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MG	Monograph
TR	(Technical) Reports
CF	Conference Proceedings
CT	Testimony
DB	Documented Briefings
RGSD	Dissertations
RP	Reprints
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RB	Research Briefs
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EP	External Publications
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The Monograph and Technical Report are the principal publications documenting and transmitting RAND's major research findings. Monographs strive to be comprehensive or analyze a problem from a variety of perspectives. Technical Reports may include research findings on a specific topic that is limited in scope or intended for a narrow audience; present discussions of the methodology employed in research; provide literature reviews, survey instruments, modeling exercises, guidelines for practitioners and research professionals, and supporting documentation; or deliver preliminary findings. Conference Proceedings, Testimony, and Documented Briefings report on those events after the fact. Dissertations emanate from the Pardee RAND Graduate School. The Reprint series reproduces previously published journal articles and book chapters. Occasional Papers may include an informed perspective on a timely policy issue, a discussion of new research methodologies, essays, a paper presented at a conference, or a summary of work in progress. Research Briefs are policy-oriented summaries of published RAND research. Corporate Publications describe the nature of RAND and its work as a whole. Working Papers are intended to share the authors' latest research findings and solicit informal peer review. External Publications are articles or book chapters written by RAND authors but not available from RAND. Working Paper Briefs are short summaries of reviewed working papers that are aimed at a policy audience.

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

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

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

Note that in all sections, titles and headings are alphabetized by first letter—including "A" and "The."

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A
United States Army

AF
United States Air Force

ALCWF/CFP
American Legion Child Welfare Foundation, Inc.; Casey Family Programs

ATSC
Arkansas Tobacco Settlement Commission

BF
Bertelsmann Foundation

BL
British Library

CAP
Center for American Progress

CEA
California Earthquake Authority

CFSB
CommunityFoundation of Shreveport-Bossier

CHSWC
California Commission on Health and Safety and Workers' Compensation

CLPP

COMMASS
Commonwealth of Massachusetts

CUAHRC
University of Cambridge and the Arts and Humanities Research Council

DARPA
Defense Advanced Research Projects Agency

DCDMH
District of Columbia Department of Mental Health

DFT
UK Department for Transport

DH
Department of Health (England)

DHHS
U.S. Department of Health and Human Services

DHS
Department of Homeland Security

DIA
Defense Intelligence Agency

DOJ
United States Department of Justice

DOL
U.S. Department of Labor

DREW
Charles Drew University

DSOC
Defense Safety Oversight Council

EC
European Commission

EES
Ethicon Endo-Surgery

EPA
U.S. Environmental Protection Agency

FEMA
Federal Emergency Management Agency

GBF
Graham Boeckh Foundation

GSK
GlaxoSmithKline

HEFCE
Higher Education Funding Council for England

HLTH
RAND Health

ICJ
RAND Institute for Civil Justice

IMHA
Institute of Musculoskeletal Health and Arthritis

IPO
Prepared for the UK Intellectual Property Office and the UK Department for International Development

ISEC
RAND Center on Quality Policing Research Consortium, the California Communities Foundation, the Communities Foundation of Texas, the Los Angeles Police Foundation, the Houston Police Foundation, and by private donors

JS
Joint Staff J-8

LACPD
Los Angeles County Probation Department

LFCMP
Juridica Investments Limited and the Kauffman-RAND Institute for Entrepreneurship Public Policy

LRA
Louisiana Recovery Authority

MCIA
Marine Corps Intelligence Activity

MFH
Missouri Foundation for Health

MITSURI
Mitsubishi Research Institute

MMS
Massachusetts Medical Society

MOD
United Kingdom Ministry of Defence

MOD/FR
Prepared for the Joint Forces Centre for Concept Development, Doctrine and Experimentation, General Staff, France

MOD/NL
Netherlands Ministry of Defence

MRC
Medical Research Council

NAO
UK National Audit Office

NASA/OSTP
The National Aeronautics and Space Administration and the Office of Science and Technology Policy

NAVY
United States Navy

NDU
National Defense University

NIJ
National Institute of Justice

OHE
Office of Health Economics

ONS
Office for National Statistics: Personal Social Services Research Unit

OSD
Office of the Secretary of Defense

PIBV
Royal Philips Electronics

PTI
PowerTrain, Inc.

RC
RAND Corporation

RE
RAND Europe

SFK
Success for Kids Foundation

SRF
Smith Richardson Foundation

SRF/CC
Carnegie Corporation of New York and the Smith Richardson Foundation

SSA
Social Security Administration

UFLA
University of Florida

UPMCFY
UPMC for You

WF
Wallace Foundation

WFHF
The William and Flora Hewlett Foundation

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TR-881-OSD

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EP-20100162

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EP-20060035

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RB-9527-LFCMP

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EP-20090016

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MG-910-AF

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EP-20070041

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EP-201000105

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EP-20100068

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EP-20091122

Patient-based outcome assessment instruments in acupuncture research
EP-201000106

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EP-20100124

Pay for performance through the lens of medical professionalism
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EP-20100028

Peer influence and selection effects on adolescent smoking
EP-20100038

Perceived Effects of Paid Family Leave Among Parents of Children with Special Health Care Needs: California's Experience
RB-9445

Perceived seriousness of seasonal and A(H1N1) influenzas, attitudes toward vaccination, and vaccine uptake among U.S. adults: does the source of information matter?
EP-20100080

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EP-20100010

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TR-799-DOL

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EP-20100012

Physician factors associated with discussions about end-of-life care
EP-20100144

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Piloting the RAISS tool in the Canadian Context
WR-749-IMHA

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Policy Implications of Alternative Spent Nuclear Fuel Management Strategies
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TR-810-DHHS

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RB-9516

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Potential for Legal Marijuana Sales in California to Supply Rest of U.S.
WR-765-RC

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Practice redesign to improve care for falls and urinary incontinence: primary care intervention for older patients
EP-20100159

Predictors of adequate depression treatment among Medicaid-enrolled adults
EP-20101310

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WR-739-NLNS

Prevalence and predictors of transitions to and away from syringe exchange use over time in 3 US cities with varied syringe dispensing policies
EP-20100097

Prevalence of cognitive impairment without dementia in the United States
EP-20080328

Prevalence, Natural History, Diagnosis, and Treatment of Food Allergy: A Systematic Review of the Evidence
WR-757

Prevalence, Natural History, Diagnosis, and Treatment of Food Allergy: A Systematic Review of the Evidence
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PRGS 2010 Defense Seminar Brochure
CP-381 (6/10)

Primary care: a critical review of the evidence on quality and costs of health care
EP-20100031

Prime numbers doped: how two plants wreak havoc on the countries that produce and consume them--and everyone in between
EP-20091123

Priorities for Investments in Children and Families in Caddo and Bossier Parishes: Application of a Unique Framework for Identifying Priorities
TR-821-CFSB

Prioritizing Environmental Health Risks in the UAE
EP-20100181

Private Sector Participation and Health System Performance in Sub-Saharan Africa
RB-9567

Private sector participation and health system performance in Sub-Saharan Africa
EP-20100136

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EP-20100018

Prostate cancer treatment for economically disadvantaged men: a comparison of county hospitals and private
EP-20100304

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WR-779-WB

Provider-related barriers to rapid HIV testing in U.S. urban non-profit community clinics, community-based organizations (CBOs) and hospitals
EP-20100064

Psychological effects of patient surge in large-scale emergencies: a quality improvement tool for hospital and clinic capacity planning and response
EP-20100107

Quality of care for breast cancer for uninsured women in California under the breast and cervical cancer prevention treatment act
EP-201000107

Quality of end-of-life care in low-income, uninsured men dying of prostate cancer
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Quantifying individuals' trade-offs between privacy, liberty and security: the case of rail travel in UK
EP-20100306

Questions of Balance: The Shifting Cross-Strait Balance and Implications for the U.S.
CT-343

Racial and ethnic disparities in pneumonia treatment and mortality
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Racial/ethnic Differences in Adolescent Substance Use: Mediation By Individual, Family, and School Factors
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CP-559 (2010)

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EP-20100163

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MG-977-RC

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CT-339

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MG-870/1-OSD

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MG-960-NIJ

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OP-325-RC

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MR-1764-1-NIJ

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EP-201000104

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RB-9513-ICJ

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RB-9532-NIJ/OJP/DOJ/MELLON

Reducing Traffic Congestion and Improving Travel Options in Los Angeles
EP-20100047

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TR-754-AF

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CP-602/6

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EP-20100118

Reliability of medical group and physician performance measurement in the primary care setting
EP-20100155

Religiosity and Decreased Risk of Substance Use Disorders: Is the Effect Mediated By Social Support or Mental Health Status?
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Religious congregations' involvement in HIV: a case study approach
EP-20100134

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Research Designs for Estimating Induced Entry into the SSDI Program Resulting from a Benefit Offset
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EP-20090720

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RB-9550-OSD

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EP-20100092

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Risks and prices: the role of user sanctions in marijuana markets
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EP-20100140

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TR-734-A

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MG-911-OSD

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EP-201000120

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RB-9564-JS

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OP-296-OSD

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WR-781-MEDPAC

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WR-766-RC

Social Networks of PLHA in Uganda: Implications for Mobilizing PLHA as Agents for Prevention
EP-20100142

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EP-20100003

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EP-20100032

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CP-531 (2010)

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EP-20080017

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EP-20100060

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Strengthening laboratory systems in resource-limited settings
EP-20100116

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TR-690-MOD/NL

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Student Achievement, School Structure, and the Effects of Small Learning Community Implementation in Los Angeles: A Network Approach
RGSD-273

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EP-201000116

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RB-9509

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TR-888-EC

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EP-20091229

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MG-1023-MOD

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RB-9545-MOD

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RP-1423

Systematic review of integrative health care research: randomized control trials, clinical controlled trials, and meta-analysis
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The dynamics of deterrence
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The life-saving effectiveness of body armor for police officers
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The Role of Faith-Based Organizations in HIV Prevention and Care in Central America
MG-891-RC

The Role of Faith-Based Organizations in HIV Prevention and Care in Central America: (Spanish translation)
MG-891/1-RC

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The unintended effects of the Sarbanes-Oxley Act of 2002
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The unusually poor physical health status of Cambodian refugees two decades after resettlement
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Third-Party Litigation Funding and Claim Transfer: Trends and Implications for the Civil Justice System
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Three Essays in Transportation Energy and Environmental Policy
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Three Essays on Hypertension Prevention and Medical Product Safety in China and the United States
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Three Essays on Obstacles to Improving Demographic Representation in the Armed Forces
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Three Proposed Initiatives for Improving Mobility, Quality of Life, and Economic Growth in the West Bank: A Visual Summary
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Three years after legalization of nonprescription pharmacy syringe sales in California: where are we now?
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EP-20100069

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Toolkit on tackling error, fraud and corruption in social protection programs
WR-746-WB

Toward a Comparison of DNA Profiling and Databases in the United States and England
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MG-1019

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TR-673-EC

Tracking Inmates and Locating Staff with Active Radio-Frequency Identification (RFID): Early Lessons Learned in One U.S. Correctional Facility
TR-786-NIJ

Transforming mental healthcare in the veterans health administration: a model for measuring performance to improve access, quality, and outcomes
EP-20100131

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EP-20100017

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MG-899-AF

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Unconditional Quantile Treatment Effects in the Presence of Covariates
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Understanding illicit drug markets, supply-reduction efforts, and drug-related crime in the European Union
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Unique Framework Helps Louisiana Community Prioritize Its Investments in Children and Families
RB-9510-CFSB

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Urinary diversion and morbidity after radical cystectomy for bladder cancer
EP-20101302

Use of interpreters by physicians treating limited English proficient women with breast cancer: results from the provider survey of the Los Angeles Women's Health Study
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EP-20100048

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EP-20080022

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MG-964/1-OSD

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MG-964-OSD

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EP-20100152

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EP-20100098

What Are the Effects of Consolidated Afloat Networks and Enterprise Services (CANES) on Navy Manpower, Personnel, and Training?
RB-9511-NAVY

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What Can We Learn from (and about) Global Aging?
WR-741

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WR-768-RC

What Can We Learn from the Implementation of No Child Left Behind?
RB-9517-RC

What Do People Know About Social Security?
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What Explains the Gender Gap in Financial Literacy? The Role of Household Decision-Making
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What Happened to No-Fault Automobile Insurance?
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What if physicians actually had to control medical costs?
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What policies will reduce gender schooling gaps in developing countries: evidence and interpretation
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What Should Be Classified? A Framework with Application to the Global Force Management Data Initiative
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What Teacher Characteristics Affect Student Achievement? Findings from Los Angeles Public Schools
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When, where, why and with whom homeless women engage in risky sexual behaviors: a framework for understanding complex and varied decision-making processes
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Where Do Americans Get Acute Care? Not at Their Doctor's Office
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OP-278-MCIA

Why do patients seek care at retail clinics, and what alternatives did they consider?
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Workers' Compensation Reform and Return to Work: The California Experience
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Would-Be Warriors: Incidents of Jihadist Terrorist Radicalization in the United States Since September 11, 2001
OP-292-RC

Wrestling with the high price of cancer care: should we control costs by individuals' ability to pay or society's willingness to pay?
EP-20100075

ABSTRACTS

CONFERENCE PROCEEDINGS

CF-272-CLPP

Third-Party Litigation Funding and Claim Transfer: Trends and Implications for the Civil Justice System. Geoffrey McGovern, Neil Rickman, Joseph W. Doherty, Fred Kipperman, Jamie Morikawa, Kate Giglio. 2010

Litigation can be expensive and risky. Third-party litigation funding has emerged as a novel way to mitigate the costs and risks involved in pursuing or defending a claim. Such arrangements have the potential to increase access to justice, or "level the playing field." However, there are criticisms that third-party funding could increase the amount of litigation and promote the profiting from others' harm. In response to questions about third-party litigation financing and its impact on the U.S. legal system, in June 2009, the UCLA-RAND Center for Law and Public Policy convened a conference to assess the regulatory implications of this approach, its effect on dispute resolution, and likely trends in the development of the practice as it becomes more widespread. Each conference session featured presentations by a series of expert panelists, who described the litigation finance landscape, the roles of insurers and contingency-fee lawyers, predicted challenges to novel funding relationships, and the regulatory issues inherent in third-party litigation funding. The conference concluded with a roundtable discussion guided by audience questions and featuring general recommendations as the U.S. legal system considers the advantages and disadvantages of litigation financing.

http://www.rand.org/pubs/conf_proceedings/CF272/

CF-277-CCEG

Directors as Guardians of Compliance and Ethics Within the Corporate Citadel: What the Policy Community Should Know. Michael D. Greenberg. 2010

The collapse of financial markets in late 2008 has invited renewed questions about the governance, compliance, and ethics practices of firms throughout the U.S. and global economies. On May 12, 2010, RAND convened a symposium in Washington, D.C., on the perspective and role of corporate boards of directors in overseeing ethics and compliance matters within their firms. Participants included thought leaders from the ranks of public company directors at major corporations, business executives, ethics and compliance officers, and stakeholders from the nonprofit sector, academia, and government. Discussions focused on the challenges that directors face in this rapidly evolving role, on the responsibility of boards to oversee corporate cultures that foster integrity and compliance with the law, and on steps that business leaders and policymakers might take to better encourage and empower directors in their oversight and, by extension, to strengthen compliance mechanisms and ethical leadership within firms. This document summarizes key issues and topics from the symposium in accordance with the major themes of the discussions, paying attention to areas of agreement and disagreement.

http://www.rand.org/pubs/conf_proceedings/CF277/

CF-281-BEFI

RAND Behavioral Finance Forum 2010: Behavioral Finance and Public Policy Conference. 2010

The RAND Behavioral Finance Forum, an organization dedicated to helpingconsumers make better financial decisions, held a conference on behavioralfinance and public policy on May 25, 2010, in Washington D.C. The purpose ofthe conference was to discuss new policy options in consumer finance withstaff and members of Congress and other policymakers, and withrepresentatives of academe and the financial industry. Captured in digitalvideo, the conference highlighted new ideas intended to help consumers makebetter financial decisions and achieve better outcomes.

http://www.rand.org/pubs/conf_proceedings/CF281/

CORPORATE PUBLICATIONS

CP-1 (2009)
2009 RAND Annual Report. 2010

RAND's work in 2009 rests upon more than 60 years of sustained investment in people and ideas, and demonstrates how this investment has helped build and will contribute to building a better world.

http://www.rand.org/pubs/corporate_pubs/CP1-2009/

CP-22 (12/09)
RAND Review, Vol. 33, No. 3, Winter 2009-2010. Thomas S. Szayna, Nora Bensahel, Terrence K. Kelly, Keith Crane, David E. Mosher, Beth E. Lachman, Jennifer Sloan McCombs, Sheila Nataraj Kirby, Louis T. Mariano, Christine Eibner, John Godges, Paul Steinberg. 2010

The cover story identifies the key civilian agencies that should be involved in the planning and implementation of international stability operations, highlights some of the organizational and budgetary hurdles that lie ahead, and recommends ways to surmount them. Additional feature stories address health care financing options in Massachusetts, the early success of grade retention policies in New York City schools, and insights from the president of RAND. Other articles discuss the health problems caused by high sodium consumption, the uneven burden of health care costs on U.S. industries, the benefits of retail medical clinics, some strategies to promote energy efficiency in buildings, the role of nongovernmental organizations in disaster recovery, and European alcohol consumption.

CP-22 (12/10)
RAND Review, Vol. 34, No. 3, Winter 2010. Keith Crane, James Dobbins, Laurel E. Miller, M. Christine DeVita, Richard Buddin, Daniel F. McCaffrey, Paul Sorensen, Liisa Ecola, Martin Wachs, James A. Thomson, John Godges, Paul Steinberg, Mary E. Vaiana. 2010

The cover story describes actions that could yield positive outcomes in Haiti in three to five years. Another feature story proposes a new way to fund transportation infrastructure: a tax on the number of miles traveled rather than on the gallons of fuel consumed. A third feature story considers alternative ways of measuring teacher effectiveness. News items discuss the effects of childhood psychological problems, the health of older Americans and their peers in England, helping the U.S. military save money, and the ability of U.S. space systems to deter attacks. Other stories discuss the RAND Palestine Initiative, one foundation's involvement in research, and a series of events designed to set politics aside.

http://www.rand.org/pubs/corporate_pubs/CP22-2010-12/

CP-22 (4/10)
RAND Review, Vol. 34, No. 1, Spring 2010. Steven W. Popper, Susann Rohwedder, Jinkook Lee, Craig Evan Pollack, David E. Thaler, Alireza Nader, James A. Thomson, John Godges, Paul Steinberg, Gordon T. Lee. 2010

The cover story describes Israel's potential shift away from coal toward a greater reliance on efficiency, natural gas, and renewable energy. Another feature story considers three responses to the U.S. economic crisis: family support, switching to credit unions as alternatives to commercial banks, and combining the forces of housing and health advisers to counsel homeowners undergoing foreclosure. A third feature story examines the web of influential personalities, networks, and institutions in the Iranian leadership. News items discuss the cost-effectiveness of modernizing the U.S. Air Force's KC-10 air refueling fleet, the prospect of reducing hospital costs by reducing air pollution, the unintended consequences of no-fault auto insurance, and the collapse of silica litigation. Other stories laud the use of randomized controlled trials in fighting poverty in developing countries and lament the ideological polarization across U.S. congressional districts.

http://www.rand.org/pubs/corporate_pubs/CP22-2010-04/

CP-22 (8/10)

RAND Review, Vol. 34, No. 2, Summer 2010. Nicole Maestas, Julie Zissimopoulos, Susann Rohwedder, Linda G. Martin, Beau Kilmer, Jonathan P. Caulkins, Stijn Hoorens, Brian M. Stecher, Georges Vernez, Paul Steinberg, James A. Thomson, John Godges, Gordon T. Lee, Sydne Newberry, Shelley H. Wiseman. 2010

The cover story describes the retirement patterns of the "baby boom" generation and the demographic, economic, cognitive, and health care implications. Other feature stories consider the potential effects of legalizing marijuana in California, the effectiveness of drug enforcement efforts in Europe, and modifications to the No Child Left Behind Act. News items discuss policy choices for the Gulf Coast region, food allergy diagnosis and treatment, the new U.S. health reform law, the benefits of investing in police, and the failure to halt Pakistani-based militants. Other stories commemorate the 40th Anniversary of the Pardee RAND Graduate School and describe RAND's emergence as an international organization.

http://www.rand.org/pubs/corporate_pubs/CP22-2010-08/

CP-381 (6/10)

PRGS 2010 Defense Seminar Brochure. 2010

"New Security Challenges," an intensive weeklong program offered by the Pardee RAND Graduate School, equips participants with both an understanding of the most critical current policy challenges and the most up-to-date analytical techniques for addressing them. The program aims to give participants both knowledge and tools they can employ upon their return to their organizations. This brochure describes the 2010 program, course offerings, and faculty.

CP-401 (1/10)

2009 Year in Review. James A. Thomson. 2010

The RAND Corporation has a straightforward mission: helping to improve policy and decisionmaking through research and analysis. To help us gauge how well we are carrying out this mission, President and CEO Jim Thomson and Executive Vice President Michael Rich ask three sets of questions: (1) Are we addressing issues at or near the top of the national and international policy agenda? Are we helping to shape that agenda? In doing that, do our products and services meet the high standards of quality and objectivity that are RAND's core values? (2) Is our research and analysis reaching key decisionmakers and the broader public, thereby improving the quality of the policy debate? (3) Have our products and services contributed to improvements in policy and decisionmaking? The 2009 Year in Review offers a year-end assessment of RAND's recent achievements.

CP-413 (1/10)

Standards for High-Quality Research and Analysis. 2010

The name RAND is synonymous with high-quality, objective research and analysis at the top of the policy agenda. This brochure describes the quality standards for RAND research. RAND's standards for high-quality research and analysis articulate long-standing RAND concepts and values regarding the characteristics of high-quality studies. They serve both as a guide for those who conduct, manage, support, and evaluate the research activities at RAND and as the set of principles by which RAND research units and programs shape their individual quality assurance processes. They help to ensure that RAND accomplishes its mission of improving policy and decisionmaking through research and analysis.

http://www.rand.org/pubs/corporate_pubs/CP413-2010-01/

CP-485 (10/10)

Saving the Government Money: Examples from RAND's Federally Funded Research and Development Centers. 2010

RAND houses three federally funded research and development centers (FFRDCs): the Arroyo Center, sponsored by the U.S. Army; the National Defense Research Institute, sponsored by the Office of the Secretary of Defense and other elements of the Department of Defense; and Proj-

ect AIR FORCE, sponsored by the U.S. Air Force. These centers apply research capital they have developed over the years to help decisionmakers solve problems and often save money as well. This publication lists and briefly summarizes some RAND projects undertaken over the past ten years that have helped save the government money or that have identified ways to do so. Amounts saved are estimated. Benefits of these projects include savings achieved or under way, e.g., in studies of intratheater airlift and getting supplies to units in Iraq; savings projected if RAND recommendations are implemented by the government, e.g., in studies of fighter aircraft production and equipping field hospitals; savings realizable but contingent on other circumstances; and savings enabled by RAND's independent verification.

CP-530 (12/09)

Research Careers at the RAND Corporation. 2010

This overview describes research careers at the RAND Corporation. RAND hires outstanding individuals for a wide array of research and research support roles, including full-time researchers, research assistants, graduate student summer associates, research communications analysts, project associates, and computer programmers. Researchers enjoy a flexible, team-oriented work environment in which they choose projects related to their areas of expertise and interest.

CP-531 (2010)

Spotlight on 2010: Unlocking Innovation and Learning. 2010

With European governments seeking smart, sustainable solutions to increasingly complex challenges, innovation and learning become essential tools for good policymaking. RAND Europe's annual review, Spotlight on 2010, features many research projects that illustrate the value of learning and knowledge sharing to improve policymaking. It also provides an overview of RAND Europe's activity in 2010.

http://www.rand.org/pubs/corporate_pubs/CP531-2010/

CP-552 (9/10)

The RAND Corporation Guide: A Resource for Lawmakers. 2010

This guide for lawmakers—on Capitol Hill, in state capitols, and in local jurisdictions—describes how the RAND Corporation communicates RAND work to lawmakers and their staffs, demonstrates how to use RAND's resources, and provides an overview of the breadth of RAND research.

CP-559 (2010)

RAND Publications Catalog. 2010

The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND focuses on the issues that matter most such as health, education, national security, international affairs, law and business, the environment, and more. With a research staff consisting of some of the world's preeminent minds, RAND has been expanding the boundaries of human knowledge for more than 60 years. The downloadable catalog features links to these publications on the RAND Web site.

