in Decision-Making Is Associated with Improvement in Depression. S. L. Clever, D. E. Ford, L. V. Rubenstein, K. M. Rost, L. S. Meredith, C. D. Sherbourne, N. Wang, J. J. Arbelaez, L. A. Cooper.

BACKGROUND: Depression is undertreated in primary care settings. Little research investigates the impact of patient involvement in decisions on guideline-concordant treatment and depression outcomes. OBJECTIVE: The objective of this study was to determine whether patient involvement in decision-making is associated with guideline-concordant care and improvement in depression symptoms. DESIGN: Prospective cohort study. SETTING: Multisite, nationwide randomized clinical trial of quality improvement strategies for depression in primary care. SUBJECTS: Primary care patients with current symptoms and probable depressive disorder. MEASUREMENTS: Patients rated their involvement in decision-making (IDM) about their care on a 5-point scale from poor to excellent 6 months after entry into the study. Depressive symptoms were measured every 6 months for 2 years using a modified version of the Center for Epidemiologic Studies-Depression (CES-D) scale. The authors examined probabilities (Pr) of receipt of guideline-concordant care and resolution of depression across IDM groups using multivariate logistic regression models controlling for patient and provider factors. RESULTS: For each 1-point increase in IDM ratings, the probability of patients' report of receiving guideline-concordant care increased 4% to 5% (adjusted Pr 0.31 vs. 0.50 for the lowest and highest IDM ratings, respectively, $P < 0.001$). Similarly, for each 1-point increase in IDM ratings, the probability of depression resolution increased 2% to 3% (adjusted Pr 0.10 vs. 0.19 for the lowest and highest IDM ratings respectively, $P = 0.004$). CONCLUSIONS: Depressed patients with higher ratings of involvement in medical decisions have a higher probability of receiving guideline-concordant care and improving their symptoms over an 18-month period. Interventions to increase patient involvement in decision-making may be an important means of improving care for and outcomes of depression. Published in Medical care, v. 44, no. 5, May 2006, p. 398–405.

LRP-200605-05 Consumer Decision Making in the Individual Health Insurance Market. M. S. Marquis, M. B. Buntin, J. J. Escarce, K. Kapur, T. A. Louis, J. M. Yegian.

This paper summarizes the results from a study of consumer decision making in California's individual health insurance market. The authors conclude that price subsidies will have only modest effects on participation and that efforts to reduce nonprice barriers might be just as effective. They also find that there is substantial pooling in the individual market and that it increases over time because people who become sick can continue coverage without new underwriting. Finally, the authors show that people prefer more-generous benefits and that it is difficult to induce people in poor health to enroll in high-deductible health plans. Published in Health affairs, v. 25, no. 3, May-June 2006, p. W226-W234.

LRP-200605-06 Withholding Resuscitation in Prehospital Care. A. Kellerman, J. Lynn.

Published in Annals of internal medicine, v. 144, no. 9, editorial, May 2, 2006, p. 692–693, W-161.

LRP-200605-07 Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care. J. T. Chang, R. D. Hays, P. G. Shekelle, C. H. MacLean, D. H. Solomon, D. B. Reuben, C. P. Roth, C. J. Kamberg, J. L. Adams, R. Young, N. S. Wenger.

BACKGROUND: Patient global ratings of care are commonly used to assess health care. However, the extent to which these assessments of care are related to the technical quality of care received is not well understood. OBJECTIVE: To investigate the relationship between patient-reported global ratings of health care and the quality of providers' communication and technical quality of care. DESIGN: Observational cohort study. SETTING: 2 managed care organizations. PATIENTS: Vulnerable older patients identified by brief interviews of a random sample of community-dwelling adults 65 years of age or older who received care in 2 managed care organizations during a 13-month period. MEASUREMENTS: Survey questions from the second stage of the Consumer Assessment of Healthcare Providers and Systems program were used to determine patients' global rating of health care and provider communication. A set of 236 quality indicators, defined by the Assessing Care of Vulnerable Elders project, were used to measure technical quality of care given for 22 clinical conditions; 207 quality indicators were evaluated by using data from chart abstraction or patient interview. RESULTS: Data on the global rating item, communication scale, and technical quality of care score were available for 236 vulnerable older patients. In a multivariate logistic regression model that included patient and clinical factors, better communication was associated with higher global ratings of health care. Technical quality of care was not significantly associated with the global rating of care. LIMITATIONS: Findings were limited to vulnerable elders who were enrolled in managed care organizations and may not be generalizable to other age groups or types of insurance coverage. CONCLUSIONS: Vulnerable elders' global ratings of care should not be used as a marker of technical quality of care. Assessments of quality of care should include both patient evaluations and independent assessments of technical quality. Published in Annals of internal medicine, v. 144, no. 9, May 2, 2006, p. 665–672, W-149-W-157.

LRP-200605-08 A Framework to Improve the Quality of Treatment for Depression in Primary Care. T. W. Croghan, M. Schoenbaum, C. D. Sherbourne, P. Koegel.

New forms of medication and brief psychotherapy have dramatically changed how depressive disorders have been treated over the past two decades. In spite of these changes, the quality of treatment for depression remains poor at the population level. In this article, the authors review current concepts and theory regarding the quality of treatment for depression. They present a conceptual model of four points in the course of a treatment episode when clinicians could deviate from guidelines. Using the model, the authors review research that supports guideline recommendations and that can inform clinicians' decisions. They suggest several areas for future study and action, including extending awareness and recognition outside the medical care setting to schools and workplaces, addressing growing concerns about possible overtreatment, using qualitative research approaches to gain an understanding of patient perspectives on treatment, and improving the measurement for quality of treatment. Published in Psychiatric services, v. 57, no. 5, May 2006, p. 623–630.

LRP-200605-09 Perceived Effectiveness of Medications Among Mental Health Service Users with and Without Alcohol Dependence. M. J. Edlund, K. M. Harris.

OBJECTIVE: No consensus exists on the use of psychiatric medication among patients with co-occurring mental health and alcohol disorders. The authors investigated patterns of use of psychiatric medication and perceived effectiveness of mental health treatment among users of mental health care with and without alcohol dependence. METHODS: Data were obtained from the 2001 to 2003 National Survey on Drug Use and Health. The sample consisted of respondents who reported receiving mental health treatment in the past year (N=11,872). Rates of psychiatric medication use were compared between mental health care patients who were alcohol dependent and those who were not. Patient-reported effectiveness of mental health treatment was examined among alcohol-dependent and non-alcohol dependent patients who did and did not receive psychiatric medication. RESULTS: No statistically significant differences in rates of use of psychiatric medication were found between those

with and without alcohol dependence (76.2 percent and 75.9 percent, respectively). Among alcohol-dependent patients, those who received psychiatric medication were significantly more likely than those who did not receive such medication to report that treatment helped a lot or a great deal (OR=2.87, 95 percent CI=1.57 to 2.56, p<.001). Among those who received psychiatric medication, no statistically significant differences were found between alcohol-dependent and nondependent respondents in patients' ratings of treatment effectiveness. CONCLUSIONS: Most alcohol-dependent individuals in mental health treatment received psychiatric medication, despite the lack of guideline support in this area. A large majority of those with alcohol dependence who received psychiatric medication reported that mental health treatment was effective. Published in Psychiatric services, v. 57, no. 5, May 2006, p. 695–699.

LRP-200605-10 Datapoints: General Medical Costs of Recipients of Behavioral Health Care. R. Meili, D. J. Klein.

Published in Psychiatric services, v. 57, no. 5, May 2006, p. 620.

LRP-200605-11 Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care. M. A. Burnam, K. E. Watkins.

Separate public financing and regulation of substance (SA) abuse treatment distinct from mental health (MH) treatment preserves a focus on the special needs of those with substance abuse but creates challenges to providing appropriate care for the large number of people with co-occurring conditions. This paper reviews recent efforts to overcome these challenges through clinical and systems approaches that better integrate care. Although much progress has been made for some subgroups of people with co-occurring disorders, further efforts to develop and sustain clinically integrated service delivery approaches within separate systems, particularly in SA treatment settings, are needed. Published in Health affairs, v. 25, no. 1, May/June 2006, p. 648–658.

LRP-200605-12 From Silos to Bridges: Meeting the General Health Care Needs of Adults with Severe Mental Illnesses. M. Horvitz-Lennon, A. M. Kilbourne, H. A. Pincus.

Despite their higher burden of chronic general medical disorders, adults with severe mental illnesses have poorer access to and quality of general health care compared to people without mental illnesses. Because a key contributor to this situation is the separation between the mental health care sector (patients' health care home) and the general health care sector, bridges to connect these systems are needed. The authors discuss obstacles to clinical integration and propose strategies to address them. Published in Health affairs, v. 25, no. 3, May/June 2006, p. 659–669.

LRP-200605-13 Law and Order in an Emerging Democracy: Lessons from the Reconstruction of Kosovo's Police and Justice Systems. J. M. Wilson.

"Nation-building" is an increasingly frequent activity of Western governments and the United Nations, with Kosovo an important recent example. This study examines the reconstruction by the United Nations of Kosovo's internal security infrastructure from 1999 to 2004. It analyzes United Nations and other activities to build democratic police and justice systems. Through a model of security reconstruction, it examines in detail the primary security challenges facing Kosovo, the specific efforts the United Nations made to address these challenges, the ultimate effectiveness of the reconstruction efforts and democracy. It concludes with several lessons for improving the effectiveness of such efforts in the future. Published in The Annals of the American Academy of Political and Social Science , v. 605, no. 1, May 2006, p. 152–177.

LRP-200605-14 Acculturation and Driving under the Influence: A Study of Repeat Offenders. S. B. Hunter, E. C. Wong, C. M. Beighley, A. R. Morral.

OBJECTIVE: In California, driving under the influence (DUI) arrest and conviction rates are disproportionately higher among the Hispanic population. Acculturation and other factors associated with drinking and driving may help explain this disparity. METHOD: Interviews with Hispanic repeat DUI offenders were conducted immediately prior to sentencing and 2 years later. Arrest records from these offenders were also examined. Analyses were performed to examine the association between acculturation and other sociodemographic characteristics at baseline with DUI arrests and convictions at a 2-year follow-up. RESULTS: Logistic regression modeling showed that acculturation was significantly related to self-reported DUI recidivism even after controlling for other factors associated with DUI convictions during a 2-year follow-up. Acculturation was not found to have a statistically significant relation to DUI arrest rates during that same period. CONCLUSIONS: Among a Hispanic sample of repeat DUI offenders, the less-acculturated members were more likely to report a repeat DUI conviction at 2-year follow-up than the more-acculturated ones, even after controlling for other characteristics associated with DUI behaviors, such as drinking severity and marital status. The same pattern was not found between acculturation and arrest rates. Acculturation may serve as a risk factor for repeat convictions. Efforts to reduce multiple DUI convictions may need to consist of ways to target persons who are less acculturated. Published in Journal of studies on alcohol, v. 67, no. 3, May 2006, p. 458–464.

LRP-200605-15 What Is Necessary to Transform the Quality of Mental Health Care. K. K. Patel, B. Butler, K. B. Wells.

Improving the quality of care is a national priority in the United States; however, it is not clear how to accelerate progress for mental health care. The authors recommend advances in three capacities: (1) developing quality improvement resources applicable to a diverse set of mental health disorders, clients, and service settings; (2) improving the infrastructure for providing evidence-based psychotherapy and psychosocial interventions; and (3) promoting innovation in financial incentives for quality improvement in mental health care. The authors also discuss the need to develop leadership among health care stakeholders and community engagement to promote public commitment to high-quality care in mental health. Published in Health affairs, v. 25, no. 3, May/June 2006, p. 681–693.

LRP-200605-16 Victimization and Health Among Indigent Young Women in the Transition to Adulthood: A Portrait of Need. S. L. Wenzel, K. Hambarsoomians, E. J. D' Amico, M. Ellison, J. S. Tucker.

PURPOSE: To understand victimization by physical and sexual violence and its association with physical and behavioral health in a probability sample of sheltered homeless and low-income-housed young women in the transition to adulthood (ages 18 through 25). METHODS: Participants were 224 women ages 18 through 25 who were selected by means of a stratified random sample from 51 temporary shelter facilities (N = 94) and 66 Section 8 private project-based Housing and Urban Development (HUD)-subsidized apartment buildings (N = 130) in Los Angeles County, California. Women completed structured interviews. RESULTS: Forty-one percent of the sample had been physically or sexually victimized as children and 51% had been victimized since turning 18. Young women who experienced victimization were significantly ($p < .05$) more likely than non-victimized women to have a sexually-transmitted disease (STD) other than HIV/AIDS or Hepatitis B or C, vaginal discharge or bleeding and pelvic pain in the past 6 months, and past-12 month screening diagnoses of drug abuse/dependence and depression. Victimized women were also significantly more likely to use alcohol to intoxication and drugs, including crack and amphetamines, during the past 6 months, and to have experienced psychological distress and poor self-esteem. CONCLUSIONS: This study highlights striking rates of victimization and its association with physical and behavioral health problems among indigent young women during the period of emerging adulthood. This portrait of need communicates an urgency to develop multifaceted programs for such women to help them successfully navigate the transition to adulthood and realize their full potential as adults. Published in Journal of adolescent health, v. 38, no. 5, May 2006, p. 536–543.

LRP-200605-17 The Differential Impact of PTSD and Depression on HIV Disease Markers and Adherence to HAART in People Living with HIV. J. M. Boarts, E. M. Sledjeski, L. M. Bogart, D. L. Delahanty.

Despite high rates of comorbidity, research has typically focused on the independent impact of posttraumatic stress disorder (PTSD) and depression symptoms in people living with HIV (PLWH). The present study examined the independent and comorbid influence of PTSD and depression symptoms on medication adherence, CD4 cell counts, and viral load, over the course of 3 months in 57 PLWH (82% men, 54% Caucasian, 44% African American) recruited from a clinic or social service agency. Both PTSD and depressive symptoms predicted lower subsequent adherence. However, only depressive symptoms predicted lower CD4 counts and presence of a detectable viral load. Participants reporting symptoms consistent with diagnostic levels of comorbid PTSD and depression were less likely to adhere to HAART and were more likely to have a detectable viral load. These results highlight the influences of PTSD and depression on adherence and HIV disease markers, and underscore the importance of examining comorbid symptomatology in PLWH. Published in AIDS and behavior, v. 10, no. 3, May 2006, p. 253–261.

LRP-200605-18 Discharging Our Duty. M. S. Litwin.

Published in The Journal of urology, v. 175, no. 5, editorial May 2006, p. 1604.

LRP-200605-19 Utility of Self-Reported Antiretroviral Adherence: Comment on Simoni Et Al. (2006). G. J. Wagner.

Published in AIDS and behavior, v. 10, no. 3, May 2006, p. 247 248.

LRP-200605-20 Mobilizing Communities for Positive Youth Development: Lessons Learned from Neighborhood Groups and Community Coalitions. P. S. Imm, R. Kehres, A. Wandersman, M. Chinman.

Published in Mobilizing adults for positive youth development: strategies for closing the gap between beliefs and behaviors / edited by E. Gil Clary, Jean E. Rhodes (New York, New York: Springer, 2006), p. 137–157.

LRP-200605-21 Do Children Know Their Parent's HIV Status? Parental Reports of Child Awareness in a Nationally Representative Sample. R. Corona, M. K. Beckett, B. O. Cowgill, M. N. Elliott, D. A. Murphy, A. J. Zhou, M. A. Schuster.

OBJECTIVE: To determine the rates and predictors of child awareness of parental human immunodeficiency virus (HIV) status and the effect of that knowledge on children. METHODS: Interviews were conducted with 274 parents from a nationally representative sample of HIV-infected adults receiving health care for HIV. The outcome measures were parental report of child's awareness of parental HIV status, how others reacted to child's parent having HIV, and reasons for nondisclosure. RESULTS: HIV-infected parents reported that 44% of their children (5–17 years old) were aware of their parent's HIV status, and parents had discussed with 90% of those children the possibility that HIV or acquired immunodeficiency syndrome (AIDS) might lead to their parent's death. Multivariate analyses revealed that parents with higher income, with an HIV risk group of heterosexual intercourse, with higher CD4 counts, with greater social isolation, and with younger children were less likely than others to report that their child knew the parent was HIV positive. Parents reported that 11% of children worried they could catch HIV from their parent. Reasons children did not know their parent's HIV status included that the parent was worried about the emotional consequences of disclosure (67%), was worried the child would tell other people (36%), and did not know how to tell their child (28%). CONCLUSIONS: HIV-infected parents often worry about the emotional consequences of disclosure to their children and that their children may tell others. More than a quarter of parents reported not knowing how to tell their children. Clinicians may be able to support and guide HIV-infected parents in deciding whether, when, and how to disclose their infection to their children. Published in Ambulatory pediatrics, v. 6, no. 3, May-June 2006, p. 138-144.

LRP-200605-22 Does Patient-Provider Gender Concordance Affect Mental Health Care Received by Primary Care Patients with Major Depression? K. S. Chan, C. E. Bird, R. Weiss, N. Duan, L. S. Meredith, C. D. Sherbourne.

PURPOSE: The authors sought to determine whether patient-provider gender concordance influences the detection and care of depression and comorbid anxiety and substance use in patients with major depression. METHODS: Cross-sectional analyses of baseline patient survey data linked with provider data were performed. Data based on routine primary care visits in clinics from a variety of health systems serving diverse patient populations across the United States. Participants all had major depression. Depression care was examined in the Quality Improvement for Depression (QID) Collaboration sample (n patients = 1,428, n providers = 389). In a subanalysis of data solely from 714 patients and 157 providers from Partners-In-Care, one of the projects participating in QID, the authors also examined detection of anxiety disorder and alcohol or drug problems. MAIN FINDINGS: Rates of detection and care of mental health problems in primary care were low even among patients with major depression. Except for anxiety counseling in female patients, patient-provider gender concordance did not improve care as hypothesized. However, female providers were more likely to counsel on anxiety and less likely to counsel on alcohol or drug use than male providers. Female patients were less likely to be counseled on alcohol or drug use compared with male patients. CONCLUSION: Detection and care of mental health and substance use problems for patients with major depression is not influenced by patient-provider gender concordance. However, depressed female patients may have greater unmet needs for alcohol and drug use counseling than their male counterparts. Published in Women's health issues, v. 16, no. 3, May-June 2006, p. 122–132.

LRP-200605-23 A Descriptive Analysis of Average Productivity Among Health Maintenance Organizations, 1985 to 2001. D. R. Wholey, J. Engberg, C. Bryce.

This paper examines the evolution of average productivity among HMOs for 4,419 Health Maintenance Organizations (HMOs) from 1985 to 2001. For both IPA and non-IPA HMOs, HMO productivity increased from 1990 to 1996 and rapidly decreased from 1997 to 2001. In contrast to cost functions that show scale economies for IPA and non-IPA HMOs, production functions showed scale economies for IPA HMOs were constant and non-IPA HMOs having only slight scale economies. This suggests that much of the scale economies observed in cost functions are due to lower prices for resources used rather than improvements in production organization. Non-IPA HMOs and non-profit HMOs are more productive than IPA HMOs and for profit HMOs. Production organization for non-IPA HMOs appears to have improved over time, resulting in non-IPA HMOs being able to produce more member months of coverage with their production organization in 1997 to 2001 than they would have with their production organization in 1985 to 1990. Regulations requiring consumer involvement in HMO governance reduce productivity. Published in Health care management science, v. 9, no. 2, May 2006, p. 189 206.

LRP-200605-24 Uninsurance Among Children Eligible for the State Children's Health Insurance Program: Results from a National Survey. H. Yu, M. Seid.

Uninsurance among State Children's Health Insurance Program (SCHIP)—eligible children was examined using the 2001 National Survey of Children with Special Health Care Needs. Nationally, 6.1% of children (4.3 million) were eligible for SCHIP in 2000, and 35.6% (1.5 million) eligible children were uninsured. In addition to the variation across states in SCHIP eligibility and uninsurance, the study revealed a lower uninsurance rate in the 17 states that expanded Medicaid eligibility, compared with the 34 states with separate SCHIP programs that were implemented alone or in combination with Medicaid expansion. It was also

revealed that the parents of SCHIP-eligible but uninsured children had limited knowledge of and experience with SCHIP. Published in Managed care interface, v. 19, no. 5, May 2006, p. 31–39.

LRP-200606-01 A Bayesian Dynamic Model for Influenza Surveillance by Sebastiani Et Al., Statistics in Medicine. M. A. Stoto.

Published in Statistics in medicine, v. 25, no. 11, June 15, 2006, p. 1817 1818.

LRP-200606-02 Toward a More Comprehensive Understanding of Violence Against Impoverished Women. S. L. Wenzel, J. S. Tucker, K. Hambarsoomians, M. N. Elliott.

Research and knowledge of violence against impoverished women continues to be limited. To achieve a more comprehensive understanding of violence against impoverished women and therefore inform prevention and intervention efforts for this population, the authors report on recent (past 6 months) physical, sexual, and psychological violence among 898 women who were randomly sampled from temporary shelter settings (n = 460) and low-income housing (n = 438) in Los Angeles County. Women experienced notable rates of violence during the past 6 months (e.g., 23% of sheltered women and 9% of housed women reported physical violence). Perpetrators were diverse, particularly for the sheltered women, including sexual partners, family, and strangers. These findings, and others suggesting that the different types of violence are distinct and severe, may call for more comprehensive screening and intervention efforts to enhance the safety of impoverished women. Published in Journal of interpersonal violence, v. 21, no. 6, June 2006, p. 820–839.

LRP-200606-03 Reducing Homicide Through "Level-Pulling" Strategy. E. F. McGarrell, S. Chermak, J. M. Wilson, N. Corsaro.

The decade of the 1990s witnessed unexpected but welcome large declines in homicide and serious firearms violence. Yet, despite these declines, rates of firearms crime in the United States remain high compared to other western democracies and impose significant costs to society generally and to specific communities particularly. One promising approach to gun crime emerged in Boston during the mid-1990s. This approach combined face-to-face communication of a deterrence message to youth gang members with social service outreach and crackdowns on several gangs. Boston then experienced very significant declines in youth gun crime. This approach was later repeated in Minneapolis with similar promising results. This paper presents the results of a study of a similar gun-crime-reduction effort in Indianapolis. Time-series analyses suggest a significant decline in homicide similar to those observed in Boston and Minneapolis. Comparisons to six similar Midwestern cities revealed that Indianapolis was the only city to experience a significant decline in homicide. The results are discussed in the context of deterrence research and suggest the need to move beyond single-city evaluations of promising interventions. Published in Justice quarterly , v. 23, no. 2, June 2006, p. 214 231.

LRP-200606-04 Alcohol Outlets, Gonorrhea, and the Los Angeles Civil Unrest: A Longitudinal Analysis. D. Cohen, B. Ghosh-Dastidar, R. Scribner, A. Miu, M. Scott, P. Robinson, T. A. Farley, R. N. Bluthenthal, D. Brown-Taylor.

This study tests the effect of neighborhood changes on gonorrhea rates. Prior studies that indicate gonorrhea rates are associated with alcohol outlet density and neighborhood deterioration have been cross-sectional and cannot establish causality. After the 1992 Civil Unrest in Los Angeles, 270 alcohol outlets surrendered their licenses due to arson and vandalism thus providing a natural experiment. The authors geocoded all reported gonorrhea cases from 1988 to 1996 in LA County, all annually licensed alcohol outlets, and all properties damaged as a result of the civil unrest. We ran individual growth models to examine the independent effects of changes in alcohol outlets and damaged buildings on gonorrhea. The individual growth model explained over 90% of the residual variance in census tract gonorrhea rates. After the civil unrest, a unit decrease in the number of alcohol outlets per mile of roadway was associated with 21 fewer gonorrhea cases per 100,000 ($p<.01$) in tracts affected by the Unrest compared to those not affected. Neighborhood alcohol outlets appear to be significantly associated with changes in gonorrhea rates. The findings suggest that efforts to control sexually transmitted diseases, including gonorrhea and HIV, should address contextual factors that facilitate high-risk behaviors and disease transmission. Published in Social science & medicine, v. 62, no. 12, June 2006, p. 3062–3071.

LRP-200606-05 What Drives Referral from Primary Care Physicians to Mental Health Specialists? R. L. Kravitz, P. Franks, M. Feldman, L. S. Meredith, L. Hinton, C. Franz, P. Duberstein, R. M. Epstein.

BACKGROUND: Referral from primary care to the mental health specialty sector is important but poorly understood. OBJECTIVE: Identify physician characteristics influencing mental health referral. DESIGN: Randomized controlled trial using Standardized Patients (SPs). SETTING: Offices of primary care physicians in 3 cities. PARTICIPANTS: One hundred fifty-two family physicians and general internists recruited from 4 broad practice settings; 18 middle aged Caucasian female actors. INTERVENTION: Two hundred and ninety-eight unannounced SP visits, with assignments constrained so physicians saw 1 SP with major depression and 1 with adjustment disorder. MEASUREMENTS: Mental health referrals via SP written

reports; physician and system characteristics through a self-administered physician questionnaire. RESULTS: Among 298 SP visits, 107 (36%) resulted in mental health referral. Referrals were less likely among physicians with greater self-confidence in their ability to manage antidepressant therapy (adjusted odds ratio AOR 0.39, 95% confidence interval CI 0.17 to 0.86) and were more likely if physicians typically spent 10% of professional time on nonclinical activities (AOR 3.42, 95% CI 1.45 to 8.07), had personal life experience with psychotherapy for depression (AOR 2.74, 95% CI 1.15 to 6.52), or usually had access to mental health consultation within 2 weeks (AOR 2.94, 95% CI 1.26 to 6.92). LIMITATION: The roles portrayed by SPs may not reflect the experience of a typical panel of primary care patients. CONCLUSIONS: Controlling for patient and health system factors, physicians' therapeutic confidence and personal experience were important influences on mental health referral. Research is needed to determine if addressing these factors can facilitate more appropriate care. Published in Journal of general internal medicine v. 21, no. 6, June 2006, p. 584–589.

LRP-200606-06 Patterns and Correlates of Deliberate Abstinence Among Men and Women with HIV/AIDS. L. M. Bogart, R. L. Collins, D. E. Kanouse, W. E. Cunningham, R. L. Beckman, D. Golinelli, C. E. Bird.

OBJECTIVES: The authors examined correlates of deliberate sexual abstinence among gay/bisexual men, heterosexual men, and women in a national probability sample of adults with HIV. METHODS: Participants in the HIV Cost and Services Utilization Study (HCSUS; n=1339) answered questions about oral, anal, or vaginal sexual intercourse in the past 6 months; those who reported none of these behaviors (n=415) were asked about their reasons for abstinence. Of these, 201 participants (11% of gay/bisexual men, 18% of women, 18% of heterosexual men) indicated that their abstinence was deliberate. Multivariate models were used to predict deliberate abstinence. RESULTS: In multivariate analyses, not having a primary relationship partner/ spouse was a significant correlate of deliberate abstinence for all 3 groups. Higher perceived responsibility for limiting disease transmission and nondrinking status were related to deliberate abstinence only among gay/bisexual men. Worse health was associated with deliberate abstinence only among heterosexual men. CONCLUSIONS: Perhaps because HIV is more common in gay communities, abstinence choices may be more closely linked to a higher sense of responsibility for reducing transmission among gay/bisexual men, and their illness may be less of an impediment to sexual activity. Published in American journal of public health, v. 96, no. 6, June 2006, p. 1078–1084.

LRP-200606-07 Is Conventional Wisdom Wrong? Coverage for Substance Abuse Treatment under Medicaid Managed Care. M. Maglione, M. S. Ridgely.

Conventional wisdom suggests that coverage for substance abuse treatment under Medicaid is generally poor, and that access to care may be reduced when control over behavioral health services is given to private health plans, such as those under Medicaid managed care. To examine this premise, this study reports on a cross-sectional comparative survey of state Medicaid managed care programs conducted in the year 2000. Although not all states provided substance abuse benefits under their Medicaid programs, our findings suggest that a majority of states used managed care arrangements to provide substance abuse treatment, with most providing an array of covered services. Most Medicaid behavioral health plans were fully capitated. The number of comprehensive health plans providing substance abuse services was slightly higher than the number of behavioral health carveouts. About half of the waiver programs that covered substance abuse treatment covered methadone maintenance, but waiver programs employing comprehensive health plans were more likely to provide coverage for methadone maintenance. Published in Journal of substance abuse treatment, v. 30, no. 4, June 2006, p. 285 290.

LRP-200606-08 Measuring Pain as the 5th Vital Sign Does Not Improve Quality of Pain Management. R. A. Mularski, F. White-Chu, D. Overbay, L. Miller, S. M. Asch, L. Ganzini.