CP-564-RC

RAND in Southeast Asia: A History of the Vietnam War Era. Mai Elliott. 2010

This volume chronicles RAND's involvement in researching insurgency and counterinsurgency in Vietnam, Laos, and Thailand during the Vietnam War era, from the period preceding the dispatch of U.S. troops, to the most intensive combat years, to the Tet Offensive of 1968, to the end of the war in 1975. The author draws on interviews with RAND staff who were involved in research in the region, the hundreds of studies that RAND produced on these topics, and documentary sources outside RAND to provide a narrative that captures the tenor of the times, conveys the attitudes and thinking of those involved, and recounts their personal stories and experiences. Elliott assesses both the extent to which RAND's research influenced U.S. policies and decisionmakers during the war and the effect that the war had on RAND—culminating

with the release of the Pentagon Papers, which became a national controversy in 1971.

http://www.rand.org/pubs/corporate_pubs/CP564/

CP-576/1 (2/10)

CT Course Brochure. Peter Chalk. 2010

This brochure describes "Terrorism and U.S. Counterterrorism in the Post-9/11 Era", a three-day course hosted by RAND to be held in Arlington, VA on July 12–14, 2010.

CP-593 (2010)

Selected RAND Abstracts: A Guide to RAND Publications, Volume 47, January - December 2009. 2010

Selected RAND Abstracts (SRA) is a complete guide to all unclassified RAND publications for a given calendar year. Each volume contains author, subject, and title indexes covering all the material abstracted in that volume. The abstracts are arranged by type of publication and publication number. In addition, the SRA contains information about ordering RAND documents and obtaining annual subscriptions to RAND unclassified publications.

http://www.rand.org/pubs/corporate_pubs/CP593-2010/

CP-595 (3/10)

Investing in Solutions for America's Health Care Future. 2010

Leaders at the RAND Corporation believe it is essential for decisionmakers to have a solid foundation on which they can develop new health care policies and practices. With more than $16 million invested from philanthropic donors and project partners since 2005, the COMPARE initiative--Comprehensive Assessment of Reform Efforts--reflects RAND's significant institutional commitment of time, talent, and resources to provide a basis for making changes in health care policy and a framework for action.

CP-597/1

Eulogy for Mary Anderson. Michael D. Rich. 2010

This paper contains the eulogy delivered by Michael Rich, Executive Vice President of RAND, at a memorial service in honor of Mary E. Anderson, held January 16, 2010.

http://www.rand.org/pubs/corporate_pubs/CP597.1/

CP-598-RC

Catastrophe Risk Management in the Public Sector. Michael D. Rich. 2010

In January 2010, RAND executive vice president Michael Rich spoke at the first International Symposium on Catastrophe Risk Management, commemorating the establishment of the Institute of Catastrophe Risk Management (ICRM) at Nanyang Technological University in Singapore. In this transcript of the speech, he explains the importance of catastrophe risk management for policymaking in the face of deep uncertainty and discusses challenges for ICRM, RAND, and the rest of the analytic community.

http://www.rand.org/pubs/corporate_pubs/CP598/

CP-602/1

Does Europe have enough babies?. 2010

What can governments do to address the demographic challenge? RAND Europe examines population ageing: consequences and possible solutions.

http://www.rand.org/pubs/corporate_pubs/CP602.1/

CP-602/2

Chaos or Control?. 2010

What is the role of government in a borderless internet world? RAND Europe assesses the implications for policy makers.

http://www.rand.org/pubs/corporate_pubs/CP602.2/

CP-602/3

£2.6 billion fraud and error. Too much?. 2010

Should the Department of Work & Pensions have its accounts signed off? RAND Europe's

international benchmark of fraud and error in social security systems.

http://www.rand.org/pubs/corporate_pubs/CP602.3/

CP-602/4

Barts or Basildon?. 2010

Are patients willing to travel for healthcare? RAND Europe's report on patient choice.

http://www.rand.org/pubs/corporate_pubs/CP602.4/

CP-602/5

The Prize is Right?. 2010

Can prizes spur innovation? How do you set the prizes, and how large do they need to be?

http://www.rand.org/pubs/corporate_pubs/CP602.5/

CP-602/6

Reform or Radicalisation?. 2010

Is prison a training ground for extremists? RAND Europe explores radicalisation and recruitment in European prisons.

http://www.rand.org/pubs/corporate_pubs/CP602.6/

CP-602/7

Do New Roads Increase Traffic?. 2010

How can planners anticipate new choices by road users? RAND Europe examines induced traffic effects.

http://www.rand.org/pubs/corporate_pubs/CP602.7/

CP-602/8

Can social science pass a medical?. 2010

Can a health research evaluation model be applied to social science? RAND Europe's work with the Payback Framework.

http://www.rand.org/pubs/corporate_pubs/CP602.8/

CP-610

Three Proposed Initiatives for Improving Mobility, Quality of Life, and Economic Growth in the West Bank: A Visual Summary. 2010

Describes three demonstration projects based on the Arc, RAND's proposal for a sweeping infrastructure corridor linking urban centers, within and between the West Bank and Gaza.

http://www.rand.org/pubs/corporate_pubs/CP610/

CP-612

Moving Toward a Sustainable U.S. Defense Budget: Speech Given June 15, 2010, at the S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore. K. Jack Riley. 2010

Spending on national security accounts for over 60 percent of the discretionary budget, and pressure to reduce U.S. defense spending is mounting. This paper, based on a speech given in June 2010 at the S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore, briefly outlines the budgetary pressures for limiting U.S. defense spending, the lack of obvious targets for spending reductions within the defense budget, and the factors militating against a reduction in U.S. security commitments abroad. The author finds some potential for reduced defense spending if intelligence and law enforcement agencies and aid institutions can assume more of the counterterrorism mission or if the ability of partner nations to ensure their own security can be increased.

http://www.rand.org/pubs/corporate_pubs/CP612/

CP-617

Have you set the right priorities?. Jan Tiessen, Claire Celia, Lidia Villalba van Dijk, Anais Reding, Christian van Stolk, Tom Ling. 2010

This poster, based on a research project carried out by RAND Europe for the Local Better Regulation Office, presents the methodological approach chosen to explore the impacts & outcomes of Local Authority Regulatory Services in UK Local Authorities.

http://www.rand.org/pubs/corporate_pubs/CP617/

TESTIMONY

CT-339

Reconstructing Haiti. James Dobbins. 2010

Testimony presented before the Senate Foreign Relations Committee on January 28, 2010.

CT-340

Stabilization from the Bottom Up. Seth G. Jones. 2010

Testimony presented before the Commission on Wartime Contracting on February 22, 2010.

CT-341

Children on the Homefront: The Experiences of Children from Military Families. Anita Chandra. 2010

Testimony presented before the House Armed Services Committee, Subcommittee on Military Personnel on March 9, 2010.

CT-343

Questions of Balance: The Shifting Cross-Strait Balance and Implications for the U.S.. David A. Shlapak. 2010

Testimony presented before the U.S.-China Economic and Security Review Commission on March 18, 2010.

CT-344

An Assessment of the Scientific Support Underlying the FY2011 Budget Priorities of the Office of National Drug Control Policy. Rosalie Liccardo Pacula. 2010

Testimony presented before the House Oversight and Government Reform Committee, Subcommittee on Domestic Policy on April 14, 2010.

CT-345

The Role of Incentive Pays in Military Compensation. James Hosek. 2010

Testimony presented before the Senate Armed Services Committee, Subcommittee on Personnel on April 28, 2010.

CT-346

The Development of China's Air Force Capabilities. Roger Cliff. 2010

Testimony presented before the U.S.-China Economic and Security Review Commission on May 20, 2010.

CT-347

Potential Effects of Chinese Aerospace Capabilities on U.S. Air Force Operations. Jeff Hagen. 2010

Testimony presented before the U.S.-China Economic and Security Review Commission on May 20, 2010.

CT-348

No Path to Glory: Deterring Homegrown Terrorism. Brian Michael Jenkins. 2010

Testimony presented before the House Homeland Security Committee, Subcommittee on Intelligence, Information Sharing and Terrorism Risk Assessment on May 26, 2010.

CT-349

Considerations for the Use of Private Security Contractors in Future U.S. Military Deployments. Molly Dunigan. 2010

Testimony submitted to the Commission on Wartime Contracting on June 18, 2010.

CT-350

Encouraging Work at Older Ages. Nicole Maestas. 2010

Testimony presented before the Senate Finance Committee on July 15, 2010.

CT-351

Insights on the Effects of Marijuana Legalization on Prices and Consumption. Beau Kilmer. 2010

Testimony presented before the California State Assembly Public Safety Committee and California State Senate Public Safety Committee on September 21, 2010.

http://www.rand.org/pubs/testimonies/CT351/

CT-352

Policy Implications of Alternative Spent Nuclear Fuel Management Strategies. Tom LaTourrette. 2010

Testimony presented before the Blue Ribbon Commission on America's Nuclear Future on November 15, 2010.

CT-353

The al Qaeda-Inspired Terrorist Threat: An Appreciation of the Current Situation. Brian Michael Jenkins. 2010

Testimony presented before the Canadian Senate Special Committee on Anti-terrorism on December 6, 2010.

DOCUMENTED BRIEFINGS

DB-553-NASA/OSTP

An Update of the Nation's Long-Term Strategic Needs for NASA's Aeronautics Test Facilities. Philip S. Anton, Raj Raman, Jan Osburg, James G. Kallimani. 2010

An independent review of the U.S. ability to develop aeronautical vehicles found that the country continues to rely on the capabilities of large government test facilities, including wind tunnels, propulsion test cells, and simulators owned by the National Aeronautics and Space Administration (NASA). These vehicles include civil and military transports, business jets, general aviation, military fighters and bombers, missiles, unmanned vehicles, helicopters, engines, air-breathing hypersonic vehicles, and extraterrestrial planetary air vehicles. Test facility use varies greatly year-to-year despite this continuing long-term need, introducing facility sustainment challenges. Also, despite the strategic importance of new, more advanced facilities, lack of federal investments is forcing the retention of aging and sometimes inferior capabilities. NASA and the nation need to continue developing an aeronautics test technology vision and plan to guide investments, coordination, and sustained support for these vital capabilities. Redundancy within NASA is minimal, but continued dwindling, long-term need for two of the 29 facilities we identified as strategically important in our 2002–2004 study means that these two should be removed from that list. NASA's new Aeronautic Test Program reflects strategic engineering needs and has made progress in bolstering critical support to retain these strategically important capabilities at NASA. National reliance and consolidation with the Department of Defense and U.S. industry facilities to further reduce redundancy remains the next opportunity despite the challenge of reconciling financial and mission differences.

http://www.rand.org/pubs/documented_briefings/DB553/

DB-578-HEFCE

Capturing Research Impacts: A review of international practice. Jonathan Grant, Philipp-Bastian Brutscher, Susan Ella Kirk, Linda Butler, Steven Wooding. 2010

In February 2009, the Higher Education Funding Council for England (HEFCE) commissioned RAND Europe to review approaches to evaluating the impact of research as part of their wider work programme to develop new arrangements for the assessment and funding of research – referred to as the Research Excellence Framework (REF). The objectives were 1) to review international practice in assessing research impact and 2) to identify relevant challenges, lessons and observations from international practice that help HEFCE develop a framework for assessing research impact. The report presents the findings of our review, based on four case study examples of impact evaluation approaches: the Australian RQF, the UK RAISS method, the US PART framework and the Dutch ERiC framework.

DB-579-AF

Human Capital Management for the USAF Cyber Force. Lynn M. Scott, Raymond E. Conley, Richard Mesic, Edward O'Connell, Darren D. Medlin. 2010

This documented briefing addresses the kinds of capabilities the cyber force will be required to produce; how the cyber force should be distributed in Air Force organizations; the skills the cyber force should possess and how should they be distributed by military grade, civilian, contractor, and functional domains; and what kind of military specialty classification structure will lead to a viable, sustainable cyber force. The authors speculate about the kinds of skills the cyber force will need in the future when cyber capabilities will likely be fully integrated with air and space capabilities. Future air force cyber capabilities are expected to be used during peacetime, in conjunction with other government agencies, and in different forms of warfare. These applications will require Air Force cyber personnel to develop a broad set of technical, legal, organizational, and operational skills.

http://www.rand.org/pubs/documented_briefings/DB579/

DB-583-AF

Cultural Themes in Messages from Top Air Force Leaders, 2005–2008. Carolyn Chu, Brandon T. Dues, Laura L. Miller. 2010

An organization's senior leadership can create, embed, and transmit an organization's culture. To help the Air Force ensure that senior leader messages aimed at its personnel reinforce stated cultural goals, RAND researchers conducted an analysis of themes within these communications. This analysis revealed that the senior leaders clearly defined the Air Force's organizational identity and regularly emphasized the Air Force's core values. They also consistently promoted a shared identity, the Airman, and highlighted the importance of varied contributions from across the service. All three leaders emphasized the importance of caring for Airmen's well-being and readiness but took appropriately different approaches to doing so. Future messages should highlight current Air Force heroes and families, recognize the historical predecessors of space and cyberspace missions, explain the meaning of Service Before Self, clarify whether civilians are Airmen, and emphasize the importance of Wingman Day. Also, messages should be disseminated more routinely and more directly to all Air Force personnel.

http://www.rand.org/pubs/documented_briefings/DB583/

DB-587-A

Army Deployments to OIF and OEF. Timothy M. Bonds, Dave Baiocchi, Laurie L. McDonald. 2010

In light of some publicly voiced misconceptions regarding the Army's capacity to deploy additional soldiers to Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), RAND Arroyo Center was asked to assess the demands placed upon the Army by these deployments. Analyzing Department of Defense deployment data, Arroyo found that the Army has provided over 1 million troop-years to OIF and OEF, and that most active-duty soldiers now deployed to these operations are on their second or third tour. Those active-duty soldiers who have not yet gone to Iraq or Afghanistan typically fall into one of two categories: new soldiers, needing to complete training before deployment; and experienced soldiers, needed for other missions. The demand for active duty soldiers in OEF and OIF would have exceeded supply under the Army's normal deployment policies, so the Army and the Department of Defense took several actions to increase supply: it increased the overall size of the active component; it reassigned soldiers from other assignments and missions to the pool of soldiers rotating to OEF and OIF; and it greatly increased the rate at which soldiers rotate to and from the wars. Despite these adaptations, the Army retains very limited unutilized capacity to deploy additional active-duty soldiers beyond the current troop levels in OEF and OIF.

http://www.rand.org/pubs/documented_briefings/DB587/

DB-589-NDU

Uncertainties in the North Korean Nuclear Threat. Bruce W. Bennett. 2010

North Korea has been very successful in denying the United States and others information about its nuclear weapon program. The result is a high degree of uncertainty about the size and character

of the North Korean nuclear weapon threat, how it might be used, and what impact it might have. This briefing addresses those uncertainties. Estimates of the number and nature of North Korean nuclear weapons depend heavily on how much external help the program has received; there is some evidence that help has included the provision of fissile material and assistance in the design of nuclear weapons, including miniaturization for ballistic missiles. North Korea uses its nuclear weapons actively in peacetime for deterrence and to obtain leverage. It could use them heavily in a war. If its force is as large as the uncertainties suggest it might be, North Korea could establish its nuclear weapon capabilities and intent to use them from early on in a war. Like other countries that have developed small nuclear forces, North Korea could threaten adversary cities (mainly in Japan and the Republic of Korea) to control escalation and the developments in a war, striving for some hope of victory. If North Korea actually attacked a city such as Seoul with a nuclear weapon, it could result in hundreds of thousands of casualties, as well as serious damage to the South Korean economy.

http://www.rand.org/pubs/documented_briefings/DB589/

DB-591-DH

Health and Medical Research in Singapore: Observatory on Health Research Systems. Sonja Marjanovic, Siobhan Ni Chonaill. 2010

This documented briefing provides an overview of biomedical and health research in Singapore. The report is part of a series of country-specific reports available from RAND Europe's observatory on Health Research Systems, funded by the Department of Health (England). First, this report discusses the structure of the health research system in Singapore, presenting the funding sources, sectors performing biomedical and health research and development (R&D) and Singapore's health research priorities. Second, it looks at the processes and performance of the Singapore health research system, providing an overview of the types of funding packages available for building biomedical R&D capacity and competitiveness. It discusses Singapore's science commercialisation and technology transfer initiatives, with some examples of the system's performance. Finally, this report considers some of the key topics related to the future of Singapore's health research system.

EXTERNAL PUBLICATIONS

EP-20010072

Women's health and pregnancy outcomes: do services make a difference?. Elizabeth Frankenberg, Duncan Thomas. 2010

We use data from the Indonesia Family Life Survey to investigate the impact of a major expansion in access to midwifery services on health and pregnancy outcomes for women of reproductive age. Between 1990 and 1998 Indonesia trained some 50,000 midwives. Between 1993 and 1997 these midwives tended to be place in relatively poor communities that were relatively distant from health centers. We show that additions of village midwives to communities between 1993 and 1997 are associated with a significant increase in body mass index in 1997 relative to 1993 for women of reproductive age, but not for men or for older women. The presence of a village midwife during pregnancy is also associated with increased birthweight. Both results are robust to the inclusion of community-level fixed effects, a strategy that addresses many of the concerns about biases because of nonrandom program placement.

EP-20010821

The effectiveness of cognitive behavioral treatment for adult offenders: a methodological, quality-based review. Leana C. Allen, Doris L. MacKenzie, Laura J. Hickman. 2010

Previous research on cognitive skills treatment programs has not included a comprehensive review of the effectiveness of these programs in reducing recidivism. This article reviews recent

recidivism studies for two rehabilitation programs: Moral Reconation Therapy, which attempts to reduce recidivism by increasing the moral reasoning abilities of offenders, and Reasoning and Rehabilitation, which aims to educate offenders to change underlying criminogenic thoughts and attitudes. Using the Maryland Scale for Scientific Rigor, these studies were evaluated for their methodological strength and for the program's success in reducing the recidivism of offenders. In considering the findings and the strength of the methods for each program, this review concludes that Moral Reconation Therapy and Reasoning and Rehabilitation programs appear to be successful approaches to reducing recidivism.

EP-20050021

Carbon monoxide emissions from passenger vehicles: predictive mapping with an application to Hamilton, Canada. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

Integrated urban models are designed to simulate land-use and transportation interactions and to allow predicts of traffic volume and vehicle emissions at the link level of the urban transport network. As such, these models can address the weakness of existing systems. The Integrated Model of Urban LAnd-use and Transportation for Environmental analysis is an operational urban model calibrated for the Census Metropolitan Area of Hamilton. This paper extends this model to include air pollution estimation and mapping of vehicle air pollutants, employing a dispersion model and spatial data analysis. The approach provides an integrated framework for impact assessment of land-use and transport policies on traffic flows, emissions, and pollutant concentration, enabling the evaluation of population exposure to traffic related pollution. The study illustrates how vehicle-generated carbon monoxide concentration can be estimated and mapped using the proposed approach under a base-case scenario for the 2006. Several development and transportation scenaria can be developed and 'hot-spots' of traffic-originated air pollution can be identified and visualized within a Geographic Information System framework.

EP-20060031

Does Medicare benefit the poor?. Jay Bhattacharya. 2010

Measuring the progressivity of age-targeted government programs is difficult because no single data set measures income and benefit use throughout life. Previous research, using zip code as a proxy for lifetime income, has found that Medicare benefits flow primarily to the most economically advantaged groups, and that the financial returns to Medicare are often higher for the rich than the poor. However, our analysis produces the starkly opposed result that Medicare is an extraordinarily progressive public program, in dollar terms or welfare terms. These new results owe themselves to our measurement of socioeconomic status as an individual's education, rather than the geographically aggregated measures of income used by previous research. The authors argue that individual education has important practical and conceptual advantages over geographically aggregated measures of income. Our results suggest the crucial importance of accurate poverty measurement in evaluating the progressivity of complex government programs like Medicare or Social Security.

EP-20060032

The economics of teacher quality. Darius N. Lakdawalla. 2010

Concern is often voiced about the quality of American schoolteachers. This paper suggests that, while the relative quality of teachers is declining, this decline may be the result of technological changes that have raised the price of skilled workers outside teaching without affecting the productivity of skilled teachers. Growth in the price of skilled workers can cause schools to lower the relative quality of teachers and raise teacher quantity instead. Evidence from the National Longitudinal Survey of Youth demonstrates that wage and schooling are good measures of teacher quality. Analysis of U.S. census microdata then reveals that the relative schooling and experience-adjusted relative wages of U.S. schoolteachers have fallen significantly from 1940 to 1990. Moreover,

class sizes have also fallen substantially. The declines in class size and in relative quality seem correlated over time and space with growth in the relative price of skilled workers.

EP-20060033

Norms of filial responsibility for aging parents across time and generations. Daphna Gans, Meril Silverstein. 2010

This investigation examined the normative expectation that adult children should be responsible for the care of their aging parents, and how this norm changes over the adult life span, across several decades of historical time, in relation to generational position in families, and between successive generations. Analyses were performed using 4 waves of data from the University of Southern California (USC) Longitudinal Study of Generations between 1985 and 2000. A multilevel latent growth model was estimated using 4,527 observations from 1,627 individuals nested within 333 families. Results revealed that filial norms weakened after midlife, in response to parental death, and over historical time, yet strengthened in later-born generations. Findings are discussed in terms of the malleability of filial responsibility over the life course.

EP-20060034

Intergenerational support to aging parents: the role of norms and needs. Merril Silverstein, Daphna Gans. 2010

This investigation examines how norms of filial responsibility influence adult children to provide social support to their aging parents. Relying on intergenerational solidarity and social capital theories, the authors hypothesize that filial responsibility as a latent resource is more strongly converted into support when (a) the parent experiences increased need and (b) the child in question is a daughter. Using data from 488 adult children in the Longitudinal Study of Generations, the authors examine change in support provided between 1997 and 2000. Declining health of either parent increases the strength with which filial norms predisposed children to provide support. The conversion of filial norms into support is stronger among daughters than among sons but only toward mothers. Results are discussed in terms of the contingent linkage between latent and manifest functions and the persistence of gender role differentiation in the modem family

EP-20060035

Outlier detection and editing procedures for continuous multivariate data. Bonnie Ghosh-Dastidar, Joseph L. Schafer. 2010

In large datasets, outliers may be difficult to find using informal inspection and graphical displays, particularly when there are missing values. We present a semi-automatic method of outlier detection for continuous, multivariate survey data that is designed to identify outlying cases and suggest potential errors on a case-by-case basis, in the presence of missing data. Our method relies on an explicit probability model for the data. The raw data with outliers is described by a contaminated multivariate normal distribution, and an EM algorithm is applied to obtain robust estimates of the means and covariances in the presence of missing values. Mahalanobis distances are computed to identify potential outliers and offending variables. The procedure is implemented in a software product, which detects outliers and suggests edits to remove offending values. We apply the algorithm to preliminary body-measurement data from the Third National Health and Nutrition Examination Survey, Phase I (1988-1991). This method works quite generally for continuous survey data, and is particularly useful when inter-variable correlations are strong.

EP-20070037

Why wait? the effect of marriage and childbearing on the wages of men and women. David S. Loughran, Julie Zissimopoulos. 2010

We use data from the earlier and later cohorts of the NLSY to estimate the effect of marriage and childbearing on wages. Our estimates imply that marriage lowers female wages 2-4 percent in the year of marriage. Marriage also lowers the wage growth of men and women by about two and four

percentage points, respectively. A first birth lowers female wages 2-3 percent, but has no effect on wage growth. Male wages are unaffected by childbearing. These findings suggest that early marriage and childbearing can lead to substantial decreases in lifetime earnings.

EP-20070038

Measuring trends in child well-being: an evidence-based approach. Kenneth C. Land, Sarah O. Meadows, Ashley Taylor. 2010

This paper first reviews the goals of the founding documents of the social indicators and quality-of-life movements of the 1960s and 1970s. It next describes the current state of knowledge with respect to the founding goals of this field. The focus then turns to the topic of measuring changes in child and youth well-being in the United States over the past few decades. In particular, the evidence-based approach used in the construction of the recently developed composite Child and Youth Well-Being Index (CWI) is described. Some findings from the CWI regarding changes in child and youth well-being in the period 1975-2004 are reported. Trends in the CWI then are compared with data on trends in subjective well-being of high school seniors - similarities of trends in these two series provide validating support for the interpretation of the CWI as an index of changes in the quality-of-life of children and youth. Using data on some additional indicator series, most of which were initiated in the 1990s, an Expanded CWI is then described. The qualitative pattern of change in the expanded CWI is shown to be similar to that of the basic CWI, except that the expanded CWI shows a more pronounced decline in the early-1990s and a slower rate of improvement into the early-2000s. The paper concludes with some possible directions for future work.