BACKGROUND: To improve pain management, the Veterans Health Administration launched the "Pain as the 5th Vital Sign" initiative in 1999, requiring a pain intensity rating (0 to 10) at all clinical encounters. OBJECTIVE: To measure the initiative's impact on the quality of pain management. DESIGN: The authors retrospectively reviewed medical records at a single medical center to compare providers' pain management before and after implementing the initiative and performed a subgroup analysis of patients reporting substantial pain (=4) during a postimplementation visit. PARTICIPANTS: Unique patient visits selected from all 15 primary care providers of a general medicine outpatient clinic. MEASUREMENTS: The authors used 7 process indicators of quality pain management, based on appropriately evaluating and treating pain, to assess 300 randomly selected visits before and 300 visits after implementing the pain initiative. RESULTS: The quality of pain care was unchanged between visits before and after the pain initiative (P>.05 for all comparisons): subjective provider assessment (49.3% before, 48.7% after), pain exam (26.3%, 26.0%), orders to assess pain (11.7%, 8.3%), new analgesic (8.7%, 11.0%), change in existing analgesics (6.7%, 4.3%), other pain treatment (11.7%, 13.7%), or follow-up plans (10.0%, 8.7%). Patients (n=79) who reported substantial pain often did not receive

recommended care: 22% had no attention to pain documented in the medical record, 27% had no further assessment documented, and 52% received no new therapy for pain at that visit. CONCLUSIONS: Routinely measuring pain by the 5th vital sign did not increase the quality of pain management. Patients with substantial pain documented by the 5th vital sign often had inadequate pain management. Published in Journal of general internal medicine, v. 21, no. 6, June 2006, p. 607–612.

LRP-200606-09 Information Desired and Acquired by Men with Prostate Cancer: Data from Ethnic Focus Groups. S. L. Maliski, S. E. Connor, A. Fink, M. S. Litwin.

Information and understanding are needed so that men with prostate cancer can effectively manage and cope with their disease. Although research has shown that cultural beliefs and practices influence the way people access health-related knowledge, little research has addressed how ethnicity affects the information desired and received among low-income men with prostate cancer. This research sought to (a) describe baseline knowledge at diagnosis, information subsequently received, information sources utilized, and knowledge believed to have been helpful and (b) explore differences in desired information among men of various ethnicities. Six ethnicity specific focus groups among men diagnosed with prostate cancer were conducted. With content analysis, themes emerging from each focus group were identified and compared. Results highlight disparities in the prostate cancer information desired and acquired by men of different ethnicities. Published in Health education & behavior, v. 33, no. 3, June 2006, p. 393–409.

LRP-200606-10 Patient Experience With, and Use Of, an Electronic Monitoring System to Assess Vaccination Responses. S. S. Olmsted, J. D. Grabenstein, A. K. Jain, N. Lurie.

OBJECTIVE: To evaluate the user experience and acceptability of an electronic patient monitoring system. SETTING AND PARTICIPANTS: 822 Military and civilian personnel at a health clinic at a major US military headquarters used an Internet and telephone-based electronic monitoring system to report vaccination-site responses and symptoms after receiving the smallpox vaccination. Focus groups of vaccinees were conducted to help develop a survey about the experience that was distributed to 379 vaccinees (96% completion rate). RESULTS: Users of the electronic monitoring system reported that it was fast and easy to use and reported they would use a system like this again and recommend an electronic monitoring system to a friend or relative. Most users (84%) were comfortable with a physician tracking their vaccine reaction using their electronic reports, but only half (51%) were comfortable with eliminating the post-vaccination follow-up visit with their health-care provider based on their electronic reports. CONCLUSIONS: This electronic monitoring system was well received by vaccinees and allowed health-care providers to track the status of vaccinees. However, vaccinees were not comfortable replacing a physician visit with electronic monitoring, at least for the smallpox vaccination. A monitoring system like this may be useful in public health settings, such as mass vaccination or prophylaxis during a bioterrorism event, a pandemic influenza outbreak, or another public health emergency. Published in Health expectations, v. 9, no. 2, June 2006, p. 10–117.

LRP-200606-11 Exploring the Link Between Substance Abuse and Abortion: The Roles of Unconventionality and Unplanned Pregnancy. S. C. Martino, R. L. Collins, P. L. Ellickson, D. J. Klein.

CONTEXT: Several studies have found a relationship between abortion and prior substance use, suggesting that a reduction in substance use might help decrease abortion rates. However, such a conclusion requires a greater understanding of the processes linking abortion and prior substance use. METHOD: Path analysis of longitudinal data from 1,224 women was used to simultaneously test two pathways from adolescent substance use to abortion by age 29, one mediated by higher rates of unplanned pregnancy and the other independent of unplanned pregnancy rates. The model was then expanded to examine how these pathways change when unconventional attitudes and behaviors (such as rebelliousness and low religiosity) are taken into consideration. RESULTS: In the analysis that did not control for unconventionality, women who reported smoking cigarettes or using marijuana or hard drugs at age 18 had an increased likelihood of subsequent unplanned pregnancy and, as a result, higher rates of abortion. In addition, women who had used marijuana had an increased likelihood of abortion independent of unplanned pregnancy rates. In the final model, unconventionality strongly predicted both abortion and unplanned pregnancy. Moreover, it explained the associations between the use of hard drugs or marijuana and abortion that were due to higher unplanned pregnancy rates. CONCLUSIONS: Unconventionality mediates certain associations between substance use and abortion, perhaps because unconventional women are more likely both to use substances and to engage in behaviors that increase their risk of unplanned pregnancy. Hence, it seems unlikely that reducing substance use will result in substantially fewer abortions. Published in Perspectives on sexual and reproductive health, v. 38, no. 2, June 2006, p. 66–75.

LRP-200606-12 Quality-of-Care Indicators for the Neurodevelopmental Follow-Up of Very Low Birth Weight Children: Results of an Expert Panel Process. C. J. Wang, E. A. McGlynn, R. H. Brook, C. H. Leonard, R. E. Piecuch, S. I. Hsueh, M. A. Schuster.

OBJECTIVE: To develop a set of quality indicators for the neurodevelopmental follow-up care of very low birth weight

(VLBW; <1500 g) children. METHODS: The authors reviewed the scientific literature on predictors of neurodevelopmental outcomes for VLBW children and the clinical practice guidelines relevant to their care after hospital discharge. An expert panel with members nominated by the American Academy of Pediatrics, the National Institute of Child Health and Human Development, the Vermont Oxford Network, and the California Children's Service was convened. The authors used a modified Delphi method to evaluate and select the quality-of-care indicators. RESULTS: The panel recommended a total of 70 indicators in 5 postdischarge follow-up areas: general care; physical health; vision, hearing, speech, and language; developmental and behavioral assessment; and psychosocial issues. Of these, 58 (83%) indicators were in preventive care, 5 (7%) were in acute care, and 7 (10%) were in chronic care. CONCLUSION: The quality indicators cover follow-up care for VLBW infants with various medical conditions. Given the elevated rates of long-term neurodevelopmental disabilities and the potential impact of poor health care, this new set of indicators provides an opportunity to assess and monitor the quality of follow-up care with the ultimate aim of improving the quality of care for this high-risk population Published in Pediatrics, v. 117, no. 6, June 2006, p. 2080–2092

LRP-200606-13 Routes to Better Health for Children in Four Developing Countries. T. W. Croghan, A. Beatty, A. Ron.

Despite the availability of effective, affordable interventions for the most common causes of death, more than ten million children in developing countries die each year. This article describes the circumstances of four countries whose reductions in child mortality exceeded what might be expected from their poor economic circumstances, and it asks whether they followed common routes to improved health for children. The findings suggest that contextual factors, such as the degree of economic development, good governance, and strong health care systems, matter less than do targeted health intervention, foreign aid, and technical assistance. In general, these findings contradict prevailing U.S. foreign policy regarding the circumstances in which progress toward health goals can be made. Published in The Milbank quarterly, v. 84, no. 2, June 2006, p. 333–358.

LRP-200606-14 CBT Intensity and Outcome for Panic Disorder in a Primary Care Setting. M. G. Craske, P. P. Roy-Byrne, M. B. Stein, J. G. Sullivan, H. Hazlett-Stevens, A. Bystritsky, C. D. Sherbourne.

A hybrid efficacy-effectiveness design in which participants (n = 91/93) were retained in the study regardless of whether or not they received treatment enabled evaluation of CBT intensity in relation to panic disorder in the primary care setting. CBT intensity was operationalized as number of cognitive-behavioral therapy sessions, number of follow-up booster phone calls, and secondarily, as number of cognitive behavioral coping and exposure strategies. Baseline psychosocial and demographic predictors of CBT intensity were analyzed first. Severity of anxiety sensitivity predicted number of cognitive behavioral sessions, but no baseline variables predicted number of follow-up booster phone calls or number of coping and exposure strategies. Multivariate logistic and linear regressions were used to evaluate the degree to which treatment intensity predicted 3-month and 12-month outcomes (anxiety sensitivity, phobic avoidance, depressive symptoms, disability, and medical and mental health functioning) after controlling for potential confounding baseline variables. Number of cognitive behavioral therapy sessions predicted lower anxiety sensitivity at 3 and 12 months, and number of follow-up booster phone calls predicted lower anxiety sensitivity, less phobic avoidance, and less depression at 12 months. These findings indicate that "dose" of psychotherapy was an important predictor of outcome. The significance of follow-up booster phone contact is discussed as an index of continued self-management of panic and anxiety following acute treatment. Published in Behavior therapy, v. 37, no. 2, June 2006, p. 112 119.

LRP-200606-15 The Effects of State Parity Laws on the Use of Mental Health Care. K. M. Harris, C. Carpenter, Y. Bao.

OBJECTIVE: The authors used a quasiexperimental research design to measure the effect of state parity laws on the use of mental health care in the past year. METHODS: They pooled cross-sectional data from the 2001, 2002, and 2003 National Surveys on Drug Use and Health. Our sample included 83,531 adults 18 years of age or over with private health insurance stratified by the level of mental and emotional distress experienced in the worst month of the past year. The authors used a state and year-fixed effects approach to measure the effect of parity. Similar to a difference-in-difference analysis, the effect of parity was measured by comparing pre-/postchanges in mental health service use within states that switched active parity status to changes in service use within states that did not change parity status in the same calendar year. For each subgroup, we report predictions of the percentage point change in any mental health care use, prescription drug use, and outpatient care use resulting from parity laws. RESULTS: Depending on the time window used to define active parity status, the authors found that parity increased the probability of using any mental health care in the past year by as much as 1.2 percentage points ($P < 0.01$) for the lower distress group and by as much as 1.8 percentage points ($P < 0.05$) in the middle distress group. They found no statistically significant changes in service use for the upper distress group. Whether measured differences were attributable to changes in the use of prescription drug or outpatient care also depended on the definition of active parity status. CONCLUSIONS: Overall,

the results of this study suggest that state parity laws succeeded in expanding access to mental health care for those with relatively mild mental health problems. Published in Medical care, v. 44, no. 6, June 2006, p. 499–505.

LRP-200606-16 The Role of Intelligence in Deciding the Battle of Britain. S. Puri.

The successful employment of German air power in the Battle of Britain was greatly hindered by abysmal intelligence. The Luftwaffe never developed an accurate picture of enemy strengths and weaknesses, and this contributed to preventing it from bringing force to bear at the decisive point of battle. Although certain aspects of British intelligence were equally flawed, it ultimately proved itself to be an indispensable adjunct to the operational success of Fighter Command. This article focuses on the contribution made to Luftwaffe and RAF operations during the Battle of Britain by their respective intelligence gathering institutions. It is an investigation into the extent to which activities in the realm of intelligence can explain the eventual British victory. Published in Intelligence and National Security, v. 21, no. 3, June 2006, p. 416 439.

LRP-200606-17 Cognitive-Behavioral Intervention to Enhance Adherence to Antiretroviral Therapy: A Randomized Controlled Trial (CCTG 578). G. J. Wagner, D. E. Kanouse, D. Golinelli, L. G. Miller, E. S. Daar, M. D. Witt, C. Diamond, J. G. Tilles, C. A. Kemper, R. Larsen, M. Goicoechea, R. H. Haubrich.

OBJECTIVE: The authors conducted a randomized, multi-site, controlled trial of a cognitive-behavioral adherence intervention for patients initiating or changing an antiretroviral (ART) regimen. DESIGN: A 3 x 2 factorial design was used with the primary randomization assigning patients (1: 1: 1) to one of two adherence interventions or usual care. METHODS: The five-session adherence interventions consisted of cognitive-behavioral and motivational components, with or without a 2-week pre-treatment placebo practice trial. Intent-to-treat analysis used probability weights and regression tree analysis to account for missing data. RESULTS: A total of 230 patients were randomized; 199 started ART, of whom 74% completed the 48-week study. Electronic monitored adherence outcomes between the two intervention groups did not differ significantly and were thus pooled in analyses. At week 4, 82% of intervention patients had taken at least 90% of their prescribed ART doses, compared with 65% of controls ($P < 0.01$); this group difference dropped to 12% at week 12 (72 versus 60%; $P = 0.15$) and 11% at week 24 (66 versus 55%; $P = 0.28$). Mean adherence in the intervention group was significantly higher than the control group at week 24 (89 versus 81%; $P < 0.05$) only. There were no group differences with respect to HIV-1 RNA throughout the study. CONCLUSIONS: The effects of the cognitive-behavioral intervention on adherence were modest and transient, and no effects were observed on viral load or CD4 cell count. More robust effects may require a more intense intervention that combines ongoing adherence monitoring and individualized intervention 'dosage' that matches the need and performance of each patient. Published in AIDS, v. 20, no. 9, June 2006, p. 1295–1302.

LRP-200606-18 Stigma Starts Early: Gender Differences in Teen Willingness to Use Mental Health Services. A. Chandra, C. S. Minkovitz.

PURPOSE: To explore gender differences and the role of stigma in teen willingness to use mental health services. METHODS: Self-administered, written questionnaires were conducted with 274 eighth graders in a suburban community in a mid-Atlantic state. Teens reported on social support for emotional concerns, mental health experience and knowledge, and stigma and barriers associated with mental health service use. Data analysis included chi-square statistics and analysis of variance (ANOVA) to examine associations between gender and independent variables of interest. Logistic regression analyses assessed the relationship of gender, stigma, and willingness to use mental health services, adjusting for race and receipt of mental health services. RESULTS: More girls than boys turned to a friend for help for an emotional concern, whereas more boys turned to a family member first. Boys had less mental health knowledge and experience and higher mental health stigma than girls. In adjusted analyses, girls were twice as likely as boys to report willingness to use mental health services (odds ratio OR 2.45, 95% confidence interval CI 1.20–4.99). Parental disapproval and perceived stigma helped to explain the relationship between gender and willingness to use mental health services (OR 1.65, 95% CI .72-3.77). CONCLUSIONS: Gender differences in negative mental health attitudes and willingness to use mental health services are present early in adolescence. Enhanced mental health education and services in middle school may reduce gender disparities by incorporating stigma reduction efforts that actively involve parents and address differences in knowledge and exposure to mental health issues. Published in The Journal of adolescent health, v. 38, no. 6, June 2006, p. 754-e1 754-e8.

LRP-200606-19 A Pilot Study of Health Beliefs and Attitudes Concerning Measures of Antiretroviral Adherence Among Prisoners Receiving Directly Observed Antiretroviral Therapy. B. L. White, D. A. Wohl, R. D. Hays, C. E. Golin, H. Liu, C. N. Kiziah, G. Simpson, A. H. Kaplan.

High level adherence to antiretroviral therapy (ART) is required to achieve and maintain suppression of HIV replication. Although directly observed therapy (DOT) has been suggested as an intervention to improve adherence, there is a paucity of data describing the attitudes and beliefs regarding DOT for ART among HIV-infected individuals. This study was designed to evaluate the acceptability and

psychometric properties of a survey instrument for use in assessing barriers and facilitators of adherence to ART DOT in prison. From July 1, 1999 to April 1, 2000, the authors piloted an interviewer-administered questionnaire to assess health beliefs and attitudes regarding HIV treatment among 65 HIV-infected prison inmates receiving one or more of their antiretrovirals via directly observed therapy (DOT). The first 24 participants were administered the questionnaire to determine the feasibility of surveying prisoners in a correctional setting. There were no adherence data collected on these participants. The remaining 41 participants had their adherence measured in addition to receiving the questionnaire. Thirty-one were included in the final analysis because 10 did not complete the study. Multiple antiretroviral adherence measures (electronic device medication monitoring eDEM caps, medication administration records MARs and pill counts) were assessed among a subset of the participants (n = 31) and correlated to the instrument response items. The median internal consistency reliability coefficient for the multi-item scales was 0.79. The strongest correlation between inmates' beliefs and their adherence was between "positive beliefs about protease inhibitors" and the MAR adherence measure ($r = 0.72$; $p < 0.001$). This study provides preliminary support for the psychometric properties of the survey in this correctional setting. Published in AIDS patient care and STDs, v. 20, no. 6, June 2006, p. 408–417.

LRP-200606-20 Variations in Provider Conceptions of Integrative Medicine. A. Hsiao, G. W. Ryan, R. D. Hays, I. D. Coulter, R. Andersen, N. S. Wenger.

Consumers often turn to complementary and alternative medicine (CAM) and use it concurrently with conventional medicine to treat illnesses and promote wellness. However, prior studies demonstrate that these two paradigms are often not combined effectively. Consumers often do not tell physicians about CAM treatments or CAM practitioners about conventional treatments that they are using. This can lead to inefficient care and/or adverse interactions. There is also a lack of consensus about the structure and practice of integrative medicine among the various types of practitioners. This qualitative study aimed to identify key domains and develop a conceptual model of integrative medicine at the provider level, using a grounded theory approach. Purposive sampling was used to select 50 practitioners, including acupuncturists, chiropractors, internists/family practitioners, and physician acupuncturists in private practice and at academic medical centers in Los Angeles. The authors conducted semi-structured, in-depth interviews with practitioners and then identified core statements that describe practitioners attitudes and behaviors toward integrative medicine. Core statements were free pile sorted to ascertain key domains of integrative medicine. Four key domains of integrative medicine were identified at the provider level: attitudes, knowledge, referral, and practice. Provider age, training, and practice setting also emerged as important factors in determining clinicians of orientation toward integrative medicine. Dual-trained practitioners, such as physician acupuncturists, exemplified clinicians with a greater orientation toward integrative medicine. They advocated an open-minded perspective about other healing traditions, promoting co-management with and making referrals to practitioners of other paradigms, and treating patients with both CAM and conventional healing modalities. Published in Social science & medicine, v. 62, no. 12, June 2006, p. 2973–2987.

LRP-200606-21 Adolescent Predictors of Generalized Health Risk in Young Adulthood: A 10-Year Longitudinal Assessment. L. M. Bogart, R. L. Collins, P. L. Ellickson, D. J. Klein.

The authors conducted a prospective examination of multiple adolescent predictors of generalized health risk in early adulthood. Data were used from 3,392 members of a longitudinal cohort surveyed at ages 13 and 23. A measure of generalized risk was constructed using confirmatory factor analysis to represent shared variance among substance use, sexual risk, and victimization. Multiple regression analysis indicated several robust sociodemographic, behavioral, and environmental early predictors of generalized adult risk, including gender, age, race, not coming from a nuclear family, engaging in smoking and deviant behavior as an adolescent, having poor grades in high school, alcohol and cigarette use by an adult important to the adolescent, and being offered substances as an adolescent. Results support the existence of an underlying risk construct in early adulthood, the importance of early adolescent deviance and substance use exposure in predicting risk, and the use of early comprehensive interventions that prevent several risks simultaneously. Published in Journal of drug issues, v. 36, no. 3, Summer 2006, p. 571 596.

LRP-200606-22 Health Care Policy Issues in End-of-Life Care. K. A. Lorenz, L. R. Shugarman, J. Lynn.

Published in Journal of palliative medicine, v.9, no. 3, June. 2006, p. 731–748.

LRP-200606-24 Mission Not Accomplished: What Went Wrong with Iraqi Reconstruction. N. Bensahel.

This article argues that the prewar planning process for postwar Iraq was plagued by myriad problems, including a dysfunctional interagency process, overly optimistic assumptions, and a lack of contingency planning for alternative outcomes. These problems were compounded by a lack of civilian capacity during the occupation period, which led to a complicated and often uncoordinated relationship with the military authorities who found themselves taking the lead in many reconstruction activities. Taken together, these mistakes meant that US success on the

battlefield was merely a prelude to a postwar insurgency whose outcome remains very much in doubt more than three years later. Published in Journal of strategic studies, v. 29, no. 3, June 2006, p. 453 473.

LRP-200607-01 Structural Interventions to Prevent HIV/Sexually Transmitted Disease: Are They Cost-Effective for Women in the Southern United States? D. Cohen, S. Wu, T. A. Farley.

BACKGROUND: Structural interventions are theoretically promising for populations with a low prevalence of HIV, because they can reach large numbers of people to influence their social norms and collective risky behaviors for a relatively low cost per person. Because HIV transmission is continuing to increase among women in the southern United States, interventions to stem this epidemic are particularly warranted. This study explores whether structural interventions may be a cost-effective way to prevent HIV in this population. METHODS: The authors used the cost-effectiveness estimator, "Maximizing the Benefit" to determine the relative cost-effectiveness of 6 structural HIV prevention interventions. "Maximizing the Benefit" is a spreadsheet tool using mathematical models to estimate the cost per HIV infection prevented taking into account the epidemiologic contexts, behavioral change as a result of an intervention, and the costs of intervention. The authors applied estimates of HIV prevalence related to blacks in the southern United States. RESULTS: All the structural interventions were cost-effective compared with average lifetime treatment costs of HIV, but mass media, condom availability, and alcohol taxes theoretically prevented the largest numbers of HIV infections. CONCLUSIONS: Although the assumptions used in cost-effectiveness estimates have many limitations, they do allow for a relative comparison of different interventions and help to inform policy decisions related to the allocation of HIV prevention resources. Structural interventions hold the greatest promise in reducing HIV transmission among low-prevalence populations. Published in Sexually transmitted diseases, v. 33, no. 7, suppl., July 2006, p. S46-S49.

LRP-200607-02 Administrative Versus Clinical Data for Coronary Artery Bypass Graft Surgery Report Cards: The View from California. J. P. Parker, Z. Li, C. Damberg, B. Danielsen, D. Carlisle.

OBJECTIVE: The objective of this study was to compare the performance of a risk model for isolated coronary artery bypass graft (CABG) surgery based on administrative data with that of a clinical risk model in predicting mortality and identifying hospital performance outliers. METHODS: Clinical data records from the California CABG Mortality Reporting Program for 38,230 isolated CABG patients undergoing surgery in 2000–2001 were linked to records in the California patient discharge data (PDD) abstract. Risk factors based on administrative data that mirrored clinical risk factors were developed using the condition present at admission indicator in the PDD to separate preoperative acute conditions from complications of surgery. Using logistic regression, risk model performance across data sources was compared along with hospital risk-adjusted mortality ranks and quality ratings. RESULTS: The administrative data showed lower prevalence of risk factors when compared with the clinical data. The clinical risk model had somewhat better discrimination (C = 0.824) than the administrative model (C = 0.799). The clinical model yielded 17 outliers and the administrative model 16 with agreement on 12 hospitals' status. Performance of the administrative risk model was minimally affected by removal of information from prior admissions and removal of risk factors not confirmed in the clinical record. CONCLUSIONS: Unique properties of the California administrative data, including the ability to distinguish acute preoperative risk factors from complications of surgery, permitted construction of an administrative risk model that predicts mortality on par with most published clinical models. Despite this, the administrative model identified slightly different hospital outliers, which may indicate somewhat biased assessments of hospital patient risk. Published in Medical care, v. 44, no. 7, July 2006, p. 687-695.

LRP-200607-03 Antioxidants Vitamin C and Vitamin E for the Prevention and Treatment of Cancer. I. D. Coulter, M. L. Hardy, S. C. Morton, L. G. Hilton, W. Tu, D. Valentine, P. G. Shekelle.

OBJECTIVE: To evaluate the evidence of the supplements vitamin C and vitamin E for treatment and prevention of cancer. METHODS: Systematic review of trials and meta-analysis. DATA SOURCES AND MAIN RESULTS: Thirty-eight studies showed scant evidence that vitamin C or vitamin E beneficially affects survival. In the ATBC Cancer Prevention Study Group, no statistically significant effect of treatment was seen for any cancer individually, and our pooled relative risk (regardless of tumor type) for a-tocopherol alone was 0.91 (95% confidence interval CI 0.74, 1.12). All cause mortality was not significant. In the Linxian General Population Trial, the relative risks for cancer death for vitamin C (combined with molybdenum) was 1.06 (95% CI: 0.92, 1.21) and for vitamin E (combined with beta-carotene and selenium) was 0.87 (95% CI: 0.76, 1.00). We identified only 3 studies that reported statistically significant beneficial results: vitamin C (in combination with BCG) was found to be beneficial in a single trial of bladder cancer and vitamin E (in combination with alpha-3 fatty acid) increased survival in patients with advanced cancer. In the ATBC trial, in analyses of 6 individual cancers, the prevention of prostate cancer in subjects treated with a-tocopherol was statistically significant (RR=0.64, 95% CI: 0.44, 0.94). CONCLUSIONS: The systematic review of the literature does not support the hypothesis that the use of

supplements of vitamin C or vitamin E in the doses tested helps prevent and/or treat cancer in the populations tested. There were isolated findings of benefit, which require confirmation. Published in Journal of general internal medicine, v. 21, no. 7, July 2006, p. 735–744.

LRP-200607-04 Socio-Environmental Influences on Adolescents' Alcohol Outcome Expectancies: A Prospective Analysis. S. C. Martino, R. L. Collins, P. L. Ellickson, T. L. Schell, D. F. McCaffrey.

AIMS: To investigate the prospective influence of social influence and social bonding variables on the development of alcohol outcome expectancies among adolescents with and without drinking experience. DESIGN: Longitudinal data from students in the control schools of a field trial designed to evaluate a school-based drug prevention program. SETTING: A total of 19 middle schools in South Dakota, USA. MEASUREMENTS: An alcohol outcome expectancy scale administered to 1410 students in grades 8 and 9. After using confirmatory factor analysis (CFA) to develop an expectancies measure, multiple-group (grade 8 drinkers versus grade 8 non-drinkers) path analysis was used to model 9th grade alcohol expectancies. Grade 8 social influence and bonding variables were used as predictors, controlling for grade 8 expectancies. FINDINGS: At the bivariate level, peer and adult influences and social bonding variables were related consistently to alcohol outcome expectancies among drinkers and non-drinkers. A bivariate relationship between alcohol advertising and alcohol expectancies was found among drinkers only. In the multivariate model, greater alcohol use by important adults predicted independently increased alcohol positivity among drinkers; greater perceived approval of alcohol use by parents and peers predicted diminished perceived potency of alcohol among non-drinkers. Advertisement exposure and social bonding variables were not independent predictors of alcohol expectancies in the multivariate model. CONCLUSIONS: These findings suggest that attempts to alter adolescents' alcohol expectancies are likely to fail unless they address the influence of immediate social models on these beliefs. Published in Addiction, v. 101, no. 7, July 2006, p. 971–983.

LRP-200607-05 Impact of Postpartum Hospital-Stay Legislation on Newborn Length of Stay, Readmission, and Mortality in California. A. Datar, N. Sood.

OBJECTIVES. The objectives of this study were to examine the impact of postpartum hospital-stay legislation on newborns' length of stay, neonatal readmissions, and 1-year mortality in California, and whether this legislation had differential impacts by demographics and complications during delivery or pregnancy. METHODOLOGY. This study used linked birth certificates, death certificates and hospital discharge records for all full-term, normal birth weight, and singleton-birth newborns during 1991–2000 in California (n = 662 753). Interrupted time-series analyses were used to examine changes in newborns' length of stay and outcomes after 1 year, 2 years, and 3 years since the passage of postpartum laws. Multivariate linear and logistic regressions were estimated separately by maternal characteristics (race, education, age, and partity), delivery type, and complications during pregnancy or delivery. RESULTS. Length of stay increased by 9.5, 12, and 14 hours in years 1, 2, and 3, respectively, after the passage of the law. Increases were larger for newborns of white mothers, more educated mothers, mothers >35 years of age, primaparous mothers, cesarean deliveries, and Medicaid recipients, but there were no differences by pregnancy or delivery complications. The odds of neonatal readmission declined by 9.3%, 11.8%, and 19.7% in years 1, 2 and 3 after the law, respectively. The odds of infection-related readmissions declined by 21.5% and 30.3% in years 2 and 3, respectively. The odds of jaundice-related readmissions increased by 7% in year 1. There was no significant change in either the odds of readmission due to respiratory problems or the odds of 1-year mortality in the postlaw years. Demographic differences in the impact of the law on readmissions and mortality could not be detected because of lack of statistical power. CONCLUSIONS. Postpartum length of stay legislation was associated with increased length of stay among all births in California, with significant variation in the law's impact across demographic groups. After the law's passage, there was a significant decline in neonatal readmissions but not in 1-year mortality. Published in Pediatrics, v. 118, no. 1, July 2006, p. 63-72.

LRP-200607-06 Managing Medicaid Behavioral Health Care: Findings of a National Survey in the Year 2000. M. S. Ridgely, M. Maglione.

OBJECTIVE: Although Medicaid is the primary payer for public mental health systems, relatively little is known about managed care arrangements at the health plan level. METHODS: A brief cross-sectional survey was customized for each of the 51 Medicaid agencies. Survey data were collected and combined with Centers for Medicare and Medicaid Services data elements. Where possible, analyses were conducted at the state, waiver program, and health plan levels. RESULTS: Findings confirmed that most states were contracting to serve a broad range of Medicaid enrollees. The array of covered benefits was extensive. Health maintenance organization (HMO)-type arrangements accounted for most plans nationally, but 40 percent of plans were specialty carve-outs. Most states used capitation contracts, but a third shared risk with their vendors. A surprising number of states (41 percent) reported using governmental entities as vendors. CONCLUSIONS: By the year 2000, large numbers of public sector clients were being served by HMO-type arrangements. Benefit designs under managed care were perhaps more inclusive than some advocates had feared. The flexibility of capitation financing

may have enhanced the ability of health plans to ration care in a clinically informed manner. However, large numbers of vulnerable individuals were receiving care through fully capitated health plans. This finding suggests the need for vigilance by public-sector mental health and substance abuse authorities. Authorities should aggressively pursue opportunities to influence Medicaid policy. Published in Psychiatric services, v. 57, no. 7, July 2006, p. 1000–1006.

LRP-200607-07 Public Health Preparedness: Evolution or Revolution? N. Lurie, J. Wasserman, C. Nelson.

The recent emphasis on preparedness has created heightened expectations and has raised questions about the extent to which U.S. public health systems have evolved in recent years. This paper describes how public health preparedness is transforming public health agencies. Key signs of change include new partnerships, changes in the workforce, new technologies, and evolving organizational structures. Each of these elements has had some positive impact on public health; however, integration of preparedness with other public health functions remains challenging. The preparedness mission has also raised challenges in the areas of leadership, governance, quality, and accountability. Published in Health affairs, v. 25, no. 4, July-Aug. 2006, p. 935–945.

LRP-200607-08 Linguistic Disparities in Health Care Access and Health Status Among Older Adults. N. A. Ponce, R. D. Hays, Cunningham. William E.

BACKGROUND: English proficiency may be important in explaining disparities in health and health care access among older adults. SUBJECTS: Population-based representative sample (N=18,659) of adults age 55 and older from the 2001 California Health Interview Survey. METHODS: The authors examined whether health care access and health status vary among older adults who have limited English proficiency (LEP), who are proficient in English but also speak another language at home (EP), and who speak English only (EO). Weighted bivariate and multivariate survey logit analyses were conducted to examine the role of language ability on 2 aspects of access to care (not having a usual source of care, delays in getting care) and 2 indicators of health status (self-rated general health and emotional health). RESULTS: Limited-English proficient adults were significantly worse off (1.68 to 2.49 times higher risk) than EO older adults in 3 of our 4 measures of access to care and health status. Limited-English proficient older adults had significantly worse access to care and health status than EP older adults except delays in care. English proficient adults had 52% increased risk of reporting poorer emotional health compared with EO speakers. CONCLUSIONS: Provision of language assistance services to patients and training of providers in cultural competence are 2 means by which health care systems could reduce linguistic barriers, improve access to care, and ultimately improve health status for these vulnerable populations. Published in Journal of general internal medicine, v. 21, no. 7, July 2006, p. 786–791.

LRP-200607-09 Flexible Distributions for Triple-Goal Estimates in Two-Stage Hierarchical Models. S. M. Paddock, G. K. Ridgeway, R. Lin, T. A. Louis.

Performance evaluations often aim to achieve goals such as obtaining estimates of unit-specific means, ranks, and the distribution of unit-specific parameters. The Bayesian approach provides a powerful way to structure models for achieving these goals. While no single estimate can be optimal for achieving all three inferential goals, the communication and credibility of results will be enhanced by reporting a single estimate that performs well for all three. Triple goal estimates Shen and Louis, 1998. Triple-goal estimates in two-stage hierarchical models. J. Roy. Statist. Soc. Ser. B 60, 455_b6_s471 have this performance and are appealing for performance evaluations. Because triple-goal estimates rely more heavily on the entire distribution than do posterior means, they are more sensitive to misspecification of the population distribution and we present various strategies to robustify triple-goal estimates by using nonparametric distributions. We evaluate performance based on the correctness and efficiency of the robustified estimates under several scenarios and compare empirical Bayes and fully Bayesian approaches to model the population distribution. We find that when data are quite informative, conclusions are robust to model misspecification. However, with less information in the data, conclusions can be quite sensitive to the choice of population distribution. Generally, use of a nonparametric distribution pays very little in efficiency when a parametric population distribution is valid, but successfully protects against model misspecification. Published in Computational statistics and data analysis, v. 50, no. 11, July 2006, p. 3243 3262.

LRP-200607-10 Downsizing in the Nursing Home Industry. N. Castle, A. Men, J. Engberg.

Downsizing in the nursing home industry from 1992 to 2003 was examined. Most significantly, the authors show that downsizing is subsequently associated with improved quality. Published in Health care management review, v. 31, no. 3, July/Sept. 2006, p. 231–240.

LRP-200607-11 Omega-3 Fatty Acids and Cancer Risk. C. H. MacLean, S. J. Newberry.

Published in JAMA, Journal of the American Medical Association, v. 296, no. 3, letters, July 19, 2006, p. 282.

LRP-200607-13 Of Treatment Systems and Depression: An Overview of Quality-Improvement

Opportunities in Hospital-Based Psychiatric Care. M. D. Greenberg, H. A. Pincus, F. A. Ghinassi.

A clinical perspective on depression tends to focus on therapy and on medications or psychological interventions that may be helpful to individual patients. A broader view on the treatment enterprise, however, suggests that there are other dimensions to treatment and that opportunities for improving the quality of care and patient outcomes are not limited to innovation in therapeutics. This article examines several of the nonclinical facets of inpatient care, using the frame of a conceptual pyramid to explore the relationships between therapy and its professional, organizational, care-management, and economic concomitants. By drawing on a conceptual pyramid that elucidates several nonclinical dimensions of inpatient treatment for depression, the authors describe the potential for corresponding quality improvement activities among psychiatric providers. The pyramid suggests that there are multiple opportunities for future interventions to promote quality in inpatient psychiatric care, that those opportunities are considerably more varied than a purely clinical perspective might recognize, and that interventions in nonclinical aspects of the treatment system have the potential to cascade "downward" to affect clinical outcomes over time. Published in Harvard review of psychiatry, v. 14, no. 4, July-Aug. 2006, p. 195–203.

LRP-200607-14 Self-Regulation: Reminders and Suggestions from Personality Science. D. Cervone, W. G. Shadel, R. E. Smith, M. Fiori.

The self-regulation literature commonly is said to lack theoretical order. This paper explores the possibility that advances in personality science may foster clarity in this literature. Our goals are two-fold. The authors remind readers of conceptual distinctions that are central to contemporary personality science, that are necessary to the attainment of theoretical order in the self-regulation literature, yet that sometimes are overlooked. Secondly, the authors suggest that basic and applied students of self-regulation would profit by capitalising on recent advances in personality science that explore intra-individual personality structure and dynamics. The authors review theory and research on the architecture of intra-individual personality systems and applications of this work to three domains: health, clinical, and work/industrial/organisation psychology. Published in Applied psychology, v. 55, no. 3, July 2006, p. 333–385.

LRP-200607-15 Patterns of Care for Men with Prostate Cancer After Failure of Primary Treatment. T. L. Krupski, C. S. Saigal, J. M. Hanley, M. Schonlau, M. S. Litwin.

BACKGROUND: This study sought to determine trends in patterns of care after failure of primary prostate cancer treatment and to determine whether nonclinical factors influenced the receipt of secondary treatment. METHODS: The authors identified individuals treated for nonmetastatic prostate cancer in the years 1991–1999 from the linked databases of Medicare and the National Cancer Institute's Surveillance, Epidemiology, and End Results registry. The outcome of interest was receipt of secondary therapy. They performed Cox proportional hazard analyses to investigate the link between demographic and clinical characteristics and the likelihood of receiving secondary treatment after either surgery or radiation. RESULTS: Of 65,716 subjects who met our inclusion criteria, 10,200 (15%) received some form of secondary therapy. For men undergoing initial surgical or radiation therapy, tumor grade, year of diagnosis, and geographic region were associated with secondary therapy. No socioeconomic factors such as education, ethnicity, or income level were associated with secondary therapy. CONCLUSIONS: Patterns of care after primary prostate cancer therapy continue to vary regionally. Standardized clinical algorithms and utilization of prostate-specific antigen testing appear to have influenced secondary therapy rates. Published in Cancer, v. 107, no. 2, July 15, 2006, p. 258-265.

LRP-200607-16 The Effect of Postprostatectomy External Beam Radiotherapy on Quality of Life: Results from the Cancer of the Prostate Strategic Urologic Research Endeavor. J. C. Hu, E. P. Elkin, T. L. Krupski, J. L. Gore, M. S. Litwin.

BACKGROUND: Postprostatectomy salvage radiotherapy may improve prostate-specific antigen (PSA) progression-free survival, but little is known about its effect on quality of life. METHODS: From the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) data base, 1289 patients who had undergone radical prostatectomy (RP) without neoadjuvant or adjuvant hormone therapy completed validated health-related quality of life (HRQOL) questionnaires. Of these, 69 patients also received salvage radiotherapy at a median of 14 months after RP. The University of California-Los Angeles Prostate Cancer Index and the 36-item short form SF-36 questionnaire were used to compare HRQOL 12 to 18 months after external beam radiotherapy or 26 to 32 months after RP alone. Those responses also were compared with HRQOL responses from 55 men with data prior to and 12 to 18 months after primary radiotherapy. Multivariate regression identified differences between treatment groups. RESULTS: Men who underwent salvage radiotherapy were younger ($P = .03$) and had lower incomes ($P = .01$) than men who underwent RP alone; they also were younger than men who underwent primary radiotherapy ($P < .01$). In addition, men who received salvage radiotherapy were more likely than men who underwent RP alone to have clinically high-risk prostate cancer ($P < .01$). Multivariate analyses revealed that men who received salvage radiotherapy experienced more marked decrements in sexual function ($P = .01$) and bowel function ($P = .03$) than men who underwent RP alone. Salvage

radiotherapy led to less impairment of sexual function (P < .01) and less sexual bother (P = .04) than primary radiotherapy. CONCLUSIONS: Although salvage radiotherapy is associated with unclear survival benefits, it adversely affects sexual and bowel function. Until randomized clinical trials demonstrate disease-specific survival benefits for salvage radiotherapy, the HRQOL detriments of additional therapy must be weighed against improved PSA progression-free survival. Published in Cancer, v. 107, no. 2, July 15, 2006, p. 281–288.

LRP-200607-17 Peer Support Among Adults with Serious Mental Illness: A Report from the Field. L. Davidson, M. Chinman, D. Sells, M. Rowe.

Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations. While this belief is well accepted for many conditions, such as addiction, trauma, or cancer, stigma and stereotypes about mental illness have impeded attempts on the part of people in recovery to offer such supports within the mental health system. Beginning in the early 1990s with programs that deployed people with mental illness to provide conventional services such as case management, opportunities for the provision and receipt of peer support within the mental health system have proliferated rapidly across the country as part of the emerging recovery movement. This article defines peer support as a form of mental health care and reviews data from 4 randomized controlled trials, which demonstrated few differences between the outcomes of conventional care when provided by peers versus non-peers. The authors then consider what, if any, unique contributions can be made by virtue of a person's history of serious mental illness and recovery and review beginning efforts to identify and evaluate these potential valued-added components of care. The authors conclude by suggesting that peer support is still early in its development as a form of mental health service provision and encourage further exploration and evaluation of this promising, if yet unproven, practice. Published in Schizophrenia bulletin, v. 32, no. 3, July 2006, p. 443–450.

LRP-200607-18 Is the Drug Court Model Exportable? The Cost-Effectiveness of a Driving-under-the-Influence Court. C. Eibner, A. R. Morral, R. L. Pacula, J. M. Macdonald.

The authors assessed the cost-effectiveness of the Rio Hondo driving-under-the-influence (DUI) court, a therapeutic court intervention in Los Angeles County targeted to repeat DUI offenders. The effectiveness of this court intervention was determined through a randomized controlled field experiment. Although prior research does not identify differences in alcohol-related or criminal behavior between treated and control individuals at follow-up, the authors found improvements in behavior for all program participants regardless of treatment status. A cost-minimization analysis found that, on average, costs of the DUI court exceeded traditional court expenditures for second-time offenders but produced cost savings for third-time offenders. This suggests that implementing a DUI-specific court intervention for serious DUI recidivists is a worthwhile investment of public resources. The unique legal treatment of DUI offenders in California may hide additional cost savings that could be accrued in other jurisdictions through the adoption of DUI court programs. Published in Journal of substance abuse treatment, v. 31, no. 1, July 2006, p. 75–85.

LRP-200608-01 Poverty and Response to Treatment Among Panic Disorder Patients in Primary Care. P. P. Roy-Byrne, C. D. Sherbourne, J. Miranda, M. B. Stein, M. G. Craske, D. Golinelli, J. G. Sullivan.

OBJECTIVE: Despite well-established links between poverty and poor mental illness outcome as well as recent reports exploring racial and ethnic health disparities, little is known about the outcomes of evidence- based psychiatric treatment for poor individuals. METHOD: Primary care patients with panic disorder (N=232) who were participating in a randomized controlled trial comparing a cognitive behavior therapy (CBT) and pharmacotherapy intervention to usual care were divided into those patients above (N=152) and below (N=80) the poverty line. Telephone assessments at 3,6, 9, and 12 months were used to compare the amount of evidence-based care received as well as clinical and functional outcomes. RESULTS: Poor subjects were more severely ill at baseline, with more medical and psychiatric comorbidity. The increases in the amount of evidence-based care and reductions in clinical symptoms and disability were comparable in the two groups such that poorer individuals, although responding equivalently, continued to be more ill and disabled at 12 months. CONCLUSIONS: The comparable response of poor individuals in this study suggests that standard CBT and pharmacotherapy treatments for panic disorder do not need to be "tailored" to be effective in poor populations. However, the more severe illness both at baseline and follow-up in these poor individuals suggest that treatment programs may need to be extended in order to treat residual symptoms and disability in these patients so that they might achieve comparable levels of remission. Published in American journal of psychiatry, v. 163, no. 8, Aug. 2006, p. 1–7.

LRP-200608-02 Understanding Cancer Patients' Experience and Outcomes: Development and Pilot Study of the Cancer Care Outcomes Research and Surveillance Patient Survey. J. Malin, C. Ko, J. Z. Ayanian, D. Harrington, D. R. Nerenz, K. L. Kahn, J. Ganther-Urmie, P. J. Catalano, A. M. Zaslavsky, R. B. Wallace, E. Guadagnoli, N. K. Arora, M. D. Roudier, P. Ganz.

GOALS OF WORK: The National Cancer Institute s Cancer Care Outcomes Research and Surveillance (CanCORS)

Consortium is conducting a population-based study of newly diagnosed patients with lung and colorectal cancer to describe the experience of persons living with cancer and to understand which barriers present the most significant obstacles to their receipt of appropriate care. The keystone to this effort is the baseline patient survey administered approximately 4 months after diagnosis. PATIENTS AND METHODS: The authors developed a survey to obtain information from patients newly diagnosed with lung and colorectal cancer about their personal characteristics, decision making, experience of care, and outcomes. They conducted a pilot study to evaluate the feasibility of a lengthy and clinically detailed interview in a convenience sample of patients within 8 months of diagnosis (n=71). MAIN RESULTS: The median length of the interviews was 75 min for patients with lung cancer (range 43–130) and 82 min for patients with colorectal cancer (range 46-119). Most patients had received some form of treatment for their cancer: 66.1% had undergone surgery, 28.2% had received radiation therapy, and 54.9% were treated with chemotherapy. In addition, 26.7% reported their overall health was less than 70 on a 0-100 scale, demonstrating that patients with substantial health impairment were able to complete the survey. CONCLUSIONS: A clinically detailed survey of newly diagnosed lung and colorectal cancer patients is feasible. A modified version of this survey is being fielded by the CanCORS Consortium and should provide much needed population-based data regarding patients experiences across the continuum of cancer care and their outcomes. Published in Support care cancer, v. 14, no. 8, Aug. 2006, p. 837 848.

LRP-200608-03 Exposure to Degrading Versus Nondegrading Music Lyrics and Sexual Behavior Among Youth. S. C. Martino, R. L. Collins, M. N. Elliott, A. Strachman, D. E. Kanouse, S. H. Berry.

BACKGROUND: Early sexual activity is a significant problem in the United States. A recent survey suggested that most sexually experienced teens wish they had waited longer to have intercourse; other data indicate that unplanned pregnancy and sexually transmitted diseases are more common among those who begin sexual activity earlier. Popular music may contribute to early sex. Music is an integral part of teens' lives. The average youth listens to music 1.5 to 2.5 hours per day. Sexual themes are common in much of this music and range from romantic and playful to degrading and hostile. Although a previous longitudinal study has linked music video consumption and sexual risk behavior, no previous study has tested longitudinal associations between the content of music lyrics and subsequent changes in sexual experience, such as intercourse initiation, nor has any study explored whether exposure to different kinds of portrayals of sex has different effects. DESIGN AND PARTICIPANTS: We conducted a national longitudinal telephone survey of 1461 adolescents. Participants were interviewed at baseline (T1), when they were 12 to 17 years old, and again 1 and 3 years later (T2 and T3). At all of the interviews, participants reported their sexual experience and responded to measures of more than a dozen factors known to be associated with adolescent sexual initiation. A total of 1242 participants reported on their sexual behavior at all 3 time points; a subsample of 938 were identified as virgins before music exposure for certain analyses. Participants also indicated how frequently they listened to each of more than a dozen musical artists representing a variety of musical genres. Data on listening habits were combined with results of an analysis of the sexual content of each artist's songs to create measures of exposure to 2 kinds of sexual content: degrading and nondegrading. OUTCOME MEASURES: We measured initiation of intercourse and advancement in noncoital sexual activity level over a 2-year period. RESULTS: Multivariate regression analyses indicated that youth who listened to more degrading sexual content at T2 were more likely to subsequently initiate intercourse and to progress to more advanced levels of noncoital sexual activity, even after controlling for 18 respondent characteristics that might otherwise explain these relationships. In contrast, exposure to nondegrading sexual content was unrelated to changes in participants' sexual behavior. CONCLUSION: Listening to music with degrading sexual lyrics is related to advances in a range of sexual activities among adolescents, whereas this does not seem to be true of other sexual lyrics. This result is consistent with sexual-script theory and suggests that cultural messages about expected sexual behavior among males and females may underlie the effect. Reducing the amount of degrading sexual content in popular music or reducing young people's exposure to music with this type of content could help delay the onset of sexual behavior. Published in Pediatrics, v. 118, no. 2, Aug. 2006, p. e430-e441.

LRP-200608-04 Use of Geocoding and Surname Analysis to Estimate Race and Ethnicity. K. Fiscella, A. M. Fremont.

OBJECTIVE: To review two indirect methods, geocoding and surname analysis, for estimating race/ethnicity as a means for health plans to assess disparities in care. STUDY DESIGN: Review of published articles and unpublished data on the use of geocoding and surname analyses. PRINCIPAL FINDINGS: Few published studies have evaluated use of geocoding to estimate racial and ethnic characteristics of a patient population or to assess disparities in health care. Three of four studies showed similar estimates of the proportion of blacks and one showed nearly identical estimates of racial disparities, regardless of whether indirect or more direct measures (e.g., death certificate or CMS data) were used. However, accuracy depended on racial segregation levels in the population and region assessed and geocoding was unreliable for identifying Hispanics and Asians/Pacific

Islanders. Similarly, several studies suggest surname analyses produces reasonable estimates of whether an enrollee is Hispanic or Asian/Pacific Islander and can identify disparities in care. However, accuracy depends on the concentrations of Asians or Hispanics in areas assessed. It is less accurate for women and more acculturated and higher SES persons due intermarriage, name changes, and adoption. Surname analysis is not accurate for identifying African Americans. Recent unpublished analyses suggest plans can successfully use a combined geocoding/surname analyses approach to identify disparities in care in most regions. Refinements based on Bayesian methods may make geocoding/surname analyses appropriate for use in areas where the accuracy is currently poor, but validation of these preliminary results is needed. CONCLUSIONS: Geocoding and surname analysis show promise for estimating racial/ethnic health plan composition of enrollees when direct data on major racial and ethnic groups are lacking. These data can be used to assess disparities in care, pending availability of self-reported race/ethnicity data. Published in HSR, Health services research, v. 41, no. 4, pt. 1, Aug. 2006, p. 1482–1500.

LRP-200608-06 Looking Forward: Cross-Cutting Issues in the Collection and Use of Racial/Ethnic Data. N. Lurie, A. M. Fremont.

Availability of reliable and valid race/ethnicity data is essential for monitoring and improving quality of care for minority groups. The authors explore the limitations and challenges posed by existing means of data collection and discuss issues that need to be considered as the data are analyzed and used. Published in HSR, Health services research, v. 41, no. 4, pt. 1, Aug. 2006, p. 1519–1533.

LRP-200608-07 Variations in Reconstruction After Radical Cystectomy. J. L. Gore, C. S. Saigal, J. M. Hanley, M. Schonlau, M. S. Litwin.

BACKGROUND: Most urologists specializing in the management of patients with bladder cancer consider continent urinary diversion the reconstructive technique that affords the best quality of life after radical cystectomy. The authors sought to evaluate factors that predict reconstructive technique after radical cystectomy. METHODS: Using linked data from Medicare and the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) program, 3611 subjects were identified who underwent radical cystectomy for bladder cancer between 1992 and 2000. Multivariate logistic regression was used to identify factors independently associated with utilization of continent reconstruction after radical cystectomy, incorporating patient and provider variables. RESULTS: In multivariate analysis, the likelihood of continent diversion was inversely associated with older age (odds ratio OR 0.68, P .002), African American race (OR 0.43, P = .003), and higher comorbidity index (OR 0.71, P = .03), and directly associated with male sex (OR 1.45, P = .002), higher education level (OR 1.54, P = .03), and year of surgery (OR 1.56, P < .001 for all year categories vs. 1992–1994). Treatment at academic (OR 1.43, P = .003) and NCI-designated cancer centers (OR 5.50, P < .001) and by high-volume providers (OR 1.49, P < .001) was independently associated with continent reconstruction. CONCLUSIONS: Disparities in the utilization of continent urinary diversion after radical cystectomy suggest that demographic, socioeconomic, provider-based, and clinical variables predict the likelihood that those undergoing radical cystectomy will receive continent reconstruction. Regionalization of bladder cancer care may ameliorate many of the disparities noted but must be balanced against the risk imposed by a delay in care. Published in Cancer, v. 104, no. 4, Aug. 15, 2006, p. 729-737.

LRP-200608-08 Rising Medicare Costs: Are We in Crisis? D. P. Goldman, N. Sood.

Kenneth Thorpe and David Howard provide an important snapshot of the long-term trends in Medicare beneficiaries' health care spending. They use clever methods to shed new light on increases in per capita spending, convincingly demonstrating that treatment patterns are a major factor. But several puzzles remain. Trends in per capita spending differ from other findings in that Thorpe and Howard find costs rising fastest for those with multiple conditions, and it is unclear what would happen if one took lifetime spending into account. Reliable predictions about long-term trends will require information on any health benefits associated with increases in diagnosis and treatment. Published in Health affairs, v. 25, no. 5, Aug. 22, 2006, p. w-389-w390.

LRP-200608-09 Expanding the Definition of a Positive Family History for Early-Onset Coronary Heart Disease. M. T. Scheuner, W. C. Whitworth, H. McGruder, P. W. Yoon, M. J. Khoury.

PURPOSE: Assessing familial risk for early-onset coronary heart disease (CHD) is typically limited to first-degree relatives with early-onset CHD. To evaluate the impact of additional family history, the authors examined the associations between various family history definitions and early-onset CHD. METHODS: By using the national HealthStyles 2003 survey data, the authors assessed associations between self-reported family history and personal history of early-onset CHD (diagnosed at or before age 60 years), adjusting for demographics, hypercholesterolemia, hypertension, and obesity. RESULTS: Of 4,035 respondents, 60% were female and 72% were white, with a mean age of 48.8 years; 4.4% had early-onset CHD. In addition to having at least one first-degree relative with early-onset CHD, other significant associations included having at least one first-degree relative with late-onset CHD, at least one second-degree relative with early-onset CHD, and two or more affected second-degree

relatives regardless of age of onset of CHD. Early-onset stroke in at least one first-degree relative and, in women, having at least one first-degree relative with diabetes were also significantly associated with early-onset CHD. CONCLUSIONS: Family history beyond early-onset CHD in first-degree relatives is significantly associated with prevalent CHD diagnosed at or before age 60 years. Published in Genetics in medicine, v. 8, no. 8, Aug. 2006, p. 491–501.

LRP-200608-10 Familia Risk Assessment for Early-Onset Coronary Heart Disease. M. T. Scheuner, W. C. Whitworth, H. McGruder, P. W. Yoon, M. J. Khoury.

PURPOSE: The authors examined the performance of a familial risk assessment method that stratifies risk for early-onset coronary heart disease by considering the number of relatives with coronary disease, degree of relationship, lineage, and age at diagnosis. METHODS: By using data from the HealthStyles 2003 survey, the authors assessed the associations between familial risk and early-onset coronary heart disease, diabetes, hypercholesterolemia, hypertension, and obesity. By using area under the curve statistics, the authors evaluated the discriminatory ability of various risk assessment models. RESULTS: Of 4035 respondents, 60% were female and 72% were white, with a mean age of 48.8 years. After adjustment for demographics, strong and moderate risk were significantly associated with approximately a five- and twofold risk of early-onset coronary disease, respectively. After adjustment for demographics and personal history of cardiovascular disease, strong familial risk was also significantly associated with diabetes, hypercholesterolemia, hypertension, and obesity. A risk assessment model that included familial risk, demographics, and personal history of diabetes, hypercholesterolemia, hypertension, and obesity was most optimal with an area under the curve statistic of 87.2% CONCLUSIONS: Familial risk assessment can stratify risk for early-onset coronary heart disease. Several conditions associated with increased familial risk can be prevented. These results have important implications for risk assessment and risk-reducing interventions. Published in Genetics in medicine, v. 8, no. 8, Aug. 2006, p. 525–531.

LRP-200608-11 The Role of Hyperarousal in the Manifestation of Posttraumatic Psychological Distress Following Injury. G. N. Marshall, T. L. Schell, S. M. Glynn, V. Shetty.

The authors examined the temporal relation among posttraumatic stress disorder symptom clusters, using data derived from a longitudinal study of survivors of orofacial injury (N = 264). They conducted cross-lagged panel analyses, with self-reported symptom data collected at 1, 6, and 12 months postinjury. Results demonstrate that hyperarousal was a potent predictor of subsequent symptoms of reexperiencing and avoidance as well as hyperarousal. By contrast, neither reexperiencing nor avoidance was significantly related to other symptom clusters other than themselves over time. These findings underscore the distinctive nature of hyperarousal in the manifestation of posttraumatic psychological distress over time. Implications for theory, clinical intervention, and future research are discussed. Published in Journal of abnormal psychology, v. 115, no. 3, Aug. 2006, p. 624–628.

LRP-200608-12 Co-Location of Health Care for Adults with Serious Mental Illness and HIV Infection. J. G. Sullivan, D. E. Kanouse, A. S. Young, X. Han, J. F. Perlman, P. Koegel.

This study describes persons with serious mental illness and comorbid HIV infection and examines the effect of co-location of mental health and HIV care on satisfaction, service utilization, and appropriateness of care. One hundred and eighteen subjects completed interviews and gave blood samples; medical records were abstracted. Most reported few barriers to care and satisfaction with mental health and HIV treatment. Co-location of mental health and HIV care did not influence satisfaction with care, utilization of services, or appropriateness of care. This report challenges the notion that persons with serious mental illnesses receive inadequate health care and that they have minimal capacity for illness management. These subjects may be benefiting from increased funding for, and attention to, persons with HIV infection. Published in Community mental health journal, v. 42, no. 4, Aug. 2006, p. 345–561.

LRP-200608-14 Discussing Quality-of-Life Issues with a Patient Newly Diagnosed with Prostate Cancer. J. L. Gore, D. F. Penson, M. S. Litwin.