EP-20070039

Disaggregating the effects of marital trajectories on health. Matthew E. Dupre, Sarah O. Meadows. 2010

Recent studies linking marital status and health increasingly focus on marital trajectories to examine the relationship from a life course perspective. However, research has been slow to bridge the theoretical concept of a marital trajectory with its measurement. This study uses retrospective and prospective data to model the age-dependent effects of marital sequences, timing, transitions, and durations on physical health. Results indicate that marriage duration is associated with lower rates of disease for men and women; however, the effect is time dependent and contingent on other trajectory components. For females, marriage timing, and the cumulative number of divorce transitions ale also important for health. For males, divorce duration and widowhood transitions play an integral role in this process. The authors also find that marital typologies have no effect when the number of transitions is taken into account.

EP-20070041

Parental depression and anxiety and early childhood behavior problems across family types. Sarah O. Meadows, Sara S. McLanahan. 2010

Using the Fragile Families and Child Wellbeing Study, we examine the association between parental major depressive and generalized anxiety disorders and child behavior problems across family types: married, cohabiting, involved nonresident father, and noninvolved nonresident father. Among 3-year-olds in all families, maternal anxiety/depression is associated with increased odds of anxious/depressed, attention deficit, and oppositional defiant disorders (N = 2,120). Paternal anxiety/depression has no significant association with these problem behaviors; father's illness, however, exacerbates anxious/depressed behaviors in young children if both parents are ill and he is coresident. The findings underscore the importance of maternal mental health for child wellbeing and suggest that a negative interaction between parent illnesses is most likely when parents and children share the same disorder.

EP-20070042

Determinants of social capital indicators at the neighborhood level: a longitudinal analysis of loss of off-sale alcohol outlets and voting. Richard

Scribner, Bonnie Ghosh-Dastidar, Karen Mason, Deborah Cohen, Neal Simonsen. 2010

OBJECTIVE: Neighborhoods represent a unique level of analysis where social and material determinants of social capital may be lodged. The 1992 civil unrest in Los Angeles following the Rodney King verdict provided an opportunity to determine if a change in the material environment (i.e., the loss of off-sale alcohol outlets) resulted in a subsequent change in a potential indicator of social capital-civic engagement-as measured by voting rates. Method: Longitudinal analyses of voting rates between 1990 and 1996 for the 480 census tracts affected by the civil unrest were conducted. Tracts that lost and did not lose off-sale alcohol outlets were compared using piecewise hierarchical models that accounted for both time-varying and census-tract-level confounders, as well as for spatial autocorrelation. RESULTS: In the post-unrest period, the increase in voting was significantly greater in tracts where there was a loss of alcohol outlets (beta = 0.393, $p < .05$). Findings remained after taking into account time-varying effects of the changes in ethnicity, gender, and age; and baseline effects of voting, potential for social organization, outlet density, and deprivation. The loss of alcohol outlets was associated with an average 3.0% increase in voting rate in the postunrest period, translating into an average increase of 50-212 voters per tract, depending on the size of the tract. CONCLUSIONS: Loss of off-sale alcohol outlets in the 1992 civil unrest was associated with increased voting at the census tract level. Findings support the concept that loss of alcohol outlets in the neighborhood environment may contribute to the development of social capital, possibly through social network expansion.

EP-20070044

Household demand and willingness to pay for clean vehicles. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

This paper examines the factors and incentives that are most likely to influence households' choice for cleaner vehicles in the metropolitan area of Hamilton, Canada. Data collection is based on experimental design and stated choice methods through an Internet survey. Choice alternatives included a conventional gasoline, a hybrid and an alternative fuelled vehicle. Each option is described by a varying set of vehicle attributes and economic incentives, customized per respondent. Controlling for individual, household and dwelling-location characteristics, parameters of a nested logit model indicates that reduced monetary costs, purchase tax relieves and low emissions rates would encourage households to adopt a cleaner vehicle. On the other hand, incentives such as free parking and permission to drive on high occupancy vehicle lanes with one person in the car were not significant. Furthermore, limited fuel availability is a concern when households considered the adoption of an alternative fuelled vehicle. Finally, willingness-to-pay extra for a cleaner vehicle is computed based on the estimated parameters.

EP-20070045

Elderly mobility: demographic and spatial analysis of trip making in the Hamilton CMA, Canada. Antonio Paez, Darren Scott, Dimitris Potoglou, Pavlos S. Kanaroglou, K.Bruce Newbold. 2010

Summary. Recent interest in the urban transport challenges posed by the demographic outlook of ageing societies has prompted a growing body of scholarship on the subject. The focus of this paper is on the topic of elderly trip generation and the development of models to help formalise some important relationships between trip-making behaviour and personal, household and contextual variables (such as location). The case study is the Hamilton Metropolitan Area-an important functional component of Greater Toronto, itself one of the regions in Canada where the impact of ageing is expected to be most strongly felt. Using data from Toronto's Transport Tomorrow Survey and mixed ordered probit models, the study investigates the question of spatial and demographic variability in trip-making behaviour. The results support the proposition that trip-making propensity decreases with age. However, it is also found that this behaviour is not spatially homogeneous and in fact

exhibits a large degree of variability--a finding that highlights both the challenges of planning transport for the elderly and the potential of spatial analytical approaches to improve transport modelling practice.

EP-20070046

An integrated modelling framework for assessing vehicular carbon monoxide concentrations in urban areas. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

It has been well recognized that urban transportation and land-use are strongly interrelated and affect air quality. As such, attainment of air quality standards depends not only on the transportation system per se but also, on the distribution of population and employment. Nevertheless, the capability of existing systems to model the full chain of land-use-transportation-air quality has been rather limited. In this chapter, we propose an operational framework, called CALINE+, that estimates air pollution concentrations from traffic through endogenous simulation of land-use changes, travel demand and vehicle emissions. A framework like CALINE+ is particularly useful for long-term planning and environmental assessment because of its capability to assess air quality from vehicle emissions under several land-use and transport development scenarios in advance. To demonstrate the capabilities of CALINE+, the proposed framework is applied to estimate vehicular carbon monoxide concentrations in the Census Metropolitan Area of Hamilton, Canada, for the years 1991 and 2001. This timeframe is particularly relevant, since it examines air quality impacts of a major freeway that was added to the road network of Hamilton in 1997. Simulation outputs include quantitative figures of traffic, congestion and emissions as well as maps of emissions and air quality, thus demonstrating the suitability of this framework for long-term planning.

EP-20070047

An internet-based stated choices household survey for alternative fuelled vehicles. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

The development of alternative fuelled vehicle technology is a key strategy towards environmental sustainability and improved air quality in cities. Analysis of the role of vehicle technology in fulfilling sustainability targets requires estimates of future vehicle demand. The inability to observe actual car-type preferences for cleaner vehicles has led researchers to the development of stated choice methods. This paper reports on the design and descriptive analysis of a stated choices survey on the demand for alternative fuelled vehicles in the Census Metropolitan Area of Hamilton, conducted through the Internet. Respondents were asked to select the vehicle they would most likely buy out of a set of conventional, hybrid and alternative-fuel options over a time horizon of five years. Characteristics such as vehicle purchase price, fuel and maintenance cost, acceleration, alternative fuel incentives, fuel availability and pollution levels were used to describe each vehicle presented. To our knowledge, this is the first study of its kind that focuses at the urban level and the Canadian context and also, it is the first to demonstrate the time- and cost-efficiency of the Internet in designing and collecting Stated Choices data for automobile demand.

EP-20070048

A review and evaluation of intraurban air pollution exposure models. Michael Jerrett, Pavlos S. Kanaroglou, Bernardo Beckerman, Dimitris Potoglou, Talar Sahsuvaroglu, Jason Morrison, Chris Giovis. 2010

The development of models to assess air pollution exposures within cities for assignment to subjects in health studies has been identified as a priority area for future research. This paper reviews models for assessing intraurban exposure under six classes, including: (i) proximity-based assessments, (ii) statistical interpolation, (iii) land use regression models, (iv) line dispersion models, (v) integrated emission-meteorological models, and (vi) hybrid models combining personal or household exposure monitoring with one of the preceding methods. We enrich this review of the modelling procedures and results with applied ex-

amples from Hamilton, Canada. In addition, we qualitatively evaluate the models based on key criteria important to health effects assessment research. Hybrid models appear well suited to overcoming the problem of achieving population representative samples while understanding the role of exposure variation at the individual level. Remote sensing and activity-space analysis will complement refinements in pre-existing methods, and with expected advances, the field of exposure assessment may help to reduce scientific uncertainties that now impede policy intervention aimed at protecting public health

EP-20070051

Applying risk assessment to secure the containerized supply chain. Maarten van de Voort, Henry H. Willis, David S. Ortiz, Susan E. Martonosi. 2010

Over the past decades, container transport has been booming with an annual average growth of 9.3% increasing its modal share from 6.3% in 1980 to over 25% currently. The world's largest container ports now handle over 20 million 20-ft-equivalent units (TEUs) per annum and have shown spectacular growth over the past years, with the main pivot of growth being the Far East. The global flow of containers represents the lifeblood of modern economies, without which we would not be able to enjoy the way of life that we have. This unfortunately is exactly one of the criteria terrorists are known to apply when selecting their targets, rendering the global containerized supply chain a potentially attractive target.

EP-20070330

Spring 2007 TEEG survey results chi-square analyses by grade level [electronic resource]. Matthew G. Springer, M. J. Podgursky, Jessica L. Lewis, Mark W. Ehlert, Bonnie Ghosh-Dastidar, Timothy J. Gronberg, Laura S. Hamilton, Dennis W. Jansen, Omar S. Lopez, Christine H. Patterson, Brian M. Stecher, Lori L. Taylor. 2010

This report presents findings from the first-year evaluation of the Texas Educator Excellence Grant (TEEG) program, one of several statewide performance incentive programs in Texas. In June 2006, Governor Perry and the 79th Texas Legislature created the Governor's Educator Excellence Award Program, one component of which is the TEEG program. TEEG Cycle 1 provided approximately $100 million in noncompetitive, 12-month grants to over 1,100 public schools. Schools eligible to participate had records of academic success and high percentages of economically disadvantaged students. This report, Texas Educator Excellence Grant (TEEG) Program: Year One Evaluation Report, includes (1) an overview of the TEEG school selection criteria; (2) a review of the program design features of TEEG Cycle 1 schools' performance incentive plans; (3) analyses from a survey of teachers' attitudes and behaviors in TEEG Cycle 1 schools; and (4) findings from interviews with schools that decided not to participate in TEEG Cycle 1. While these findings are preliminary, they do offer insight into the experiences of educators during the first year of TEEG implementation.

EP-20070336

An introduction to "early college". Dominic J. Brewer, Stefanie Stern, June Ahn. 2010

Several national and international assessments have demonstrated that there has been little improvement in the performance of American high school students in recent decades. High school students are increasingly underprepared for transition into college-level course-work. One new approach to high school redesign, "early college," seeks to address these issues. The model features a rigorous academic course of study that engages students in college-level work in grades nine through fourteen. Early college is a subset of dual enrollment programs providing opportunities for students to complete high school and college credits with the same courses. The goal is to prepare students academically for college-level coursework while easing the transition to higher education. Early college offers promise in directly addressing student academic performance, attrition rates, and readiness for college, but further research is needed to determine its efficacy and scalability.

EP-20070640

Accounting for variation in the explanatory power of the psychometric paradigm: the effects of aggregation and focus. Nicolas C. Bronfman, Luis Ardon Cifuentes, Michael L. DeKay, Henry H. Willis. 2010

Most psychometric studies of risk perception have used data that have been averaged over participants prior to analysis. Such aggregation obscures variation among participants and inflates the magnitude of relationships between psychometric dimensions and dependent variables such as overall riskiness. However, most studies that have not averaged data over participants have also shifted the focus of analysis from differences among hazards to differences among participants. Hence, it is unclear whether observed reductions in the explanatory power of psychometric dimensions result from the change in the level of analysis or from the change in the focus of analysis. Following Willis et al.'s (2005) analysis of ecological risk perceptions, we unconfound these two variables in a study of risk perceptions in Santiago, Chile, although we use more traditional hazards, attributes, and statistical procedures. Results confirm that psychometric dimensions explain less variation in judgments of riskiness and acceptability at the disaggregate level than at the aggregate level. However, they also explain less variation when the focus of analysis is differences among participants rather than differences among hazards. These two effects appear to be similar in magnitude. A simple hybrid analysis economically represents variation among participants' judgments of hazards' riskiness by relating those judgments to a common set of psychometric dimensions from a traditional aggregate-level analysis.

EP-20080016

Getting ready for school: an examination of early childhood educators' belief systems. Sandraluz Lara-Cinisomo, Allison Sidle Fuligni, Sharon Ritichie, Carollee Howes, Lynn A. Karoly. 2010

This study examines early childhood educators' beliefs about what children need prior to before entering kindergarten. Focus group interviews were conducted with early childhood educators from three learning settings: public center-based programs, private center-based programs, and family child care centers. Qualitative methods were used to analyze the data. Across program types, educators said that three levels should be addressed to help prepare a child for school: child, home, and teacher. The child must be physically and emotionally ready to engage with others and participate in learning opportunities, acquire basic skills, such as letter recognition, and have reasoning skills that enable the child to problem-solve. At the home level, emotionally preparing the child for the transition and creating a home environment that promotes learning were reported as key to getting children for school. Teacher relationships with parents also emerged as important school readiness factor. Differences across program types are discussed.

EP-20080017

Stability and change in family structure and maternal health trajectories. Sarah O. Meadows, Sara S. McLanahan, Jeanne Brooks-Gunn. 2010

Recent increases in births to unmarried parents, and the instability surrounding these relationships, have raised concerns about the possible health effects associated with changes in family structure. Using data from the Fragile Families and Child Well-Being Study (N = 2,448), this article examines trajectories of maternal mental and physical health. The authors specifically focus on mothers' transitions into and out of residential relationships with a child's biological father during the first five years after birth. The authors find that continuously married mothers are in better mental and physical health than unmarried mothers one year after birth, but the disparity does not increase over time. This finding provides little support for the resource model. Consistent with the crisis model, exiting a marital or cohabiting union increases mental health problems and decreases self-rated health. These effects appear to be relatively short-lived, though, and they are stronger for mental health than for self-rated health. The results also

suggest that union dissolution may be selective of less healthy mothers, whereas union formation does not appear to be selective of healthier mothers.

EP-20080019

Multilevel spatio-temporal dual changepoint models for relating alcohol outlet destruction and changes in neighbourhood rates of assaultive violence. Qingzhao Yu, Richard Scribner, Bradley P. Carlin, Katherine P. Theall, Neal Simonsen, Bonnie Ghosh-Dastidar, Deborah Cohen, Karen Mason. 2010

Many previous studies have suggested a link between alcohol outlets and assaultive violence. In this paper, the authors evaluate the impact of the 1992 Civil Unrest in Los Angeles (which followed the Rodney King incident), in which many alcohol outlets were damaged leading to a decrease in alcohol outlet density, on crime. The authors leverage the natural experiment created by the closure of alcohol outlets in certain areas and not others to explore the effects of alcohol availability on assault crimes at the census tract level. The authors develop a hierarchical model that controls for important covariates (such as race and socio-economic status) and accounts for unexplained spatial and temporal variability. While our model is somewhat complex, its hierarchical Bayesian analysis is accessible via the WinBUGS software. Our results show that, keeping other effects fixed, the reduction in alcohol availability within a census tract was associated with a drop in the assaultive violence rate at the census tract level. Comparing several dual candidate changepoint models using the Deviance Information Criterion, the drop in assaultive violence rate is best seen as having occurred one year after the reduction in alcohol availability, with the effect lasting roughly five years. The authors also create maps of the fitted assault rates in Los Angeles, as well as spatial residual maps that suggest various spatially-varying covariates are still missing from our model.

EP-20080020

Further examination of the influence of caregiver staffing levels on nursing home quality. Nicholas G. Castle, John Engberg. 2010

PURPOSE: Weak empirical evidence exists showing that nursing home staffing levels influence quality of care. We propose that weak findings have resulted in many prior analyses because research models have underspecified the labor composition needed to influence care processes that, in turn, influence quality of care. In this analysis, we specified the nursing home labor composition by using staff stability, use of agency staff, and professional staff mix, in addition to staffing levels. DESIGN AND METHODS: Data used in this investigation came from surveys of nursing home administrators (N=6, 005); Nursing Home Compare; the Online Survey, Certification and Reporting data; and the Area Resource File. Staffing characteristics, quality indicators, facility, and market information from these data sources were all measured in 2004. RESULTS: The regression analyses showed that staffing levels alone were weakly associated with the six quality measures examined. However, when the regression models were more fully specified (by including agency staff, stability, and professional staff mix), staffing levels were generally associated with the quality measures (i.e., 15 of the 18 staffing coefficients were significant). IMPLICATIONS: Simply adding more staff may be a necessary but not sufficient means of improving nursing home quality. Some accounting for agency staff, stability, and professional staff mix is also needed.

EP-20080021

The influence of agency staffing on quality of care in nursing homes. Nicholas G. Castle, John Engberg. 2010

Data from a large sample of nursing homes were used to examine the cross-sectional association between use of agency staff, regular staff, and quality. Agency use data came from a survey conducted in 2003 (N = 1071 nursing homes). The agency and regular staff measures were for nurse aides, licensed practical nurses, and registered

nurses. We used a single quality factor constructed from the 14 quality measures in Nursing Home Compare. More agency nurse aides resulted in a smaller increase in quality, compared to the use of an equivalent number of regular nurse aides. Agency registered nurse staff were associated with better quality factor scores, especially in the presence of high levels of regular licensed practical nurses. Our results have policy and practice implications, the most significant of which is that agency registered nurses may be beneficial in a wide variety of circumstances, whereas agency nurse aides and licensed practical nurses should be used with caution.

EP-20080022

Vehicle-type choice and neighbourhood characteristics: an empirical study of Hamilton, Canada. Dimitris Potoglou. 2010

The popularity of light-duty trucks has increased with important implications for air quality, traffic accidents and gasoline demand. While previous studies have shed light on vehicle-type choice at the household level, little work has been done that examines the role of the built environment on these choices. This paper reports empirical findings on the relationship between vehicle-type choice and neighbourhood characteristics within the Census Metropolitan Area of Hamilton in Canada. The analysis incorporates proximity and urban form measures derived from high-resolution spatial data and geographic information systems technology. Estimates from discrete choice models of households' latest vehicle-type choice suggest that preferences for less fuel-efficient vehicles are marginally affected by the diversity of land-uses at the place of residence, after controlling for travel to work attitudes and socio-demographic characteristics of individuals and households.

EP-20080023

Modelling car ownership in urban areas: a case study of Hamilton, Canada. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

This paper examines the influence of family structure, socio-economic characteristics and accessibility at the place of residence on the number of cars owned by a household. Special attention is given to the neighbourhood characteristics, which are quantified by introducing several measures of neighbourhood proximity to out-of-home amenities and land-use derived from fine-grained spatial data with the help of GIS. For the purposes of our analyses, we used micro-level data obtained through a recent Internet-survey that was conducted in the Census Metropolitan Area of Hamilton, Canada. We find that household life-cycle stage, socio-economic factors, mixed density at the traffic analysis zone level and land-use diversity within walking distance from the place of residence influence households' decision on how many vehicles to own. The results can be used to advise the design of planning policies aiming at controlling the effects of excessive car ownership and mobility.

EP-20080024

Disaggregate demand analyses for conventional and alternative fueled automobiles: a review. Dimitris Potoglou, Pavlos S. Kanaroglou. 2010

This paper offers a critical overview of the full spectrum of household discrete choice-based automobile demand models. Data collection methods, modeling approaches, and the relevant explanatory factors are the primary themes of this review. Furthermore, we examine research methods for assessing the demand for alternative fueled vehicles with an emphasis on stated choices analysis. Overall, this review puts into perspective theoretical assumptions and empirical results for the development of modeling systems capable of assessing market shares and benefits of policy interventions regarding both conventional and alternative fueled vehicle technologies.

EP-20080025

Comparison of vehicle-ownership models. Dimitris Potoglou, Yusak O. Susilo. 2010

Empirical studies on household car ownership have used two types of discrete choice modeling structures: ordered and unordered. In ordered response structures, such as the ordered logit and

ordered probit models, the choice of the number of household vehicles arises from a unidimensional latent variable that reflects the propensity of a household to own vehicles. Unordered response structures are based on the random utility maximization principle, which assumes a household associates a utility value across different car ownership levels and chooses the one with the maximum utility. The most common unordered response models are the multinomial logit and probit models, but only the multinomial logit has been used in practical applications because of its simple structure and low computational requirements. Consensus among researchers on unordered or ordered structures is still lacking. Empirical studies have reported various models, including the multinomial logit, ordered logit, and ordered probit. An open question remains: Which model would better reflect households' car ownership choices? This paper compares multinomial logit, ordered logit, and ordered probit car ownership models through a number of formal evaluation measures and empirical analysis of three data sets: the 2001 National Household Travel Survey for the Baltimore [Maryland] Metropolitan Area, the 2005 Dutch National Travel Survey, and the 2000 Osaka [Japan] Metropolitan Person Trip Data. Results show the multinomial logit model should be selected for modeling the level of household car ownership.

EP-20080028

Defining terrorists' information requirements: the modified intelligence preparation of the battlefield (ModIPB) framework. Christopher Paul, Eric Landree. 2010

Considerable existing literature on terrorism contains limited discussions of what terrorists need to know in order to plan their attacks. This article focuses explicitly on terrorist information needs and specifies a list of intelligence requirements for attacks against the transportation infrastructure. This list is part of the modified intelligence preparation of the battlefield (ModIPB) framework, developed based on the traditional U.S. Army doctrine for intelligence preparation of the battlefield, RAND research recommending modifications to IPB, specifically to the urban operating environment, and the so-called "al Qaeda manual." The ModIPB framework identifies four categories of information relevant to targets in the transportation infrastructure, including (1) avenues of approach and ease of access, (2) target features, (3) security (including forces, security measures, and other population groups present), and (4) analysis of threats to the terrorist operation. Each category contains detailed elements and sub-elements. Because this analytic framework can be used for the evaluation of simulated terrorist intelligence collection efforts for consistent and comparable analyses across scenarios and targets we offer it here for its possible utility to other researchers or for those in charge of maintaining or assessing infrastructure security.

EP-20080220

Texas Educator Excellence Grant (TEEG) Program [electronic resource]: year one evaluation report. Matthew G. Springer, M. J. Podgursky, Jessica L. Lewis, Mark W. Ehlert, Bonnie Ghosh-Dastidar, Timothy J. Gronberg, Laura S. Hamilton, Dennis W. Jansen, Omar S. Lopez, Christine H. Patterson, Brian M. Stecher, Lori L. Taylor. 2010

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from interviews with schools that decided not to participate in TEEG Cycle 1. While these findings are preliminary, they do offer insight into the experiences of educators during the first year of TEEG implementation.

EP-20080419

An experimental juvenile probation program: effects on parent and peer relationships. Eve Banks, Jodi Lane, Susan Turner, Terry Fain, Amber Sehgal. 2010

In an effort to provide a wider range of services to youth and their families than is traditionally available in routine probation, the South Oxnard Challenge Project (SOCP) employed a team approach to service delivery of an intensive probation program. The researchers interviewed juveniles who were randomly assigned to either the SOCP experimental condition or the control condition of a routine probation program. The intensive probation program, among other goals, focused on improving parent-child relationships and teaching youth how to choose better peers. At 1 year post random assignment, experimental and control youth were not significantly different on key family or peer relationship measures. Level of program intensity, implementation issues, and other problems inherent in doing this type of research are provided as possible explanations for the lack of differences. These null findings are examined in light of the recent movement toward parental involvement legislation.

EP-20080729

The intertemporal stability of teacher effect estimates. Daniel F. McCaffrey, Tim R. Sass, J. R. Lockwood. 2010

Recently, a number of school districts have begun using measures of teachers' contributions to student test scores or teacher "value added" to determine salaries and other monetary rewards. In this paper we investigate the precision of valueadded measures by analyzing their inter-temporal stability. We find that these measures of teacher productivity are only moderately stable over time, with year-to- year correlations in the range of 0.2-0.3. However, dis-attenuated year-to-year correlations are much higher, suggesting that much of the variation in measured teacher performance is due to random error or "noise" in the average test score gains of a teacher's students. We also find that changes to the specification of the achievement model used to generate teacher effects generally have little impact on the stability of the resulting value-added measures. The one exception being when student covariates are used to represent student heterogeneity rather than student fixed effects; in some settings this resulted in a substantial increase in the cross-year correlation. This indicates there may be non-random assignment of students to teachers based on unobserved student characteristics that can affect the stability of teacher effect estimates. Finally, we reestimate the achievement model using an alternative test score measure. The observed variation in measured teacher performance in some cases changes significantly across tests, implying that changes in the test instrument over time can affect variability in measured teacher effectiveness as well.