BACKGROUND: A 66-year-old man with hypertension, hyperlipidemia, and benign prostatic hyperplasia presented for evaluation of an elevated PSA level of 6.2 ng/ml. INVESTIGATIONS: Transrectal ultrasound-guided 12-core prostate needle biopsy. DIAGNOSIS: Clinically localized, clinical stage T1c adenocarcinoma of the prostate. MANAGEMENT: Following a full discussion of the risks and benefits of his treatment options, including quality-of-life sequelae, the patient opted for radical prostatectomy. Published in Nature clinical practice urology, v. 3, no. 8, Aug, 2006, p. 449–452.

LRP-200608-16 Psychometric Performance of the National Eye Institute Visual Function Questionnaire in Latinos and Non-Latinos. R. S. Baker, M. Bazargan, J. L. Calderâon, R. D. Hays.

OBJECTIVE: To compare the psychometric performance of Spanish versions of the 25-item National Eye Institute Visual Function Questionnaire (NEI VFQ-25) and the NEI VFQ-39 administered to Latino patients with the psychometric performance of the standard English NEI

VFQ-25 and NEI VFQ-39 administered to non-Latino patients. DESIGN: Clinic-based cross-sectional survey. PARTICIPANTS: Four hundred three patients (160 Latinos and 243 non-Latinos) recruited from general ophthalmology clinics of an urban public hospital over a 6-month period. METHODS: Structured face-to-face interviews were conducted in Spanish and English to collect data for the NEI VFQ-25 and NEI VFQ-39. The authors calculated the mean, standard deviation, and percentage of participants having the minimum (floor) and maximum (ceiling) possible score for each item and scale. Internal consistency reliability of the NEI VFQ-25 and NEI VFQ-39 was estimated using the Cronbach alpha and average inter-item correlation. Construct validity for the instruments was assessed by comparing scores for participants classified as having normal versus impaired visual acuity. MAIN OUTCOME MEASURES: Instrument scales for general health; general vision; ocular pain; near activities; distance activities; vision-specific social functioning, mental health, role difficulties, and dependency; driving; color vision; and peripheral vision. RESULTS: Internal consistency reliability was significantly lower in the Spanish version than in the English version for 3 scales of the NEI VFQ-25. More importantly, 3 scales in the Spanish version manifested inadequate reliability (alpha< or =0.70), compared with only 1 inadequately reliable subscale in the English version. Reliability coefficients associated with the Spanish NEI VFQ-39 scales exceeded commonly accepted minimum standards. Comparison of reliability coefficients between Latino and non-Latino subgroups demonstrated statistically significant differences for 4 scales: Ocular Pain, Mental Health, Role Difficulties, and Dependency. In each case, the Latino group had the lower internal consistency reliability. However, only for the Ocular Pain subscale was reliability both significantly lower and inadequate (alpha<0.70). CONCLUSION: Overall performance of the NEI VFQ in Latino populations is adequate. However, in the absence of modifications to improve the reliability of specific Spanish version subscales, comparisons between Latino and non-Latino subgroups using the NEI VFQ must be interpreted with appropriate caution. Published in Ophthalmology, v. 113, no. 8, Aug. 2006, p. 1363–1371, 1371.e1-1371.e2.

LRP-200609-01 Predictors of Unprotected Sex with Non-Cohabitating Primary Partners Among Sheltered and Low-Income Housed Women in Los Angeles County. J. S. Tucker, S. L. Wenzel, M. N. Elliott, K. Hambarsoomians.

This study investigated associations of substance use, relationship abuse and HIV self-protective behavior with unprotected sex among 290 impoverished women with a non-cohabitating primary partner. Unprotected sex was associated with having a physically or psychologically abusive partner among low-income housed women, and having an abusive partner who also drank to intoxication among women living in shelters. Indicators of HIV self-protective behavior were associated with less frequent unprotected sex among sheltered women, even after accounting for abuse and substance use within the relationship. Results suggest the need for HIV-prevention interventions to address the problems of partner substance use and relationship abuse. Published in Journal of health psychology, v. 11, no. 5, Sept. 2006, p. 697–710.

LRP-200609-02 Challenges in the Evaluation and Implementation of School-Based Prevention and Intervention Programs on Sensitive Topics. L. Jaycox, D. F. McCaffrey, B. Weidmer, G. A. Shelley, S. M. Blake, D. J. Peterson, L. S. Richmond, J. E. Kub.

The current emphasis on best practices for school-based health and mental health programs brings with it the demand for evaluation efforts in schools. This article describes the challenges of launching a successful school program and evaluation, with lessons learned from three projects that focus on intimate partner violence. The authors discuss issues related to constraints on the research design in schools, the recruitment of schools and participants within schools, program and evaluation implementation issues, the iterative implementation-evaluation cycle, and the dissemination of programs and study findings. The authors emphasize the need for flexibility and cultural awareness during all stages of the process Published in The American journal of evaluation, v. 27, no. 4, Sept. 2006, p. 320–336.

LRP-200609-03 Social Control of Health Behavior: Associations with Conscientiousness and Neuroticism. J. S. Tucker, M. N. Elliott, D. J. Klein.

Despite considerable research demonstrating associations of conscientiousness and neuroticism with health-related behavior, our understanding of how and why these traits are related to lifestyle is limited. This study examined the social regulation of health behavior in a probability sample of 509 household residents who completed a Random Digit Dial (RDD) telephone survey. Results suggest that the social regulation of health behavior experienced by highly conscientious individuals has more to do with their own internalized notions of responsibility and obligation to others than to specific actions by others aimed at influencing their health habits. In contrast, individuals with higher neuroticism experience more overt attempts by others to influence their health habits but have more negative affective and behavioral responses to these social influence attempts. Findings suggest that elucidating the distinct social influence processes that operate for conscientiousness and neuroticism may further understanding of how these traits are related to health behaviors and status. Published in Personality and social psychology bulletin, v. 32, no. 9, Sept. 2006, p. 1143–1152.

LRP-200609-04 Computerized Condition-Specific Templates for Improving Care of Geriatric Syndromes in a Primary Care Setting. C. H. Fung.

INTRODUCTION: As the U.S. population ages, primary care clinicians (PCCs) will encounter more patients with geriatric syndromes, such as urinary incontinence (UI) and falls. Yet, current evidence suggests that care of these conditions does not meet expected standards and that PCCs would benefit from tools to improve care of these conditions. Little is known about the role of computerized condition-specific templates for improving care of geriatric syndromes. AIM: The authors sought to develop and assess the usefulness of condition-specific computerized templates in a primary care setting. SETTING: A large academic Veterans Affairs medical center. PROGRAM DESCRIPTION: The authors developed and tested the usefulness of 2 condition-specific computerized templates (UI and falls) that could be added on to an existing electronic health record system. PROGRAM EVALUATION: Semistructured interviews were used to identify barriers to use of computerized templates. Usefulness and usability were assessed through a randomized-controlled trial involving standardized patients. DISCUSSION: Use of condition-specific templates resulted in improved history and physical exam assessment for both UI and falls (P<.05). Our computerized, condition-specific templates are a promising method for improving care of geriatric conditions in a primary care setting, but require improvement in usability before widespread implementation. Published in Journal of general internal medicine, v. 21, no. 9, Sept. 2006, p. 989–994.

LRP-200609-05 Marginal Cost of Emergency Department Outpatient Visits: An Update Using California Data. A. Bamezai, G. Melnick.

OBJECTIVE: The authors sought to clarify the importance of time frame in the measurement of marginal cost and to provide marginal cost estimates for outpatient emergency department (ED) visits that better reflect current economic conditions. DATA SOURCES: Analyses are based upon data that California hospitals report to the Office of Statewide Health Planning and Development (OSHPD). The time period covered was 1990 through 1998. Hospitals without EDs, or hospitals designated as trauma centers, were excluded from the analysis. STUDY DESIGN: Nine years of panel data were used to estimate hospital cost functions, which were then used to test for economies of scale and to derive estimates of both short- and long-run marginal costs (excluding the physician expense component). PRINCIPAL FINDINGS: The authors found only weak evidence in favor of scale economies and, in that context, they argue that long-run marginal costs should be the preferred metric for judging the cost of treating outpatient ED visitors. The authors estimate these long-run costs (in 1998 dollars) to be roughly $348 per visit for large urban hospitals, $288 for other urban hospitals, $203 for rural hospitals, and $314 overall. CONCLUSIONS: Our results suggest that the marginal cost of an outpatient ED visit is larger than is commonly believed. A key implication of this finding is that hospital administrators need to think more carefully about their nonurgent care policies, especially as they pertain to ED operations. Published in Medical care, v. 44, no. 9, Sept. 2006, p. 835–841.

LRP-200609-06 ZIP Code Correlates of HIV-Testing: A Multi-Level Analysis in Los Angeles. S. L. Taylor, A. A. Leibowitz, P. A. Simon, O. Grusky.

In this study the authors examine how individuals' residential areas relate to their HIV-testing, regardless of individuals' characteristics. Data from a 1999 random probability sample of Los Angeles (LA) County adults (n = 5475) was used to conduct a multi-level analysis of HIV-testing among respondents in (1) all 233 ZIP codes and (2) the subset of regions with higher rates of higher-risk sex. Results showed that HIV-testing rates varied across individuals' residential ZIP codes. Throughout LA and in higher-risk regions, residents of areas containing concentrations of African Americans were more likely to test for HIV than residents of White or Latino areas, regardless of individuals' own race/ethnicity or the number of AIDS cases or testing sites in ZIP codes. However, residents of Latino areas were no more likely to test than residents of White areas. This is a concern because of increasing rates of HIV-infection among Latinos. The authors conclude that opportunities exist to increase testing in Latino higher-risk areas. Published in AIDS and behavior, v. 10, no. 5, Sept. 2006, p. 579–586.

LRP-200609-07 Correlates of Sex Without Serostatus Disclosure Among a National Probability Sample of HIV Patients. O. K. Duru, R. L. Collins, D. H. Ciccarone, S. C. Morton, R. Stall, R. L. Beckman, A. Miu, D. E. Kanouse.

The authors examined potential correlates of sex without HIV disclosure within a sample of 875 participants from the HIV Cost and Services Utilization Study. Interviews with each participant assessed sexual activities with up to six recent partners, and this study included both respondent and partnership characteristics. Compared with marriage and/or primary same-sex relationships, occasional partnerships and one-time encounters were associated with sex with disclosure, and shorter relationships were more likely to involve sex without disclosure. Knowledge of partner serostatus was also associated with sex without disclosure. Women were less likely to have sex without disclosure than men having sex with men. The authors found an association between the perceived duty to disclosure to all partners and sex without disclosure, while they found no association in multivariate analyses between outcome expectancies and sex without disclosure. Published in AIDS and behavior, v. 10, no. 5, Sept. 2006, p. 495 507.

LRP-200609-08 Childhood Overweight and Elementary School Outcomes. A. Datar, R. Sturm.

OBJECTIVE: To examine the link between childhood overweight status and elementary school outcomes. DESIGN: Prospective study design: multivariate regression models examining the association between changes in overweight status and school outcomes between kindergarten entry and end of third grade, after controlling for various child, family and school characteristics. SUBJECTS: Nationally representative sample of US children who entered kindergarten in 1998, with longitudinal data on body mass index (BMI) and school outcomes at kindergarten entry and end of third grade. MEASUREMENTS: Wide range of elementary school outcomes collected in each wave including academic achievement (math and reading standardized test scores); teacher reported internalizing and externalizing behavior problems (BP), social skills (self-control, interpersonal skills) and approaches to learning; school absences; and grade repetition. Measurements of height and weight in each wave were used to compute BMI and indicators of overweight status based on CDC growth charts. A rich set of control variables capturing child, family, and school characteristics. RESULTS: Moving from not-overweight to overweight between kindergarten entry and end of third grade was significantly associated ($P<0.05$) with reductions in test scores, and teacher ratings of social-behavioral outcomes and approaches to learning among girls. However, this link was mostly absent among boys, with two exceptions - boys who became overweight had significantly fewer externalizing BPs ($P<0.05$), but more absences from school compared to boys who remained normal weight. Being always-overweight was associated with more internalizing BP among girls but fewer externalizing BPs among boys. CONCLUSION: Change in overweight status during the first 4 years in school is a significant risk factor for adverse school outcomes among girls but not boys. Girls who become overweight during the early school years and those who start school being overweight and remain that way may need to be monitored carefully. Published in International journal of obesity, v. 30, no. 9, Sept. 2006, p. 1449 1460.

LRP-200609-09 Opportunities in Hispanic Drug Abuse Research. H. Amaro, M. Y. Iguchi.

Published in Drug and alcohol dependence, v. 84, suppl. 1, editorial, Sept. 2006, p. S1 S3.

LRP-200609-10 Needs and Scientific Opportunities for Research on Substance Abuse Treatment Among Hispanic Adults. H. Amaro, S. Arâevalo, G. Gonzalez, J. Szapocznik, M. Y. Iguchi.

The results of a focused search of the literature on empirical studies of substance abuse treatment outcomes with Hispanic adults are reviewed. Also provided are key research opportunities and recommendations on substance abuse treatment for Hispanics. The paper is divided into two major sections: the first focuses on behavioral drug treatment studies on Hispanic adults, and the second identifies published original articles in pharmacotherapy for substance abuse disorders in Hispanic populations. The authors found a common theme that appears to cut across research on behavioral treatment and pharmacotherapy, namely that more empirical research is needed to determine which treatments are efficacious with Hispanic populations. For treatment modalities not associated with promising effect sizes with Hispanic samples, cultural modifications may be needed to improve the compatibility of the treatment with Hispanic culture. For those treatments found to have promising effect sizes with Hispanic populations, follow-up analyses and/or studies should be conducted to ascertain whether the treatment is differentially efficacious with various Hispanic subgroups, with Hispanics at different levels of acculturation, and with Hispanics from various socioeconomic backgrounds. The authors stress the need for theory-driven interventions to be developed specifically for well-characterized Hispanic subgroups (e.g., suburban, middle-income Puerto Ricans living in the Northeast). Published in Drug and alcohol dependence, v. 84, suppl. 1, Sept. 2006, p. S64-S75.

LRP-200609-11 Benefit Design and Specialty Drug Use. D. P. Goldman, G. Joyce, G. Lawless, W. H. Crown, V. Willey.

In this paper the authors examine spending by privately insured patients with four conditions often treated with specialty drugs: cancer, kidney disease, rheumatoid arthritis, and multiple sclerosis. Despite having employer-sponsored health insurance, these patients face substantial risk for high out-of-pocket spending. In contrast to traditional pharmaceuticals, the authors find that specialty drug use is largely insensitive to cost sharing, with price elasticities ranging from 0.01 to 0.21. Given the expense of many specialty drugs, care management should focus on making sure that patients who will most benefit receive them. Once such patients are identified, it makes little economic sense to limit coverage. Published in Health affairs, v. 25, no. 5, Sept. 2006, p. 1319–1331.

LRP-200609-12 Massachusetts Health Reform: Beauty Is in the Eye of the Beholder. E. A. McGlynn, J. Wasserman.

The Massachusetts plan to extend health insurance coverage to nearly all of the state's residents offers several lessons related to health reform, including the following: Bipartisan cooperation is possible; multiple policy mechanisms must be employed to achieve meaningful change; the starting point—in terms of the rate of uninsurance, the degree of insurance market regulation, and so on—matters; and implementation details are critical. In addition to these

lessons, the authors argue that objective analysis and a comprehensive framework for evaluating alternative policy options are needed for similar reforms to be enacted elsewhere. Published in Health affairs, v. 25, no. 6, Sept. 14, 2006, p. W447-W449.

LRP-200609-13 Reliving History and Renewing the Health Care Reform Debate. K. P. Derose, N. Lurie.

Published in Annals of family medicine, v. 4, no. 5, Editorial Sept.-Oct. 2006, p. 388–390.

LRP-200609-14 Hispanic Concentration and the Conditional Influence of Collective Efficacy on Adolescent Childbearing. S. Way, B. K. Finch, D. Cohen.

OBJECTIVE: To determine how Hispanic residential concentration moderates the relationship between neighborhood collective efficacy and teenage birth rates. DESIGN: Cross-sectional analysis of census tract level survey data and birth records. SETTING: Sixty-five Los Angeles (California) County census tracts in 2000 and 2001. PARTICIPANTS: Measures of neighborhood collective efficacy from 2600 adults from the Los Angeles Family and Neighborhood Study (LAFANS) survey were linked with demographic information from the US 2000 Census and Los Angeles County birth records for 10- through 19-year-old mothers. MAIN EXPOSURES: Collective efficacy and Hispanic residential concentration. MAIN OUTCOME MEASURES: Married and unmarried teenage birth rates. RESULTS: In census tracts with less than a 50% Hispanic population, a 1-SD increase in collective efficacy was associated with a 5.07 births per 1000 decrease in the unmarried teenage birth rate (P<.05). In census tracts with a 50% or greater Hispanic population, a 1-SD increase in collective efficacy was not statistically related to unmarried rates, but it was associated with a 3.43 increase in the married teenage birth rate (P<.05). CONCLUSIONS: Collective efficacy may help reduce adolescent childbearing in some, but not all, neighborhoods. An interaction between collective efficacy and Hispanic population concentration suggests cultural variation may play a role in how collective efficacy influences adolescent fertility. Possible explanations for the positive relationship between collective efficacy and married birth rates found in segregated Hispanic neighborhoods include profertility orientations and availability of childrearing networks for young parents. To help harness social capital to improve public health outcome, the authors suggest future studies examine the role of community cultural variation. Published in Archives of pediatrics and adolescent medicine, v. 160, no. 9, Sept. 2006, p. 925–930.

LRP-200609-15 The Impact of Realized Access to Care on Health-Related Quality of Life: A Two-Year Prospective Cohort Study of Children in the California State Children's Health Insurance Program. M. Seid, J. W. Varni, L. Cummings, M. Schonlau.

OBJECTIVE: To examine the effect of realized access to care (problems getting care, access to needed care) on health-related quality of life (HRQOL) in the California State Children's Health Insurance Program. STUDY DESIGN: This was a prospective cohort study (n = 4,925; 70.5% 3438 had complete data). Surveys were taken at enrollment and after 1 and 2 years in the program. Parents and children reported HRQOL (PedsQL 4.0 Generic Core Scales). Repeated-measures analysis accounted for within-person correlation and adjusted for baseline PedsQLi, baseline realized access, race/ethnicity, language, chronic health condition, and having a regular physician. RESULTS: Realized access to care during the prior year was related to HRQOL for each subsequent year. Foregone care and problems getting care were associated with decrements of 3.5 (P < .001) and 4.5 (P < .001) points for parent proxy-report PedsQL and with decrements of 3.2 (P < .001) and 4.4 (P < .001) points for child self-report PedsQL. Improved realized access resulted in higher PedsQL scores, continued realized access resulted in sustained PedsQL scores, and foregone care resulted in cumulative declines in PedsQL scores. CONCLUSIONS: Realized access to care is associated with statistically significant and clinically meaningful changes in HRQOL in children enrolled in the California State Children's Health Insurance Program. Published in The Journal of pediatrics, v. 149, no. 3, Sept. 2006. p. 354–361.

LRP-200609-16 Increasing HIV Testing Among Latinos by Bundling HIV Testing with Other Tests. F. H. Galvan, R. N. Bluthenthal, C. Ani, E. G. Bing.

Latinos in the United States are disproportionately impacted by HIV/AIDS. They accounted for 20.4% of the AIDS cases reported in 2003, despite the fact that they represent 13.3% of the civilian non-institutional population of the United States. Thus it is important to identify ways to increase HIV testing among Latinos engaging in high risk behaviors. One approach that has been proposed for increasing HIV testing is the "bundling" of HIV prevention interventions with other relevant services. This study examined whether offering HIV testing with screening for other conditions would increase HIV testing among Latino men who frequent gay bars. A cross-sectional survey of 394 Latino men was conducted at both urban and suburban gay bars. Overall, no statistical differences were found in the number of individuals who took the HIV test or who tested HIV-positive when the HIV test was offered with screening for other conditions (alcohol problems, drug dependence, depression, syphilis, gonorrhea and chlamydia) compared to when it was offered by itself. However, multivariate analysis found that three groups of Latino men were more likely to test for HIV when it was bundled with other tests: those who reported having sex primarily with women, those with other risk factors that could also be tested through a bundled test approach, and

those who were clients of the suburban gay bar that was farthest from a large geographical gay community. Further studies of bundled HIV testing should be conducted with other key subpopulations that may be more willing to take an HIV test when it is offered with other relevant tests than when offered by itself. Published in Journal of urban health, v. 83, no. 5, Sept. 2006, p. 849–859.

LRP-200609-17 A Systematic Review of Relations Between Neighborhoods and Mental Health. K. D. Truong, S. Ma.

Relations between neighborhood characteristics and resident mental health have been widely investigated in individual studies. The authors systematically reviewed this literature with a focus on two areas: methodologies and quantitative results. As for methodologies, they examined five major issues: definitions and measures of neighborhoods; definitions and measures of mental health; controls for individual characteristics; conceptual models; and analytical models. As for quantitative results, the relations were reviewed by types of neighborhoods. 27/29 included studies found statistically significant association between mental health and at least one measure of neighborhood features, after adjusting for individual factors. This association was evident for all types of characteristics, varying from sociodemographic features to physical environment, and from objective to subjective measures. Neighborhood effects were generally modest relative to individual effects, and weakened when individual characteristics were entered into regression models. As only two studies used randomized and controlled trials, causal relationships must be interpreted with caution. BACKGROUND: The relationship between neighborhood characteristics and resident mental health has been widely investigated in individual studies in recent years, but this literature is not adequately reviewed. AIMS OF THE STUDY: To systematically review relevant individual research of the relation between neighborhoods and adult mental health by identifying and synthesizing all relevant studies in this literature. METHODS: The authors conducted an electronic search with PubMed and PsycINFO, and manual reference-checking, resulting in 8,562 screened studies of which 29 were selected. Studies were included in the main synthesis if they (i) were published in English in peer reviewed journals; (ii) had relevant definitions and measures of neighborhood characteristics; (iii) utilized standardized measures of adult mental health; (iv) controlled for individual characteristics; (v) reported quantitative results; and, (vi) studied a population in a developed country. The authors focused on two key areas within this literature: the methodologies utilized to study neighborhood effects and quantitative results. With regard to the former, they examined five major issues: (i) definitions and measures of neighborhoods; (ii) definitions and measures of mental health; (iii) controls for individual level characteristics; (iv) conceptual models; and (v) analytical models. As for quantitative results, the relation was reviewed by types of neighborhood characteristics. The authors summarized general quantitative findings and drew common conclusions across groups of studies. RESULTS: 27/29 studies found statistically significant association between mental health and at least one measure of neighborhood characteristics, after adjusting for individual factors. This association was evident for all types of neighborhood features, varying from sociodemographic characteristics to physical environment, and from objective to subjective measures. Neighborhood effects were weakened when adding individual-level characteristics into the regression models, and were generally modest relative to individual effects. DISCUSSION AND LIMITATIONS: Although the evidence is highly consistent across studies, detailed evaluation of each individual study reveals a complex reality. The included studies used various study designs and measures of mental health and neighborhoods, making generalization of their relationships less meaningful. It is not possible to conclude that studies with weaker controls for individual characteristics found stronger association between neighborhoods and mental health and vice versa. As only two studies used randomized and controlled trials, causal effects must be interpreted with caution. Formal meta-analysis techniques cannot be used due to large heterogeneity across the included studies. Efficient methods for quantitative analysis remain a great challenge. IMPLICATIONS FOR HEALTH POLICY: The current evidence suggests that efforts to improve mental health may be limited if only individual-level interventions are implemented. The calculation of the costs and benefits of neighborhood-level interventions deserves more attention. Moreover, policy makers may want to incorporate mental health as a measure for evaluating neighborhood improvement programs. IMPLICATIONS FOR FUTURE RESEARCH: There are not enough replicated or comparable studies in this literature to make more precise quantitative conclusions of this relation. Key aspects of study design and analyses could be improved to better understand the true nature of causal relationships. The data resolution of neighborhood characteristics needs to better match with the scale of neighborhood definition that is hypothesized to affect the residents' mental health. As experimental designs are rare in this area, thoughtful use of panel data, instrumental variable (IV) techniques, and other non-experimental approaches deserves further exploration. Published in The journal of mental health policy and economics, v. 9, no. 3, Sept. 12, 2006, p. 137–154.

LRP-200609-18 Identification of American Indian and Alaska Native Veterans in Administrative Data of the Veterans Health Administration and the Indian Health Service. B. J. Kramer, M. Wang, T. Hoang, J. O. Harker, B. Finke, D. Saliba.

The authors sought to determine the extent to which the Indian Health Service (IHS) identified enrollees who also use the Veterans Health Administration (VHA) as veterans. The authors used a bivariate analysis of administrative data from fiscal years 2002–2003 to study the target population. Of the 32259 IHS enrollees who received care as veterans in the VHA, only 44% were identified by IHS as veterans. IHS data underestimates the number of veterans, and both IHS and VHA need mechanisms to recognize mutual beneficiaries in order to facilitate better coordination of strategic planning and resource sharing among federal health care agencies. Published in American journal of public health, v. 96, no. 9, Sept. 2006, p. 1577-1578.

LRP-200609-19 Influence of Patient Preference and Primary Care Clinician Proclivity for Watchful Waiting on Receipt of Depression Treatment. M. Dwight-Johnson, L. S. Meredith, S. C. Hickey, K. B. Wells.

OBJECTIVE: The authors examined whether patients' preference for watchful waiting and their primary care clinician's proclivity for watchful waiting were associated with decreased likelihood of receiving depression treatment. METHODS: In a quality improvement intervention for depression in primary care, patients with depressive symptoms were identified through screening in 46 clinics from June 1996 to March 1997. The authors analyzed baseline survey data completed by clinicians and patients using logistic regression models. RESULTS: Of 1140 patients, 179 (16%) preferred watchful waiting over active treatment. After controlling for covariates, patients with depressive disorders who preferred watchful waiting were less likely to report use of antidepressants (OR=0.86, 95% CI=0.77–0.95). Among patients with depressive symptoms only, those who preferred watchful waiting were less likely to report antidepressant use (OR=0.84, 95% CI=0.76-0.93) or counseling (OR=0.84, 95% CI=0.77-0.95). Patients with less knowledge about depression were less likely to receive depression treatment. Clinician proclivity for watchful waiting was not associated with the likelihood that patients received depression treatment. CONCLUSIONS: Patient preference for watchful waiting is associated with lower rates of some depression treatments, especially among patients with subsyndromal depression. Addressing patient preference for watchful waiting in primary care may include active symptom monitoring and patient education. Published in General hospital psychiatry, v. 28, no. 5, Sept.-Oct. 2006, p. 379-386.

LRP-200609-21 Responsiveness and Minimal Important Differences for Patient Reported Outcomes. D. Revicki, D. Cella, R. D. Hays, J. A. Sloan, W. Lenderking, N. K. Aaronson.

Patient reported outcomes provide the patient's perspective on the effectiveness of treatment. The draft Food and Drug Administration guidance on patient reported outcomes for labeling and promotional claims raises a number of method and measurement issues that require further clarification, including methods of determining responsiveness and minimal important differences. For clinical trials, instruments need to be based on a clear conceptual framework, have evidence supporting content validity and acceptable psychometric qualities. The measures must also have evidence documenting responsiveness and interpretation guidelines (i.e., minimal important difference) to be most useful as effectiveness endpoints in clinical trials. The recommended approach is to estimate the minimal important difference based on several anchor-based methods, with relevant clinical or patient-based indicators, and to examine various distribution-based estimates (i.e., effect size, standardized response mean, standard error of measurement) as supportive information, and then to triangulate on a single value or small range of values for the MID. Confidence in a specific MID value evolves over time and is confirmed by additional research evidence, including clinical trial experience. The MID may vary by population and context, and no one MID will be valid for all study applications involving a PRO instrument. Responsiveness and MID must be demonstrated and documented for the particular study population, and these measurement characteristics are needed for PRO labeling and promotional claims Published in Health and quality of life outcomes, v. 4, no. 70, Sept. 27, 2006, p. 1–5

LRP-200609-23 Psychometric Characteristics of a Patient Satisfaction Instrument Tailored to the Concerns of African Americans. M. N. Fongwa, R. D. Hays, P. R. Gutierrez, A. L. Stewart.

The national initiative to eliminate health disparities by 2010 makes clear the need for culturally appropriate patient-reported outcome measures. The objective of the study was to refine and augment an existing comprehensive patient satisfaction instrument, the Group Health Association of America (GHAA) survey, to capture the health care concerns of African Americans from diverse socioeconomic backgrounds. Modifications of GHAA items included splitting, rewording, substituting, and adding items. The result was a 21-domain instrument Three new domains included respect, health education, and discrimination/stereotyping. A cross sectional survey of 600 African Americans and Whites yielded 237 usable surveys with 214 self- identified as African American (n=100) or White (n=1 14). Item-scale correlations were examined to evaluate the extent to which items correlated more highly with the scale they were intended to represent than they did with other scales. Support was found for 15 of 19 hypothesized multi-item scales. This study yields a survey that can be used to evaluate care delivered to African Americans and Whites. The survey needs to be evaluated in other samples to determine if it adequately reflects cultural

issues from other ethnic minorities. Published in Ethnicity & disease, v. 16, no. 4, Autumn 2006, p. 948–955.

LRP-200610-01 Racial Differences in Marijuana-Users' Risk of Arrest in the United States. R. Ramchand, R. L. Pacula, M. Y. Iguchi.

A recent study of arrest data show that African Americans are 2.5 times more likely to be arrested for marijuana possession offences than Whites, even though general prevalence estimates show that they are no more likely to be using. The current study investigates the purchase patterns of marijuana users from the 2002 National Survey on Drug Use and Health (NSDUH) to evaluate whether differences in purchasing behaviors exist across racial groups. Although in general people who purchase marijuana are more likely to buy in private settings and from someone they know, this analysis shows that African Americans are statistically more likely to engage in risky purchasing behaviors that increase their likelihood of arrest. Using trivariate probit regression with demographic, drug use, and drug market covariates, analyses reveal that African Americans are nearly twice as likely to buy outdoors (0.31 versus 0.14), three times more likely to buy from a stranger (0.30 versus 0.09), and significantly more likely to buy away from their homes (0.61 versus 0.48). These results provide an additional explanation for the differential in arrest rates between African Americans and Whites. Published in Drug and alcohol dependence, v. 84, no. 3, Oct. 2006, p. 264 272.

LRP-200610-02 Impacts of Evidence-Based Quality Improvement on Depression in Primary Care: A Randomized Experiment. L. V. Rubenstein, L. S. Meredith, L. E. Parker, N. P. Gordon, S. C. Hickey, C. Oken, M. L. Lee.

CONTEXT: Previous studies testing continuous quality improvement (CGI) for depression showed no effects. Methods for practices to self-improve depression care performance are needed. The authors assessed the impacts of evidence-based quality improvement (EBGI), a modification of CGI, as carried out by 2 different health care systems, and collected qualitative data on the design and implementation process. OBJECTIVE: Evaluate impacts Of EBGI on practice-wide depression care and outcomes. DESIGN: Practice-level randomized experiment comparing EBGI With usual Care. SETTING: Six Kaiser Permanente of Northern California and 3 Veterans Administration primary care practices randomly assigned to EBGI teams (6 practices) or usual care (3 practices). Practices included 245 primary care clinicians and 250,000 patients. INTERVENTION: Researchers assisted system senior leaders to identify priorities for EBGI teams; initiated the manual-based EBGI process; and provided references and tools. EVALUATION PARTICIPANTS: Five hundred and sixty-seven representative patients with major depression. MAIN OUTCOME MEASURES: Appropriate treatment, depression, functional status, and satisfaction. RESULTS: Depressed patients In EBGI practices showed a trend toward more appropriate treatment compared with those in usual care (46.0% vs 39.9% at 6 months, P=.07), but no significant improvement in 12-month depression symptom outcomes (27.0% vs 36.1% poor depression outcome, P=.18). Social functioning improved significantly (mean score 65.0 vs 56.8 at 12 months, P=.02); physical functioning did not. CONCLUSION: Evidence-based quality improvement had perceptible, but modest, effects on practice performance for patients with depression. The modest improvements, along with qualitative data, identify potential future directions for improving CGI research and practice. Published in Journal of general internal medicine, v. 21, no. 10, Oct. 2006, p. 1027–1035.

LRP-200610-03 Comparison of Data Quality for Reports and Ratings of Ambulatory Care by African American and White Medicare Managed Care Enrollees. M. N. Fongwa, W. E. Cunningham, R. Weech-Maldonado, P. R. Gutierrez, R. D. Hays.

OBJECTIVE: Compare missing data and reliability of health care evaluations between African Americans and Whites in Medicare managed care health plans. METHOD: Consumer Assessment of Healthcare Providers and Systems (CAHPS) 3.0 health plan survey data collected from 109,980 Medicare managed care enrollees (101,189 Whites, 8,791 African Americans) in 321 plans. Participants self-administered the survey and four single-item global ratings of care. RESULTS: Missing data rates were significantly higher for African Americans than Whites on all CAHPS items ($p < .0001$). Internal consistency reliability estimates for the CAHPS scales did not differ significantly between African Americans and Whites, but plan-level reliability estimates for the scales and global rating items were significantly lower for African Americans than Whites. DISCUSSION: Higher missing data rates and lower plan-level reliability estimates for African American Medicare managed care enrollees suggest caution in making race/ethnicity comparisons. Future efforts are needed to enhance the quality of data collected from older African Americans. Published in Journal of aging and health, v. 18, no. 5, Oct. 1, 2006, p. 707–721.

LRP-200610-04 Effects of Family Structure on Children's Use of Ambulatory Visits and Prescription Medications. A. Y. Chen, J. J. Escarce.

OBJECTIVE: To examine the effects of family structure, including number of parents, number of other children, and number and type of other adults, on office visits, emergency room visits, and use of prescription medications by children. DATA SOURCE: The Household Component of the 1996–2001 Medical Expenditure Panel Survey (MEPS). STUDY DESIGN: The study consisted of a nationally representative sample of children 0-17 years of age living in single-mother or two-parent families. The authors used negative binomial

regression to model office visits and emergency room visits and logistic regression to model the likelihood of prescription medication use. Our analyses adjusted for demographic and socioeconomic characteristics as well as measures of children's health and parental education and child-rearing experience. DATA COLLECTION/EXTRACTION METHOD: The authors combined 1996-2001 MEPS Full Year Consolidated Files and Medical Conditions Files. PRINCIPAL FINDINGS: Descriptive data showed that children in single-mother families had fewer office visits than children in two-parent families; however, the effect of number of parents in the family on children's office visits or use of prescription medications was completely explained by other explanatory variables. By contrast, children living in families with many other children had fewer total and physician office visits and a lower likelihood of using a prescription medication than children living in families with no other children even after adjusting for other explanatory variables. Children who lived with other adults in addition to their parents also had fewer office visits and a lower likelihood of using a prescription medication than children who lived only with their parents. CONCLUSIONS: Children living in families with many other children or with other adults use less ambulatory care and prescription medications than their peers. Additional research is needed to determine whether these differences in utilization affect children's health. Published in Health services research, v. 41, no. 5, Oct. 2006, p. 1895-1914.

LRP-200610-05 Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health. K. L. Eastman, R. Corona, M. A. Schuster.

Parents play an important role in the sexual health of their adolescent children. Based on previous research, formative research, and theories of behavioral change, we developed Talking Parents, Healthy Teens, an intervention designed to help parents improve communication with their adolescent children, promote healthy adolescent sexual development, and reduce adolescent sexual risk behaviors. We conduct the parenting program at worksites to facilitate recruitment and retention of participants. The program consists of 8 weekly 1-hour sessions during the lunch hour. In this article, we review the literature that identifies parental influences on adolescent sexual behavior, summarize our formative research, present the theoretical framework we used to develop Talking Parents, Healthy Teens, describe the program's components and intervention strategies, and offer recommendations based on our experiences developing the program. By targeting parents at their worksites, this program represents an innovative approach to promoting adolescent sexual health. This article is intended to be helpful to health educators and clinicians designing programs for parents, employers implementing health-related programs, and researchers who may consider designing and evaluating such worksite-based programs. Published in Preventing chronic disease, v. 3, no. 4, Oct. 2006, p. 1–10 . Online access: http://www.cdc.gov/pcd/issues/2006/oct/pdf/06_0012.pdf

LRP-200610-06 How Much Risk Pooling Is There in the Individual Insurance Market? M. S. Marquis, M. B. Buntin.

OBJECTIVE: To examine how much pooling of risks occurs among potential purchasers in the individual market, how much pooling occurs among those who purchase coverage, and whether there is greater pooling among longer-term enrollees. DATA SOURCES: The data are administrative records for enrollees in individual insurance plans in California in 2001, and from a survey of Californians enrolled in the individual insurance market and the uninsured. STUDY DESIGN: Logit models were estimated for 5 health outcome measures to compare the insured and uninsured after adjusting for other factors that affect insurance status and health. Multivariate models were also estimated to explore the relationship between health and three measures of pooling in the market: plan type, pricing tier, and the actuarially adjusted premium paid by the enrollee. PRINCIAPL FINDINGS: Those who purchase individual health insurance are in better health than those who remain uninsured. On the other hand, a large share of people with health problems does obtain individual insurance. The distribution of subscribers across plan type and pricing tier varies with their health status. Those in poor health are less likely to purchase low benefit plans. There is less separation of risks for those who become sick after enrollment based on the measure of pricing tier. The distribution of subscribers across plan type for those who have health problems at enrollment and those who become sick differs, but so does the distribution of those who become sick and those who remain healthy. CONCLUSIONS: Despite small differences among the healthy and sick, our results support the conclusion that there is considerable risk pooling in the individual market. To some extent, this pooling occurs because underwriting happens at the time people enroll and there is greater pooling among those who become sick than those who enroll sick. Our results however suggest that health savings accounts may further fragment the market. Published in Health services research, v. 41, no. 5, Oct. 2006, p. 1782–1800.

LRP-200610-07 Escalation and Initiation of Younger Adolescents' Substance Use: The Impact of Perceived Peer Use. E. J. D' Amico, D. M. McCarthy.

PURPOSE: The middle school years are peak years for substance use initiation. The current study assessed the impact of peer influence on both initiation and escalation of cigarette, alcohol, and marijuana use among sixth, seventh, and eighth graders. METHODS: Youth (n = 974; 45% male) were surveyed twice over an academic year and reported on

their personal substance use and their perception of peer substance use. The sample ranged in age from 10 to 15 years at Time 1 (M age = 11.95) and was 44% White, 26% Latino, 7% Asian American/Pacific Islander, 4% African American, and 14% mixed ethnic origin. RESULTS: Hierarchical regressions examined whether personal and perceived peer substance use predicted later substance involvement, and logistic regressions assessed whether Time 1 perceived peer and personal use of other substances discriminated between initiates and noninitiates. After controlling for personal substance use, perceived peer alcohol use predicted both increased alcohol and marijuana use, and perceived peer marijuana use predicted increased alcohol use. Only perceived peer alcohol use was associated with initiation of alcohol, and both perceived peer alcohol and marijuana use predicted onset of marijuana use. CONCLUSIONS: Results highlight the importance of perceived peer use in predicting both onset and escalation of use and suggest utilizing a multifaceted prevention approach that targets multiple substances. Published in Journal of adolescent health, v. 39, no. 4, Oct. 2006, p. 481–487.

LRP-200610-08 The Quality of Pharmacologic Care for Adults in the United States. W. H. Shrank, S. M. Asch, J. L. Adams, C. M. Setodji, E. A. Kerr, J. Keesey, S. Malik, E. A. McGlynn.

BACKGROUND: Despite rising annual expenditures for prescription drugs, little systematic information is available concerning the quality of pharmacologic care for adults in the United States. The authors evaluated how frequently appropriate pharmacologic care is ordered in a national sample of U.S. residents. METHODS: The RAND/UCLA Modified Delphi process was used to select quality-of-care indicators for adults across 30 chronic and acute conditions and preventive care. One hundred thirty-three pharmacologic quality-of-care indicators were identified. The authors interviewed a random sample of adults living in 12 metropolitan areas in the United States by telephone and received consent to obtain copies of their medical records for the most recent 2-year period. They abstracted patient medical records and evaluated 4 domains of the prescribing process that encompassed the entire pharmacologic care experience: appropriate medication prescribing (underuse), avoidance of inappropriate medications (overuse), medication monitoring, and medication education and documentation. A total of 3457 participants were eligible for at least 1 quality indicator, and 10,739 eligible events were evaluated. The authors constructed aggregate scores and studied whether patient, insurance, and community factors impact quality. RESULTS: Participants received 61.9% of recommended pharmacologic care overall (95% confidence interval 60.3–63.5%). Performance was lowest in education and documentation (46.2%); medication monitoring (54.7%) and underuse of appropriate medications (62.6%) performance were higher. Performance was best for avoiding inappropriate medications (83.5%). Patient race and health services utilization were associated with modest quality differences, while insurance status was not. CONCLUSIONS: Significant deficits in the quality of pharmacologic care were seen for adults in the United States, with large shortfalls associated with underuse of appropriate medications. Strategies to measure and improve pharmacologic care quality ought to be considered, especially as the authors initiate a prescription drug benefit for seniors. Published in Medical care, v. 44, no. 10, Oct. 2006, p. 936-945.

LRP-200610-09 Improving Care for Depression: There's No Free Lunch. L. V. Rubenstein.

Primary care clinicians know depression well, yet diagnostic and treatment failures are common. In answer to the pressing need to do better, the elegant study by Dobscha and colleagues in this issue adds critical information to the existing body of work on improving depression outcomes in primary care, showing that in depression care, there's no free lunch. Published in Annals of internal medicine, v. 145, no. 7, Oct. 3, 2006, p. 544–546.

LRP-200610-10 Cost-Effectiveness Analysis of Palivizumab in Premature Infants Without Chronic Lung Disease. N. O. Elhassan, M. E. S. Sorbero, C. B. Hall, T. P. Stevens, A. W. Dick.

OBJECTIVES: To evaluate the cost-effectiveness of palivizumab as respiratory syncytial virus prophylaxis in premature infants without chronic lung disease and to evaluate the impact on cost-effectiveness of a potential reduction in risk of asthma following respiratory syncytial virus infection among infants receiving palivizumab. DESIGN: Two decision analytic models were designed, one with and the other without accounting for increased risk of asthma following respiratory syncytial virus infection. SETTING: A hypothetical community or university hospital. PARTICIPANTS: Hypothetical cohorts of infants without chronic lung disease born at 26 to 32 weeks' gestation. INTERVENTIONS: Palivizumab prophylaxis vs no prophylaxis. MAIN OUTCOME MEASURES: Expected costs and incremental cost-effectiveness ratio expressed as cost per quality-adjusted life-year. RESULTS: The expected costs were higher for palivizumab prophylaxis as compared with no prophylaxis. The incremental cost-effectiveness ratios were high for all gestations and are not considered cost-effective by today's standards (<$200 000 per quality-adjusted life-year). Both models were sensitive to variation in the cost of palivizumab. The model that included asthma was sensitive to variation in quality of life for children with asthma. In instances where asthma was considered severe with profound worsening in quality of life compared with life without asthma, some infants had an incremental cost per quality-adjusted life-year that was less than $200 000. CONCLUSIONS: Our model supports

implementing more restrictive guidelines for palivizumab prophylaxis. Palivizumab was cost-effective for some infants in an analysis that accounted for increased risk of severe asthma following respiratory syncytial virus infection. Published in Archives of pediatrics & adolescent medicine, v. 160, no. 10, Oct. 2006, p. 1070–1076.

LRP-200610-11 Physical Health of Mothers with HIV/AIDS and the Mental Health of Their Children. D. A. Murphy, L. Greenwell, M. Mouttapa, M. Brecht, M. A. Schuster.

A longitudinal study was conducted on the psychological well-being of 81 young children (mean age = 8.8 years) living with mothers with AIDS or HIV-infected mothers with symptomatic disease. The relationship between mothers' physical health and children's psychological well-being was investigated. The children were assessed at seven time points over approximately 6 years. Individual growth models were estimated for children's depression, anxiety, and aggressiveness in relation to: mothers' viral load (medical records) and physical functioning, number of HIV-related physical symptoms, and medical visits due to illness (self-report). Results showed significant linear declines in children's depression, anxiety, and aggressiveness over time. Lower levels of physical functioning and more physical symptoms among mothers were associated with higher levels of children's depression, anxiety, and aggressiveness at baseline. Lower levels of physical functioning and more physical symptoms among mothers were associated with initially high but more rapidly decreasing levels of depression among children. However, mothers who began the study in better health appear to have changed in health more quickly than mothers who began the study in poorer health. Thus, stability in mothers' health appears to be associated with a more rapid improvement in children's mental health over time. Our findings suggest that the measures representing observable levels of, and changes in, mothers' health that are most likely to be directly experienced by themselves and their children are the measures that are most predictive of changes in children's mental health over time. Published in Journal of developmental and behavioral pediatrics, v. 27, no. 5, Oct. 2006, p. 386–395.

LRP-200610-12 How Much Can Current Interventions Reduce Colorectal Cancer Mortality in the U.S.? Mortality Projections for Scenarios of Risk-Factor Modification, Screening, and Treatment. I. Vogelaar, M. van Ballegooijen, D. Schrag, R. Boer, G. J. van Oortmarssen, R. Boer, S. J. Winawer, J. D. F. Habbema, A. G. Zauber.

BACKGROUND: Although colorectal cancer (CRC) is the second leading cause of cancer death in the U.S., available interventions to reduce CRC mortality are disseminated only partially throughout the population. This study assessed the potential reduction in CRC mortality that may be achieved through further dissemination of current interventions for risk-factor modification, screening, and treatment. METHODS: The MISCAN-COLON microsimulation model was used to simulate the 2000 U.S. population with respect to CRC risk-factor prevalence, screening use, and treatment use. The model was used to project age-standardized CRC mortality from 2000 to 2020 for 3 intervention scenarios. RESULTS: Without changes in risk-factor prevalence, screening use, and treatment use after 2000, CRC mortality would decrease by 17% by the Year 2020. If the 1995 to 2000 trends continue, then the projected reduction in mortality would be 36%. However, if trends in the prevalence of risk-factors could be improved above continued trends, if screening use increased to 70% of the target population, and if the use of chemotherapy increased among all age groups, then a 49% reduction would be possible. Screening drove most (23%) of the projected mortality reduction with these optimistic trends; however, decreasing risk-factors (16%) and increasing use of chemotherapy (10%) also contributed substantially. The contribution of risk-factors may have been overestimated, because effect estimates could not be obtained from randomized controlled trials. CONCLUSIONS: Currently available interventions for risk-factor modification, screening, and treatment have the potential to reduce CRC mortality by almost 50% by the Year 2020. However, without action now to further increase the uptake of current effective interventions, the reduction in CRC mortality may be only 17%. Published in Cancer, v. 107, no. 7, Oct 15, 2006, p. 1624–1633.

LRP-200610-13 Impact of Severity and Bilaterality of Visual Impairment on Health-Related Quality of Life. R. Varma, J. Wu, K. Chong, S. P. Azen, R. D. Hays.

OBJECTIVE: To assess the impact of unilateral and bilateral visual impairment (VI) and its severity on health-related quality of life (HRQOL) in Latinos 40 years and older. Design. A cross-sectional population-based study, the Los Angeles Latino Eye Study (LALES). PARTICIPANTS: Five thousand three hundred seventy-seven LALES participants. METHODS: Health-related quality of life was measured by the 25-item National Eye Institute Visual Function Questionnaire (NEI VFQ-25) and the Medical Outcomes Study 12-Item Short Form Health Survey (SF-12). Visual acuity (VA) was measured by a standardized protocol. Based on the presenting VA, VI was classified as unilateral or bilateral impairment and as either mild (20/40–20/63) or moderate/severe (20/80 or worse). MAIN OUTCOME MEASURES: National Eye Institute VFQ-25 and SF-12 composite and subscale scores. RESULTS: The NEI VFQ mean composite score decreased from no VI (86) to bilateral moderate/severe VI (66) ($P<0.006$). Relative to participants with no VI, those with unilateral or bilateral VI at any severity level had significantly lower NEI VFQ-25 scores for 10 of the 12

subscales (P<0.05). The largest mean score differences between participants with and without VI were observed for subscales related to driving difficulties (42.5 points), vision-related dependency (29.1 points), distance vision (27.0 points), and vision-related mental health (24.5 points). No differences in SF-12 scores were found between participants with and without VI (P>0.05). CONCLUSION: Relative to persons with no VI, persons with bilateral mild and unilateral or bilateral moderate/severe VI report greater difficulties in performing most vision-dependent daily activities and experience vision-related dependency and poorer vision-related mental health. Because most visual function subscale scores were significantly lower in persons with bilateral mild and/or unilateral/bilateral moderate/severe VI, health care providers should consider intervention in these persons. Our findings provide further insight into the relationship between severity level, bilaterality of VI, and self-reported visual function. These data can be used to refine the determination of visual disability in persons with VI. Published in Ophthalmology, v. 113, no. 10, Oct. 2006, p. 1846-1853.

LRP-200610-14 Rates and Correlates of Seeking Mental Health Services Among Cambodian Refugees. G. N. Marshall, S. M. Berthold, T. L. Schell, M. N. Elliott, C. Chun, K. Hambarsoomians.

OBJECTIVES: The authors assessed the rates and correlates of seeking mental health services among a probability sample of Cambodian refugees who needed such services. METHODS: Interviewers conducted face-to-face interviews with a representative sample drawn from the largest US community of Cambodian refugees. The analytic sample included 339 persons who met past 12-month criteria for posttraumatic stress disorder, major depression disorder, or alcohol use disorder. Respondents described contact with service providers for psychological problems during the preceding 12 months. The authors examined bivariate and multivariate predictors of seeking services. RESULTS: Respondents reported high rates of contact with both medical care providers (70%) and mental health care providers (46%). Seeking services from both types of providers was associated with lack of English-speaking proficiency, unemployment, 3 or fewer years of preimmigration education, and being retired or disabled. Women, individuals with health insurance, and persons receiving government assistance also were more likely to seek services. CONCLUSIONS: Cambodian refugees with mental health problems had high rates of seeking service for psychological problems during the preceding 12 months. Research is needed to examine the effectiveness of services received by Cambodian refugees. Published in American journal of public health, v. 96, no. 10, Oct. 2006, p. 1829–1835.

LRP-200610-15 Are Drug Experimenters Better Adjusted Than Abstainers and Users? A Longitudinal Study of Adolescent Marijuana Use. J. S. Tucker, P. L. Ellickson, R. L. Collins, D. J. Klein.

PURPOSE: Experimentation with substance use is normative during adolescence and prior research suggests that adolescents who refrain from experimentation may be psychologically maladjusted. This longitudinal study compared lifetime marijuana abstainers (n = 1177), experimenters (n = 873), and frequent users (n = 205) at grade 12 on psychosocial functioning during late adolescence and young adulthood. METHODS: Participants were recruited from middle schools in 1985 (grade 7) and assessed repeatedly, including in 1990 (grade 12) and 1995 (age 23). Self-report surveys assessed lifetime substance use at grade 12, and psychosocial functioning at grade 12 and age 23. Group differences after controlling for key demographics were estimated using multivariate logistic regression and analysis of covariance. RESULTS: Adolescent abstainers from marijuana often fared better (and in no case worse) than experimenters and frequent users both concurrently and later in life on school engagement, family and peer relations, mental health, and deviant behavior. Similar results were found in ancillary analyses using a definition of adolescent "abstainer" that also accounted for cigarette and alcohol use. CONCLUSIONS: Results refute the idea that adolescents who abstain from substance use are maladjusted, and suggest instead that they function better than experimenters later in life, during the transition to young adulthood. Published in The Journal of adolescent health, v. 39, no. 4, Oct. 2006, p. 488 494.

LRP-200610-16 Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality. M. B. Buntin, C. Damberg, A. Haviland, K. Kapur, N. Lurie, R. McDevitt, M. S. Marquis.

Demand for consumer-directed health care (CDHC) is growing among purchasers of care, and early evidence about its effects is beginning to emerge. Studies to date are consistent with effects predicted by earlier literature: There is evidence of modest favorable health selection and early reports that consumer-directed plans are associated with both lower costs and lower cost increases. The early effects of CDHC on quality are mixed, with evidence of both appropriate and inappropriate changes in care use. Greater information about prices, quality, and treatment choices will be critical if CDHC is to achieve its goals. Published in Health affairs, v. 25, no. 6, Oct. 24, 2006, p. W516-W530.

LRP-200610-17 Catastrophizing and Pain-Contingent Rest Predict Patient Adjustment in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome. D. A. Tripp, J. C. Nickel, Y. Wang, M. S. Litwin, M. McNaughton-Collins, J. R. Landis, R. B. Alexander, A. J. Schaeffer, M. P. O'Leary, M. A. Pontari, J. E. Fowler, L. M. Nybert, J. W. Kusek.

Cognitive/behavioral and environmental variables are significant predictors of patient adjustment in chronic pain. Using a biopsychosocial template and selecting several pain-relevant constructs from physical, cognitive/behavioral, and environmental predictors, outcomes of pain and disability in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) were explored. Men (n = 253) from a North American multi-institutional NIH-funded Chronic Prostatitis Cohort Study in 6 US and 1 Canadian centers participated in a survey examining pain and disability. Measures included demographics, urinary symptoms, depression, pain, disability, catastrophizing, control over pain, pain-contingent rest, social support, and solicitous responses from a significant other. Regressions showed that urinary symptoms (B = .20), depression (B = .24), and helplessness catastrophizing (B = .29) predicted overall pain. Further, affective pain was predicted by depression (B = .39) and helplessness catastrophizing (B = .44), whereas sensory pain was predicted by urinary symptoms (B =.25) and helplessness catastrophizing (B = .37). With regard to disability, urinary symptoms (B = .17), pain (B = .21), and pain-contingent rest (B - .33) were the predictors. These results suggest cognitive/behavioral variables (ie, catastrophizing, pain-contingent rest) may have significant impact on patient adjustment in CP/CPPS. Findings support the need for greater research of such pain-related variables in CP/CPPS. Perspective: This article explores predictors of patient adjustment in chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). Cognitive/behavioral variables of catastrophizing and pain-contingent rest respectively predicted greater pain and disability. Catastrophic helplessness was a prominent pain predictor. These findings inform clinicians and researchers on several new variables in CP/CPPS outcomes and suggest future research. Published in The journal of pain, v. 7, no. 10, Oct. 2006, p. 697–708.

LRP-200610-18 Using Foresight Methods to Anticipate Future Threats: The Case of Disease Management. S. Ma, M. Seid.

The authors describe a unique foresight framework for health care managers to use in longer-term planning. This framework uses scenario-building to envision plausible alternate futures of the U.S. health care system and links those broad futures to business-model-specific "load-bearing" assumptions. Because the framework the authors describe simultaneously addresses very broad and very specific issues, it can be easily applied to a broad range of health care issues by using the broad framework and business-specific assumptions for the particular case at hand. The authors illustrate this method using the case of disease management, pointing out that although the industry continues to grow rapidly, its future also contains great uncertainties. Published in Health care management review, v. 31, no. 4, Oct.-Dec. 2006, p. 270–279.

LRP-200610-19 Short-Term Persistence of High Health Care Costs in a Nationally Representative Sample of Children. G. S. Liptak, L. P. Shone, P. Auinger, A. W. Dick, S. A. Ryan.

OBJECTIVES: Little is known about the persistence of health care costs in children. Determining whether children with high health expenses continue to have high expenses over time can help in the development of targeted programs and policies to decrease costs, plan equitable health insurance strategies, and provide insights into the effects of costly conditions on families. The objectives of this study were to (1) identify the characteristics of children who are in the top 10th percentile for health costs, (2) investigate whether those in the top percentiles for costs in 1 year continue in the same percentiles the next year, and (3) identify factors that predict whether a child stays in the top percentiles. METHODS: Data from 2 consecutive years (2000_b1_s2001) of the Medical Expenditure Panel Survey were analyzed. Changes in a child's position in the expenditure distribution were examined. An estimated multivariate model conditional on insurance was developed to predict the true resource costs of providing services. Statistical analyses, including logistic-regression and multivariate linear-regression modeling, were done to account for the weighted sampling used in Medical Expenditure Panel Survey. RESULTS. A total of 2938 children were included in the survey for both years. In 2000, the top 10% of the children accounted for 54% of all costs. They had a mean total expenditure of $6422 with out-of-pocket expenditures of $1236; 49% of the children in the top decile in 2000 persisted in the top decile in 2001, whereas 12% dropped into the bottom half. Children who had been in the top 10% in 2000 were 10 times more likely than other children to be in the top 10% for 2001. Other characteristics in 2000 that predicted membership in the top decile for 2001 included age (11–15 and 16-17 years), having any insurance (public and private), being positive on the standardized Children With Special Health care Need screener, and having a functional limitation. CONCLUSIONS: Almost half of the children in the top 10% for costs in 2000 persisted in the top 10% in 2001. Older children, children with special health care needs, and children with functional limitations were more likely to be in the top decile. These findings do not support the belief that black and Latino children who are on Medicaid account for a disproportionate share of costs or expenditures. Because the children who were among the top 10% used health care services in a variety of inpatient, emergency department, outpatient, and ancillary venues, providing care coordination throughout the entire health care system is important to address both the cost and the quality aspects of health care for the most costly children. Targeted programs to decrease expenditures for those with the greatest costs have the potential to save future health care dollars. Assessment of the factors that predict persistence of high expenditures can be used to help in the planning of equitable

health insurance strategies such as catastrophic care, carve-outs, reinsurance, and risk adjustment. Clinicians should review regularly the extent of care coordination that they are providing for their high-need and high-cost patients, especially preteens and adolescents. Studies that examine the persistence of expenditures over longer periods and include assessment of quality of care are needed. Published in Pediatrics, v. 118, no. 4, Oct. 2006, p. e1001-e1009.