EP-20080828

Strategies for identifying and channeling patients for depression care management. Jennifer Taylor, Michael Schoenbaum, Wayne J. Katon, Harold Alan Pincus, Diane Hogan, Jurgen Unutzer. 2010

Objective: To determine optimal methods of identifying enrollees with possible depression for additional depression screening in the context of a care management program for chronically ill Medicare recipients. Study Design: Observational analysis of telephone and mail survey and claims data collected for the Medicare Health Support (MHS) program. Methods: This study examines data from 14,902 participants with diabetes mellitus and/or congestive heart failure in the MHS program administered by Green Ribbon Health, LLC. Depression screening was performed by administering a 2-item screen (the Patient Health Questionnaire 2 [PHQ-2]) by telephone or by mail. Additional information about possible depression was drawn from International Classification of Diseases, Ninth Re-

vision (ICD-9) depression diagnoses on claims and from self-reported use of antidepressant medications. We evaluated positive depression screens using the PHQ-2 administered via telephone versus mail, examined variations in screener-positive findings by care manager, and compared rates of positive screens with antidepressant use and with claims diagnoses of depression. Results: Almost 14% of participants received an ICD-9 diagnosis of depression during the year before program enrollment; 7.1% reported taking antidepressants, and 5.1% screened positive for depression on the PHQ-2. We found substantial variation in positive depression screens by care manager that could not be explained by case mix, prior depression diagnoses, or current depression treatment. After adjusting for demographic and clinical differences, the PHQ-2-positive screen rates were 6.5% by telephone and 14.1% by mail (P <.001). Conclusion: A multipronged effort composed of mail screening (using the PHQ-2), self-reported antidepressant use, and claims diagnoses of depression may capture the greatest number of enrollees with possible depression.

EP-20080932

What policies will reduce gender schooling gaps in developing countries: evidence and interpretation. Peter Glick. 2010

This paper considers evidence for the effects of policies on gender gaps in education, distinguishing between policies that are ostensibly gender neutral and those that explicitly target girls. The demand for girls' schooling is often more responsive than boys' to gender neutral changes in school distance, price, and quality, patterns which can be explained in a human capital investment model through assumptions about girls' and boys' schooling costs and returns. Among policies that target girls' enrollments, price incentives to households or schools and the provision of female teachers appear to be effective. Other interventions hold promise but have not been the subject of rigorous evaluation, pointing to an important agenda for future research.

EP-20081235

Texas Educator Excellence Grant (TEEG) Program [electronic resource]: year two evaluation report. Matthew G. Springer, M. J. Podgursky, Jessica L. Lewis, Mark W. Ehlert, Timothy J. Gronberg, Laura S. Hamilton, Dennis W. Jansen, Omar S. Lopez, Art (Xiao) Peng, Brian M. Stecher, Lori L. Taylor. 2010

The history of performance pay programs and policies in Texas provides a backdrop to the state's Texas Educator Excellence Grant (TEEG) program and the Districts Awards for Teacher Excellence (DATE) program. The TEEG and DATE programs are state-funded and provide grants to schools and districts to implement locally-designed performance pay plans. Starting in the 2006- 07 school year, the TEEG program operates annually in more than 1,000 schools, while 203 districts implemented district-wide performance pay plans using DATE funds in the 2008-09 school year. Performance pay for teachers entered Texas state policy deliberations during the 1980s, a decade marked as one of the most active periods of school reform in Texas. As early as the Texas Teacher Career Ladder program in 1984, policymakers attempted to reform the single-salary schedule and introduce performance pay for educators. Several lessons emerge from these first generation programs and play a significant role in the design and implementation of TEEG and DATE. Lessons learned include that (1) adequate, sustainable funding is imperative; (2) teacher involvement in program design fosters school personnel buy-in; (3) performance pay should reward educators for their contribution to student achievement outcomes as well as teacher and staff collaboration; and (4) programs will benefit from comprehensive, independent program evaluation. This report presents findings from the second year of a multi-year evaluation of the TEEG program and preliminary findings about the design and implementation of the DATE program.

EP-20090011

The intertemporal variability of teacher effect estimates. Daniel F. McCaffrey, Tim R. Sass, J. R. Lockwood, Kata Mihaly. 2010

The utility of value-added estimates of teachers' effects on student test scores depends on whether they can distinguish between high- and low-productivity teachers and predict future teacher performance. This article studies the year-to-year variability in value-added measures for elementary and middle school mathematics teachers from five large Florida school districts. We find year-to-year correlations in value-added measures in the range of 0.2-0.5 for elementary school and 0.3-0.7 for middle school teachers. Much of the variation in measured teacher performance (roughly 30-60 percent) is due to sampling error from "noise" in student test scores. Persistent teacher effects account for about 50 percent of the variation not due to noise for elementary teachers and about 70 percent for middle school teachers. The remaining variance is due to teacher-level time-varying factors, but little of it is explained by observed teacher characteristics. Averaging estimates from two years greatly improves their ability to predict future performance.

EP-20090013

Empirical models of discrete choice and belief updating in observational learning experiments. Jeff Dominitz, Angela A. Hung. 2010

Subjects in economics experiments are often asked to choose an action from a set of discrete choices. The logit-QRE approach to analyse these data places strong restrictions on how subjects in information cascades experiments extract information from observed outcomes and how they update beliefs in response to new information. The authors add a belief elicitation procedure to the experimental design that allows us to measure directly both the inferences drawn from publicly announced decisions and how beliefs are updated in response to new information. The reported beliefs tend to be well calibrated to frequentist probabilities and also predict individual choices. Contrary to previous conclusions, the authors find that respondents do not tend to overweight private information when updating beliefs. Our analysis suggests that the earlier findings arise because identification of the discrete choice model relies on a misspecified model of belief updating in response to preceding announcements

EP-20090014

Inter-vivos giving by older people in the United States: who received financial gifts from the childless?. Michael Hurd. 2010

Inter-vivos financial transfers from older parents to their adult children are widespread in the United States. Childless people may simply make fewer transfers. On the other hand, because their giving is away from children, their decisions are more complex in that there are multiple potential targets of approximately equal attractiveness. Using data for 1996 to 2004 from the United States Health and Retirement Study, this article examines the differences between parents and childless older people in financial transfers to people other than their children. The results show that, overall, parents tend to give less than the childless to other people. However, some variation is found depending on the nature and target of the gift. Having children does not affect giving to charities but does reduce the prevalence of giving to parents, but not nearly as much as the reduction in giving to family and friends. It can therefore be concluded, first that there is little substitution between personal and impersonal transfers; secondly, that the sense of obligation to parents is not reduced by giving to charities or to children; and thirdly, that having children reduces the need to satisfy the desire for family and social ties by means of links to family and friends.

EP-20090015

Racial and ethnic disparities in pneumonia treatment and mortality. Leslie R. M. Hausmann, Said A. Ibrahim, Ateev Mehrotra, Wato Nsa, Dale W. Bratzler, Maria K. Mor, Michael J. Fine. 2010

BACKGROUND: The extent to which racial/ethnic disparities in pneumonia care occur within or between hospitals is unclear. OBJECTIVE: Ex-

amine within and between-hospital racial/ethnic disparities in quality indicators and mortality for patients hospitalized for pneumonia. RESEARCH DESIGN: Retrospective cohort study. SUBJECTS: A total of 1,183,753 non-Hispanic white, African American, and Hispanic adults hospitalized for pneumonia between January 2005 and June 2006. MEASURES: Eight pneumonia care quality indicators and in-hospital mortality. RESULTS: Performance rates for the 8 quality indicators ranged from 99.4% (oxygenation assessment within 24 hours) to 60.2% (influenza vaccination). Overall hospital mortality was 4.1%. African American and Hispanic patients were less likely to receive pneumococcal and influenza vaccinations, smoking cessation counseling, and first dose of antibiotic within 4 hours than white patients at the same hospital (ORs = 0.65-0.95). Patients at hospitals with the racial composition of those attended by average African Americans and Hispanics were less likely to receive all indicators except blood culture within 24 hours than patients at hospitals with the racial composition of those attended by average whites. Hospital mortality was higher for African Americans (OR = 1.05; 95% CI = 1.02, 1.09) and lower for Hispanics (OR = 0.85; 95% CI = 0.81, 0.89) than for whites within the same hospital. Mortality for patients at hospitals with the racial composition of those attended by average African Americans (OR = 1.21; 95% CI = 1.18, 1.25) or Hispanics (OR = 1.18; 95% CI = 1.14, 1.23) was higher than for patients at hospitals with the racial composition of those attended by average whites. CONCLUSIONS: Racial/ethnic disparities in pneumonia treatment and mortality are larger and more consistent between hospitals than within hospitals

EP-20090016

Pain interference impacts response to treatment for anxiety disorders. Carrie Farmer, Natalia E. Morone, Jordan F. Karp, Bea Herbeck Belnap, Fang Zhu, Debra K. Weiner, Bruce L. Rollman. 2010

Background: Anxiety disorders and pain are commonly comorbid, though little is known about the effect of pain on the course and treatment of anxiety. Methods: This is a secondary analysis of a randomized controlled trial for anxiety treatment in primary care. Participants with panic disorder (PD) and/or generalized anxiety disorder (GAD) (N=191; 81% female, mean age 44) were randomized to either their primary-care physician's usual care or a 12-month course of telephone-based collaborative care. Anxiety severity, pain interference, health-related quality of life, health services use, and employment status were assessed at baseline, and at 2-, 4-, 8-, and 12-month follow-up. We defined response to anxiety treatment as a 40% or greater improvement from baseline on anxiety severity scales at 12-month follow-up. Results: The 39% who reported high pain interference at baseline had more severe anxiety (mean SIGH-A score: 21.8 versus 18.0, P<.001), greater limitations in activities of daily living, and more work days missed in the previous month (5.8 versus 4.0 days, P=.01) than those with low pain interference. At 12-month follow-up, high pain interference was associated with a lower likelihood of responding to anxiety treatment (OR=.28; 95% CI=.12-.63) and higher health services use (26.1% with 1 hospitalization versus 12.0%, P<.001). Conclusions: Pain that interferes with daily activities is prevalent among primary care patients with PD/GAD and associated with more severe anxiety, worse daily functioning, higher health services use, and a lower likelihood of responding to treatment for PD/GAD.

EP-20090017

Older people's experiences of patient-centered treatment for chronic pain: a qualitative study. Carrie Farmer, Jordan F. Karp, Arthur Kleinman, Charles F. Reynolds III, Debra K. Weiner, Paul Cleary. 2010

INTRODUCTION: Older adults with chronic pain who seek treatment often are in a health care environment that emphasizes patient-directed care, a change from the patriarchal model of care to which many older adults are accustomed. OBJECTIVE: To explore the experiences of older adults seeking treatment for chronic pain, with respect

to patient-directed care and the patient-provider relationship. DESIGN: In-depth interviews with 15 Caucasian older adults with chronic pain who had been evaluated at a university-based pain clinic. All interviews were audiotaped and the transcripts were analyzed using a grounded theory based approach. RESULTS: Older adults with chronic pain vary in their willingness to be involved in their treatment decisions. Many frequently participate in decisions about their pain treatment by asking for or refusing specific treatments, demanding quality care, or operating outside of the patient-provider relationship to manage pain on their own. However, others prefer to let their provider make the decisions. In either case, having a mutually respectful patient-provider relationship is important to this population. Specifically, participants described the importance of being heard and being understood by providers. CONCLUSIONS: As some providers switch from a patriarchal model of care toward a model of care that emphasizes patient activation and patient-centeredness, the development and cultivation of valued patient-provider relationships may change. While it is important to encourage patient involvement in treatment decisions, high-quality, patient-centered care for older adults with chronic pain should include efforts to strengthen the patient-provider relationship by attending to differences in patients' willingness to engage in patient-directed care and emphasizing shared decision-making.

EP-20090018

Using community-based participatory research to identify potential interventions to overcome barriers to adolescents' healthy eating and physical activity. Ying-Ying Goh, Laura M. Bogart, Bessie Ko Sipple-Asher, Kimberly E. Uyeda, Jennifer Hawes-Dawson, Josephina Olarita-Dhungana, Gery W. Ryan, Mark A. Schuster. 2010

Using a community-based participatory research approach, we explored adolescent, parent, and community stakeholder perspectives on barriers to healthy eating and physical activity, and intervention ideas to address adolescent obesity. We conducted 14 adolescent focus groups (n = 119), 8 parent focus groups (n = 63), and 28 interviews with community members (i.e., local experts knowledgeable about youth nutrition and physical activity). Participants described ecological and psychosocial barriers in neighborhoods (e.g., lack of accessible nutritious food), in schools (e.g., poor quality of physical education), at home (e.g., sedentary lifestyle), and at the individual level (e.g., lack of nutrition knowledge). Participants proposed interventions such as nutrition classes for families, addition of healthy school food options that appeal to students, and non-competitive physical education activities. Participants supported health education delivered by students. Findings demonstrate that community-based participatory research is useful for revealing potentially feasible interventions that are acceptable to community members.

EP-20090019

Development and implementation of a school-based obesity prevention intervention: lessons learned from community-based participatory research. Kimberly E. Uyeda, Jennifer Hawes-Dawson, Mark A. Schuster. 2010

Background: National, state, and local policies aim to change school environments to prevent child obesity. Community-based participatory research (CBPR) can be effective in translating public health policy into practice. Objectives: We describe lessons learned from developing and pilot testing a middle school-based obesity prevention intervention using CBPR in Los Angeles, California. Methods: We formed a community-academic partnership between the Los Angeles Unified School District (LAUSD) and the UCLA/RAND Center for Adolescent Health Promotion to identify community needs and priorities for addressing adolescent obesity and to develop and pilot test a school-based intervention. Lessons Learned: Academic partners need to be well-versed in organizational structures and policies. Partnerships should be built on relationships of trust, shared vision, and mutual capacity building, with genuine community engagement at multiple levels. Conclusion: These lessons are critical, not only for

partnering with schools on obesity prevention, but also for working in other community settings and on other health issues.

EP-20090020

Labor-force dynamics at older ages: movements into self-employment for workers and nonworkers. Julie Zissimopoulos, Lynn A. Karoly. 2010

Labor-market transitions toward the latter parts of workers' careers can be complex, with movement between jobs and classes of work and in and out of retirement. The authors analyzed factors associated with the labor-market transitions of older workers to self-employment from unemployment or disability, retirement, or wage and salary work using rich panel data from seven waves of the Health and Retirement Study (HRS). They found evidence that (prior) job characteristics and liquidity constraints are important predictors of movements to self-employment for workers and nonworkers, while risk aversion is a significant predictor only for workers.

EP-20090021

Community-based participatory research: partnering with communities for effective and sustainable behavioral health interventions. Laura M. Bogart, Kimberly E. Uyeda. 2010

The authors describe a community based participatory research (CBPR) effort to develop, pilot test, and conduct a randomized controlled trial of a school-based adolescent obesity prevention program. They also debunk several myths about CBPR and argue that community-academic partnerships are essential for developing effective interventions.

EP-20090022

A national view of workplace injuries in nursing homes. Nicholas G. Castle, John Engberg, John Mendeloff, Rachel M. Burns. 2010

OBJECTIVES: Data from a large sample of nursing homes were used to examine the cross-sectional association between workplace injuries and organizational factors, caregiver staffing levels, and quality. METHODS: Three sources of data were used, the Occupational Safety and Health Administration data initiative for 2004, the Online Survey Certification and Recording system representing 2004, and the 2004 Area Resource File. RESULTS: For the organizational characteristics of interest, the results show that for-profit facilities were less likely to report high injury rates and that facilities with a higher average occupancy and belonging to a chain were more likely to report high injury rates. For the staffing characteristics of interest, facilities with high staffing levels of registered nurses were more likely to report high injury rates, whereas those with high staffing levels of nurse aides were less likely to report high injury rates. For the quality characteristic of interest, facilities of low quality (as measured by quality-of-care deficiency citations) were more likely to report high injury rates. CONCLUSIONS: Workplace injuries are associated with organizational, caregiver, and quality characteristics of nursing homes. This may present an opportunity to reduce high injury rates.

EP-20090023

The health consequences of using physical restraints in nursing homes. Nicholas G. Castle, John Engberg. 2010

BACKGROUND: Using a national longitudinal sample of nursing homes residents (N _ 264,068), we examine whether physical restraint use contributes to subsequent physical or psychological health decline. METHODS: The minimum data set, the on-line survey certification and recording system, and the area resource file were the data sources used. This data represented the period of 2004 and 2005. To control for the difference in characteristics between residents who were subsequently physically restrained and who were not, we use a propensity score matching method. RESULTS: For all outcomes examined (except depression), that is, behavior issues, cognitive performance, falls, walking dependence, activities of daily living, pressure ulcers, and contractures, were all significantly worse for restrained residents compared with matched residents who were not restrained. DISCUSSION: Physical restraint use

represents poor clinical practice, and the benefits to residents of further reducing physical restraint use in nursing homes are substantial.

EP-20090024

Community partners in care: leveraging community diversity to improve depression care for underserved populations. Dmitry Khodyakov, Peter Mendel, Elizabeth L. Dixon, Andrea Jones, Zoe Masongsong, Kenneth B. Wells. 2010

Research suggests that the quality and outcomes of depression treatment for adults can be substantially improved through "collaborative care" programs. However, there is a lack of resources required to implement such programs in vulnerable communities. Our article examines the planning phase of the Community Partners in Care (CPIC) initiative, which addresses this problem through a unique approach in which academic institutions partner directly with a wide range of community-based and service organizations in all phases of the project fielded in two underserved communities in Los Angeles. CPIC offers a unique opportunity to understand how diverse organizations can work together to address community depression care needs and to analyze the potential strengths and tradeoffs of coordinating among such varied entities. This article focuses on intragroup dynamics that surround the process of participatory research and reports results of the first wave of process evaluation of the planning phase of the CPIC initiative. Our analysis explores two main themes: Community-Partnered Participatory Research and benefits and challenges of collaboration in diverse groups.

EP-20090335

Competition and the mental health system. 2010

In the 1970s, mental health services were largely both publicly funded and publicly provided, but today service provision has shifted toward the private sector (1). As a result, the mental health care system increasingly relies on competition to allocate health care resources. In 2003, mental health services constituted about 6.2% of all U.S. health spending or $100 billion (2). Competition for consumers-whether among insurers, hospitals, physicians, or others-largely determines which mental health services are produced, how they are produced, and at what prices they are produced. This article discusses three notable features of the competitive mental health care market and their policy implications.

EP-20090429

Cognitive skills among children in Senegal: disentangling the roles of schooling and family background. Peter Glick, David E. Sahn. 2010

We use unique data to estimate the determinants of cognitive ability among 14-17-year olds in Senegal. Unlike standard school-based samples, tests were administered to current students as well as to children no longer--or never--enrolled. Years of schooling strongly affects cognitive skills, but conditional on years of school, parental education and household wealth, as well as local public school quality, have surprisingly modest effects on test performance. Instead, family background primarily affects skills indirectly through its impacts on years of schooling. Therefore closing the schooling gaps between poor and wealthy children will also close most of the gap in cognitive skills between these groups.

EP-20090529

In search of effective and viable policies to reduce greenhouse gases. Nicholas Burger, Liisa Ecola, Thomas Light, Michael Toman. 2010

This article discusses research into policies to manage greenhouse gases in the U.S. Debates in the U.S. Congress regarding the distribution of economic impacts associated with different mechanisms designed to encourage the reduction of greenhouse gas emissions are considered. Changes in government mandates on fuel efficiency developed by the administration of U.S. President Barack Obama are described. The development of tax proposals that would discourage the use of carbon dioxide is compared with the use of cap-and-trade systems to limit the proliferation of greenhouse gas generating technology.

EP-20090719

The effect of urban street gang densities on small area homicide incidence in a large metropolitan county, 1994-2002. Paul L. Robinson, Sheba M. George, Senait Teklehaimanot, Kevin C. Heslin, Ricky N. Bluthenthal. 2010

The presence of street gangs has been hypothesized as influencing overall levels of violence in urban communities through a process of gun-drug diffusion and crosstype homicide. This effect is said to act independently of other known correlates of violence, i.e., neighborhood poverty. To test this hypothesis, we independently assessed the impact of population exposure to local street gang densities on 8-year homicide rates in small areas of Los Angeles County, California. Homicide data from the Los Angeles County Coroners Office were analyzed with original field survey data on street gang locations, while controlling for the established covariates of community homicide rates. Bivariate and multivariate regression analyses explicated strong relationships between homicide rates, gang density, race/ethnicity, and socioeconomic structure. Street gang densities alone had cumulative effects on small area homicide rates. Local gang densities, along with high school dropout rates, high unemployment rates, racial and ethnic concentration, and higher population densities, together explained 90% of the variation in local 8-year homicide rates. Several other commonly considered covariates were insignificant in the model. Urban environments with higher densities of street gangs exhibited higher overall homicide rates, independent of other community covariates of homicide. The unique nature of street gang killings and their greater potential to influence future local rates of violence suggests that more direct public health interventions are needed alongside traditional criminal justice mechanisms to combat urban violence and homicides.

EP-20090720

Research in community-partnered, participatory research. Kenneth B. Wells, Loretta Jones. 2010

In many underserved communities, "research" is a loaded word that sets expectations of being examined or exploited. This is more likely when data are published but not otherwise shared, such as in a community forum. Research, whether it intends to or not, may disadvantage groups by highlighting problems rather than assets. Research can thus become a symbol of distance between community reality and the "ivory tower," where few mechanisms exist to facilitate community access to knowledge. Academics may view pursuit of knowledge as paramount and in entering research partnerships take such perspectives personally rather than as an expected subject of ongoing discussion. That research is a loaded word suggests that it is important to understand the power associated with it. When members of underserved communities are reminded of everyday applications of research, such as seat belts, the sense of alienation the term conveys can disappear.

EP-20090721

Affordability and obesity: issues in the multifunctionality of agricultural. Roland Sturm. 2010

The conference discussed public goods and externalities created as by-products of the food system, including local development, obesity, air and water pollution, climate change, antibiotic resistance, and other public health issues. Multifunctionality is a framework that integrates these diverse issues and has been influential in international policy. This commentary focuses on arguably the most prominent public health issue at the moment: obesity. Though obesity could be considered another multifunctional dimension, its link to other conference topics is tenuous. Using obesity as an argument to promote local produce or achieve other multifunctional outcomes is very questionable. Framing obesity as an issue of poverty or food insecurity trivializes the continuing major problem of hunger worldwide.

EP-20090823

Texas Educator Excellence Grant (TEEG) Programonic: year three evaluation report. Matthew

G. Springer, M. J. Podgursky, Jessica L. Lewis, Mark W. Ehlert, Timothy J. Gronberg, Laura S. Hamilton, Dennis W. Jansen, Omar S. Lopez, Art (Xiao) Peng, Brian M. Stecher, Lori L. Taylor. 2010

The Texas Educator Excellence Grant (TEEG) program was state-funded and provided annual grants to schools to design and implement performance pay plans during the 2006-07 to 2009-10 school year.1 TEEG was implemented each year (i.e., Cycle) in approximately 1,000 high poverty, high performing Texas public schools. Performance pay for teachers entered Texas state policy deliberations during the 1980s, a decade marked as one of the most active periods of school reform in Texas. As early as the Texas Teacher Career Ladder program in 1984, policy makers attempted to reform the single-salary schedule and introduce performance pay for educators. Several lessons emerged from those first generation programs and played a significant role in the design and implementation of contemporary performance pay programs in Texas, such as TEEG. Specific lessons include the importance of (1) adequate, sustainable funding; (2) teacher involvement in program design; (3) rewarding educators for their contribution to student performance and professional collaboration; and (4) conducting independent, comprehensive program evaluations. This report builds on the previous TEEG evaluation reports, presenting findings from three years of the TEEG program.2 Overall, the report discusses the participation decisions of eligible schools, the implementation experiences of TEEG participants, the manner in which performance pay plans were designed, and the program's outcomes

EP-20090824

The dynamics of deterrence. Mark Kleinman, Beau Kilmer. 2010

Because punishment is scarce, costly, and painful, optimal enforcement strategies will minimize the amount of actual punishment required to effectuate deterrence. If potential offenders are sufficiently deterrable, increasing the conditional probability of punishment (given violation) can reduce the amount of punishment actually inflicted, by "tipping" a situation from its high-violation equilibrium to its low-violation equilibrium. Compared to random or "equal opportunity" enforcement, dynamically concentrated sanctions can reduce the punishment level necessary to tip the system, especially if preceded by warnings. Game theory and some simple and robust Monte Carlo simulations demonstrate these results, which, in addition to their potential for reducing crime and incarceration, may have implications for both management and regulation.