LRP-200610-20 The Effect of Medicare Health Maintenance Organizations on Hospitalization Rates for Ambulatory Care-Sensitive Conditions. F. Zeng, J. F. O'Leary, E. M. Sloss, M. S. Lopez, N. Dhanani, G. Melnick.

OBJECTIVE: The objective of this study was to estimate the effect of Medicare Health Maintenance Organization (HMO) enrollment on hospitalization rates and total inpatient days for ambulatory care-sensitive conditions (ACSCs) after controlling for selection. RESEARCH DESIGN: Simultaneous equations using a discrete factor selection model are used to estimate the probability of HMO enrollment, hospitalization rates, and total inpatient days for ACSCs. SUBJECTS: Enrollment data on Medicare beneficiaries in California were linked to hospital discharge data from the California Office of Statewide Health Planning and Development for January through December 1996. The following beneficiaries were excluded: 1) end-stage renal disease, 2) under 65 years of age, 3) not covered by both Medicare Part A and Part B, 4) switched between HMOs and fee-for-service (FFS), and 5) switched between HMOs. The sample was stratified by age, gender, race, county, disability, Medicaid eligibility, HMO status, and death. A 2% random sample from the 4 California counties with the largest Medicare enrollment yielded 10,448 HMO enrollees and 11,803 FFS beneficiaries. RESULTS: Using a discrete factor selection model, we estimated the rate of ACSC hospitalizations among FFS beneficiaries would decline from 51.2 to 44.2 per 1000 if all FFS beneficiaries joined an HMO. Similarly, the mean total inpatient days for ACSC hospitalizations would be reduced from 7.5 days to 5.1 days if all FFS beneficiaries joined an HMO. CONCLUSIONS: After controlling for selection, Medicare HMO enrollees have lower hospitalization rates and fewer total inpatient days for 15 ACSCs than Medicare FFS beneficiaries. These findings suggest selection of healthier beneficiaries into HMOs does not completely explain their lower rates of ACSC hospitalization. Published in Medical Care, v. 44, no. 10, Oct. 2006, p. 900–907.

LRP-200610-21 Peer and Family Influences on Adolescent Anger Expression and the Acceptance of Cross Gender Aggression. D. D. Quigley, L. Jaycox, D. F. McCaffrey, G. N. Marshall.

Past research has examined the relative impact of family and peers on adolescent behavior, but very little research has examined it in relation to youth dating violence. Eight hundred and sixty-five adolescents, primarily urban Latino youth, completed self-administered surveys at school. Multivariate analyses indicated that exposure to prior family violence was not significantly associated with adolescents; aggressive expression of anger or their acceptance of cross-gender aggression. However, current conflict-either family or peer-was associated with adolescent behavior and attitudes, with the exception that current peer conflict was not significantly associated with adolescents' acceptance of male on female aggression. Parental monitoring and attachment were not found to be moderators of these relationships. Implications for dating violence interventions and future directions for research are explored. Published in Violence and victims, v. 21, no. 5, Oct. 2006, p. 597–607.

LRP-200610-22 Time Trends and Demographic Differences in Youth Exposure to Alcohol Advertising on Television. J. S. Ringel, R. L. Collins, P. L. Ellickson.

OBJECTIVE. To examine trends in youth exposure to alcohol advertising on television across different demographic groups. METHODS: We used television ratings data on alcohol advertisements to examine trends in exposure between September 1998 and February 2002. Further, we explored the differences in exposure across demographic groups by examining group-level alcohol ad exposure across specific networks, program types, and times of day. RESULTS. We found that boys were more exposed than girls and African-Americans are more exposed than Whites. Moreover, the race differential appeared to be increasing over time, whereas the gender differential appeared to increase with age. Differences in viewing patterns across race and gender contributed to the observed differences in exposure to alcohol advertising on television. CONCLUSIONS. These results provide guidance in identifying comparative vulnerabilities in exposure to alcohol advertising on television, and can aid in the development of strategies to inoculate youth against those vulnerabilities. Published in Journal of adolescent health, v. 39, no. 4, Oct. 2006, p. 473–480.

LRP-200610-23 Marijuana Use and Depression Among Adults: Testing for Causal Associations. V. S. Harder, A. R. Morral, J. Arkes.

AIM: To determine whether marijuana use predicts later development of depression after accounting for differences between users and non-users of marijuana. DESIGN: An ongoing longitudinal survey of 12 686 men and women beginning in 1979. SETTING: The National Longitudinal Survey of Youth of 1979, a nationally representative sample from the United States. PARTICIPANTS: A total of 8759 adults (age range 29–37 years) interviewed in 1994 had complete data on past-year marijuana use and current depression. MEASUREMENTS: Self-reported past-year marijuana use was tested as an independent predictor of later adult depression using the Center for Epidemiologic

Studies-Depression questionnaire. Individual's propensity to use marijuana was calculated using over 50 baseline covariates. FINDINGS: Before adjusting for group differences, the odds of current depression among past-year marijuana users is 1.4 times higher (95% CI: 1.1, 1.9) than the odds of depression among the non-using comparison group. After adjustment, the odds of current depression among past-year marijuana users is only 1.1 times higher than the comparison group (95% CI: 0.8, 1.7). Similarly, adjustment eliminates significant associations between marijuana use and depression in four additional analyses: heavy marijuana use as the risk factor, stratifying by either gender or age, and using a 4-year lag-time between marijuana use and depression. CONCLUSIONS: After adjusting for differences in baseline risk factors of marijuana use and depression, past-year marijuana use does not significantly predict later development of depression. These findings are discussed in terms of their relevance for understanding possible causal effects of marijuana use on depression. Published in Addiction, v. 101, no. 10, Oct. 2006, p. 1463 1472. Online access: http://morral-a.rand.org/docs/Harder_Morral_Arkes_2006.pdf

LRP-200610-25 Cultural Competency and Quality of Care: Obtaining the Patient's Perspective /. Q. Ngo-Metzger, J. Telfair, D. H. Sorkin, B. Weidmer, R. Weech-Maldonado, M. P. Hurtado, R. D. Hays.

Provision of "culturally competent" medical care is one of the strategies advocated for reducing or eliminating racial and ethnic health disparities. This report identifies five domains of culturally competent care that can best be assessed through patients' perspectives: 1) patient-provider communication; 2) respect for patient preferences and shared decision-making; 3) experiences leading to trust or distrust; 4) experiences of discrimination; and 5) linguistic competency. The authors review the literature focusing on these domains, summarize the salient issues and current knowledge, and discuss the policy and research implications. Incorporating patients' perspectives on culturally and linguistically appropriate services into current measures of quality will provide important data and create opportunities for providers and health plans to make improvements. Published in The Commonwealth Fund pub. no. 963, Oct. 2006, p. 1–40. Online access: http://www.cmwf.org/usr_doc/Ngo-Metzger_cultcompqualitycare_963.pdf

LRP-200610-28 Discouraged Workers? Job Search Outcomes of Older Workers. N. Maestas, L. Xiaoyan.

Many have suggested we adopt policies that explicitly encourage the elderly to work. Behind this suggestion is the assumption that if an older person desires a job, one will be found; however, little is known about the extent to which this is true, and in the Health and Retirement Study, many more respondents say they expect to work after retirement than actually undertake work. This raises an important question: To what extent can the elderly readily find suitable jobs? In the context of a theoretical job search model, we examine the decision to search for a job and the probability of transitioning to employment using a large sample of non-workers from the Health and Retirement Study. The effects of both supply-side factors (individual characteristics) and demand-side factors (local labor market conditions) are estimated. We find employment transition rates are relatively low for older searchers: only half of older searchers successfully attain jobs. We examine various explanations for this result, including variation in search intensity, reservation wages, and the possibility of intervening health shocks. We conclude that about 13% of older job searchers becomes a discouraged worker in the sense of being willing to work at the prevailing wage, but unable to find a job. Title from title screen (viewed on June 27, 2007) Online access: http://www.mrrc.isr.umich.edu/publications/index_abstract.cfm?ptid=1&pid=451

LRP-200611-01 Public Parks and Physical Activity Among Adolescent Girls. D. Cohen, J. S. Ashwood, M. Scott, A. Overton, K. R. Evenson, L. K. Staten, D. Porter, T. L. McKenzie, D. Catellier.

OBJECTIVES: Physical activity may be constrained or facilitated by local environments. The availability of neighborhood facilities for physical activity may be particularly relevant for youth, who are unable to drive and whose activity is often limited to the immediate distance they are able to walk or bicycle. Several studies have shown that proximity to recreational facilities and parks is one of the most important predictors of physical activity. Because the United States already has an extensive infrastructure of parks, with 70% of adults indicating that they live within walking distance of a park or playground, parks may be a potential venue for increasing physical activity. This might be particularly important for adolescent girls, whose physical activity levels decline substantially as they go through puberty. The goal of this study was to examine the association between park proximity, park type, and park features and physical activity in adolescent girls. PATIENTS AND METHODS: This was a cross-sectional study using baseline data from the Trial of Activity for Adolescent Girls. It included 1556 grade 6 girls who were randomly selected from 6 middle schools in each of the following 6 field site areas: Washington, DC, and Baltimore, Maryland; Columbia, South Carolina; Minneapolis, Minnesota; New Orleans, Louisiana; Tucson, Arizona; and San Diego, California. Girls wore accelerometers for 6 days to measure metabolic equivalent-weighted moderate-to-vigorous physical activity, a measure accounting for the volume and intensity of activity. Metabolic equivalent-weighted moderate-to-vigorous physical activity was calculated for the hours outside of school time using 2 different cutpoints, activity levels > or = 3.0 metabolic

equivalents and > or = 4.6 metabolic equivalents, the latter indicating activity at the intensity of a brisk walk or higher. We mapped all of the parks within 1 mile of each girl's home. Trained staff used a checklist to document the presence of facilities and amenities at each park, including passive amenities, such as drinking fountains, restrooms, and areas with shade, as well as active amenities like basketball courts, multipurpose fields, playgrounds, and tennis courts. RESULTS: Mean nonschool metabolic equivalent-weighted moderate/vigorous physical activity, using the 4.6 metabolic equivalent cutoff, was 611.1 minutes (range: 49.7–4718.6 metabolic equivalent minutes per 6 days) and 1704.8 metabolic equivalent minutes per 6 days (range: 276.2-5792.6 metabolic equivalent minutes per 6 days) when using the 3.0 metabolic equivalent cutpoint. Many girls had multiple parks within a 1-mile radius of their homes: 57% had > or = 1 type of park, the majority being neighborhood or community parks; 42% had between 1 and 3 parks, 37% had > or = 4 parks, and 14% had > or = 8 parks. The type, number, and specific parks features were associated with girls' nonschool metabolic equivalent-weighted moderate/vigorous physical activity. At the 4.6 metabolic equivalent cutpoint, higher levels of nonschool metabolic equivalent-weighted moderate/vigorous physical activity were associated with both neighborhood and community parks (22 metabolic equivalent minutes) and miniparks (40 metabolic equivalent minutes). Each park, regardless of type, in the half-mile around each girl's home was associated with an increase in nonschool metabolic equivalent-weighted moderate/vigorous physical activity by 2.8% or 17.2 nonschool minutes of metabolic equivalent-weighted moderate/vigorous physical activity per 6 days. Beyond a half-mile, each park increased nonschool metabolic equivalent-weighted moderate/vigorous physical activity by 1.1% or 6.7 metabolic equivalent minutes per 6 days. For the average girl with 3.5 parks within a 1-mile radius of home, the presence of parks accounted for 36.5 extra nonschool metabolic equivalent minutes per 6 days, approximately 6% of total nonschool metabolic equivalent-weighted moderate/vigorous physical activity. Using the 3.0 metabolic equivalent cutpoint, this sums to an additional 68 metabolic equivalent minutes of nonschool metabolic equivalent-weighted moderate/vigorous physical activity over 6 days, or 4% of the total. The most common amenities in the parks were playgrounds, multipurpose fields, and picnic areas. Slightly more than one third of girls lived within a half-mile of a park with a basketball court, and > 20% had access to walking paths and tennis courts in their local park. Higher levels of nonschool metabolic equivalent-weighted moderate/vigorous physical activity per 6 days were associated with walking paths (13 metabolic equivalent minutes), running tracks (82 metabolic equivalent minutes), playgrounds (28 metabolic equivalent minutes), and basketball courts (30 metabolic equivalent minutes). Parks with streetlights and floodlights were also associated with an increase of 18 and 22 minutes of nonschool metabolic equivalent-weighted moderate/vigorous physical activity, respectively. With the 3.0 metabolic equivalent cutoff for metabolic equivalent-weighted moderate/vigorous physical activity, additional nonschool metabolic equivalent minutes more than doubled when girls had miniparks (92 metabolic equivalent minutes), natural resource areas (36 metabolic equivalent minutes), walking paths (59 metabolic equivalent minutes), and running tracks (208 metabolic equivalent minutes) within a half-mile of their homes. Skateboard areas and special-use parks were negatively associated with nonschool metabolic equivalent-weighted moderate/vigorous physical activity in adolescent girls. CONCLUSIONS: Adolescent girls who live near more parks, particularly near those with amenities that are conducive to walking and with active features, engage in more nonschool metabolic equivalent-weighted moderate/vigorous physical activity than those with fewer parks. Whether this is because of actual use of the parks or neighborhood choice could not be determined. Although the magnitude of the association between parks and additional minutes of metabolic equivalent-weighted moderate/vigorous physical activity was small for an individual, amounting to an average of 4%-6% of a girl's total nonschool metabolic equivalent-weighted moderate/vigorous physical activity, it is likely to have a large population-level association. Because of the potential population level impact, the use of parks to promote physical activity should be further studied. Published in Pediatrics, v. 118, no. 5, Nov. 2006, p. e1381-e13899.

LRP-200611-02 Mental Health Outcomes and Physical Restraint Use in Nursing Homes private. N. Castle.

The authors investigate the nexus between mental health outcomes in nursing home residents and the use of physical restraints. Previous studies in this area used limited statistical tests such as correlations and t-tests, that could not account for potential biases, such as residents who become mentally disturbed may be most likely to be restrained. The authors use propensity matching models that are less susceptible to this bias and data from the Minimum Data Set, representing approximately 2,000 residents over a period of 6 years. Our results clearly show that restrained residents are more likely to become more impaired with respect to cognitive performance, depression, and social engagement. The authors conclude that if facilities reduce restraint use then the prevalence of resident mental health problems will also likely decline. Published in Administration and policy in mental health and mental health services research, v. 33, no. 6, Nov. 2006, p. 696 704.

LRP-200611-03 Classical Test Theory and Item Response Theory Analyses of Multi-Item Scales Assessing Parents' Perceptions of Their Children's Dental Care. R. D. Hays, J. A. Brown, L. U. Brown, K. L. Spritzer, J. J. Crall.

BACKGROUND: Classical test theory and item response theory methods can provide useful and potentially different insights into the performance of items in a survey designed to elicit parental perceptions of dental care delivered to children in publicly funded programs. OBJECTIVES: The authors sought to illustrate the use of both classical test theory and item response theory to evaluate survey instruments. METHODS: Using 2 years of cross-sectional data collected from enrollees in dental plans in 2001 and 2002, the authors studied families with children between ages 4 to 18 who were enrolled in 1 of 5 dental plans for 12 months or longer. The 2001 survey yielded a total of 2536 usable surveys and the 2002 survey yielded 2232 useable surveys (50% and 46% response rate, respectively) for a total sample size of 4036 children who used the plan for most or all of their care. MEASURES: The beta version of the CAHPS(R) dental care survey instrument includes 2 global rating items (dental care, dental plan) and multi-item scales assessing getting needed care, getting care quickly, communication with dental providers, office staff, and customer service. RESULTS: Item missing data rates were low. Item-scale correlations for hypothesized scales (corrected for overlap) tended to exceed correlations of items with other scales. Classical test theory analyses identified 5 of 10 communication items that did not perform well. Internal consistency reliability estimates for the scales ranged from 0.73 to 0.86. Item response theory painted a more promising picture than classical test theory for the 2 communication items that assessed access to an interpreter when needed. CONCLUSIONS: The beta CAHPS(R) dental survey performed well and the revised instrument is recommended for future studies. Classical test theory and item response theory can provide complementary information about survey items. Published in Medical care, v. 44, no. 3, suppl. 3, Nov. 2006, p. S60-S68.

LRP-200611-04 Aligning Measurement-Based Quality Improvement with Implementation of Evidence-Based Practices. R. C. Hermann, J. A. Chan, J. L. Zazzali, D. Lerner.

Two models for improving quality of care have been adopted by segments of the US mental healthcare system. Measurement-based quality improvement (MBQI) is routinely conducted by many provider organizations (including practices, hospitals and health plans), either at their own initiative or at the behest of payers and oversight organizations. Systematic implementation of evidence-based practices (EBPs) is being undertaken by several state mental health authorities and by other systems of care, working in collaboration with services researchers and stakeholders. Although they are distinct approaches, MBQI and EBP implementation (EBPI) overlap in their objectives and means. This article explores the degree to which these two approaches are aligned and whether further coordination between them could yield greater effectiveness or efficiency. Published in Administration and policy in mental health and mental health services research, v. 33, no. 6, Nov. 2006, p. 636 645.

LRP-200611-05 Immigrants and the Cost of Medical Care. D. P. Goldman, J. P. Smith, N. Sood.

Foreign-born adults in Los Angeles County, California, constituted 45 percent of the county's population ages 18–64 but accounted for 33 percent of health spending in 2000. Similarly, the undocumented constituted 12 percent of the nonelderly adult population but accounted for only 6 percent of spending. Extrapolating to the nation, total spending by the undocumented is $6.4 billion, of which only 17 percent ($1.1 billion) is paid for by public sources. The foreign-born (especially the undocumented) use disproportionately fewer medical services and contribute less to health care costs in relation to their population share, likely because of their better relative health and lack of health insurance Published in Health affairs, v. 25, no. 6, Nov.-Dec. 2006, p. 1700-1711.

LRP-200611-06 The Influence of Staff and Resident Immunization Rates on Influenza-Like Illness Outbreaks in Nursing Homes. L. R. Shugarman, C. Hales, C. M. Setodji, B. Bardenheier, J. Lynn.

OBJECTIVE: To evaluate the influence of immunization rates on the likelihood of influenza-like illness (ILI) clusters in nursing facilities. DESIGN: Retrospective cross-sectional study. SETTING: Nursing facilities in a single for-profit chain (N = 301). PARTICIPANTS: Nursing home residents and staff in each facility. MEASUREMENTS: Resident and staff influenza immunization rates during the 2004–2005 influenza season, indicator of ILI cluster in facility defined as 3+ ILI cases reported within 72 hours in close proximity within the facility, hospitalization and mortality rates for facilities reporting ILI clusters, indicator of confirmatory laboratory testing for ILI cases in facility. RESULTS: Staff (median = 38%) and resident (median = 85%) rates of immunization did not independently predict the likelihood of an outbreak but jointly were strong predictors. For example, facilities having greater than 55% of staff and greater than 89% of residents immunized were almost 60% less likely to have an ILI cluster (odds ratio OR 0.410; 95% CI: 0.19, 0.89) compared to all others. Facilities with higher proportions of Medicaid-funded residents were less likely to have an outbreak. Each 1% increase in the proportion of residents with Medicaid was associated with a 2.5% decrease in the risk of a cluster (OR: 0.975; 95% CI: 0.956, 0.995). Bed size and staff size did not significantly influence the likelihood of an outbreak. Among facilities with outbreaks, higher vaccination rates did not predict lower rates of hospitalizations or deaths. Approximately two thirds of all ILI clusters had laboratory testing to confirm the diagnosis of influenza. Three quarters of the facilities in which outbreaks occurred and for which confirmatory tests were performed (50/67, 74.6%) had 1+ cases positively identified as influenza. CONCLUSION: Both staff and residents must

have high rates of vaccination to substantially alter the rate and impact of influenza outbreaks in nursing facilities. Published in Journal of the American Medical Directors Association, v. 7, no. 9, Nov. 2006, p. 562-567 .

LRP-200611-07 Item and Scale Differential Functioning of the Mini-Mental State Exam Assessed Using the Differential Item and Test Functioning (DFIT) Framework. L. S. Morales, C. Flowers, P. R. Gutierrez, M. Kleinman, J. A. Teresi.

OBJECTIVES: To illustrate the application of the Differential Item and Test Functioning (DFIT) method using English and Spanish versions of the Mini-Mental State Examination (MMSE). SUBJECTS: Study participants were 65 years of age or older and lived in North Manhattan, New York. Of the 1578 study participants who were administered the MMSE 665 completed it in Spanish. MEASURES: The MMSE contains 20 items that measure the degree of cognitive impairment in the areas of orientation, attention and calculation, registration, recall and language, as well as the ability to follow verbal and written commands. RESEARCH DESIGN: After assessing the dimensionality of the MMSE scale, item response theory person and item parameters were estimated separately for the English and Spanish sample using Samejima's 2-parameter graded response model. Then the DFIT framework was used to assess differential item functioning (DIF) and differential test functioning (DTF). RESULTS: Nine items were found to show DIF; these were items that ask the respondent to name the correct season, day of the month, city, state, and 2 nearby streets, recall 3 objects, repeat the phrase no ifs, no ands, no buts, follow the command, "close your eyes," and the command, "take the paper in your right hand, fold the paper in half with both hands, and put the paper down in your lap." At the scale level, however, the MMSE did not show differential functioning. CONCLUSIONS: Respondents to the English and Spanish versions of the MMSE are comparable on the basis of scale scores. However, assessments based on individual MMSE items may be misleading. Published in Medical care, v. 44, no. 11, suppl. 3, Nov. 2006, p. S143-S151.

LRP-200611-09 Impact of a School-Based Dating Violence Prevention Program Among Latino Teens: Randomized Controlled Effectiveness Trial. L. Jaycox, D. F. McCaffrey, B. Eiseman, J. Aronoff, G. A. Shelley, R. L. Collins, G. N. Marshall.

PURPOSE: Given the high rate of dating violence between teens and associated deleterious outcomes, the need for effective prevention and early intervention programs is clear. Break the Cycle's Ending Violence curriculum, a three-class-session prevention program focused on legal issues, is evaluated here for its impact on Latino/a youth. METHODS: Tracks within large urban high schools that had at least 80% Latino/a students were randomized to immediate or delayed curriculum. Classrooms were randomly selected within tracks and individual student outcomes were assessed pre- and postintervention and six months later. RESULTS: Students in intervention classrooms showed improved knowledge, less acceptance of female-on-male aggression, and enhanced perception of the helpfulness and likelihood of seeking assistance from a number of sources immediately after the program. Improved knowledge and perceived helpfulness of an attorney were maintained six months later. There were no differences in recent abusive/fearful dating experiences or violence victimization or perpetration. CONCLUSIONS: The Ending Violence curriculum has an impact on teen norms, knowledge, and help-seeking proclivities that may aid in early intervention for dating violence among Latino/a students. Published in Journal of adolescent health, v. 39, no. 5, Nov. 2006, p. 694–704.

LRP-200611-10 The Prevalence of Urinary Incontinence Among Community Dwelling Men: Results from the National Health and Nutrition Examination Survey. J. T. Anger, C. S. Saigal, L. Stothers, D. H. Thom, L. V. Rodriguez, M. S. Litwin.

PURPOSE: To measure the prevalence of urinary incontinence in community dwelling men in the United States, the authors analyzed data from respondents to the National Health and Nutrition Examination Survey. MATERIALS AND METHODS: From 1999 to 2000 the National Health and Nutrition Examination Survey asked a national sample of community dwelling men, "In the past 12 months, have you had difficulty controlling your bladder, including leaking small amounts of urine when you cough or sneeze?" Questionnaire results were recorded and analyzed with respect to demographic data, and compared to the National Health and Nutrition Examination Survey data in women. RESULTS: The overall prevalence of urinary incontinence in men was 17%. Prevalence increased with age from 11% in men 60 to 64 years old to 31% in men 85 years old or older. Of the men reporting any incontinence 42% reported daily incontinence and 24% reported it weekly. Black men had the highest prevalence of male incontinence (21%) and black women had the lowest prevalence of female incontinence (20%). While the prevalence of incontinence in black women was virtually the same as that in black men, the prevalence of incontinence in white and Mexican-American women was at least 2.5 times that of men of the same ethnicity. CONCLUSIONS: The National Health and Nutrition Examination Survey draws a nationally representative sample of subjects from the community and, thus, provides prevalence data for urinary incontinence for all men in the United States. Ethnicity appears to be a contributing risk factor for incontinence, although racial patterns clearly differ between men and women. Published in The Journal of urology, v. 176, no. 5, Nov. 2006, p. 2103–2108.

LRP-200611-11 Redesigning Health Systems for Quality: Lessons from Emerging Practices. M. C. Wang, J. K. Hyun, M. I. Harrison, S. M. Shortell, I. Fraser.

BACKGROUND: It has been five years since the Institute of Medicine (IOM) report, Crossing the Quality Chasm, proposed systemwide changes to transform our health care system. What progress has been made? What lessons have been learned? How should the authors move forward? METHODS: Semistructured telephone interviews were conducted with 16 health care providers and researchers at organizations involved in system redesign. The findings were supplemented with a focused literature review and discussions from a national expert meeting. RESULTS: Many promising and innovative examples of redesign were identified. However, even delivery systems that are redesigning care in pursuit of the six IOM aims face daunting challenges, reflecting the need to align system changes across multiple levels and to integrate redesign efforts with ongoing system features. Four success factors were reported by providers as crucial in overcoming redesign barriers: (1) directly involving top and middle-level leaders, (2) strategically aligning and integrating improvement efforts with organizational priorities, (3) systematically establishing infrastructure, process, and performance appraisal systems for continuous improvement, and (4) actively developing champions, teams, and staff. A framework that integrates these success factors to facilitate a systems approach to redesigning health care organizations and delivery systems for improved performance is provided. CONCLUSIONS: Successful system redesign requires coordinating and managing a complex set of changes across multiple levels rather than isolated projects. Published in Joint Commission journal on quality and patient safety, v. 32, no. 11, Nov. 2006, p. 599–611.

LRP-200611-12 Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians. S. S. Teleki, C. Damberg, C. Pham, S. H. Berry.

Pay-for-performance is being applied at the physician level to stimulate improvements in quality of care and cost efficiency; however, little is known about how physicians will respond. The authors interviewed physicians exposed to a financial incentive program in California to identify possible barriers to the successful application of financial incentives by exploring physicians' opinions of and experiences with pay-for-performance programs. Reasons physicians cited for quality deficiencies included insurance coverage limitations and lack of patient compliance, time, and proper physician oversight. Physicians believe that they play a significant role and have a moderate to high degree of control over quality of care and that it is important to self-monitor. Physicians expressed the need for accurate and timely data, peer comparisons, and more patient time, staff support, and consultations with colleagues to successfully monitor and deliver quality care. Many support increased pay for delivering high-quality care but question measurement accuracy, bonus payment financing, and health plan involvement. Published in American journal of medical quality, v. 21, no. 6, Nov.-Dec. 2006, p. 367–374.

LRP-200611-13 Measurement in a Multi-Ethnic Society: Overview to the Special Issue. J. A. Teresi, A. L. Stewart, L. S. Morales, S. M. Stahl.

Disparities among "priority" populations (defined here to include members of racial, ethnic, and other sociodemographic groups) have been well documented in terms of access to health and mental health services as well as delivery of care and medical procedures. Healthcare decisions are often made based on assessments of the health status of individuals; however, as illustrated in a recent volume of reviews, evidence of the cultural equivalence of health-related measures is sparse. The major goal of the special issue is to provide state-of-the-art overviews of both qualitative and quantitative methods that can be used to examine measurement equivalence. Published in Medical care, v. 44, no. 11, suppl. 3, Editorial, Nov. 2006, p. S3-S4.

LRP-200611-14 Is Cataract Surgery Cost-Effective Among Older Patients with a Low Predicted Probability for Improvement in Reported Visual Functioning. A. Naeim, E. B. Keeler, P. R. Gutierrez, M. R. Wilson, D. B. Reuben, C. M. Mangione.

INTRODUCTION: Although cataract surgery has been demonstrated to be effective and cost-effective, 5% to 20% of patients do not benefit functionally from the procedure. This study examines the cost-effectiveness of cataract surgery versus watchful waiting in a subgroup of patients who had less than a 30% predicted probability of reporting improvements in visual function after surgery. METHODS: Randomized trial (first eye surgery vs. watchful waiting) of 250 patients who based on a cataract surgery index (CSI) were felt to have less than a 30% probability of reporting improvements in visual functioning after surgery. Cost was estimated using monthly resource utilization surveys and Medicare billing and payment data. Effectiveness was evaluated at 6 months using the Activities of Daily Vision Scale (ADVS) and the Health Utilities Index, Mark 3 (HUI3). RESULTS: In terms of overall utility, the incremental cost-effectiveness of surgery was $38,288/QALY. In the subgroup of patients with a CSI score >11 (<20% probability of improvement), the cost-effectiveness of cataract surgery was $53,500/QALY. Sensitivity analysis demonstrated that often this population of patients may not derive a utility benefit with surgery. CONCLUSION: Cataract surgery is cost-effective even in a subpopulation of patient with a lower, <30%, predicted probability of reporting improved visual functioning after surgery. There may be a subgroup of patients, CSI >11, for whom a strategy of watchful waiting may be equally

effective and considerably less expensive. Published in Medical Care, v. 44, no. 11, Nov. 2006, p. 982–989.

LRP-200611-15 Identification of Differential Item Functioning Using Item Response Theory and the Likelihood-Based Model Comparison Approach: Application to the Mini-Mental State Examination. M. O. Edelen, D. Thissen, J. A. Teresi, M. Kleinman, K. Ocepek-Welikson.

BACKGROUND: An important part of examining the adequacy of measures for use in ethnically diverse populations is the evaluation of differential item functioning (DIF) among subpopulations such as those administered the measure in different languages. A number of methods exist for this purpose. OBJECTIVE: The objective of this study was to introduce and demonstrate the identification of DIF using item response theory (IRT) and the likelihood-based model comparison approach. METHODS Data come from a sample of community-residing elderly who were part of a dementia case registry. A total of 1578 participants were administered either an English (n = 913) or Spanish (n = 665) version of the 21-item Mini-Mental State Examination. IRT was used to identify language DIF in these items with the likelihood-based model comparison approach. RESULTS: Fourteen of the 21 items exhibited significant DIF according to language of administration. However, because the direction of the identified DIF was not consistent for one language version over the other, the impact at the scale level was negligible. CONCLUSIONS: IRT and the likelihood-based model comparison approach comprise a powerful tool for DIF detection that can aid in the development, refinement, and evaluation of measures for use in ethnically diverse populations. Published in Medical care, v. 44, no. 11, supplement 3, November 2006, p. 1S134-S142.

LRP-200611-16 A Comprehensive Evaluation of Survey Questions for Adherence to Antiretroviral Medications and Exploratory Analyses for Identifying Optimal Sets of Survey Questions. H. Liu, L. G. Miller, R. D. Hays, C. E. Golin, H. Zhao, N. S. Wenger, A. H. Kaplan.

Although many methods for assessing adherence have been developed, most are not feasible for busy clinical settings. Using patients from the Adherence and Efficacy of Protease inhibitor Therapy (ADEPT) study (1998–2000), the authors systematically evaluated the relationship between psychosocial, environmental, clinical, and other factors with adherence to create composite variables (CVs) that are efficient with high sensitivity for detecting nonadherence and great potential for busy clinics. Eligible patients were protease inhibitor naive or started a regimen within 3 months from baseline. Of the 128 patients who responded to survey at baseline, weeks 8, 24, and/or 48, mean (standard deviation SD age was 39.3 (8.2) years with 81% male. About half of the patients were Latino, followed by 28% African American and 14% Caucasian. Sixteen percent reported injection drug use, and 40% had male-male sex. Mean CD4 count was 184.8 cells/mm3 with a range from 1 to 1130 cells/mm3. Thirty-two variables had a significant association with adherence at one or two time points and 9 were significantly associated with adherence over time. Among these significant factors, 8 also had a relationship with a clearly monotonic trend, by which 219 CVs were formed. Among these CVs, 8 were significantly associated with adherence and had a relationship with monotonic trend. Compared to traditional self-reported adherence, CVs had much higher sensitivities ($p < 0.001$) for detecting nonadherence. The authors conclude that CVs consisting of a combination of psychological, behavior, and adherence questions may be reasonable substitutes for direct adherence questions, which are limited by problems with recall and social biases. Trust in physicians, having a child, history of substance use, CD4 count, and belief that antiretrovirals can help living longer or improve quality of life can efficiently predict nonadherence. Because these variables are readily obtainable in clinical settings, these selected questions may provide a clinically useful means of screening patients for antiretroviral medication nonadherence. Published in AIDS patient care and STDs, v. 20, no. 11, Nov. 2006, p. 760-772.

LRP-200611-17 Global Health Diagnostics. D. C. H. Burgess, J. Wasserman, C. A. Dahl.

An essential component of evaluating and improving global health is access to appropriate diagnostic tools. Through this series of papers we hope to further the dissemination of current knowledge on global health diagnostic needs for the conditions that most severely affect those living in the developing world. Published in Nature, v. 444, suppl. 1, Foreword, p. 1–2 (23 November 2006).

LRP-200611-18 Developing and Interpreting Models to Improve Diagnostics in Developing Countries. F. Girosi, S. S. Olmsted, E. B. Keeler, D. C. H. Burgess, Y. Lim, J. E. Aledort, M. E. Rafael, K. Ricci, R. Boer, L. Hillborne, K. P. Derose, M. Shea, C. M. Beighley, C. A. Dahl, J. Wasserman.

Developing a strategy for investment in diagnostic technologies requires an understanding of the need for, and the health impact of, potential new tools, as well as the necessary performance characteristics and user requirements. In this paper, the authors outline an approach for modelling the health benefits of new diagnostic tools. Published in Nature, v. 444, suppl. 1, p. 3–8 (23 November 2006).

LRP-200611-19 Reducing the Global Burden of Acute Lower Respiratory Infections in Children: The Contribution of New Diagnostics. Y. Lim, M. Steinhoff, F. Girosi, D. Holtzman, H. Campbell, R. Boer, R. Black, K. Mulholland.

Acute lower respiratory infections (ALRIs) are the primary killer of children in developing countries. Many children

with ALRIs are not properly diagnosed, and overuse of antibiotics has led to increasing drug resistance. The introduction of simple and widely accessible diagnostic tests could significantly reduce deaths among children with ALRIs and reduce the inappropriate use of antibiotics. Published in Nature, v. 444, suppl. 1, p. 9–18 (23 November 2006).

LRP-200611-20 Reducing the Burden of HIV/AIDS in Infants: The Contribution of Improved Diagnostics. J. E. Aledort, A. Ronald, S. M. Le Blancq, R. Ridzon, A. Landay, M. E. Rafael, M. Shea, J. Safrit, R. W. Peeling, N. Hellmann, P. Mwaba, K. K. Holmes, C. M. Wilfert. 2006.

The development of an inexpensive, simple and widely accessible test for diagnosing human immunodeficiency virus (HIV) infection in infants could significantly reduce paediatric acquired immunodeficiency syndrome (AIDS) deaths in sub-Saharan Africa. Published in Nature, v. 444, suppl. 1, p. 19–28 (23 November 2006).

LRP-200611-21 Reducing Stunting Among Children: The Potential Contribution of Diagnostics. K. Ricci, F. Girosi, P. I. Tarr, Y. Lim, C. Mason, M. Miller, J. Hughes, L. von Seidlein, J. M. Agosti, R. L. Guerrant.

Stunting affects ~ 147 million children in developing countries. Studies have pointed to a relationship between stunting and different pathogens that are associated with diarrhoeal illness. New easy-to-use tools for diagnosing these pathogens could help to identify children at risk for growth shortfall, and reduce the prevalence of stunting and the large burden of disease associated with it. Published in Nature, v. 444, suppl. 1, p. 29–38 (23 November 2006).

LRP-200611-22 Reducing the Burden of Childhood Malaria in Africa: The Role of Improved Diagnostics. M. E. Rafael, T. Taylor, A. Magill, Y. Lim, F. Girosi, R. Allan.

Malaria kills > 1 million children aged < 5 years in sub-Saharan Africa annually. Current control efforts are hampered by increasing drug resistance, unreliable diagnostics, widespread overtreatment and rising drug costs. In this environment, new and widely available malaria diagnostics have the potential to save lives and drastically reduce overtreatment. Published in Nature, v. 444, suppl. 1, p. 39–48 (23 November 2006).

LRP-200611-23 Reducing the Global Burden of Tuberculosis: The Contribution of Improved Diagnostics. E. B. Keeler, M. D. Perkins, P. Small, C. Hanson, S. Reed, J. Cunningham, J. E. Aledort, L. Hillborne, M. E. Rafael, F. Girosi, C. Dye.

The authors estimated the impact of hypothetical new diagnostic tests for tuberculosis (TB) in patients with persistent cough in developing countries. They found that a variety of new tests could help better identify TB cases and target treatment, thereby reducing the burden of disease. Published in Nature, v. 444, suppl. 1, p. 49–57 (23 November 2006).

LRP-200611-24 Reducing the Burden of Sexually Transmitted Infections in Resource-Limited Settings: The Role of Improved Diagnostics. J. E. Aledort, A. Ronald, M. E. Rafael, F. Girosi, P. Vickerman, S. M. Le Blancq, A. Landay, K. K. Holmes, R. Ridzon, N. Hellmann, M. Shea, R. W. Peeling.

There is a great need for improved diagnosis of curable bacterial sexually transmitted infections among women in developing countries. The authors found that wider access to new diagnostic tests has a greater overall impact on health outcomes than improvements in test sensitivity or specificity. Published in Nature, v. 444, suppl. 1, p. 59–72 (23 November 2006).

LRP-200611-25 Requirements for High Impact Diagnostics in the Developing World. M. Urder, L. A. Penny, S. S. Olmsted, M. Y. Giovanni, P. Kaspar, A. Shepherd, P. Wilson, C. A. Dahl, S. Buchsbaum, G. Moeller, D. C. H. Burgess.

This paper focuses on the technologies required to meet the global health diagnostics needs presented in the previous papers, highlighting how new diagnostic technologies might have the potential to change medical and public-health scenarios in the developing world. Published in Nature, v. 444, suppl. 1, p. 73–79 (23 November 2006) .

LRP-200611-26 Physician Communication About the Cost and Acquisition of Newly Prescribed Medications. D. M. Tarn, D. A. Paterniti, J. Heritage, R. D. Hays, R. L. Kravitz, N. S. Wenger.

OBJECTIVE: To describe the frequency and content of physician discussions about the cost and acquisition of new medications. STUDY DESIGN: Qualitative and quantitative study combining patient and physician surveys with transcribed audiotaped office visits from 185 outpatient encounters with 15 family physicians, 18 internists, and 11 cardiologists in 2 Sacramento healthcare systems between January and November 1999, in which 243 new medications were prescribed. METHODS: Transcripts were qualitatively analyzed to describe conversations concerning the cost and acquisition of new medication prescriptions, frequencies of discussions were described, and multivariate logistic regression was used to examine the predictors of cost discussions. RESULTS: For one third of newly prescribed medications, physicians discussed an aspect of acquisition, including cost and insurance coverage for 12%, logistics of obtaining medications for 18%, and medication supply for 9%. Patients initiated cost or insurance concerns for fewer than 2% of the new medications prescribed. There were 5 discussions about patient out-of-pocket costs and 7

discussions offering tips for cost savings. In multivariate analysis, cost discussions were more likely to occur with patients earning less than $20 000 per year compared with those earning more than $60 000 per year, were less likely to occur with medications prescribed by family physicians or internists compared with cardiologists, and were less likely with medications prescribed to older patients. CONCLUSIONS: Physician-patient discussions about new medication cost and other acquisition issues, especially medication affordability, occur infrequently. Because physicians may not recognize patients' financial impediments to acquiring medications, this issue should be raised when prescribing new medications. Published in American journal of managed care, v. 12, no. 11, Nov. 2006, p. 657–664.

LRP-200611-27 The Effect of a Disease Management Intervention on Quality and Outcomes of Dementia Care: A Randomized, Controlled Trial. B. G. Vickrey, B. S. Mittman, K. I. Connor, M. L. Pearson, R. D. D. Penna, T. G. Ganiats, R. W. DeMonte, J. Chodosh, X. Cui, S. Vassar, N. Duan, M. L. Lee.

BACKGROUND: Adherence to dementia guidelines is poor despite evidence that some guideline recommendations can improve symptoms and delay institutionalization of patients. OBJECTIVE: To test the effectiveness of a dementia guideline-based disease management program on quality of care and outcomes for patients with dementia. DESIGN: Clinic-level, cluster randomized, controlled trial. SETTING: 3 health care organizations collaborating with 3 community agencies in southern California. PARTICIPANTS: 18 primary care clinics and 408 patients with dementia age 65 years or older paired with 408 informal caregivers. INTERVENTION: Disease management program led by care managers and provided to 238 patient-caregiver pairs at 9 intervention clinics for more than 12 months. MEASUREMENTS: Adherence to 23 guideline recommendations (primary outcome) and receipt of community resources and patient and caregiver health and quality-of-care measures (secondary outcomes). RESULTS: The mean percentage of per-patient guideline recommendations to which care was adherent was significantly higher in the intervention group than in the usual care group (63.9% vs. 32.9%, respectively; adjusted difference, 30.1% 95% CI, 25.2% to 34.9% P < 0.001). Participants who received the intervention had higher care quality on 21 of 23 guidelines (P 0.013 for all), and higher proportions received community agency assistance (P 0.03) than those who received usual care. Patient health-related quality of life, overall quality of patient care, caregiving quality, social support, and level of unmet caregiving assistance needs were better for participants in the intervention group than for those in the usual care group (P < 0.05 for all). Caregiver health-related quality of life did not differ between the 2 groups. LIMITATIONS: Participants were well-educated, were predominantly white, had a usual source of care, and were not institutionalized. Generalizability to other patients and geographic regions is unknown. Also, costs of a care management program under fee-for-service reimbursement may impede adoption. CONCLUSIONS: A dementia guideline-based disease management program led to substantial improvements in quality of care for patients with dementia. Published in Annals of internal medicine, v. 145, no. 10, Nov. 21, 2006, p. 713–726.

LRP-200611-28 Affective and Behavioral Responses to Health-Related Social Control. J. S. Tucker, M. Orlando, M. N. Elliott, D. J. Klein.

Social control has the potential to encourage engagement in a healthy lifestyle, but its effectiveness may depend on the nature of the influence attempt. Participants (N = 282) described a situation in which someone attempted to influence their health-related behavior. Experiencing positive social control was associated with a greater tendency to change the behavior and less ignoring/doing nothing, whereas negative social control was associated with a lesser tendency to change the behavior and more hiding of unhealthy behavior. These associations could be accounted for by affective responses to the social control attempts. Results emphasize the need to better understand the regulatory influence of relationships on health behavior and the conditions under which social control is most likely to have health-promoting effects. Published in Health psychology, v. 25, no. 6, Nov. 25, 2006, p. 715–722.

LRP-200611-29 Panel Two: Sarbanes-Oxley Accounting Issues: Cataclysmic Liability Risk Among Big Four Auditors. E. L. Talley.

Since Arthur Andersen's implosion in 2002, policymakers have been encouraged with ever increasing urgency to insulate the auditing industry from legal liability. Advocates of such insulation cite many arguments, but the gravamen of their case is that the profession faces such significant risk of cataclysmic liability that its long term viability is imperiled. In this Essay, the author explores the nature of these claims as a legal theoretical and empirical matter. Legally, it is clear that authority exists (within both state federal law) to impose liability on auditing firms for financial fraud, and courts have been doing so sporadically for years. Theoretically, it is certainly conceivable that, under certain conditions, cataclysmic liability risk could lead to widespread industry breakdown, excessive centralization, and the absence of third-party insurance. Whether such conditions exist empirically, however, is a somewhat more opaque question. On one hand, the patterns of liability exposure during the last decade does not appear to be the type that would, at least on first blush, imperial the entire profession. On the other hand, if one predicts historical liability exposure patterns into the future, the risk of another

firm exiting due to liability concerns appears to be more than trivial. Whether this risk is large enough to justify liability limitations or other significant legal reforms, however, turns on a number of factors that have thus far gone unexamined by either advocates or opponents, including the presence of market mechanisms of deterrence, the effectiveness of current regulation, the likely welfare effects of further contraction of the industry, and the likelihood of new entry after a contraction. Published in Columbia law review, v. 106, no. 7, Nov. 2006, p. 1641–1697.

LRP-200612-01 The Building Wellness Project: A Case History of Partnership, Power Sharing, and Compromise. D. Jones, C. Franklin, B. Butler, P. Williams, K. B. Wells, M. A. Rodriguez.

INTRODUCTION: The Institute of Medicine has recommended development of community focused strategies to alleviate the disproportionate burden of illness on minorities, including depression. So far, limited data exist on the process of developing such partnerships within diverse racial/ethnic environments as they strive to develop community-driven, evidence-based action plans to improve the quality of outreach services. The authors describe such an effort around depression in south Los Angeles and explore the issues of the process in the hopes of informing future partnership development. METHODS: Community meetings, presentations, feedback, discussion groups, and consensus-based action items were implemented over an 18-month period. A writing subcommittee was designated to develop a description of the group's work and process, as well as the diverse perspectives in the partnership. Data sources included meeting minutes, materials for members and community feedback presentations, scribe notes, and the reflections of the authors. RESULTS: Development was seen on the formal group level, in the process, and on the realization of three categories of action plans. Designed to assist social service caseworkers in the recognition of and referral for depression, the action plans included developing a website, a tool kit (modified Delphi process), and a one-page depression "fact sheet" with region-specific referrals. CONCLUSION: Through the process of developing a means to combat depression in a racially/ ethnically diverse population, the community is not only better informed about depression but has become a true partner with the academic element in adapting these programs for local service providers, resulting in improved understanding of the partnership process. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–54-S1-66.

LRP-200612-02 Witness for Wellness: Preliminary Findings from a Community-Academic Participatory Research Mental Health Initiative. S. McDaniel, L. Jones, P. Koegel, K. B. Wells.

Quality improvement programs promoting depression screening and appropriate treatment can significantly reduce racial and ethnic disparities in mental-health care and outcomes. However, promoting the adoption of quality-improvement strategies requires more than the simple knowledge of their potential benefits. To better understand depression issues in racial and ethnic minority communities and to discover, refine, and promote the adoption of evidence-based interventions in these communities, a collaborative academic-community participatory partnership was developed and introduced through a community based depression conference. This partnership was based on the community-influenced model used by Healthy African-American Families, a community-based agency in south Los Angeles, and the Partners in Care model developed at the UCLA/RAND NIMH Health Services Research Center. The integrated model is described in this paper as well as the activities and preliminary results based on multimethod program evaluation techniques. We found that combining the two models was feasible. Significant improvements in depression identification, knowledge about treatment options, and availability of treatment providers were observed among conference participants. In addition, the conference reinforced in the participants the importance of community mobilization for addressing depression and mental health issues in the community. Although the project is relatively new and ongoing, already substantial gains in community activities in the area of depression have been observed. In addition, new applications of this integrated model are underway in the areas of diabetes and substance abuse. Continued monitoring of this project should help refine the model as well as assist in the identification of process and outcome measures for such efforts Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–18-S1-34.

LRP-200612-03 A Community Participatory Research Partnership: The Development of a Faith-Based Intervention for Children Exposed to Violence. S. H. Kataoka, S. Fuentes, V. P. O'Donoghue, P. Castillo-Campos, A. Bonilla, K. Halsey, J. L. Avila, K. B. Wells.

When an inner city Latino immigrant faith community in Los Angeles identified mental health care as an area of need, a community-research partnership was formed that resulted in the adaptation of an intervention for children who have trauma-related symptoms from violence exposure. This participatory research partnership includes St. Thomas the Apostle School and Church community; QueensCare Health and Faith Partnership, an organization that provides health services and outreach to faith communities; and mental health researchers from UCLA. During the planning phase of this project, parent focus groups were conducted, and an evidence-based intervention for traumatized students was adapted for this community. Focus group participants described significant concerns about community violence and multiple ways in which this ongoing violence has affected their children,s functioning and child-parent

relationships. The partnership has collaborated on each aspect of the research study, from design and adaptation, implementation, data analyses, and identification of areas for future research. This paper, a participatory process written in the words of the community and research partners, describes the experience of and challenges met by this partnership in adapting the Cognitive Behavioral Intervention for Trauma in Schools program for use in this Catholic school. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–89-S1-97.

LRP-200612-04 Community-Research Collaboration Between Researchers and Acupuncturists: Integrating a Participatory Research Approach in a Statewide Survey of Licensed Acupuncturists in California. T. Kuo, R. Christensen, L. Gelberg, L. V. Rubenstein, A. Burke.

The Licensed Acupuncture Collaborative Study, a job analysis of licensed acupuncturists in California, provides a model for building community-research partnerships between university researchers and communities of non-physician clinicians. The study design used a project-management approach based on the core principles of community-based participatory research: 1) mobilizing shared expertise and resources to address issues of concern; 2) sharing power in the decisionmaking process; and 3) promoting mutual ownerships of resources and products derived from the collaboration. A project infrastructure involving the sharing of study responsibilities across university researchers, individual acupuncturists, and state community organizations was developed and cultivated over a three-year project period. Essential factors in the success of this project included shared objectives, addressing the concerns about collaboration among academic and community partners, inclusion of nontraditional viewpoints about healthcare policy, and participation by the acupuncturist community in performing the research. These activities helped to overcome mistrust and perceived power differences between researchers and the acupuncturist community. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–98-S1-106.

LRP-200612-05 Innovative Approaches to Obtaining Community Feedback in the Witness for Wellness Experience. K. K. Patel, P. Koegel, T. Booker, L. Jones, K. B. Wells.

BACKGROUND: Awareness of the need for innovative approaches to obtaining feedback in community-based participatory research (CBPR) is increasing. These innovative approaches should incorporate the core principles of CBPR, including equity and colearning. Additionally, the methods should be culturally appropriate and inclusive of the community and academic partners. OBJECTIVE: To develop and implement two separate methods of obtaining community feedback for two activities in a CBPR initiative: 1) discussion of three work-group plans during a leadership council meeting; and 2) feedback from the work groups to the target community in a public setting. METHODS: In order to facilitate a feedback process for the discussion of 3 separate group action plans, an adapted version of the modified Delphi technique was used during which 42 community and academic partners voted and evaluated each plan both before and after group discussion. Results were immediately posted on a projection screen for the group to process. The second community feedback method incorporated the use of an audience response system (ARS) in order to obtain responses from 187 community participants after hearing summaries of the Witness for Wellness work-group action plans. More than 60% of the respondents added that the use of the handheld device made research seem more relevant and less intimidating. CONCLUSIONS: Both the use of the adapted modified Delphi process and ARS were effective in capturing community feedback related to two group activities in the Witness for Wellness initiative. Both methods also allowed participants to understand the role of research in a community setting. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–35-S1-42.

LRP-200612-06 Supporting Wellness Through Policy and Advocacy: A Case History of a Working Group in a Community Partnership Initiative to Address Depression. S. E. Stockdale, K. K. Patel, R. Gray, D. A. Hill, C. Franklin, N. Madyun.

This paper describes the implementation of a collaborative project with community and academic partners in Los Angeles, focusing on the experiences of the Supporting Wellness (SW) working group in a depression outreach/education initiative (the Witness for Wellness project). The first-year activities of the SW group involved infrastructure development to prepare for policy and advocacy work. Scribe notes from monthly meetings along with the authors' observations are the primary source of data for this article. One of the major accomplishments of the group was to obtain a position on a countywide stakeholder committee that makes recommendations to policymakers on mental health spending for the county. One significant challenge for the academic group members has been providing guidance and support for potential research projects. Although community partnerships with academia are a potentially useful approach for developing health interventions to address community needs and priorities, the experiences of this group illustrate that a substantial amount of time is required to develop the infrastructure for efforts to be successful. In addition, the authors learned the "community perspective" is essential to developing interventions that can address barriers to depression care that are unique to communities with high numbers of under-served, unserved, and inappropriately served residents. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–43-S1-53.

LRP-200612-07 Building an Academic-Community Partnered Network for Clinical Services Research: The Community Health Improvement Collaborative (CHIC). K. B. Wells, A. D. Staunton, K. C. Norris, R. N. Bluthenthal, B. Chung, L. Gelberg, L. Jones, S. H. Kataoka, P. Koegel, J. Miranda, C. M. Mangione, K. K. Patel, M. A. Rodriguez, M. F. Shapiro, M. Wong.

OBJECTIVE: Community-based participatory research is recommended for research on health disparities and to improve uptake of clinical research findings. The authors describe the development of a multicenter consortium designed to support a community agency-academic partner infrastructure to support community-based, health-services research on multiple sources of health and healthcare disparities in local communities. DESIGN: The authors describe the development of the Los Angeles Community Health Improvement Collaborative (CHIC). RESULTS: The CHIC partners examined the research capacity and health priorities of its partners and developed a research agenda focused on four tracer conditions (depression, violence, diabetes, and obesity) and four areas for development of research capacity: public participation in all phases of research; understanding community and organizational context for clinical services interventions; practical clinical services trial methods; and advancing health information technology for clinical services research. The partners pooled resources to develop these areas for the tracer conditions. CONCLUSIONS: The challenges of a participatory approach to community-based clinical services research go beyond the significant methodologic and operational issues for specific projects and include building a sustainable capacity for research, community programs, and partnership across diverse communities and stakeholder organizations even when funding sources are not fully aligned with these goals. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–3-S1-17.

LRP-200612-08 Talking Wellness: A Description of a Community-Academic Partnered Project to Engage an African-American Community Around Depression Through the Use of Poetry, Film, and Photography. B. Chung, C. E. Corbett, B. Boulet, J. R. Cummings, K. Paxton, S. McDaniel, S. O. Mercier, C. Franklin, E. Mercier, L. Jones, B. E. Collins, P. Koegel, N. Duan, K. B. Wells, D. Glik.

The design, implementation, and preliminary evaluation of an enhanced community-engagement program that uses poetry, film, and photography at a film festival in south Los Angeles is described. This project is one of several Talking Wellness projects designed to develop social capital and enhance community engagement in projects designed to improve the community's capacity to communicate effectively about depression, to decrease the associated stigma, and to participate in the design and evaluation of research interventions. The high degree of collaboration in the development and evaluation of this community participatory research model is illustrated by describing the selection and design of the intervention and the development of the survey questionnaires used for data collection. The project is described from the perspective of community members involved in the process. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–67-S1-78.

LRP-200612-09 Ethics of Clinical Research Within a Community-Academic Partnered Participatory Framework. D. T. Chen, L. Jones, L. Gelberg.

Recommendations for reducing racial and ethnic disparities in health and health care suggest that clinical researchers try community-based participatory research (CBPR). While the body of literature discussing the ethics of CBPR continues to grow, the are not aware of a specific attempt to provide a structure for analyzing the ethics of clinical research using a CBPR approach. The authors adapt a framework developed by Emanuel, Wendler, and Grady articulating seven requirements for ethical clinical research to clinical research using a CBPR approach. The authors incorporate findings from the literature on CBPR and identify some of the ethical and practical challenges from our experiences working in CBPR as academics and community members. The authors find Emanuel et al.'s framework easily adaptable for CBPR. Six of the requirements are flexible enough to accommodate the needs of CBPR; they are: social or scientific value, scientific validity, fair subject selection, favorable risk-benefit ratio, independent review, and informed consent. The authors suggest that the seventh requirement, respect for potential and enrolled participants, be amended to respect for potential and enrolled participants, community, and research partners to acknowledge that separate attention should be paid to relationships on these three levels. This adapted framework can guide community-academic partnerships as they evaluate whether to proceed with potential clinical research studies and as they work to enhance the ethics of clinical research studies using a CBPR approach. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–118-S1-135.

LRP-200612-10 Seeking Community Input to Improve Implementation of a Lifestyle Modification Program. C. Punzalan, K. Paxton, H. Guentzel, R. N. Bluthenthal, A. D. Staunton, G. Mejia, L. S. Morales, J. Miranda.