EP-20090825

Design and analysis of optical flow-switched networks. Guy Weichenberg, Vincent W. S. Chan, Muriel Medard. 2010

In this article we presented optical flow switching (OFS) as a key enabler of scalable future optical networks. We now address the design and analysis of OFS networks in a more comprehensive fashion. The contributions of this work, in particular, is in providing partial answers to the questions of how OFS networks can be implemented, how well they perform, and how their economics compare with those of other architectures. With respect to implementation, we present a sensible scheduling algorithm for inter-metropolitan-area- network (inter-MAN) OFS communication. Our performance study builds upon our work in IEEE J. Sel. Areas Commun., presented at the IEEE International Conference on Communications, Dresden, Germany, June 14-18, 2009, and includes a comparative capacity analysis for the wide area, as well as an analytical approximation of the throughput-delay trade-off offered by OFS for inter-MAN communication. Last, with regard to the economics of OFS, we extend our previous work from ECOC 2006 and GLOBECOM '06 in carrying out an optimized throughput-cost comparison of OFS with other prominent candidate architectures. Our conclusions indicate that OFS offers a significant advantage over other architectures in economic scalability. In particular, for sufficiently heavy traffic, OFS handles large transactions at far lower cost than other optical network architectures.

EP-20090926

Optimal highway design and user welfare under value pricing. Thomas Light. 2010

This paper investigates the optimal design of highways operated under a form of congestion pricing called value pricing. Value pricing involves dividing a highway into free and priced lanes so that in equilibrium the highway effectively operates at two levels of service, with those users placing a higher value on travel time savings selecting the faster, priced route. A tractable analytical framework is developed which allows analysis of equilibrium and welfare on value priced highways when users vary in their value of time. The model is used to characterize optimal toll and capacity policies, as well as investigate the fiscal implications of value pricing. The analysis concludes with results on how welfare changes induced by value pricing are distributed over the population of users when the government finances any funding shortfall through a non-discriminatory taxing mechanism. A realistic numeric example is used to illustrate how the model can be applied to evaluation of actual and proposed value pricing implementations.

EP-20090927

Assessing the appropriateness of care--its time has come. Robert H. Brook. 2010

Health care reform in the United States is likely to fail without fundamental changes in the practice of medicine. What can be done within a year to substantially increase the likelihood that Americans receive appropriate, humane, affordable care? A starting point is to draw on more than 2 decades of empirical research based on the RAND/University of California Los Angeles (UCLA) Appropriateness Method (RUAM) to develop explicit criteria for determining the appropriateness of care. Physicians and patients can use the results from applying this method to make better informed decisions about expensive, elective procedures or diagnostic tests, and the process of developing the criteria will strengthen the clinical evidence base. The RUAM was developed more than 20 years ago in an effort to understand why quality of care in the United States, and in other developed countries, varied substantially.

EP-20090928

Neighborhood food environments and Body Mass Index: the importance of in-store contents. Donald Rose, Paul L. Hutchinson, Nicholas Bodor, Chris M. Swalm, Thomas Farley, Deborah Cohen, Janet C. Rice. 2010

BACKGROUND: Most public health studies on the neighborhood food environment have focused on types of stores and their geographic placement, yet marketing research has long documented the influence of in-store shelf-space on consumer behavior. PURPOSE: This paper combines these two strands of research to test whether the aggregate availability of specific foods in a neighborhood is associated with the BMIs of its residents. METHODS: Fielded from October 2004 to August 2005, this study combines mapping of retail food outlets, in-store surveys, and telephone interviews of residents from 103 randomly sampled urban census tracts in southeastern Louisiana. Linear shelf-space of fruits, vegetables, and energy-dense snack foods was measured in 307 food stores in the study tracts. Residential addresses, demographic information, and heights and weights were obtained from 1243 respondents through telephone interviews. Cumulative shelf-space of foods within defined distances of each respondent was calculated using observations from the in-store survey and probability-based assignments of shelf-space to all unobserved stores in the area. RESULTS: After controlling for sociodemographic variables, income, and car ownership, regression analysis, conducted in 2008, showed that cumulative shelf-space availability of energy-dense snack foods was positively, although modestly, associated with BMI. A 100-meter increase in shelf-space of these foods within 1 kilometer of a respondent's household was associated with an additional 0.1 BMI points. Fruit and vegetable shelf-space was not significantly related to BMI. CONCLUSIONS: Interventions that seek to improve the neighborhood food environment may need to focus on more than just increasing access

to healthy foods, because the results suggest that the availability of energy-dense snack foods plays a role in weight status.

EP-20091008

When, where, why and with whom homeless women engage in risky sexual behaviors: a framework for understanding complex and varied decision-making processes. 2010

Impoverished women worldwide are at high risk for contracting HIV/AIDS. This study explores how homeless women make risky sex decisions and the role that alcohol and drugs play in this process. We analyze 56 in-depth qualitative descriptions of recent sexual episodes among 28 women living in shelters in Los Angeles, California, USA. The sample (age 18-63) was 46% African American, 21% Hispanic/Latina, and 21% White. Findings suggest that: (1) homeless women engage in multiple types of relationships and sexual behaviors; (2) emotion and attachment play critical roles in women's risky sex choices; and (3) the role of alcohol and drugs on such choices varies across relationship commitment. Understanding the complexity of sexual decision-making among this population has implications for developing successful risk reduction interventions.

EP-20091021

Applying health care reform principles to mental health and substance abuse services. Kavita Patel, Kenneth B. Wells. 2010

The US political system is debating the desirability and feasibility of health care reform. Discussions focus on expanding coverage while reforming delivery to contain costs and ensure quality, but there has been little discussion about how to apply reform principles to mental health and substance abuse (MHSA) conditions and services. The passage of federal parity bills for private plans and outpatient Medicare services underscores the policy interest in ensuring financial access and the timeliness of considering application of reform principles to these services. This Commentary highlights features of MHSA conditions and services that affect consideration of reform principles. There are differences in MHSA services availability and financing between private and public sectors. Not all private plans cover all MSHA conditions and services, and MHSA coverage is often less generous than for medical conditions, although such coverage has improved over time.

EP-20091022

Anthropology and cultural neuroscience: creating productive intersections in parallel fields. Roger Allen Brown, R. Seligman. 2010

Partly due to the failure of anthropology to productively engage the fields of psychology and neuroscience, investigations in cultural neuroscience have occurred largely without the active involvement of anthropologists or anthropological theory. Dramatic advances in the tools and findings of social neuroscience have emerged in parallel with significant advances in anthropology that connect social and political-economic processes with fine-grained descriptions of individual experience and behavior. We describe four domains of inquiry that follow from these recent developments, and provide suggestions for intersections between anthropological tools - such as social theory, ethnography, and quantitative modeling of cultural models - and cultural neuroscience. These domains are: the sociocultural construction of emotion, status and dominance, the embodiment of social information, and the dual social and biological nature of ritual. Anthropology can help locate unique or interesting populations and phenomena for cultural neuroscience research. Anthropological tools can also help "drill down" to investigate key socialization processes accountable for cross-group differences. Furthermore, anthropological research points at meaningful underlying complexity in assumed relationships between social forces and biological outcomes. Finally, ethnographic knowledge of cultural content can aid with the development of ecologically relevant stimuli for use in experimental protocols.

EP-20091121

Overall effect of TCAB on initial participating hospitals: evaluation at 13 pilot facilities. Jack Needleman, Pat Parkerton, Marjorie L. Pearson, Lynn Soban, Valda V. Upenieks, Tracy Yee. 2010

Transforming Care at the Bedside (TCAB) is a national initiative of the Robert Wood Johnson Foundation (RWJF) in partnership with the Institute for Healthcare Improvement (IHI). The program is designed to improve inpatient care and the hospital work environment by empowering front-line nursing staff. In this article we provide an assessment of the overall effect of TCAB, focusing on the experiences of the 10 hospitals that continued through phase 3 of the initiative.

EP-20091122

Participation of unit nurses: front-line implementation on TCAB pilot units. Marjorie L. Pearson, Jack Needleman, Pat Parkerton, Valda V. Upenieks, Lynn Soban, Tracy Yee. 2010

In 2003 the Robert Wood Johnson Foundation (RWJF) launched a multiphase initiative called Transforming Care at the Bedside (TCAB) to help hospitals engage front-line staff in change processes that would improve both the work environment and the care on medical-surgical units This paper focuses exclusively on the experiences of the 13 hospitals in the second phase of TCAB during which they tested more than 400 innovations.

EP-20091224

The effects of product liability exemption in the presence of the FDA. Tomas Philipson, Eric Sun. 2010

n the United States, drugs are jointly regulated by the US Food and Drug Administration, which oversees premarket clinical trials designed to ensure drug safety and efficacy, and the liability system, which allows patients to sue manufacturers for unsafe drugs. In this paper, the authors examine the potential welfare effects of this dual system to ensure the safety of medical products, and conclude that product liability exemptions for FDA regulated activities could raise economic efficiency. When the safety level mandated by the FDA is binding-in the sense that manufacturers will not conduct additional clinical testing beyond what is mandated by FDA-then product liability may reduce efficiency by raising prices without pushing firms, who are already bound by the FDA's requirements, to invest further in product safety. The authors consider as a case study the National Vaccine Injury Compensation Program, which sharply reduced vaccine manufacturer's liability in 1988. They find evidence that the program reduced prices without affecting vaccine safety, suggest that liability limits can enhance economic efficiency in the presence of the FDA

EP-20091225

Do people who intend to get a flu shot actually get one?. Katherine M. Harris, Juergen Maurer. 2010

BACKGROUND: Vaccination against seasonal influenza is far from universal among groups specifically recommended for vaccine. There is little research to guide communication with patients about vaccination. OBJECTIVE: To assess the utility of the self-reported intention to be vaccinated against seasonal influenza in predicting vaccine uptake, reasons for being unvaccinated, and willingness to be vaccinated based on a doctor's recommendation. METHODS: The authors analyzed data from a subset of respondents (n = 1,527) specifically recommended by the ACIP for vaccination against seasonal influenza who participated in two national surveys of adults age 18 and older conducted in November 2008 and March 2009. RESULTS: Over half who intended to be vaccinated had been vaccinated. Compared to those without intentions, those with intentions were one-fifth as likely ($p < 0.01$) to cite lack of need and five times more likely ($p < 0.01$) to cite not getting around to being vaccinated as main reasons for not being vaccinated. Roughly two-fifths of those without the intention to be vaccinated indicated a willingness to be vaccinated based on a doctor's recommendation. CONCLUSIONS: Asking simple questions about the intention to be vaccinated against seasonal influenza may

be an efficient means of identifying patients with whom extended discussion of vaccine benefits is warranted.

EP-20091226

Moving Los Angeles. Paul Sorensen. 2010

Congestion results from an imbalance between the supply of road capacity and the demand for driving during peak travel hours. RAND was recently asked to evaluate and recommend near term strategies that could meaningfully reduce LA's traffic within a period of five years or less. The authors reviewed general insights from the transportation literature on the causes and potential cures for traffic congestion, and diagnosed the specific local conditions that contribute to the notoriously severe congestion in Los Angeles. Few congestion-reduction strategies remain effective over the longer term. This gradual erosion of congestion improvements comes from a phenomenon called "triple convergence." In short, when traffic conditions on a roadway improve in the peak hours, additional travelers tend to converge on the new capacity from (1) other times of travel, (2) other routes of travel, or (3) other modes of travel, slowly eroding the initial benefits from reduced peak-hour congestion. To further inform the development of suitable strategies to reduce congestion in Los Angeles, the authors took a closer look at some of the underlying factors that contribute to the region's congestion and what implications they have for the types of strategies that might offer the greatest prospects for reducing congestion. Los Angeles' high regional population density is a key contributing factor to congestion issues. Land use patterns in Los Angeles are more polycentric (characterized by multiple centers) than in most other major US cities, making it harder to develop a fast and effective transit system that encourages drivers to leave their cars at home. In addition, the fact that population and jobs are spread out across more centers increases the difficulty of attracting sufficient ridership on any given link to justify the significant investment required for transit lines with dedicated right-of-way. The authors developed an integrated policy framework that could offer the greatest prospects for relieving traffic congestion and improving transportation options in the Los Angeles region. The framework encompasses three key components: --Rely on pricing to manage peak-hour demand, raise needed revenue, and promote more efficient use of existing capacity. --Significantly improve transit and other alternative modes. --Continue to improve the efficiency of the road network, but shift the emphasis from moving cars to moving people. A noteworthy characteristic of these recommendations is that many--particularly those that involve pricing--are certain to stir controversy.

EP-20091227

Getting the message straight: effects of a brief hepatitis prevention intervention among injection drug users. Lauretta E. Grau, Traci Green, Merrill Singer, Ricky N. Bluthenthal, Patricia A. Marshall, Robert Heimer. 2010

To redress gaps in injection drug users' (IDUs) knowledge about hepatitis risk and prevention, the authors developed a brief intervention to be delivered to IDUs at syringe exchange programs (SEPs) in three US cities. Following a month-long campaign in which intervention packets containing novel injection hygiene supplies and written materials were distributed to every client at each visit, intervention effectiveness was evaluated by comparing exposed and unexposed participants' self-reported injection practices. Over one-quarter of the exposed group began using the novel hygiene supplies which included an absorbent pad (Safety Square) to stanch blood flow post-injection. Compared to those unexposed to the intervention, a smaller but still substantial number of exposed participants continued to inappropriately use alcohol pads post-injection despite exposure to written messages to the contrary (22.8% vs. 30.0%). It should also be noted that for those exposed to the intervention, 8% may have misused Safety Squares as part of pre-injection preparation of their injection site; attention should be paid to providing explicit and accurate instruction on the use of any health promotion materials being distributed. While this study indicates that passive

introduction of risk reduction materials in injection drug users through syringe exchange programs can be an economical and relatively simple method of changing behaviors, discussions with SEP clients regarding explicit instructions about injection hygiene and appropriate use of novel risk reduction materials is also needed in order to optimize the potential for adoption of health promotion behaviors. The study results suggest that SEP staff should provide their clients with brief, frequent verbal reminders about the appropriate use when distributing risk reduction materials. Issues related to format and language of written materials are discussed.

EP-20091228

Missing data: what a little can do, and what researchers can do in response. Thomas R. Belin. 2010

Recent advances such as imputation and associated statistical computing strategies provide statisticians and allied researchers with sophisticated techniques for addressing missing data.

EP-20091229

Surgeons' volume of colorectal cancer procedures and collaborative decision-making about adjuvant therapies. Selwyn O. Rogers, John Z. Ayanian, Clifford Y. Ko, Katherine L. Kahn, Alan Zaslavsky, Robert S. Sandler, Nancy L. Keating. 2010

BACKGROUND: Few studies have assessed associations of surgeons' practice volume with processes of care that lead to better outcomes. OBJECTIVE: We surveyed surgeons treating colorectal cancer to determine whether high-volume surgeons were more likely to collaborate with other physicians in decisions about adjuvant therapies. SUBJECTS and METHODS: Surgeons caring for patients with colorectal cancer in multiple regions and health-care organizations were surveyed to assess their volume of colorectal cancer resections and participation in decisions about adjuvant chemotherapy and radiation therapy. We used logistic regression to assess physician and practice characteristics associated with surgical volume and the relation of surgical volume and these other characteristics to collaborative decision-making regarding adjuvant therapies. RESULTS: Of 635 responding surgeons, those who identified themselves as surgical oncologists or colorectal surgeons were more likely than others to report high volume of colorectal cancer resections ($P < 0.001$), as were those who practiced at a comprehensive cancer center ($P = 0.06$) and attended tumor board meetings weekly (vs. quarterly or less, $P = 0.09$). Most surgeons reported a collaborative role in decisions about chemotherapy and radiation therapy. However, in adjusted analyses, higher-volume surgeons more often reported a collaborative role with other physicians in decisions about chemotherapy ($P < 0.001$) and radiation therapy ($P < 0.001$). CONCLUSIONS: Higher-volume surgeons are more likely to report collaborating with other physicians in decisions about adjuvant therapies for patients following colorectal cancer surgery. This collaborative decision-making of higher-volume surgeons may contribute to outcome differences by surgeon volume.

EP-20100002

Why do patients seek care at retail clinics, and what alternatives did they consider?. Margaret C. Wang, Gery W. Ryan, Elizabeth A. McGlynn, Ateev Mehrotra. 2010

Retail clinics are an increasingly popular new model of ambulatory care. To understand why patients seek care at these clinics and what their experiences were like, the authors interviewed 61 patients at 6 retail clinics. Patients were satisfied with the overall experience and were attracted to retail clinics because of their convenient locations and fixed, transparent pricing. Patients who had a primary care physician (PCP) sought care at these clinics primarily because their PCPs were not available in a timely manner. If retail clinics had not been available, a quarter of patients report they would have gone to the emergency department. Retail clinics appear to be responding to the need for convenient, affordable, and consumer-centered care.

EP-20100003

Sociodemographic characteristics of communities served by retail clinics. Rena Rudavsky, Ateev Mehrotra. 2010

PURPOSE: As a rapidly growing new health care delivery model in the United States, retail clinics have been the subject of much debate and controversy. Located physically within a retail store, retail clinics provide simple acute and preventive services for a fixed price and without an appointment. Some hope that retail clinics can be a new safety-net provider for the poor and those without a primary care physician. To better understand the potential for retail clinics to achieve this goal, we describe the sociodemographic characteristics of the communities in which they operate. METHODS: The authors created an inventory of all retail clinics in the United States and determined the proportion that are in a health professional shortage area (HPSA). They defined each retail clinic's catchment area as all census blocks that were less than a 5-minute driving distance from the clinic. The authors compared the sociodemographic characteristics of the population within and outside of these retail clinic catchment areas. RESULTS: Of the 982 clinics in 32 states, 88.4% were in an urban area and 12.5% were in an HPSA (20.9% of the US population lives within an HPSA). Compared with the rest of the urban population, the population living within a retail clinic catchment area has a higher median household income ($52,849 vs $46,080), is better educated (32.6% vs 24.9% with a college degree), and is as likely to be uninsured (17.7% vs 17.0%). In a multivariate model, the census block's median household income had the strongest association with whether the census block was in a retail clinic catchment area (odds ratio, 3.63; 95% CI, 3.26-4.05; median income, $54,779 vs <$30,781, respectively). CONCLUSIONS: The authors found that relatively few retail clinics are located in HPSAs and that, compared with the rest of the urban population, the population living in close proximity to a retail clinic has a higher income.

EP-20100004

Diminishing efficacy of combination therapy, response-heterogeneity, and treatment intolerance limit the attainability of tight risk factor control in patients with diabetes. Justin William Timbie, Rodney A. Hayward. 2010

OBJECTIVE: To evaluate the attainability of tight risk factor control targets for three diabetes risk factors and to assess the degree of polypharmacy required. DATA SOURCES/STUDY SETTING: National Health and Nutrition Examination Survey-III. STUDY DESIGN: The authors simulated a strategy of treating to targets, exposing subjects to a battery of treatments until low-density lipoprotein (LDL)-cholesterol (100 mg/dL), hemoglobin A1c (7 percent), and blood pressure (130/80 mm Hg) targets were achieved or until all treatments had been exhausted. Regimens included five statins of increasing potency, four A1c-lowering therapies, and eight steps of antihypertensive therapy. DATA COLLECTION/EXTRACTION METHODS: The authors selected parameter estimates from placebo-controlled trials and meta-analyses. PRINCIPAL FINDINGS: Under ideal efficacy conditions, 77, 64, and 58 percent of subjects achieved the LDL, A1c, and blood pressure targets, respectively. Successful control depended highly on a subject's baseline number of treatments. Using the least favorable assumptions of treatment tolerance, success rates were 11-17 percentage points lower. Approximately 57 percent of subjects required five or more medication classes. CONCLUSIONS: A significant proportion of people with diabetes will fail to achieve targets despite using high doses of multiple, conventional treatments. These findings raise concerns about the feasibility and polypharmacy burden needed for tight risk factor control, and the use of measures of tight control to assess the quality of care for diabetes.

EP-20100005

Life cycle assessment and grid electricity: what do we know and what can we know?. Christopher L. Weber, Paulina Jaramillo, Joe Marriott, Constantine Samaras. 2010

The generation and distribution of electricity comprises nearly 40% of U.S. CO2 emissions, as well as large shares of SO2, NOx, small particulates, and other toxins. Thus, correctly accounting for these electricity-related environmental releases is of great importance in life cycle assessment of products and processes. Unfortunately, there is no agreed-upon protocol for accounting for the environmental emissions associated with electricity, as well as significant uncertainty in the estimates. Here, we explore the limits of current knowledge about grid electricity in LCA and carbon footprinting for the U.S. electrical grid, and show that differences in standards, protocols, and reporting organizations can lead to important differences in estimates of CO2, SO2, and NOx emissions factors. We find a considerable divergence in published values for grid emissions factor in the U.S. We discuss the implications of this divergence and list recommendations for a standardized approach to accounting for air pollution emissions in life cycle assessment and policy analyses in a world with incomplete and uncertain information.

EP-20100006

Health savings accounts for small businesses and entrepreneurs: shopping, take-up and implementation challenges. Susan M. Gates, Pinar Karaca-Mandic, James R. Burgdorf, Kanika Kapur. 2010

A combination of high deductible health plans (HDHPs) and health savings accounts (HSAs) holds promise for expanding health insurance for small firms. We provide information on HSA take-up and shopping behavior from a 2008 survey of female small business owners, revealing that the HSA marketplace can be confusing for small firms. HSAs may have expanded access to health insurance for the smallest firms (under three employees), but not for small firms more generally. A sizable number of firms offering HSA-eligible insurance did not offer attached HSAs. Firms offering HSAs were satisfied with their experiences, but faced challenges in implementing them.

EP-20100007

Pay for performance through the lens of medical professionalism. Amir Qaseem, Alice Gosfield, David Gregg, Keith Michl, David Wennberg, Kevin B. Weiss, Eric C. Schneider. 2010

Lagging quality of care in the U.S. health care system has been a persistent problem and challenge. In the past, medical professionalism and professional certification have served as cornerstones for improving quality in health care. Among newer efforts to improve quality, pay for performance has been proposed to propel better results, but many observers are concerned that pay for performance is at odds with medical professionalism. The authors examine the potential conflicts between pay for performance and medical professionalism and conclude that properly designed pay-for-performance models can support professional objectives.

EP-20100009

Provider Communication and Patient Understanding of Life-Limiting Illness and Their Relationship to Patient Communication of Treatment Preferences. Glenn Wagner, Jillisa Steckart, Karl Lorenz, Kenneth Rosenfeld. 2010

Medical decision making in the context of serious illness ideally involves a patient who understands his or her condition and prognosis and can effectively formulate and communicate his or her care preferences. To understand the relationships among these care processes, we analyzed baseline interview data from veterans enrolled in a randomized controlled trial of a palliative care intervention. Participants were 400 inpatient veterans admitted with a physician-estimated risk of one-year mortality more than 25%; 260 (65%) had cancer as the primary diagnosis. Patients who believed that they had a life-limiting illness (89% of sample) reported that their provider had communicated this to them more frequently than those who did not share that belief (78% vs. 22%, $P < 0.001$). Over half (53%) of the participants reported discussing their care preferences with their providers and 66% reported such discussions with their family; 35% had a living will. In multivariate analysis,

greater functional impairment was associated with patients having discussed their care preferences with providers ($P < 0.05$), whereas patient understanding of prognosis ($P < 0.05$), better quality of life ($P < 0.01$), and not being African American ($P < 0.05$) were associated with patients having discussed their care preferences with family; higher education ($P < 0.001$), and not being African American ($P < 0.01$) were associated with having a living will. Patients with poor understanding of prognosis are less likely to discuss care preferences with family members, suggesting the importance of provider communication with patients regarding prognosis. Because functional decline may prompt physicians to discuss prognosis with patients, patients with relatively preserved function may particularly need such communication.