OBJECTIVES: Obesity increases a person's risk for diabetes, which is becoming the most common chronic disease in the United States. Latina and African-American women in disadvantaged communities are at higher risk for becoming overweight and subsequently developing diabetes. The purpose of this focus group study was to guide our adaptation of an evidence-based lifestyle intervention and implementation of the Community-Based Lifestyle Balance program (CLSB). DESIGN, SETTING, AND PARTICIPANTS: The authors conducted 11 focus-group discussions with 87 African-American and Latina women in

disadvantaged communities, including schools, senior centers, subsidized housing communities, and churches. The authors also conducted informal key informant interviews with community service providers and leaders. RESULTS: Discussions revealed high knowledge of healthy behavior and strong interest in making lifestyle changes. However, barriers such as competing demands on these women prevented long-term practice of healthy behaviors. Women frequently expressed feelings of guilt and self-blame in their attempts and failures to make healthy changes in their daily routine. Some patterns were identified that varied by age and race/ethnicity. These findings suggest guidelines for implementing this lifestyle intervention in a variety of community settings. CONCLUSIONS: Community-level changes such as safer streets and better access to quality grocery stores or markets, with affordable, healthy, fresh food can take years to accomplish. In the interim, CLSB can provide women with skills and strategies that can help improve their health and the health of their families. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–79-S1-88.

LRP-200612-11 Assessing Organizational Readiness and Change in Community Intervention Research: Framework for Participatory Evaluation. S. E. Stockdale, P. Mendel, L. Jones, W. Arroyo, J. M. Gilmore.

This paper describes a study currently underway that uses a collaborative approach to assess organizational capacity to form partnerships around mental health and substance abuse care. Employing many of the principles of community-based participatory research, the study's primary objective is to collaboratively develop a conceptual understanding and generalizable, practical measures of organizational capacity. The intent of this collaborative approach is to increase the rigor and relevance of the assessment framework while strengthening the ability of health partnerships and stakeholders to understand and track community organizational capacity. The study investigators developed an initial model of community dissemination based on the research literatures on organizations and the diffusion of innovations. Through the collaborative process, the specific goals of the project shifted substantially to match the partnership interests and concerns of community agencies. One of the benefits of a collaborative approach has been to use researchers' academic knowledge to catalogue potential factors and the wealth of community coinvestigators' experiential knowledge of interagency dynamics to identify specific relevant dimensions of capacity. This initial exploratory study represents a first step toward developing a general approach to conceptualizing and tracking the organizational capacity of communities. The model and measurement framework may have wider applicability to capacities to partner around and implement a variety of health-related interventions within communities. Published in Ethnicity & disease, v. 16, no. 1, suppl. 1, Winter 2006, p. S1–136-S1-145.

LRP-200612-12 Marijuana Markets: Inferences from Reports by the Household Population. J. P. Caulkins, R. L. Pacula.

Generally more is known about drug use and demand than about markets and supply, in large part because population survey data are available while market data are not. Although the household population represents a relatively small proportion of users of hard drugs, it represents a large proportion of the population using marijuana and participating in marijuana markets. This paper provides a description of marijuana market and acquisition patterns as reported by participants in the 2001 National Household Survey on Drug Abuse. The authors find that most respondents obtain marijuana indoors (87%), from a friend or relative (89%), and for free (58%). Retail marijuana distribution appears to be embedded in social networks rather than being dominated by "professional" sellers. Despite these contrasts with stereotypical street markets for cocaine and heroin, there are also similarities, such as evidence of quantity discounts and a minority of users accounting for the majority of purchases. The authors estimate that there are on the order of 400 million retail marijuana purchases in the U.S. each year and that the average purchase size is small, about six or seven joints. Published in Journal of drug issues, v. 36, no. 1, Winter 2006, p. 173 200.

LRP-200612-13 Evidence Summaries and Synthesis: Necessary but Insufficient Approach for Determining Clinical Practice of Integrated Medicine? I. D. Coulter.

The heart of evidence-based practice is in fact to be found in the use of evidence gained from systematic reviews or more correctly in the synthesis of evidence from systematic reviews. But just as studies vary in the quality of the design so do systematic reviews, and it is therefore necessary for those wishing to make clinical decisions based on this evidence to evaluate the evidence summaries and synthesis themselves. This article examines the criteria available for evaluating the quality of the evidence summary and synthesis. It provides a set of questions for doing this: who did the review; what was the objective of the review; how was the review done? Together these questions allow us to determine the trustworthiness of the review. However, that by itself is insufficient for making clinical decisions. The article suggests that this occurs because the very studies that improve the quality of reviews, that is, the randomized controlled trials, deal with efficacy and not effectiveness. Because they tend to be conducted under ideal conditions, they seldom provide the type of information needed to make a decision vis-a-vis an individual patient. The article suggests that observation studies provide much better information in this regard. The challenge here, however, is to

develop standards for judging quality observation studies. In conclusion, systematic reviews and syntheses of evidence are a necessary but an insufficient method for making clinical decisions. Published in Integrative cancer therapies, v. 5, no. 4, Dec. 2006, p. 282–286.

LRP-200612-14 Effects of Medicaid Managed Care Policies on Mental Health Service Use Among a National Probability Sample of Children in the Child Welfare System. R. Raghavan, A. A. Leibowitz, R. Andersen, B. T. Zima, M. A. Schuster, J. Landsverk.

Children in the child welfare system are dependent upon Medicaid to finance services for their considerable mental health needs. This study examines the effects of Medicaid policies on mental health service use among a national probability sample of children in the child welfare system. Data for this study came from the National Survey of Child and Adolescent Well-Being, the Caring for Children in Child Welfare study, and the Area Resource File. Weighted multivariate logistic regression analyses were conducted to estimate effects of policy variables on children's use of mental health services, controlling for child-level covariates and county-level health resources. Children in counties with behavioral carve-outs under Medicaid managed care had lower odds of inpatient mental health service use. Medicaid managed care enrollment and variations in type of provider reimbursement did not affect use of mental health services. Older age, greater need for mental health services, and higher levels of caregiver education were associated with increased odds of service use. Restrictions on use of inpatient mental healthcare caused by behavioral carve-outs may disproportionately affect children in the child welfare system who have high rates of such use. Careful adoption of carve-outs is necessary to assure appropriate care for these children. Published in Children and youth services review, v. 28, no. 12, Dec. 2006, p. 1482–1496.

LRP-200612-15 Role of SCHIP in Serving Children with Special Health Care Needs. H. Yu, A. W. Dick, P. G. Szilagyi.

The purpose of this article is to provide new information about two policy issues: (1) Is the State Children's Health Insurance Program (SCHIP) an important source of health insurance for children with special health care needs (CSHCN)? and (2) Does SCHIP provide CSHCN with better access to care, compared with other insurance coverage? Using the 2001 National Survey of CSHCN, we found that a limited fraction of CSHCN were eligible for SCHIP while a relatively small proportion of SCHIP-eligible CSHCN were uninsured. Access to care for CSHCN under SCHIP was better than those SCHIP-eligible but uninsured, and similar to those income-eligible for SCHIP but privately insured. Published in Health care financing review, v. 28, no. 2, Winter 2006–2007, p. 53-64,

LRP-200612-17 Sexual Readiness, Household Policies, and Other Predictors of Adolescents' Exposure to Sexual Content in Mainstream Entertainment Television. J. L. Kim, R. L. Collins, D. E. Kanouse, M. N. Elliott, S. H. Berry, S. B. Hunter, A. Miu, D. Kunkel.

Using a national, telephone survey of 1,762 adolescents aged 12–17 years, this study identifies the prospective predictors of exposure to television's sexual content with a particular emphasis on the contributions of teenagers' sexual readiness versus household television policies. Though believing that one's friends approve of sex and having greater noncoital sexual experience predicted heavier viewing of sexual content in the subsequent year, household restrictions had a nearly equal and opposite effect. In particular, having a television in the bedroom and spending more time at home unsupervised at baseline were associated with heavier sexual content viewing one year later. In addition, Black, female, younger, and more highly viewer-involved teens watched significantly more sexually oriented television than did other groups. Results are considered in light of recent findings showing that heavier viewing of televised sexual content leads to more rapid initiation of sexual intercourse in the subsequent year (Collins et al., 2004). Published in Media psychology, v. 8, no. 4, Dec. 2006, p. 449 471.

LRP-200612-24 SB1953 and the Challenge of Hospital Seismic Safety in California. C. Meade, J. Kulick.

Funded by the California Healthcare Foundation, RAND has updated its analysis of the costs and policy issues surrounding implementation of California SB1953, the state law governing seismic safety for all acute care hospitals. Under the law's requirements, approximately 50% of California hospital buildings must be replaced or substantially strengthened by 2030. For this analysis, we have collected updated construction cost data, and comprehensive information on the status of hospital construction projects. We have also discussed the hospital construction planning process with a number of stakeholders in California, and we have reviewed new design trends for California healthcare facilities. Based on the above, we conclude that approximately half of the required hospitals will not be compliant with the initial deadlines for SB1953 in 2008 and 2013, and many may not meet the final deadline in 2030. Because of recent construction cost inflation and changes in the design for modern healthcare facilities, we estimate total construction costs for SB1953 that are significantly higher than our previous report. Depending on future inflation trends and construction planning decisions by individual hospitals, the total costs could range between $45-$110 billion in 2006 dollars, compared to our previous estimate of $41.7 billon in 2002. Our current estimate does not include the contributions from financing costs, which could increase the total by as much as a factor of 2, depending on the financing arrangements. At these levels, construction for SB1953 compliance could translate to

significant increases in health care costs, though there are large uncertainties in the absolute magnitudes and the ultimate bearer of these costs. Considering these results, we conclude that a key questions for the SB1953 policy debate will focus on the appropriate time scales to achieve California's seismic safety goals. Published in California HealthCare Foundation (Oakland, CA: 2006). Online access: http://www.rand.org/pubs/library_reprints/LRP20061224/

LRP-200612-25 Reducing Substance Use Improves Adolescents' School Attendance. J. Engberg, A. R. Morral.

AIMS: Substance use initiation and frequency are associated with reduced educational attainments among adolescents. The authors examined if decreases in substance use substantially improve youths' school attendance. DESIGN: A total of 1084 US adolescents followed quarterly for 1 year after entering substance abuse treatment. METHODS: Random and fixed effects regression models were used to differentiate the lagged effects of drug use from other time-varying and time-invariant covariates. Self-reports of alcohol, marijuana, stimulants, sedatives, hallucinogens and other drug use were used to predict subsequent school attendance, after controlling for demographic and drug use history characteristics, problem indices and other covariates. FINDINGS: Reductions in the frequency of alcohol, stimulants and other drug use and the elimination of marijuana use were each associated independently with increased likelihoods of school attendance. CONCLUSIONS: Because years of completed schooling is highly correlated with long-term social and economic outcomes, the possibility that reductions in substance use may improve school attendance has significant implications for the cost-effectiveness of substance abuse treatment and other interventions designed to reduce adolescents' substance use. Published in Addiction, v. 101, no. 12, Dec. 2006, p. 1741 1751.

LRP-200612-26 Proposal for an Integrated Evaluation Model for the Study of Whole Systems Health Care in Cancer. W. B. Jonas, W. Beckner, I. D. Coulter.

For more than 200 years, biomedicine has approached the treatment of disease by studying disease processes (pathogenesis), inferring causal connections and developing specific approaches for therapeutically interfering with those processes. This pathogenic approach has been highly successful in acute and traumatic disease but less successful in chronic disease, primarily because of the complex, multifactorial nature of most chronic disease, which does not allow for simple causal inference or for simple therapeutic interventions. This article suggests that chronic disease is best approached by enhancing healing processes (salutogenesis) as a whole system. Because of the nature of complex systems in chronic disease, an evaluation model based on integrative medicine is felt to be more appropriate than a disease model. The authors propose and describe here an integrated model for the evaluation of healing (IMEH) that collects multilevel "thick case" observational data in assessing complex practices for chronic disease. If successful, this approach could become a blueprint for studying healing capacity in whole medical systems, including complementary medicine, traditional medicine, and conventional primary care. In addition, streamlining data collection and applying rapid informatics management might allow for such data to be used for guiding clinical practice. The IMEH involves collection, integration, and potentially feedback of relevant variables collected in the following areas: (1) sociocultural, (2) psychological and behavioral, (3) clinical (diagnosis based), and (4) biological. Evaluation and integration of these components would involve specialized research teams that feed their data into a single data management and information analysis center. These data can then be subjected to descriptive and pathway analysis providing "bench and bedside" information. Published in Integrative cancer therapies, v. 5, no. 4, Dec, 1, 2006, p. 1–5

LRP-200612-27 Are Finite Population Corrections Appropriate When Profiling Institutions? M. N. Elliott, A. M. Zaslavsky, P. D. Cleary.

Over the last two decades, there has been growing interest in comparative performance evaluation of health institutions. Small hospitals and small nursing home facilities might have too few eligible cases for sufficiently precise comparisons in a single year (or other standard reporting period). An analyst might be tempted to use the smaller standard error estimates obtained under the finite population sampling model (FPSM), rather than those obtained under a superpopulation model. The authors argue that the FPSM does not properly represent the reliability of quality profiling information in such situations. The authors consider alternative methods for obtaining adequately precise profiles for small institutions, including moving averages and hierarchical models. Published in Health services and outcomes research methodology, v. 6, no. 304, Dec. 2006, p. 153 156.

LRP-200612-28 Treating Older Men with Prostate Cancer: Survival (Or Selection) of the Fittest? M. S. Litwin, D. C. Miller.

Published in JAMA, Journal of the American Medical Association, v. 296, no. 22, editorial, Dec. 13, 2006, p. 2733–2734.

LRP-200612-30 Hospital Competition, Managed Care, and Mortality After Hospitalization for Medical Conditions: Evidence from Three States. J. J. Escarce, A. K. Jain, J. A. Rogowski.

This study assessed the effect of hospital competition and HMO penetration on mortality after hospitalization for six

medical conditions in California, New York, and Wisconsin. The authors used linked hospital-discharge and vital-statistics data to study adults hospitalized for myocardial infarction, hip fracture, stroke, gastrointestinal hemorrhage, congestive heart failure, or diabetes. The authors estimated logistic regression models with death within 30 days of admission as the dependent variable and hospital competition, HMO penetration, and hospital and patient characteristics as explanatory variables. Higher hospital competition was associated with lower mortality in California and New York but not Wisconsin. Higher HMO penetration was associated with lower mortality in California but higher mortality in New York. These findings suggest that hospitals in highly competitive markets compete on quality even in the absence of mature managed-care markets. The findings also underscore the need to consider geographic effects in studies of market structure and hospital quality. Published in Medical care research and review, v. 63, no. 6, suppl., Dec. 2006, p. 112S-40S.

LRP-200612-31 Does the Concordance Between Medical Records and Patient Self-Report Vary with Patient Characteristics? D. M. Tisnado, J. L. Adams, H. Liu, C. Damberg, W. Chen, F. A. Hu, W. Chen, D. Carlisle, C. M. Mangione, K. L. Kahn.

Few studies of the concordance between patient self-report and medical record data have examined how concordance varies with patient characteristics, and results of such studies have been mixed. Given discrepancies in the quality of care received across patient cohorts, it is important to understand the degree to which concordance metrics are robust across patient characteristics. The authors hypothesized that concordance between ambulatory medical record and patient survey data varies by patient demographic characteristics, especially education, income, and race/ethnicity. They present the results of bivariate and multivariate analyses including data from 1,270 patients with at least one of: diabetes, ischemic heart disease, asthma or COPD, or low back pain sampled from 39 West Coast medical organizations. They present total agreement, kappa, and survey sensitivity and specificity, stratified by patient demographic and health status characteristics. The authors conducted logistic regressions to test the impact of patient demographic characteristics, domain of medical care, and health status on these three measures of concordance. Survey sensitivity varied significantly by race/ethnicity in bivariate analyses, but this effect was erased in multivariate analyses. Their findings do not support the hypothesis that patient education, income, or race/ethnicity have an independent effect on concordance when controlling for other factors. However, concordance varied significantly by patient health status. The medical record and patient self-report do not measure quality comparably across patient cohorts. The authors recommend continued efforts to improve survey data collection across different patient populations and to improve the quality of clinical data. Published in Health services and outcomes research methodology, v. 6, no. 3–4, Dec. 2006, p. 157-175.

LRP-200612-32 Barriers to Mental Health Care Utilization for U.S. Cambodian Refugees. E. C. Wong, G. N. Marshall, S. M. Berthold, T. L. Schell, M. N. Elliott, C. Chun, K. Hambarsoomians.

Asian Americans encounter barriers to mental health care, some of which are structural, whereas others may be cultural. Using data from a probability sample (N = 490) drawn from the largest Cambodian refugee community in the United States, the authors assessed the extent to which structural and cultural barriers were experienced. Surprisingly, a relatively small proportion endorsed commonly cited cultural barriers such as distrust of Western care (4%) and greater confidence in alternative care (5%), whereas most endorsed structural barriers such as high cost (80%) and language (66%). Among those with a probable diagnosis, a similar pattern was found. Findings suggest that structural, not culturally based, barriers are the most critical obstacles to care in this U.S. Cambodian refugee community. Published in Journal of consulting and clinical psychology, v. 74, no. 6, Dec. 2006, p. 1116–1120.

LRP-200612-33 Adherence to Treatment Among Economically Disadvantaged Patients with Panic Disorder. S. Mukherjee, J. G. Sullivan, D. Perry, B. Verdugo, A. J. Means-Christensen, C. D. Sherbourne, M. B. Stein, M. G. Craske, P. P. Roy-Byrne.

OBJECTIVE: The purpose of this study was to examine the feelings of disadvantaged patients about and experiences of treatment for anxiety disorders in primary care settings. METHODS: The patients had participated in the Collaborative Care for Anxiety and Panic study, which tested the effectiveness of an intervention to help primary care providers treat panic disorder. The treatment comprised cognitive behavioral therapy (CBT) combined with pharmacotherapy administered by primary care physicians with the expert advice of a psychiatrist. Post hoc semistructured interviews were conducted with 21 intervention participants who were classified according to adherence or nonadherence to treatment. The interview focused on reactions to CBT; reactions to the different features of the intervention, such as therapy sessions, demonstration videotapes, exercises, and a workbook; and comfort with the therapist. Two members of the research team independently coded, analyzed, and interpreted the data. RESULTS: Three themes emerged: information was empowering and reduced the sense of isolation experienced by participants, participants engaged in a dynamic and iterative personalized assessment of the intervention, and barriers to adherence were predominantly logistical. CONCLUSIONS: Results indicate that the extent to which patients chose to remain in treatment and follow treatment

recommendations was rarely an all-or-nothing phenomenon. In a disadvantaged population such decisions seem to be influenced by the beliefs of the patient about what will and will not be effective in his or her individual case, an ongoing self-assessment of well-being, and the logistical barriers that come into play. Published in Psychiatric services, v. 57, no. 12, Dec. 2006, p. 1745–1750.

LRP-200612-34 Do Integrated Medical Groups Provide Higher-Quality Medical Care Than Individual Practice Associations? A. Mehrotra, A. M. Epstein, M. B. Rosenthal.

BACKGROUND: The association between the organizational structure of physician groups and health care quality has never been evaluated empirically. OBJECTIVE: To examine whether integrated medical groups (IMGs) provide higher-quality primary care than individual practice associations (IPAs). DESIGN: Cross-sectional study. SETTING: PacifiCare, a large health maintenance organization. Participants: Approximately 1.7 million enrollees of PacifiCare cared for by 119 California physician groups between July 1999 and June 2000. MEASUREMENTS: The percentage of eligible PacifiCare enrollees who received mammography, Papanicolaou smear screening, chlamydia screening, diabetic eye examination, an asthma controller medication, or a beta-blocker after acute myocardial infarction. RESULTS: Physician groups identified as IMGs, compared with those identified as IPAs, had higher rates of mammography (relative risk, 1.15 95% CI, 1.01 to 1.33 , Papanicolaou smear screening (relative risk, 2.29 CI, 1.53 to 3.42 , chlamydia screening (relative risk, 2.17 CI, 1.04 to 4.55 , and diabetic eye screening (relative risk, 1.55 CI, 1.28 to 1.88 . Leaders of IMGs were more likely to report using EMRs (37% vs. 2%; $P < 0.001$) and quality improvement strategies, but these characteristics explained little of the quality differences between IMGs and IPAs. LIMITATIONS: Organizational characteristics, including group type, were reported by physician group leaders and not directly assessed. Patient characteristics that could have accounted for some of the observed differences also were not assessed. CONCLUSIONS: Patients cared for in IMGs generally received higher-quality primary care than those cared for in IPAs. Having an EMR and implementation of quality improvement strategies did not explain the differences in quality. These findings suggest that physician group type influences health care quality. Published in Annals of internal medicine, v. 145, no. 11, Dec. 5, 2006, p. 826–833.

LRP-200612-35 Nondisclosure of Sexual Orientation to a Physician Among a Sample of Gay, Lesbian, and Bisexual Youth. G. D. Meckler, M. N. Elliott, D. E. Kanouse, K. P. Beals, M. A. Schuster.

BACKGROUND: The American Medical Association, the American Academy of Pediatrics, and the Society for Adolescent Medicine recommend discussing sexual orientation as part of the health supervision of all adolescents. Little is known about whether lesbian, gay, and bisexual (LGB) youth hide their orientation from health care providers, which can potentially lead to missed opportunities in identifying individual health risks and provide appropriate screening and counseling. OBJECTIVES: To describe the health care experiences of a nonclinical sample of LGB youth and identify factors associated with disclosure and nondisclosure of orientation to physicians. DESIGN: Community-based participatory study using a self-administered questionnaire. SETTING: Los Angeles youth empowerment conference held in October 2003 targeting high school-aged LGB youth. PARTICIPANTS: One hundred thirty-one youth aged 14 to 18 years who identified themselves as LGB. MAIN OUTCOME MEASURE: Physician's knowledge of participant's sexual orientation. RESULTS: Thirty-five percent of the sample reported that their physician knew they were LGB. Bisexual youth were less likely than gay and lesbian youth to have disclosed. The strongest predictor of disclosure was having discussed sex or sexual health of any kind with a physician (odds ratio, 15.47; 95% confidence interval, 4.34–55.18). When asked what a physician could do to make talking about being LGB more comfortable, 64% of participants chose the survey response, "Just ask me." CONCLUSION: Even among a nonclinical sample of LGB youth who were open enough about their orientation to attend a conference on the subject, only 35% reported that their physician knew their orientation. The results indicate that physicians had not discussed sexuality with most LGB youth in the study and that most youth would welcome such a discussion. Published in Archives of pediatrics and adolescent medicine, v. 160, no. 12, Dec. 2006, p. 1248-1254.

LRP-200612-36 A Practical Method to Calibrate Self-Reported Adherence to Antiretroviral Therapy. H. Liu, L. G. Miller, R. D. Hays, G. J. Wagner, C. E. Golin, W. Hu, K. L. Kahn, R. H. Haubrich, A. H. Kaplan, N. S. Wenger.

OBJECTIVE: Self-report of antiretroviral medications adherence is inexpensive and simple to use in clinical settings but grossly overestimates adherence. The authors investigated methods to calibrate patients' self-reported adherence to match objectively measured adherence more closely for the purpose of developing a practical and more accurate self-reported adherence measure. DESIGN: Longitudinal cohort design. METHODS: Using data from 2 prospective longitudinal clinical investigations conducted at 5 HIV clinics, the authors examined the discrepancy between self-reported adherence and objectively measured adherence. They evaluated the relation between attitudinal measures and the degree of discrepancy and used a cross-validation approach to propose candidate items to improve adherence survey methodology. RESULTS: Among 330 patients, self-reported adherence was consistently higher than objectively

measured adherence. The best calibration models included the patient's self-reported adherence, duration of the antiretroviral regimen, and attitudinal measures (ability to take medication as instructed, believing medication can help one to live longer, whether or not it is too troublesome to take antiretrovirals, and feeling things are going the right way). CONCLUSION: The method efficiently identified survey items to improve self-reported adherence measurement. The calibrated measure more closely approximates objectively measured adherence and is more sensitive for detecting nonadherence. These models merit evaluation in other settings. Published in JAIDS, Journal of acquired immune deficiency syndromes, v. 43, suppl. 1, Dec. 2006, p. S104-S112.

LRP-200612-37 Adolescent Self-Selection of Service Formats: Implications for Secondary Interventions Targeting Alcohol Use. E. J. D'Amico, K. G. Anderson, J. Metrik, K. C. Frissell, T. Ellingstad, S. A. Brown.

A novel motivational enhancement based secondary alcohol intervention has been shown to increase quit attempts for youth with heavier alcohol use histories (Brown et al., 2005). In the present study, the authors examined rates of self-selection into the three formats of this alcohol intervention: group, individual, and website; and examined differences between intervention participants and the general school population and across the three formats. Over four years, students at four schools were surveyed (n = 6000) and were provided the opportunity to participate in Project Options (PO). Youth who were selected into PO (n = 1147) were younger and more likely to identify as African American or Multiple/Other ethnicity than the school populations. More teens in PO reported lifetime alcohol use (65% vs. 60%); however, the school population reported more current (past 30 day) drinking. Boys were more likely to utilize the group format and minority youth were more likely to select the individual format. Findings highlight the utility of multiple intervention formats to engage youth in early intervention for alcohol problems. Published in American journal on addictions, v. 15, suppl. 1, Dec. 2006, p. 58–66.

LRP-200612-39 An Update on Adolescent Drug Use: What School Counselors Need to Know. K. E. Watkins, P. L. Ellickson, M. E. Vaiana, S. Hiromoto.

School counselors need to have accurate and age-appropriate prevention education information in order to counsel teens on drug use. This article presents developmentally specific prevention materials for the most important emerging substances of abuse: Ecstasy, methamphetamine, cough and cold medication, prescription opiates and stimulants, and the "date rape" drugs. Because developing appropriate materials requires understanding how adolescents develop, an expert panel approach was used, supplemented with a literature review and teen focus groups. Published in Professional school counseling, v. 10, no. 2, Dec. 2006, p. 131–138.

LRP-200612-43 Perspectives on Therapeutic Treatment from Adolescent Probationers. R. N. Bluthenthal, K. S. Riehman, L. Jaycox, A. R. Morral.

Little is known about youths' experiences in residential adolescent treatment programs. To better understand the experiences of youth in such programs, the authors conducted a longitudinal qualitative study of 10 juvenile probationers in an adolescent therapeutic community (TC) treatment setting. Seven boys and three girls were recruited into the study upon their entry into the TC. Ages ranged from 14 to 17 years old; six youths were Hispanic, three were White, and one was African-American. Each participant completed between two and six audio-recorded interviews over the course of two years. We report on youth experiences in the TC as well as after discharge or drop out. Three issues were most salient in these interviews-the positive and negative influence of peers, youth appreciation of the family counseling component, and the need for improved methods to prevent running away from the program. Regarding running away, half of the youth in our sample who ran away regretted it, suggesting that with more focused intervention some of them might have been retained in the program. Published in Journal of psychoactive drugs, v. 38, no. 4, Dec. 2006, p. 461–471.

LRP-200703-13 Outcomes in Men Denied Access to a California Public Assistance Program for Prostate Cancer. J. T. Anger, S. L. Maliski, T. L. Krupski, L. Kwan, J. L. Gore, A. Fink, S. E. Connor, J. R. Orecklin, M. S. Litwin.

OBJECTIVES: To improve access to prostate cancer treatment for low income uninsured men, California initiated a program called IMPACT: Improving Access, Counseling and Treatment for Californians with Prostate Cancer. The program administered free treatment, case management, counseling, and educational materials to all eligible men until budget cuts led to a state-mandated suspension of enrollment and the establishment of a temporary waitlist in February 2005. To assess the effect of suspension of enrollment on patient outcomes, the authors compared health-related quality of life (HRQOL) in waitlisted and enrolled men. METHODS: Eighty-three men in each group were matched on disease stage, age, and race. HRQOL was captured with the UCLA Prostate Cancer Index short form (PCI-SF), the Medical Outcomes Study Short Form-12 (SF-12), and McCorkle and Young's Symptoms and Degrees of Distress in Patients with Cancer Scale (SDS). Self-efficacy was measured with the Perceived Efficacy in Patient-Physician Interactions (PEPP1) Questionnaire. RESULTS: At intake, waitlisted men demonstrated significantly more symptom-related distress (2.9; p=0.04) and less perceived self-efficacy (2.5; p=0.005) compared to enrollees. Waitlisted men were significantly less likely to have access to a doctor or nurse case manager, treatment medications, nutrition information, or counseling services (p<0.0001). CONCLUSIONS: Men denied enrollment into

the IMPACT program exhibited significantly worse symptom distress and self-efficacy compared to enrolled men at initial assessment. The multivariate model suggests that HROOL in the waitlisted men may be related to their lack of access to medical services. This data illustrates the importance of ongoing public assistance for low income men with prostate cancer. Published in Public health, v. 122, no. 2, Mar.-Apr. 2007, p. 217–223.

LRP-200703-15 High-Deductible Health Plans and Emergency Department Use. C. R. Grudzen, R. H. Brook.

Published in JAMA, The journal of the American Medical Association, v. 297, no. 10, Editorials, Mar. 14, 2007, p. 1126–1127.

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