EP-20100010

Perceptions about availability and adequacy of drinking water in a large California school district. Anisha I. Patel, Laura M. Bogart, Kimberly E. Uyeda, Alexa Rabin, Mark A. Schuster. 2010

Introduction: Concerns about the influence of sugar-sweetened beverage consumption on obesity have led experts to recommend that water be freely available in schools. We explored perceptions about the adequacy of drinking water provision in a large California school district to develop policies and programs to encourage student water consumption. Methods: From March to September 2007, we used semistructured interviews to ask 26 California key stakeholders - including school administrators and staff, health and nutrition agency representatives, and families - about school drinking water accessibility; attitudes about, facilitators of, and barriers to drinking water provision; and ideas for increasing water consumption. Interviews were analyzed to determine common themes. Results: Although stakeholders said that water was available from school drinking fountains, they expressed concerns about the appeal, taste, appearance, and safety of fountain water and worried about the affordability and environmental effect of bottled water sold in schools. Stakeholders supported efforts to improve free drinking water availability in schools, but perceived barriers (eg, cost) and mistaken beliefs that regulations and beverage contracts prohibit serving free water may prevent schools from doing so. Some schools provide water through cold-filtered water dispensers and self-serve water coolers. Conclusion: This is the first study to explore stakeholder perceptions about the adequacy of drinking water in US schools. Although limited in scope, our study suggests that water available in at least some schools may be inadequate. Collaborative efforts among schools, communities, and policy makers are needed to improve school drinking water provision.

EP-201000100

Off-premise alcohol sales policies, drinking, and sexual risk among people living with HIV. Rebecca L. Collins, Stephanie Taylor, Marc N. Elliott, Jeanne S. Ringel, David E. Kanouse, Robin Beckman. 2010

Drinking among HIV-positive individuals increases risks of disease progression and possibly sexual transmission. We examined whether state alcohol sales policies are associated with drinking and sexual risk among people living with HIV. In a multivariate analysis combining national survey and state policy data, we found that HIV-positive residents of states allowing liquor sales in drug and grocery stores had 70% to 88% greater odds of drinking, daily drinking, and binge drinking than did HIV-positive residents of other states. High-risk sexual activity was more prevalent in states permitting longer sales hours (7% greater odds for each additional hour). Restrictive alcohol sales policies may reduce drinking and transmission risk in HIV-positive individuals.

EP-201000101

Hospital executives' perspectives on pay-for-performance and racial. Robin M. Weinick, Alyna T. Chien, Meredith B. Rosenthal, Steffanie J. Bristol, Jessica Salamon. 2010

With increasing attention paid to reducing racial/ethnic disparities in care and the growth of pay-for-performance programs, policy makers and

payers are considering the use of such incentive mechanisms to target disparities reduction. This article describes the results of qualitative interviews with hospital executives to assess the potential impact that such programs would have on hospitals and their minority patients. The authors find that executives have significant concerns regarding funding mechanisms and implementation costs, financial risks for safety net hospitals, and resource constraints, as well as how such programs can be used to create incentives to care for minority patients. The findings suggest that payers should be hesitant to use pay-for-performance as a mechanism for reducing disparities until a wide variety of concerns about the design of such programs can be addressed.

EP-201000102

The longitudinal study of turnover and the cost of turnover in EMS. P. Daniel Patterson, Cheryl B. Jones, Michael W. Hubble, Matthew Carr, Matthew D. Weaver, John Engberg, Nicholas G. Castle. 2010

Background. Few studies have examined employee turnover and associated costs in emergency medical services (EMS). Objective. To quantify the mean annual rate of turnover, total median cost of turnover, and median cost per termination in a diverse sample of EMS agencies. Methods. A convenience sample of 40 EMS agencies was followed over a six-month period. Internet, telephone, and on-site data-collection methods were used to document terminations, new hires, open positions, and costs associated with turnover. The cost associated with turnover was calculated based on a modified version of the Nursing Turnover Cost Calculation Methodology (NTCCM). The NTCCM identified direct and indirect costs through a series of questions that agency administrators answered monthly during the study period. A previously tested measure of turnover to calculate the mean annual rate of turnover was used. All calculations were weighted by the size of the EMS agency roster. The mean annual rate of turnover, total median cost of turnover, and median cost per termination were determined for three categories of agency staff mix: all-paid staff, mix of paid and volunteer (mixed) staff, and all-volunteer staff. Results. The overall weighted mean annual rate of turnover was 10.7%. This rate varied slightly across agency staffing mix (all-paid = 10.2%, mixed = 12.3%, all-volunteer = 12.4%). Among agencies that experienced turnover (n = 25), the weighted median cost of turnover was $71,613.75, which varied across agency staffing mix (all-paid = $86,452.05, mixed = $9,766.65, and all-volunteer = $0). The weighted median cost per termination was $6, 871.51 and varied across agency staffing mix (all-paid = $7,161.38, mixed = $1,409.64, and all-volunteer = $0). Conclusions. Annual rates of turnover and costs associated with turnover vary widely across types of EMS agencies. The study's mean annual rate of turnover was lower than expected based on information appearing in the news media and EMS trade magazines. Findings provide estimates of two key workforce measures-turnover rates and costs-where previously none have existed. Local EMS directors and policymakers at all levels of government may find the results and study methodology useful toward designing and evaluating programs targeting the EMS workforce.

EP-201000103

Crystal methamphetamine use among American Indian and white youth in Appalachia: social context, masculinity, and desistance. Ryan Andrew Brown. 2010

Rural areas and American Indian reservations are hotspots for the use of crystal methamphetamine ('meth') in the United States, yet there is little ethnographic data describing meth use in these areas. This study draws upon 3 years of ethnographic work conducted with American Indian and White youth in Appalachia during the height of the meth epidemic. First, I show how crystal meth filled a functional niche in the lives of many young men, alleviating boredom and anomie linked to recent socioeconomic changes and changing labor opportunities, and intersecting with local understandings of masculinity and forms of military identity. Here, ethnographic and interview data

converge to illustrate how social role expectations, recent socioeconomic change, and meth's pharmacological properties converge to create vulnerability to meth use in Appalachia. Next, I draw upon two American Indian narratives of desistance. These youth described recently severed social relationships and acute feelings of social isolation during the initiation of meth use. Both also described dramatic close calls with death that facilitated their eventual desistance from use, involving repaired social relationships and the establishment of new lives and hope. Comparisons with meth use in other populations and regions, including men who have sex with men in urban environments, suggest that similar motivations and contextual factors may influence meth use across diverse cultural and regional contexts. Recent interventions targeting the pathogenic aspects of masculine role socialization and ethnographic evidence on the role of social networks in desistance suggest both avenues and caveats for intervention.

EP-201000104

Reducing inappropriate antibiotics prescribing: the role of online commentary on physical examination findings. John Heritage, Marc N. Elliott, Tanya Stivers, Andrea Richardson, Rita Mangione-Smith. 2010

Objective: This study investigates the relationship of 'online commentary' (contemporaneous physician comments about physical examination [PE] findings) with (i) parent questioning of the treatment recommendation and (ii) inappropriate antibiotic prescribing. Methods: A nested cross-sectional study of 522 encounters motivated by upper respiratory symptoms in 27 California pediatric practices (38 pediatricians). Physicians completed a post-visit survey regarding physical examination findings, diagnosis, treatment, and whether they perceived the parent as expecting an antibiotic. Taped encounters were coded for 'problem' online commentary (PE findings discussed as significant or clearly abnormal) and 'no problem' online commentary (PE findings discussed reassuringly as normal or insignificant). Results: Online commentary during the PE occurred in 73% of visits with viral diagnoses (n = 261). Compared to similar cases with 'no problem' online commentary, 'problem' comments were associated with a 13% greater probability of parents questioning a non-antibiotic treatment plan (95% CI 0-26%, p = .05,) and a 27% (95% CI: 2-52%, p < .05) greater probability of an inappropriate antibiotic prescription. Conclusion: With viral illnesses, problematic online comments are associated with more pediatrician-parent conflict over non-antibiotic treatment recommendations. This may increase inappropriate antibiotic prescribing. PRACTICE IMPLICATIONS: In viral cases, physicians should consider avoiding the use of problematic online commentary

EP-201000105

Parents' disclosure of their HIV infection to their children in the context of the family. David P. Kennedy, Burton O. Cowgill, Laura M. Bogart, Rosalie Corona, Gery W. Ryan, Debra A. Murphy, Theresa Nguyen, Mark A. Schuster. 2010

We interviewed 33 HIV-infected parents from the HIV Cost and Services Utilization Study (HCSUS), 27 of their minor children, 19 adult children, and 15 caregivers about the process of children learning that their parents were HIV positive. We summarize the retrospective descriptions of parents' disclosure of their HIV status to their children, from the perspective of multiple family members. We analyzed transcripts of these interviews with systematic qualitative methods. Both parents and children reported unplanned disclosure experiences with positive and negative outcomes. Parents sometimes reported that disclosure was not as negative as they feared. However, within-household analysis showed disagreement between parents and children from the same household regarding disclosure outcomes. These findings suggest that disclosure should be addressed within a family context to facilitate communication and children's coping. Parents should consider negative and positive outcomes, unplanned disclosure and children's capacity to adapt after disclosure when deciding whether to disclose.

EP-201000106

Patient-based outcome assessment instruments in acupuncture research. Raheleh Khorsan, Alexandra York, Ian D. Coulter, Rachel Wurzman, Joan A. G. Walter, Remy R. Coeytaux. 2010

Background: Outcome assessment can support the therapeutic process by providing a way to track symptoms and functionality over time, providing insights to clinicians and patients, as well as offering a common language to discuss patient behavior/functioning. Objectives: In this article, we examine the patient-based outcome assessment (PBOA) instruments that have been used to determine outcomes in acupuncture clinical research and highlight measures that are feasible, practical, economical, reliable, valid, and responsive to clinical change. The aims of this review were to assess and identify the commonly available PBOA measures, describe a framework for identifying appropriate sets of measures, and address the challenges associated with these measures and acupuncture. Instruments were evaluated in terms of feasibility, practicality, economy, reliability, validity, and responsiveness to clinical change. Methods: This study was a systematic review. A total of 582 abstracts were reviewed using PubMed (from inception through April 2009). Results: A total of 582 citations were identified. After screening of title/abstract, 212 articles were excluded. From the remaining 370 citations, 258 manuscripts identified explicit PBOA; 112 abstracts did not include any PBOA. The five most common PBOA instruments identified were the Visual Analog Scale, Symptom Diary, Numerical Pain Rating Scales, SF-36, and depression scales such as the Beck Depression Inventory. Conclusions: The way a questionnaire or scale is administered can have an effect on the outcome. Also, developing and validating outcome measures can be costly and difficult. Therefore, reviewing the literature on existing measures before creating or modifying PBOA instruments can significantly reduce the burden of developing a new measure.

EP-201000107

Quality of care for breast cancer for uninsured women in California under the breast and cervical cancer prevention treatment act. Jennifer Malin, Allison Diamant, Barbara Leake, Yihang Liu, Amardeep Thind, Katherine L. Kahn, Eric C. Schneider, Arnold M. Epstein, Rose C. Maly. 2010

PURPOSE: The objective of this study was to evaluate the quality of care provided to uninsured women with breast cancer who received treatment through the Breast and Cervical Cancer Prevention Treatment Program (BCCTP). METHODS: Participants included women with stage I to III breast cancer (n = 658) from a consecutive sample of women 18 years or older who received coverage through the California BCCTP between February 2003 and September 2005 who consented to a survey and medical record review (61% response rate). Quality of breast cancer care was evaluated using 29 evidence-based quality measures developed for the National Initiative for Cancer Care Quality (NICCQ). NICCQ, a largely insured cohort of women diagnosed with stage I to III breast cancer in 1998, was used to benchmark the results. RESULTS: Twenty-three percent of women presented with stage III disease compared with fewer than 10% nationally. Patients received 93% of recommended care (95% CI, 92% to 93%). Adherence to recommended care within domains ranged from 87% for post-treatment surveillance (95% CI, 84% to 90%) to 97% for diagnostic evaluation (95% CI, 96% to 97%). Compared to the NICCQ cohort, adherence to quality measures was as good or better for the BCCPT cohort in all domains except post-treatment surveillance. CONCLUSION: The BCCTP has made important inroads in providing poor, uninsured women with access to high quality care when faced with the diagnosis of breast cancer; however, many present at an advanced stage, which is associated with worse outcomes.

EP-201000108

Systematic review of integrative health care research: randomized control trials, clinical controlled trials, and meta-analysis. Raheleh Khorsan, Ian D. Coulter, Cindy C. Crawford, An-Fu Hsiao. 2010

A systematic review was conducted to assess the level of evidence for integrative health care research. We searched PubMed, Allied and Complementary Medicine (AMED), BIOSIS Previews, EMBASE, the entire Cochrane Library, MANTIS, Social SciSearch, SciSearch Cited Ref Sci, PsychInfo, CINAHL, and NCCAM grantee publications listings, from database inception to May 2009, as well as searches of the "gray literature." Available studies published in English language were included. Three independent reviewers rated each article and assessed the methodological quality of studies using the Scottish Intercollegiate Guidelines Network (SIGN 50). Our search yielded 11, 891 total citations but 6 clinical studies, including 4 randomized, met our inclusion criteria. There are no available systematic reviews/meta-analyses published that met our inclusion criteria. The methodological quality of the included studies was assessed independently using quality checklists of the SIGN 50. Only a small number of RCTs and CCTs with a limited number of patients and lack of adequate control groups assessing integrative health care research are available. These studies provide limited evidence of effective integrative health care on some modalities. However, integrative health care regimen appears to be generally safe.

EP-201000109

Impacts and outcomes of Local Authority Regulatory Services: the toolkit. Jan Tiessen, Claire Celia, Lidia Villalba van Dijk, Anais Reding, Christian van Stolk, Tom Ling. 2010

Local authorities and their regulatory services today operate in a changing policy environment shaped by the forces of increasing devolution of responsibilities to the local level, the extension of the better regulation agenda to the local level and a shift to streamlined, more outcome-oriented and joined-up performance management systems. For Local Authority Regulatory Services (LARS), which are branches of local government that enforce national and often also European regulation at the local level, these changes create a number of challenges, including on to demonstrate their value and impact, to shift towards an outcome focus and to ensure sufficient funding for their services. Against this background this RAND Europe establishes what is currently known about the impacts and outcomes of LARS and develops an understanding of the intervention logic behind five different aspects of the work of LARS: fair trading, health and safety in the workplace, fly-tipping, smoking cessation, and reduction of alcohol harm. In five case studies a 'theory of change' approach is used to identify the variety of impacts LARS contribute to, and how LARS interacts with other services in achieving these impacts. Based on this research, this report contains a toolkit that could be used by local authority officials to assess the outcomes and wider impact of their own activities.

EP-20100011

Adjuvant chemotherapy use and adverse events among older patients with stage III colon cancer. Katherine L. Kahn, Jane Weeks, Elizabeth A. Chrischilles, Deborah Schrag, John Z. Ayanian, Catarina I. Kiefe, Patricia A. Ganz, Nirmala Bhoopalam, Arnold Potosky, David Harrington, Robert H. Fletcher. 2010

Context: Randomized trials suggest adjuvant chemotherapy is effective for older patients with stage III colon cancer. However, older patients are less likely to receive this therapy than younger patients, perhaps because of concern about adverse effects. Objective: To evaluate adjuvant chemotherapy use and outcomes for older patients with stage III colon cancer from well-defined population-based settings and health care systems. Design: Observational study of adjuvant chemotherapy use and outcomes by age using Poisson regression to estimate the number of adverse events adjusted for demographic and clinical factors, including comorbid illness and specific elements of chemotherapy regimens documented

with clinically detailed medical record reviews and patient and surrogate surveys. Setting: Five geographically defined regions (Alabama, Iowa, Los Angeles County, northern California, and North Carolina), 5 integrated health care delivery systems, and 15 Veterans Affairs hospitals. Patients: Six hundred seventy-five patients diagnosed with stage III colon cancer from 2003 through 2005 who underwent surgical resection and were followed up for as long as 15 months postdiagnosis. Main outcome measures: Chemotherapy regimen, dose, duration, and annualized mean number of adverse events stratified by age. Results: Of 202 patients aged 75 years and older, 101 (50%) received adjuvant chemotherapy compared with 87% of 473 younger patients (difference, 37%; 95% confidence interval [CI], 30%-45%). Among patients who received adjuvant chemotherapy, 14 patients (14%) aged 75 years and older and 178 younger patients (44%) received a regimen containing oxaliplatin (difference, 30%; 95% CI, 21%-38%). Older patients were less likely to continue treatment, such that by 150 days, 99 patients (40%) aged 65 years and older and 68 younger patients (25%) had discontinued chemotherapy (difference, 15%; 95% CI, 7%-23%). Overall, 162 patients (24%) had at least 1 adverse clinical event, with more events among patients treated with vs without adjuvant chemotherapy (mean, 0.39 vs 0.16; difference, 0.23; 95% CI, 0.11-0.36; P < .001). Among patients receiving adjuvant chemotherapy, adjusted rates of late clinical adverse events were lower for patients 75 years and older (mean, 0.28) vs for younger patients (0.35 for ages 18-54 years, 0.52 for ages 55-64 years, and 0.45 for ages 65-74 years; P = .008 for any age effect). Conclusion: Among patients with stage III colon cancer who underwent surgical resection and received adjuvant chemotherapy, older patients in the community received less-toxic and shorter chemotherapy regimens, and those treated had fewer adverse events than younger patients.

EP-201000110

Impacts and outcomes of Local Authority Regulatory Services: final report. Jan Tiessen, Claire Celia, Lidia Villalba van Dijk, Anais Reding, Christian van Stolk, Tom Ling. 2010

Local authorities and their regulatory services today operate in a changing policy environment shaped by the forces of increasing devolution of responsibilities to the local level, the extension of the better regulation agenda to the local level and a shift to streamlined, more outcome-oriented and joined-up performance management systems. For Local Authority Regulatory Services (LARS), which are branches of local government that enforce national and often also European regulation at the local level, these changes create a number of challenges, including on to demonstrate their value and impact, to shift towards an outcome focus and to ensure sufficient funding for their services. Against this background this report establishes what is currently known about the impacts and outcomes of LARS and develops an understanding of the intervention logic behind five different aspects of the work of LARS: fair trading, health and safety in the workplace, fly-tipping, smoking cessation, and reduction of alcohol harm. In five case studies a 'theory of change' approach is used to identify the variety of impacts LARS contribute to, and how LARS interacts with other services in achieving these impacts. Finally, this report contains a toolkit that could be used by LARS officials to assess the outcomes and wider impact of their own activities.

EP-201000111

Future research on psychotherapy practice in usual care. M. Audrey Burnam, Kimberly A. Hepner, Jeanne Miranda. 2010

How might we go about assessing and, where needed, improving the quality of psychotherapy practice delivered in usual care? Given the numbers of mental health specialists practicing in the U.S. (recently estimated at one-half million), the diversity of professional training and licensure that establish credentials to practice therapy, a broad range of practice settings, and variations in the types of individuals treated, the task of answering this question seems daunting (Institute of Medicine 2006). This special issue includes a range of studies that have made first steps toward tackling

this challenging task. Not surprisingly, given the groundbreaking nature of this research, these papers overwhelmingly raise more questions than they answer. A large part of the value of these studies is lessons learned that inform next steps to assess and improve the quality of psychotherapy in usual care.

EP-201000113

As a fish swims in the sea: relationships between factors contributing to support for terrorist or insurgent groups. Christopher Paul. 2010

This article reviews and synthesizes social science knowledge on the connections between popular support and terrorist/insurgent sustainment. After distinguishing between "sympathetic of" and "supporting," the author identifies support requirements of terrorists and insurgents, the range of sources of support, and motives for support. A scheme of relationships between factors contributing to strength of support is essayed. As a caveat to population-centered approaches to counterterrorism and counterinsurgency, the article concludes that support is not o"ne size fits all," and that certain factors, when present, are more amenable to policy influence than others. These conclusions suggest that it is imperative that practitioners of counterterrorism and counterinsurgency be mindful of the specifics of their case when seeking to undermine support.

EP-201000114

District awards for teacher excellence (D.A.T.E.) program: year one evaluation report. Matthew G. Springer, Jessica L. Lewis, M. J. Podgursky, Mark W. Ehlert, Lori L. Taylor, Omar S. Lopez, Bonnie Ghosh-Dastidar, Art (Xiao) Peng. 2010

District Awards for Teacher Excellence (D.A.T.E.) is a state-funded program in Texas that provides grants to districts for the implementation of locally-designed performance pay plans. All districts in the state are eligible to receive grants, but participation is voluntary. As D.A.T.E. continues in its second year of operation with approximately $197 million in state funds during the 2009-10 school year, it stands alone as the sole state-funded performance pay program in Texas. This report presents findings from the first year of D.A.T.E. (2008-09 school year), with emphasis on program participation decisions made by districts, the local design preferences for performance pay plans, and the early implementation experiences of D.A.T.E. participants. The first round of incentive awards for educators and other allowable grant funds were distributed in D.A.T.E. schools from May 2009 to February 2010, allowing evaluators to begin further examination of program outcomes to be presented in a later evaluation report.

EP-201000115

Development of a patient-report measure of psychotherapy for depression. Jeanne Miranda, Kimberly A. Hepner, Francisca Azocar, Gregory L. Greenwood, Victoria K. Ngo, M. Audrey Burnam. 2010

Despite clear indications of need to improve depression treatment, practical tools that efficiently measure psychotherapy are not available. We developed a patient-report measure of psychotherapy for depression that assesses Cognitive Behavioral (CBT), Interpersonal (IPT), and Psychodynamic therapies. 420 patients with depression from a large managed behavioral health care organization completed the measure. The three subscales measuring CBT, IPT, and Psychodynamic Therapy showed good internal consistency, appropriate item-total correlations, and were supported by a 3-factor structure. Our results suggest that a patient questionnaire is a promising approach for assessing psychotherapy in quality improvement interventions.

EP-201000116

Students left behind: measuring 10th to 12th grade student persistence rates in Texas high schools. Thurston Domina, Bonnie Ghosh-Dastidar, Marta Tienda. 2010

The No Child Left Behind Act requires states to publish high school graduation rates for public schools; the U.S. Department of Education is currently considering a mandate to standardize high school graduation rate reporting. However, no

consensus exists among researchers or policymakers about how to measure high school graduation rates. We use longitudinal data tracking a cohort of students at 82 Texas public high schools to assess the precision of three widely used high school graduation rate measures: Texas's official graduation rates and two competing estimates based on publicly available enrollment data from the Common Core of Data. Our analyses show that these widely used approaches yield highly imprecise estimates of high school graduation and persistence rates. We propose several guidelines for using existing graduation and persistence rate data and argue that a national effort to track students as they progress through high school is essential to reconcile conflicting estimates.

EP-201000117

Linking reading coaches and student achievement: evidence from Florida middle schools. J. R. Lockwood, Jennifer Sloan McCombs, Julie A. Marsh. 2010

Many policymakers suggest that school-based reading coaches can improve teachers' practice, which consequently will improve students' literacy skills. Although reading coaches are increasingly prevalent in schools nationwide, empirical evidence for their effects on student achievement is scarce. This article helps to address this gap by conducting an evaluation of a statewide reading coach program in Florida middle schools. Using achievement data from nearly 1,000 Florida middle schools from the 1997-1998 through 2005-2006 school years, we find that receiving a state-funded coach was associated with statistically significant improvements in average annual reading achievement gains for two of the four cohorts of schools analyzed. We examine implications for state and district policy and future research.

EP-201000118

The Unintended Effects of the Sarbanes-Oxley Act of 2002. Nicholas V. Vakkur, R. Preston McAfee, Fred Kipperman. 2010

The auditing profession came under intense scrutiny following the collapse of Enron and several other leading firms. Legislators responded swiftly with the Sarbanes–Oxley Act of 2002, a stringent rules-based system widely considered the most comprehensive economic regulation since the New Deal. Researchers such as (DeFond and Francis, 2005), (Baker, 2008a) and (Baker, 2008b) suggest the law may produce serious unintended harmful consequences, resulting in a call for further research to evaluate its impact upon firms. This paper contributes to this literature in several ways. First, it conducts a review and analysis of multiple literatures to formulate several exploratory hypotheses. Second, the strength of the conceptual model is evaluated using a random sample survey of Fortune 500 CEOs (n = 206). This represents the first scholarly attempt to evaluate managerial perception of this important law, which Buckley and Chapman (1997) suggest may be more relevant that its actual costs. Third, drawing from Carmona and Trombetta (2008), we suggest the law's overarching reliance upon strict, inflexible rules may have influenced CEO perception of Sarbanes-Oxley. Since this is not a cost/benefit analysis, neither the potential benefits of the law nor its net effects were evaluated.

EP-201000118

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EP-201000119

Integrating expected coverage and local reliability for emergency medical services location problems. Paul Sorensen, Richard L. Church. 2010

Daskin's, The Maximum Expected Covering Location Problem (MEXCLP) model was one of the first efforts to capture the stochastic nature of emergency medical services (EMS) location problems within a mixed-integer formulation. With their subsequent introduction of MALP, Maximum Availability Location Problem, offered two key advances, local vehicle busyness estimates and the x-reliability objective. While these constructs have influenced many subsequent EMS location models, they have been subjected to relatively little empirical analysis. To address this, we introduce the LR-MEXCLP, a hybrid model combining the local busyness estimates of MALP with the maximum coverage objective of MEXCLP. We then solve a series of problems with all three models and employ simulation to estimate aggregate service levels. We find that LR-MEXCLP leads to modest but consistent service gains over both MALP and MEXCLP. These results support the merits of local busyness estimates, but they also suggest that the x-reliability objective may be inappropriate when seeking to maximize aggregate system response capabilities. More generally, our research underscores the utility of (a) linking modeling assumptions and goals with real-world application contexts, and (b) employing simulation or other techniques to validate theoretical results.

EP-20100012

Physician cost profiling: reliability and risk of misclassification. John L. Adams, Ateev Mehrotra, J. William Thomas, Elizabeth A. McGlynn. 2010

BACKGROUND: Insurance products with incentives for patients to choose physicians classified as offering lower-cost care on the basis of cost-profiling tools are increasingly common. However, no rigorous evaluation has been undertaken to determine whether these tools can accurately distinguish higher-cost physicians from lower-cost physicians. METHODS: We aggregated claims data for the years 2004 and 2005 from four health plans in Massachusetts. We used commercial software to construct clinically homogeneous episodes of care (e.g., treatment of diabetes, heart attack, or urinary tract infection), assigned each episode to a physician, and created a summary profile of resource use (i.e., cost) for each physician on the basis of all assigned episodes. We estimated the reliability (signal-to-noise ratio) of each physician's cost-profile score on a scale of 0 to 1, with 0 indicating that all differences in physicians' cost profiles are due to a lack of precision in the measure (noise) and 1 indicating that all differences are due to real variation in costs of services (signal). We used the reliability results to estimate the proportion of physicians in each specialty whose cost performance would be classified inaccurately in a two-tiered insurance product in which the physicians with cost profiles in the lowest quartile were labeled as lower cost. RESULTS: Median reliabilities ranged from 0.05 for vascular surgery to 0.79 for gastroenterology and otolaryngology. Overall, 59% of physicians had cost-profile scores with reliabilities of less than 0.70, a commonly used marker of suboptimal reliability. Using our reliability results, we estimated that 22% of physicians would be misclassified in a two-tiered system. CONCLUSIONS: Current methods for profiling physicians with respect to costs of services may produce misleading results.

EP-201000120

Security, at what cost?. Neil Robinson, Dimitris Potoglou, Chong Woo Kim, Peter Burge, Richard Warnes. 2010

In the presently heightened security environment in the United Kingdom there are a number of examples of policy that must strike a delicate balance between strengthening security and endangering civil liberties and personal privacy. The introduction of national identity cards and biometric passports, the expansion of the National DNA Database and inter-departmental sharing of personal data raise a number of privacy issues. Human rights may also be suspended by the exercise of stop-and- search powers by the police or the detention of suspects prior to trial. However, much of the current debate concerning civil liberties and security is adversarial, and little robust research data informs these arguments. This paper outlines the results of a study that attempts to objectively understand the real privacy, liberty and security trade-offs made by individuals, so that policymakers can be better informed about the preferences of individuals with regard to these important issues.

EP-201000121

Selecting quality and resource use measures: a decision guide for community quality collaboratives. Patrick Romano, Peter S. Hussey, Dominique Ritley. 2010

Selecting quality of care measures is critical for organizations seeking to improve health care quality in their communities. This Decision Guide identifies the most critical issues to consider when selecting and adopting such performance measures.

EP-201000123

Early academic performance, grade repetition, and school attainment in Senegal: a panel data analysis. Peter Glick, David E. Sahn. 2010

Little is known in developing country environments about how a child's cognitive skills manifested in the first years of schooling are related to later educational success, because the panel data needed to analyze this question have been lacking. This study takes advantage of a unique data set from Senegal that combines test score data for children from the second grade with information on their subsequent school progression from a follow-up survey conducted seven years later. Measures of skills from early primary school, corrected for measurement error using multiple test observations per child, are strongly positively associated with later school progression. A plausible interpretation is that parents invest more in a child's education when the returns to doing so are higher. The results point to the need for remedial policies to target lagging students early on to reduce early dropout. Grade repetition policies target poorly performing students and are pervasive in Francophone Africa. Using variation across schools in test score thresholds for promotion to identify the effects of secondgrade repetition, the analysis shows that repeating students are more likely to leave school before completing primary school than students with similar ability who are not held back, pointing to the need for alternative measures to improve the skills of lagging children.

EP-201000124

Literacy skills and calculated 10-year risk of coronary heart disease. Laurie T. Martin, Matthias Schonlau, Ann C. Haas, Kathryn Pitkin Derose, Rima Rudd, Eric B. Loucks, Lindsay Rosenfeld, Stephen L. Buka. 2010

BACKGROUND: Coronary heart disease (CHD) is a leading cause of morbidity and mortality. Reducing the disease burden requires an understanding of factors associated with the prevention and management of CHD. Literacy skills may be one such factor. OBJECTIVES: To examine the independent and interactive effects of four literacy skills: reading, numeracy, oral language (speaking) and aural language (listening) on calculated 10-year risk of CHD and to determine whether the relationships between literacy skills and CHD risk were similar for men and women. DESIGN: We used multivariable linear regression to assess the individual, combined, and interactive effects of the

four literacy skills on risk of CHD, adjusting for education and race. PARTICIPANTS: Four hundred and nine Englishspeaking adults in Boston, MA and Providence, RI. MEASURES: Ten-year risk of coronary heart disease was calculated using the Framingham algorithm. Reading, oral language and aural language were measured using the Woodcock Johnson III Tests of Achievement. Numeracy was assessed through a modified version of the numeracy scale by Lipkus and colleagues. KEY RESULTS: When examined individually, reading ($p = 0.007$), numeracy ($p = 0.001$) and aural language ($p = 0.004$) skills were significantly associated with CHD risk among women; no literacy skills were associated with CHD risk in men. When examined together, there was some evidence for an interaction between numeracy and aural language among women suggesting that higher skills in one area (e.g., aural language) may compensate for difficulties in another resulting in an equally low risk of CHD. CONCLUSIONS: Results of this study not only provide important insight into the independent and interactive effects of literacy skills on risk of CHD, they also highlight the need for the development of easy-to use assessments of the oral exchange in the health care setting and the need to better understand which literacy skills are most important for a given health outcome.

EP-201000125

Use of interpreters by physicians treating limited English proficient women with breast cancer: results from the provider survey of the Los Angeles Women's Health Study. Danielle E. Rose, Diana M. Tisnado, Jennifer Malin, May Lin Tao, Melinda Maggard Gibbons, John L. Adams, Patricia A. Ganz, Katherine L. Kahn. 2010

Objective: Little is known about how cancer physicians communicate with limited English proficient (LEP) patients. We studied physician-reported use and availability of interpreters. Data Sources: A 2004 survey was fielded among physicians identified by a population-based sample of breast cancer patients. Three hundred and forty-eight physicians completed mailed surveys (response rate: 77 percent) regarding the structure and organization of care. Study Design AND Settings: We used logistic regression to analyze use and availability of interpreters. Principal Findings: Most physicians reported treating LEP patients. Among physicians using interpreters within the last 12 months, 42 percent reported using trained medical interpreters, 21 percent telephone interpreter services, and 75 percent reported using untrained interpreters to communicate with LEP patients. Only one-third of physicians reported good availability of trained medical interpreters or telephone interpreter services when needed. Compared with HMO physicians, physicians in solo practice and single-specialty medical groups were less likely to report using trained medical interpreters or telephone interpreter services, and they were less likely to report good availability of these services. Conclusions: There were important practice setting differences predicting use and availability of trained medical interpreters and telephone interpretation services. These findings may have troubling implications for effective physician-patient communication critically needed during cancer treatment.

EP-201000126

On the shoulders of giants: directors as pillars of rectitude and compliance in the corporation. Michael D. Greenberg. 2010

Directors face newly heightened expectations to recognize and fulfill their responsibilities to oversee the company's management of compliance, ethics, and reputation risks. They must perform compliance and ethics (C&E) oversight, and take on the necessary data-gathering responsibility to understand their firms deeply. Directors should not be operating unassisted when it comes to carrying out their responsibility. Appointing a strong, independent Chief Ethics and Compliance Officer (CECO) to act on their behalf is an essential starting point.

EP-20100013

Incorporating statistical uncertainty in the use of physician cost profiles. John L. Adams, Elizabeth A. McGlynn, J. William Thomas, Ateev Mehrotra. 2010

Background: Physician cost profiles (also called efficiency or economic profiles) compare the costs of care provided by a physician to his or her peers. These profiles are increasingly being used as the basis for policy applications such as tiered physician networks. Currently tiers (low, average, high cost) are defined by health plans based on percentile cut-offs which do not account for statistical uncertainty. In this paper we compare the percentile cut-off method to another method, using statistical testing, for identifying high-cost or low-cost physicians. Method: We created a claims dataset of 2004-2005 data from four Massachusetts health plans. We employed commercial software to create episodes of care and assigned responsibility for each episode to the physician with the highest proportion of professional costs. A physicians' cost profile was the ratio of the sum of observed costs divided by the sum of expected costs across all assigned episodes. We discuss a new method of measuring standard errors of physician cost profiles which can be used in statistical testing. We then assigned each physician to one of three cost categories (low, average, or high cost) using two methods, percentile cut-offs and a t-test (p-value < 0.05), and assessed the level of disagreement between the two methods. Results: Across the 8689 physicians in our sample, 29.5% of physicians were assigned a different cost category when comparing the percentile cut-off method and the t-test. This level of disagreement varied across specialties (17.4% gastroenterology to 45.8% vascular surgery). Conclusions: Health plans and other payers should address statistical uncertainty when they use physician cost-profiles to categorize physicians into low or high-cost tiers.

EP-20100014

Nonparametric inference and uniqueness for periodically observed progressive disease models. Beth Ann Griffin, Stephen W. Lagakos. 2010

In many studies examining the progression of HIV and other chronic diseases, subjects are periodically monitored to assess their progression through disease states. This gives rise to a specific type of panel data which have been termed chain-of-events data; e.g. data that result from periodic observation of a progressive disease process whose states occur in a prescribed order and where state transitions are not observable. Using a discrete time semi-Markov model, we develop an algorithm for nonparametric estimation of the distribution functions of sojourn times in a J state progressive disease model. Issues of uniqueness for chain-of-events data are not well-understood. Thus, a main goal of this paper is to determine the uniqueness of the nonparametric estimators of the distribution functions of sojourn times within states. We develop sufficient conditions for uniqueness of the nonparametric maximum likelihood estimator, including situations where some but not all of its components are unique. We illustrate the methods with three examples.

EP-20100015

The scope and targeting of influenza vaccination reminders among US adults: evidence from a nationally representative survey. Juergen Maurer. 2010

Despite broad recommendations and substantial evidence regarding effectiveness and safety, influenza vaccine uptake among US adults falls short of targeted rates. Rigorously designed studies have shown that patient reminders are highly effective in improving influenza immunization rates. Yet, there are no nationally representative data concerning the share of adults who currently receive influenza vaccination reminders, and there is no evidence regarding the targeting of these reminders toward patients recommended for vaccination. We present herein nationally representative estimates of self-reported receipt of a reminder to be vaccinated against influenza among US adults and show how reminder receipt varies by recommendation status. METHODS: We analyzed data from a nationally representative survey of US adults 18 years and older (N = 5105) fielded by Knowledge Networks (Menlo Park, California) between March 4 and April 7, 2009.

EP-20100016

National independence, women's political participation, and life expectancy in Norway. Jenna Nobles, Ryan Andrew Brown, Ralph C. Catalano. 2010

This study investigates the role of national independence and women's political participation on population health using historical lifespan data from Norway. We use time-series methods to analyze data measuring the actual length of time lived by Norwegian birth cohorts spanning a 61 year period surrounding the political emancipation of Norway from Sweden in 1905 and the establishment of a Norwegian monarchy in 1906. The use of a discrete, historical event improves our ability to interpret the population health effects of national independence and women's political participation as causal. We find a large and significant positive effect on the lifespan of Norwegian females born in the 1906 cohort. Interestingly, the effect does not extend to all living females during the Norwegian drive toward sovereignty. We conclude that the beneficial effects were likely conferred through intrauterine biological transfers and/or neonatal investments specific to the first year of life.

EP-20100017

Trends in disability and related chronic conditions among people ages fifty to sixty-four. Linda G. Martin, Robert F. Schoeni, Patricia M. Andreski. 2010

Although still below two percent, the proportion of people ages 50-64 who reported needing help with personal care activities increased significantly from 1997 to 2007. The proportions needing help with routine household chores indicating difficulty with physical functions were stable. These patterns contrast with reported declines in disability among the population age 65 and older. Particularly concerning among those ages 50-64 are significant increases of limitation in specific mobility-related activities, such as getting into and out of bed. Musculoskeletal conditions remained the most commonly cited causes of disability at these ages. There were also substantial increases in the attributions of disability to depression, diabetes, and nervous system conditions for this age group.

EP-20100018

Project new hope: a faith-based effort to provide housing for persons with HIV. Kathryn Pitkin Derose, Blanca X. Dominguez, David E. Kanouse. 2010

Housing has long been the single greatest area of unmet need for people living with HIV/AIDS, and there are few published descriptions of programs that address this need. This article describes Project New Hope in Los Angeles, California, a faith-based program that may be the nation's first housing program exclusively designed for people with HIV/AIDS. We discuss why housing is important for HIV-positive people; then we describe the project, including how it got started, how it operates, its linkage with the Episcopal Church, and its principal accomplishments and challenges. We conclude with lessons learned that might be applied elsewhere.

EP-20100019

Using organizational change strategies to guide peer support technician implementation in the veterans administration. Matthew Chinman, Rebecca Shoal, Amy N. Cohen. 2010

OBJECTIVE: The Veterans Administration (VA) mental health system is in the process of hiring Peer Support Technicians or PSTs-individuals in recovery from serious mental illnesses hired as clinical team members. The purpose of this article is to demonstrate an implementation process that has potential to improve the deployment of the Peer Support Technicians to existing clinical teams within the VA. METHODS: As part of a larger randomized trial called PEers Enhancing Recovery (PEER), research staff collaboratively planned the deployment of PSTs with three case management teams serving those with serious mental illnesses. Clinical staff received significant opportunity to participate in defining the PST role. PEER staff took extensive notes during planning meetings about the discussions held and decisions made about the PST role. RESULTS: PEER and clinical staff discussed and came to a consen-

sus on several elements that comprise the PST job including goals for employing PSTs, desired characteristics of PSTs, job duties, training to be provided to PSTs, PST access to medical records, supervision, boundaries, confidentiality, how PSTs are to discuss their mental illness with veterans, and a sick leave policy. CONCLUSIONS: It is critical to solicit and use input from team providers and leaders when establishing PST services. This approach using input and solicitation can be a model to implement a wide range of clinical interventions in which existing providers and teams will be asked to do something new

EP-20100020

The role of inspection sequence in compliance with the US Occupational Safety and Health Administration's (OSHA) standards: interpretations and implications. Kilkon Ko, John Mendeloff, Wayne Gray. 2010

We examined the Occupational Safety and Health Administration's (OSHA) inspections in the US to identify the effects of repeated inspections and the time between inspections on non-compliance. Our sample included 549,398 inspections conducted from 1972 through 2006 in manufacturing plants in the 29 states where federal OSHA enforces the law. We controlled for inspection type, industry, establishment size, and year. The number of total violations cited fell by 28%-48% from the first to the second inspection; after that, the numbers declined much more slowly. These effects were found in every one of the four subperiods examined. The number of violations cited increased with each additional year since the prior inspection after controlling for other variables; however, the increases were small, totaling approximately 15% over five years. OSHA should probably give higher priority to first time inspections than to repeated inspections. The current requirement that at least two years elapse between planned inspections should probably be lengthened.

EP-20100021

Facility provision in elementary schools: correlates with physical education, recess, and obesity. Meenakshi Maria Fernandes, Roland Sturm. 2010

OBJECTIVES: The objectives were to: (1) document correlations among facility provision (availability and adequacy) in elementary schools, child sociodemographic factors, and school characteristics nationwide; and (2) investigate whether facility provision is associated with physical education (PE) time, recess time, and obesity trajectory. METHODS: The analytic sample included 8935 fifth graders from the Early Childhood Longitudinal Survey Kindergarten Cohort. School teachers and administrators were surveyed about facility provision, PE, and recess time in April 2004. Multivariate linear and logistic regressions that accounted for the nesting of children within schools were used. RESULTS: Children from disadvantaged backgrounds were more likely to attend a school with worse gymnasium and playground provision. Gymnasium availability was associated with an additional 8.3 min overall and at least an additional 25 min of PE per week for schools in humid climate zones. These figures represent 10.8 and 32.5%, respectively, of the average time spent in PE. No significant findings were obtained for gymnasium and playground adequacy in relation to PE and recess time, and facility provision in relation to obesity trajectory. CONCLUSIONS: Poor facility provision is a potential barrier for school physical activity programs and facility provision is lower in schools that most need them: urban, high minority, and high enrollment schools.

EP-20100022

Children's mental health care following hurricane Katrina: a field trial of trauma-focused psychotherapies. Lisa H. Jaycox, Judith A. Cohen, Anthony P. Mannarino, Douglas Walker, Audra Langley, Kate L. Gegenheimer, Molly M. Scott, Matthias Schonlau. 2010

New Orleans school children participated in an assessment and field trial of two interventions 15 months after Hurricane Katrina. Children (N = 195) reported on hurricane exposure, lifetime trauma

exposure, peer and parent support, posttraumatic stress disorder (PTSD), and depressive symptoms. Teachers reported on behavior. At baseline, 60.5% screened positive for PTSD symptoms and were offered a group intervention at school or individual treatment at a mental health clinic. Uptake of the mental health care was uneven across intervention groups, with 98% beginning the school intervention, compared to 37% beginning at the clinic. Both treatments led to significant symptom reduction of PTSD symptoms, but many still had elevated PTSD symptoms at posttreatment. Implications for future postdisaster mental health work are discussed.

EP-20100023

Endowments and parental investments in infancy and early childhood. Ashlesha Datar, M. Rebecca Kilburn. 2010

This article tests whether parents reinforce or compensate for child endowments. We estimate how the difference in birth weight across siblings impacts specific parental investments: breastfeeding, well-baby visits, immunizations, and preschool attendance. Our results indicate that normal-birthweight children are 5%-11% more likely to receive early childhood parental investments than their low-birth-weight siblings. Moreover, the presence of additional low-birth-weight siblings in the household increases the likelihood of investments such as well-baby visits and immunizations for normal-birth-weight children. These results suggest that parental investments in early childhood tend to reinforce endowment differences.

EP-20100024

Quality of end-of-life care in low-income, uninsured men dying of prostate cancer. Amanda C. Chi. 2010

BACKGROUND: The quality of end-of-life care was assessed in disadvantaged men prospectively enrolled in a public assistance program. That end-of-life care would be aggressive, moreso than recommended by quality-of-care guidelines, was hypothesized. METHODS: Included in the study were all 60 low-income, uninsured men in a state-funded public assistance program who had died since its inception in 2001. To measure quality of end-of-life care, information was collected regarding timing of the institution of new chemotherapeutic regimens, time from administration of last chemotherapy dose to death, the number of inpatient admissions and intensive care unit stays made in the 3 months preceding death, and the number of emergency room visits made in the 12 months before dying. Also noted were hospice use and the timing of hospice referrals. RESULTS: Eighteen men (30%) enrolled in hospice before death and the average hospice stay lasted 45 days (standard deviation, 32; range, 2-143 days; median, 41 days). Two patients (11%) were enrolled for fewer than 7 days, and none were enrolled for more than 180 days. The average time from administration of the last dose of chemotherapy to death was 104 days. Chemotherapy was never initiated within 3 months of death, and in only 2 instances (6%) was the final chemotherapeutic regimen administered within 2 weeks of dying. Use of hospital resources (emergency room visits, inpatient admissions, and intensive care unit stays) was uniformly low (mean, 1.0 1.0, 0.65 0.82, and 0.03 0.18, respectively). CONCLUSIONS: End-of-life care in disadvantaged men dying of prostate cancer, who enroll in a comprehensive statewide assistance program, is high-quality.

EP-20100025

Friendship networks and trajectories of adolescent tobacco use. Michael Pollard, Harold D. Green, Jr., David P. Kennedy, Myong-Hyun Go. 2010

This article examines how friendship networks in adolescence are linked to tobacco use trajectories through a combination of analytic techniques that traditionally are located in separate literatures: social network analysis and developmental trajectory analysis. Using six years of longitudinal data from the National Longitudinal Study of Adolescent Health, we identify a set of six unique developmental trajectories of smoking (never smokers, steady lows, delayed increasers, early increasers, decreasers, and steady highs). Individuals' loca-

tions in their friendship networks were then linked to their trajectory group membership. Adolescents with a greater number of smoking friends were more likely to belong to the higher use trajectories. Beyond this exposure to smoking peers, individuals who at baseline were either members of a smoking group or liaisons to a smoking group were more likely than members of a nonsmoking group to belong to the higher use trajectories. Liaisons to a smoking group were particularly likely to belong to the delayed increaser trajectory group. Trajectory group membership for adolescents who belonged to a nonsmoking group did not significantly differ from those who were isolates or liaisons to a nonsmoking group. The study suggests features of an individual's social network have long-lasting associations with smoking behaviors.

EP-20100026

A universal long-term flu vaccine may not prevent severe epidemics. Raffaele Vardavas, Romulus Breban, Sally Blower. 2010

BACKGROUND: Recently, the promise of a new universal long-term flu vaccine has become more tangible than ever before. Such a vaccine would protect against very many seasonal and pandemic flu strains for many years, making annual vaccination unnecessary. However, due to complacency behavior, it remains unclear whether the introduction of such vaccines would maintain high and stable levels of vaccination coverage year after year. FINDINGS: To predict the impact of universal long-term flu vaccines on influenza epidemics we developed a mathematical model that linked human cognition and memory with the transmission dynamics of influenza. Our modeling shows that universal vaccines that provide short-term protection are likely to result in small frequent epidemics, whereas universal vaccines that provide long-term protection are likely to result in severe infrequent epidemics. CONCLUSIONS: Influenza vaccines that provide short-term protection maintain risk awareness regarding influenza in the population and result in stable vaccination coverage. Vaccines that provide long-term protection could lead to substantial drops in vaccination coverage and should therefore include an annual epidemic risk awareness programs in order to minimize the risk of severe epidemics.

EP-20100027

The Economic Cost of Harboring Terrorism. Efraim Benmelech, Claude Berrebi, Esteban F. Klor. 2010

The literature on conflict and terrorism has paid little attention to the economic costs of terrorism for the perpetrators. This article aims to fill that gap by examining the economic costs of harboring suicide terror attacks. Using data covering the universe of Palestinian suicide terrorists during the second Palestinian uprising, combined with data from the Palestinian Labor Force Survey, the authors identify and quantify the impact of a successful attack on unemployment and wages. They find robust evidence that terror attacks have important economic costs. The results suggest that a successful attack causes an increase of 5.3 percent in unemployment, increases the likelihood that the district's average wages fall in the quarter following an attack by more than 20.0 percent, and reduces the number of Palestinians working in Israel by 6.7 percent relative to its mean. Importantly, these effects are persistent and last for at least six months after the attack.

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EP-20100028

Paying for performance in primary care: potential impact on practices and disparities. Mark William Friedberg, Kathryn L. Coltin, Marguerite Dresser, Eric C. Schneider. 2010

Performance-based payments are increasingly common in primary care. With persistent disparities in the quality of care that different populations receive, however, such payments may steer new resources away from the care of racial and ethnic minorities and people of low socioeconomic status. We simulated performance-based payments to Massachusetts practices serving higher and lower shares of patients from these vulnerable communities in Massachusetts. Typical practices serving higher shares of vulnerable populations would receive less per practice compared to others, by estimated amounts of more than $7,000. These findings suggest that pay-for-performance programs should monitor and address the potential impact of performance-based payments on health care disparities.

EP-20100029

The growth of retail clinics and the medical home: two trends in concert or in conflict?. Craig Evan Pollack, Courtney A. Gidengil. 2010

There has been growing interest in the patient-centered medical home as a way to provide coordinated, high-quality primary care. At the same time, the number of retail clinics has increased dramatically. Many are concerned that retail clinics undermine the medical home by fragmenting care. In this article we explore the juxtaposition of these trends, highlighting shared characteristics and sources of tension. We describe three types of relationships between retail clinics and primary care providers. We argue that for some relationships there is no conflict, and we describe areas of potential concern for others.

EP-20100030

An economic evaluation of the war on cancer. Darius N. Lakdawalla, Eric Sun, Anupam B. Jena, Carolina Reyes, Dana P. Goldman, Tomas Philipson. 2010

For decades, the US public and private sectors have committed substantial resources towards cancer research, but the societal payoff has not been well-understood. We quantify the value of recent gains in cancer survival, and analyze the distribution of value among various stakeholders. Between 1988 and 2000, life expectancy for cancer patients increased by roughly four years, and the average willingness-to-pay for these survival gains was roughly $322,000. Improvements in cancer survival during this period created 23 million additional life-years and roughly $1.9 trillion of additional social value, implying that the average life-year was worth approximately $82,000 to its recipient. Health care providers and pharmaceutical companies appropriated 5-19% of this total, with the rest accruing to patients. The share of value flowing to patients has been rising over time. In terms of economic rates of return, R&D investments against cancer have been a success, particularly from the patient's point of view.

EP-20100031

Primary care: a critical review of the evidence on quality and costs of health care. Mark William Friedberg, Peter S. Hussey, Eric C. Schneider. 2010

Despite contentious debate over the new national health care reform law, there is an emerging consensus that strengthening primary care will improve health outcomes and restrain the growth of health care spending. Policy discussions imply three general definitions of primary care: a specialty of medical providers, a set of functions served by a usual source of care, and an orientation of health systems. We review the empirical evidence linking each definition of primary care to health care quality, outcomes, and costs. The

available evidence most directly supports initiatives to increase providers' ability to serve primary care functions and to reorient health systems to emphasize delivery of primary care.

EP-20100032

Soda taxes, soft drink consumption, and children's body mass index. Roland Sturm, Jamie F. Chriqui, Frank J. Chaloupka. 2010

Taxes on sugar-sweetened beverages have been proposed to combat obesity. Using data on state sales taxes for soda and individual-level data on children, we examine whether small taxes are likely to change consumption and weight gain or whether larger tax increases would be needed. We find that existing taxes on soda, which are typically not much higher than 4 percent in grocery stores, do not substantially affect overall levels of soda consumption or obesity rates. We do find, however, that subgroups of at-risk children-children who are already overweight, come from low-income families, or are African American-may be more sensitive than others to soda taxes, especially when soda is available at school. A greater impact of these small taxes could come from the dedication of the revenues they generate to other obesity prevention efforts rather than through their direct effect on consumption.

EP-20100033

Estimating the costs of medicalization. Peter Conrad, Thomas Mackie, Ateev Mehrotra. 2010

Medicalization is the process by which nonmedical problems become defined and treated as medical problems, usually as illnesses or disorders. There has been growing concern with the possibility that medicalization is driving increased health care costs. In this paper we estimate the medical spending in the U.S. of identified medicalized conditions at approximately $77 billion in 2005, 3.9% of total domestic expenditures on health care. This estimate is based on the direct costs associated with twelve medicalized conditions. Although due to data limitations this estimate does not include all medicalized conditions, it can inform future debates about healthcare spending and medicalization.

EP-20100034

Effect of eradication of Helicobacter pylori and iron supplementation on the iron status of children with iron deficiency. Ximena Duque, Segundo Moran, Robertino Mera, Mayela Medina, Homero Martinez, Maria E. Mendoza, Javier Torres, Pelayo Correa. 2010

BACKGROUND AND AIMS. We undertook this study to evaluate the effect of Helicobacter pylori eradication and iron supplementation on the iron nutritional status in children with iron deficiency. METHODS. Seven hundred and one children from four public schools in Mexico City were screened to evaluate their iron status. Of them, 72 children with iron deficiency or with anemia were included in this study and were tested for H. pylori infection. Those infected were given eradication treatment and were randomly assigned to daily supplementation for 3 months with ferrous sulfate or placebo. Noninfected children received ferrous sulfate. At the end of the interventions, blood samples were drawn to evaluate their effects on the nutritional status of iron. RESULTS. Thirty eight children with iron deficiency or anemia were infected by H. pylori at baseline. The eradication rate was 86.8%. Children in whom H. pylori eradication was achieved showed an increase of 0.37 g/dL (95% CI ?0.02, 0.75) on the hemoglobin mean concentration compared to the noninfected children. Children who achieved H. pylori eradication and received ferrous sulfate supplementation showed an increase of 0.47 g/dL (95% CI 0.01-0.93) on the hemoglobin mean concentration compared to the noninfected children who received iron supplementation. Noninfected children supplemented with ferrous sulfate showed an increase in ferritin concentration of 11.26 ng/mL (95% CI 1.86-20.65) compared to those who were given the placebo. CONCLUSIONS. Our results suggest that the eradication of H. pylori plus iron supplementation increases the pool of functional iron. Iron supplementation increases the storage of iron in school-age children with iron deficiency.

EP-20100035

Interim results : influenza A (H1N1) 2009 monovalent and seasonal influenza vaccination coverage among health-care personnel : United States, August 2009-January 2010.. Katherine M. Harris, Juergen Maurer, C.L. Black, Gary Euler, C.W. LeBaron, J.A. Singleton, A.E. Fiore, MacCannell T. F.. 2010

Reports estimates of H1N1 and seasonal influenza vaccination rates among health care personnel in the United States, August 2009 - January 2010.

EP-20100036

The effect of different attribution rules on individual physician cost profiles. Ateev Mehrotra, John L. Adams, J. William Thomas, Elizabeth A. McGlynn. 2010

BACKGROUND: Some health plans profile physicians on the basis of their relative costs and use these profiles to assign physicians to cost categories. Physician organizations have questioned whether the rules used to attribute costs to a physician affect the cost category to which that physician is assigned. OBJECTIVE: To evaluate the effect of 12 different attribution rules on physician cost profiles. DESIGN: Under each of the 12 attribution rules, a cost profile was created for the physicians in the aggregated claims database and the physicians were assigned to a cost category (high cost, average cost, low cost, or low sample size). The attribution rules differed by unit of analysis, signal for responsibility, number of physicians who can be assigned responsibility, and threshold value for assigning responsibility. SETTING: Four commercial health plans in Massachusetts. PATIENTS: 1.1 million adults continuously enrolled in 4 commercial health plans in 2004 and 2005. MEASUREMENTS: Percentage of all episodes assigned to any physician and percentage of costs billed by a physician that were included in his or her own profile were calculated under each rule. The cost category assignments from a commonly used default rule were compared with those from each of the other 11 attribution rules and the rate of disagreement was calculated. RESULTS: Percentage of episodes that could be assigned to a physician varied substantially across the 12 rules (range, 20% to 69%), as did the mean percentage of costs billed by a physician that were included in that physician's own cost profile (range, 13% to 60%). Depending on the alternate rule used, between 17% and 61% of physicians would be assigned to a different cost category than that assigned by using the default rule. LIMITATION: Results might differ if data from another state or from Medicare were used. CONCLUSION: The choice of attribution rule affects how costs are assigned to a physician and can substantially affect the cost category to which a physician is assigned.

EP-20100037

Diagnosing and managing common food allergies: a systematic review. Jennifer J. Schneider Chafen, Sydne Newberry, Marc Riedl, Dena M. Bravata, Margaret Maglione, Marika Suttorp, Vandana Sundaram, Neil M. Paige, Ali Towfigh, Benjamin J. Hulley, Paul G. Shekelle. 2010

Context: There is heightened interest in food allergies but no clear consensus exists regarding the prevalence or most effective diagnostic and management approaches to food allergies. Objective: To perform a systematic review of the available evidence on the prevalence, diagnosis, management, and prevention of food allergies. Data Sources: Electronic searches of PubMed, Cochrane Database of Systematic Reviews, Cochrane Database of Abstracts of Reviews of Effects, and Cochrane Central Register of Controlled Trials. Searches were limited to English-language articles indexed between January 1988 and September 2009. Study Selection: Diagnostic tests were included if they had a prospective, defined study population, used food challenge as a criterion standard, and reported sufficient data to calculate sensitivity and specificity. Systematic reviews and randomized controlled trials (RCTs) for management and prevention outcomes were also used. For foods where anaphylaxis is common, cohort studies with a sample size of more than 100 participants were included. Data Extraction: Two investigators independently reviewed all

titles and abstracts to identify potentially relevant articles and resolved discrepancies by repeated review and discussion. Quality of systematic reviews and meta-analyses was assessed using the AMSTAR criteria, the quality of diagnostic studies using the QUADAS criteria most relevant to food allergy, and the quality of RCTs using the Jadad criteria. Data Synthesis: A total of 12 378 citations were identified and 72 citations were included. Food allergy affects more than 1% to 2% but less than 10% of the population. It is unclear if the prevalence of food allergies is increasing. Summary receiver operating characteristic curves comparing skin prick tests (area under the curve [AUC], 0.87; 95% confidence interval [CI], 0.81-0.93) and serum food-specific IgE (AUC, 0.84; 95% CI, 0.78-0.91) to food challenge showed no statistical superiority for either test. Elimination diets are the mainstay of therapy but have been rarely studied. Immunotherapy is promising but data are insufficient to recommend use. In high-risk infants, hydrolyzed formulas may prevent cow's milk allergy but standardized definitions of high risk and hydrolyzed formula do not exist. Conclusion: The evidence for the prevalence and management of food allergy is greatly limited by a lack of uniformity for criteria for making a diagnosis.

EP-20100038

Peer influence and selection effects on adolescent smoking. Myong-Hyun Go, Harold P. Green, David P. Kennedy, Michael Pollard, Joan S. Tucker. 2010

BACKGROUND: Studies showing that adolescents are more likely to smoke if they have friends who smoke typically infer that this is the result of peer influence. However, it may also be due to adolescents choosing friends who have smoking behaviors similar to their own (i.e., selection). One of the most influential studies of influence and selection effects on smoking concluded that these processes contribute about equally to peer group homogeneity in adolescent smoking (Ennett and Bauman, 1994). The goal of this study was to conduct a partial replication of these findings. METHODS: Data are from 1223 participants in the National Longitudinal Study of Adolescent Health. Spectral decomposition techniques identified friendship cliques, which were then used as the unit of analysis to examine influence and selection effects over a one-year period. RESULTS: Non-smokers were more likely to become smokers if they initially belonged to a smoking (vs. non-smoking) group, and smokers were more likely to become non-smokers if they initially belonged to a non-smoking (vs. smoking) group, indicating an influence effect on both initiation and cessation. Further, group members who changed groups between waves were more likely to select groups with smoking behavior congruent to their own, providing evidence of a selection effect. CONCLUSIONS: While our results generally replicate the group analyses reported by Ennett and Bauman (1994), they suggest that peer influence and selection effects on adolescent smoking may be much weaker than assumed based on this earlier research.

EP-20100039

Employment and Self-Employment in the Wake of Hurricane Katrina. Julie Zissimopoulos, Lynn A. Karoly. 2010

The authors use data from the monthly Current Population Survey to examine the short- and longer-term effects of Hurricane Katrina on the labor market outcomes of prime-age individuals in the most affected states--Alabama, Florida, Louisiana, and Mississippi--and for evacuees in any state. The authors focus on rates of labor force participation, employment, and unemployment, and we extend prior research by also examining rates of self-employment. With the exception of Mississippi, employment and unemployment one year after the hurricane were at similar rates as the end of 2003. This aggregate pattern of labor market shock and recovery has been observed for other disasters but masks important differences among subgroups. Those evacuated from their residences, even temporarily, were a harder-hit group, and evacuees who had yet to return to their pre-Katrina state up to one year later were hit especially hard; these findings hold even af-

ter controlling for differences in observable characteristics. The authors also find evidence of an important role for self-employment as part of post-disaster labor market recovery, especially for evacuees who did not return. This may result from poor job prospects in the wage and salary sector or new opportunities for starting businesses in the wake of Katrina.

EP-20100040

A preliminary investigation into whether attentional bias influences mood outcomes following emotional disclosure. Kavita Vedhara, H. Brant, E. Adamopolous, L. Byrne-Davis, B. Mackintosh, L. Hoppitt, M. Tovee, Jeremy N. V. Miles, J.W. Pennebaker. 2010

BACKGROUND: There is considerable interest in factors which may influence the efficacy of emotional disclosure. To date, a range of demographic and psychological variables have been considered. However, consideration has not yet been given to cognitive factors known to influence emotional processing such as attentional bias (AB). PURPOSE: We present the results from an exploratory study examining the role of AB in influencing mood outcomes following emotional disclosure. METHOD: Individuals with negative and avoidant ABs (i.e., individuals vigilant for and individuals avoidant of negative emotional material, respectively) were identified by asking 105 individuals to complete a standardized AB task. Individuals in the bottom quartile of AB scores were categorized as having a negative AB and individuals in the top quartile were categorized as having an avoidant AB. These participants (n=38) completed the emotional disclosure intervention and mood was assessed at 1, 4, and 8 weeks post-intervention. RESULTS: Negative AB individuals showed greater improvements in depression, anger, fatigue, and total mood disturbance. These results were unrelated to alexithymia. CONCLUSION: These results provide preliminary support for the proposal that AB may influence the effects of emotional disclosure on mood.

EP-20100041

Measuring the physical food environment and its relationship with obesity: evidence from California. Khoa Dang Truong, Meenakshi Maria Fernandes, R. An, Victoria Shier, Roland Sturm. 2010

This study proposes an alternative measure to the Retail Food Environment Index (RFEI) called the 'Physical Food Environment Indicator' (PFEI), and tests its association with adult body mass index (BMI) and obesity in California.

EP-20100042

Delivery of evidence-based treatment for multiple anxiety disorders in primary care: a randomized controlled trial. Peter Roy-Byrne, Michelle G. Craske, J. Greer Sullivan, Raphael D. Rose, Mark J. Edlund, Ariel J. Lang, Alexander Bystritsky, Stacy Shaw Welch, Denise A. Chavira, Daniela Golinelli, Laura Campbell-Sills, Cathy D. Sherbourne, Murray Stein. 2010

Context: Improving the quality of mental health care requires moving clinical interventions from controlled research settings into real-world practice settings. Although such advances have been made for depression, little work has been performed for anxiety disorders. Objective: To determine whether a flexible treatment-delivery model for multiple primary care anxiety disorders (panic, generalized anxiety, social anxiety, and posttraumatic stress disorders) would be better than usual care (UC). Design, Setting, and Patients: A randomized controlled effectiveness trial of Coordinated Anxiety Learning and Management (CALM) compared with UC in 17 primary care clinics in 4 US cities. Between June 2006 and April 2008, 1004 patients with anxiety disorders (with or without major depression), aged 18 to 75 years, English- or Spanish-speaking, were enrolled and subsequently received treatment for 3 to 12 months. Blinded follow-up assessments at 6, 12, and 18 months after baseline were completed in October 2009. Intervention: CALM allowed choice of cognitive behavioral therapy (CBT), medication, or both; included real-time Web-based outcomes monitoring to optimize treatment decisions; and a computer-assisted program to optimize

delivery of CBT by nonexpert care managers who also assisted primary care clinicians in promoting adherence and optimizing medications. Main Outcome Measures: Twelve-item Brief Symptom Inventory (BSI-12) anxiety and somatic symptoms score. Secondary outcomes included proportion of responders (50% reduction from pretreatment BSI-12 score) and remitters (total BSI-12 score <6). Results: A significantly greater improvement for CALM vs UC in global anxiety symptoms was found (BSI-12 group mean differences of -2.49 [95% confidence interval {CI}, -3.59 to -1.40], -2.63 [95% CI, -3.73 to -1.54], and -1.63 [95% CI, -2.73 to -0.53] at 6, 12, and 18 months, respectively). At 12 months, response and remission rates (CALM vs UC) were 63.66% (95% CI, 58.95%-68.37%) vs 44.68% (95% CI, 39.76%-49.59%), and 51.49% (95% CI, 46.60%-56.38%) vs 33.28% (95% CI, 28.62%-37.93%), with a number needed to treat of 5.27 (95% CI, 4.18-7.13) for response and 5.50 (95% CI, 4.32-7.55) for remission. Conclusion: For patients with anxiety disorders treated in primary care clinics, CALM compared with UC resulted in greater improvement in anxiety symptoms, depression symptoms, functional disability, and quality of care during 18 months of follow-up.

EP-20100043

Medical Home Capabilities of Primary Care Practices That Serve Sociodemographically Vulnerable Neighborhoods. Mark William Friedberg, Kathryn L. Coltin, Dana Gelb Safran, Marguerite Dresser, Eric C. Schneider. 2010

BACKGROUND: Under current medical home proposals, primary care practices using specific structural capabilities will receive enhanced payments. Some practices disproportionately serve sociodemographically vulnerable neighborhoods. If these practices lack medical home capabilities, their ineligibility for enhanced payments could worsen disparities in care. METHODS: Via survey, 308 Massachusetts primary care practices reported their use of 13 structural capabilities commonly included in medical home proposals. Using geocoded US Census data, we constructed racial/ethnic minority and economic disadvantage indices to describe the neighborhood served by each practice. We compared the structural capabilities of "disproportionate-share" practices (those in the most sociodemographically vulnerable quintile on each index) and others. RESULTS: Racial/ethnic disproportionate-share practices were more likely than others to have staff assisting patient self-management (69% vs 55%; P = .003), on-site language interpreters (54% vs 26%; P < .001), multilingual clinicians (80% vs 51%; P < .001), and multifunctional electronic health records (48% vs 29%; P = .01). Similarly, economic disproportionate-share practices were more likely than others to have physician awareness of patient experience ratings (73% vs 65%; P = .03), on-site language interpreters (56% vs 25%; P < .001), multilingual clinicians (78% vs 51%; P < .001), and multifunctional electronic health records (40% vs 31%; P = .03). Disproportionate-share practices were larger than others. After adjustment for practice size, only language capabilities continued to have statistically significant relationships with disproportionate-share status. CONCLUSIONS: Contrary to expectations, primary care practices serving sociodemographically vulnerable neighborhoods were more likely than other practices to have structural capabilities commonly included in medical home proposals. Payments tied to these capabilities may aid practices serving vulnerable populations.

EP-20100044

The impact of functional status on life expectancy in older persons. Emmett B. Keeler, Jack M. Guralnik, Haijun Tian, Robert Wallace, David Reuben. 2010

BACKGROUND: Although life tables provide a basis for estimating remaining life by age, gender, and race, these tables do not consider clinical characteristics or functional status, which can lead to wide variations in remaining years. Inclusion of functional status may permit more precise prognostic estimates of life expectancy and proportion of time in various functional states. METHODS: We used longitudinal data from the Established Populations for Epidemiologic Studies of the El-

derly to determine transition probabilities between three functional states (independent in activities of daily living [ADL] and mobility, dependent in mobility but independent in ADL, and dependent in ADL) and death. These were used to estimate total life expectancy and life expectancy in each functional state. RESULTS: In general, the largest proportion of remaining life expectancy was spent in the persons' baseline functional status category. Persons younger than 80 years with dependencies, however, spend substantial proportions of their remaining years in a better functional status category, and mobility-disabled 70-year-old persons spend the greatest part of their life expectancy in the independent functional state. Functional status has a dramatic impact on life expectancy. For example, 75-year-old men and women without limitations have life expectancies 5 years longer than those with ADL limitation and more than 1 year longer than those limited in mobility. The life expectancy of an ADL-disabled 75-year-old is similar to that of an 85-year-old independent person; thus, the impact of the disability approximates being 10 years older with much more of the remaining life spent disabled. CONCLUSIONS: Both ADL and mobility disability result in diminished survival and more of that survival period spent in disabled states.

EP-20100045

Correspondence of verbal descriptor and numeric rating scales for pain intensity: an item response theory calibration. Maria Orlando Edelen, Debra Saliba. 2010

BACKGROUND: Assessing pain intensity in older adults is critical and challenging. There is debate about the most effective way to ask older adults to describe their pain severity, and clinicians vary in their preferred approaches, making comparison of pain intensity scores across settings difficult. METHODS: A total of 3,676 residents from 71 community nursing homes across eight states were asked about pain presence. The 1,960 residents who reported pain within the past 5 days (53% of total, 70% female; age: M = 77.9, SD = 12.4) were included in analyses. Those who reported pain were also asked to provide a rating of pain intensity using either a verbal descriptor scale (VDS; mild, moderate, severe, and very severe and horrible), a numeric rating scale (NRS; 0 = no pain to 10 = worst pain imaginable), or both. We used item response theory (IRT) methods to identify the correspondence between the VDS and the NRS response options by estimating item parameters for these and five additional pain items. RESULTS: The sample reported moderate amounts of pain on average. Examination of the IRT location parameters for the pain intensity items indicated the following approximate correspondence: VDS mild NRS 1-4, VDS moderate NRS 5-7, VDS severe NRS 8-9, and VDS very severe, horrible NRS 10. CONCLUSION: This IRT calibration provides a crosswalk between the two response scales so that either can be used in practice depending on the preference of the clinician and respondent.

EP-20100046

Long-term economic costs of psychological problems during childhood. James P. Smith, Gillian C. Smith. 2010

Childhood psychological conditions including depression and substance abuse are a growing concern among American children, but their long-term economic costs are unknown. This paper uses unique data from the US Panel Study of Income Dynamics (PSID) following groups of siblings and their parents for up to 40 years prospectively collecting information on education, income, work, and marriage. Following siblings offers an opportunity to control for unobserved family and neighborhood effects. A retrospective child health history designed by the author was placed into the 2007 PSID wave measuring whether respondents had any of 14 childhood physical illnesses or suffered from depression, substance abuse, or other psychological conditions. Large effects are found on the ability of affected children to work and earn as adults. Educational accomplishments are diminished, and adult family incomes are reduced by 20% or $10,400 per year with $18,000 less family household assets. Lost income is part-

ly a consequence of seven fewer weeks worked per year. There is also an 11% point lower probability of being married. Controlling for physical childhood diseases shows that these effects are not due to the co-existence of psychological and physical diseases, and estimates controlling for within-sibling differences demonstrate that these effects are not due to unobserved common family differences. The long-term economic damages of childhood psychological problems are large-a lifetime cost in lost family income of approximately $300,000, and total lifetime economic cost for all those affected of 2.1 trillion dollars.

EP-20100047

Reducing Traffic Congestion and Improving Travel Options in Los Angeles. Paul Sorensen. 2010

In Los Angeles traffic congestion is broadly dispersed, the pattern is particularly intense between downtown Los Angeles and the Westside. California lacks the resources to engage in extensive road building and repairs which are short-term remedies at best. To achieve lasting traffic relief, it will be necessary to manage the demand for travel through pricing reforms (e.g., congestion tolls) that increase the cost of driving and parking in the busiest corridors and areas during peak travel hours. Other measures--better transit service, ridesharing programs, traffic signal synchronization, and the like--can complement pricing, but are not on their own sufficient to stem current and projected future traffic congestion. This article discusses the rationale for pricing strategies as an option for reducing traffic congestion. Only pricing resist the effects of triple convergence. By increasing the cost of driving or parking in the busiest areas or corridors during the busiest times of day, pricing measures manage the demand for peak-hour travel, in turn reducing congestion. Once traffic flow improves, the prices remain in place, thus deterring excessive convergence on the newly freed capacity. Pricing strategies offer two additional benefits: it generates revenue to support needed transportation investments, and it enables more efficient use of existing road capacity, because roads on which traffic flows smoothly can carry far more vehicles per lane per hour than roads snarled in stop-and-go congestion. It is useful to think of pricing as a means of managing peak-hour travel demand rather than reducing it. In Los Angeles pricing is especially compelling due to the specific interactions between population density and travel behavior. There is a confluence of three density-related factors that combine to explain the severity of congestion in Los Angeles: (1) congestion is likely to rise with increased population density; (2) Los Angeles is much denser than its peers at the regional level; and (3) Los Angeles exhibits a surprisingly high level of per-capita VMT relative to its density. The third of these underscores the importance of pricing strategies as a means of managing the demand for automotive travel in Los Angeles.

EP-20100048

Variations in surgeon treatment recommendations for lobectomy in early-stage non-small-cell lung cancer by patient age and comorbidity. Selwyn O. Rogers, Stacy W. Gray, Mary Beth Landrum, Carrie N. Klabunde, Katherine L. Kahn, Robert H. Fletcher, Steven Clauser, Diana M. Tisnado, William R. Doucette, Nancy L. Keating. 2010

Background: Prior research suggests that older patients are less likely to undergo resection of early-stage non-small-cell lung carcinomas (NSCLCs). We surveyed surgeons to understand how their recommendations for lobectomy were influenced by age, the presence and severity of smoking-related lung disease, or by characteristics of the surgeons and their practices. Methods: We surveyed surgeons caring for NSCLC patients regarding whether they would recommend lobectomy for hypothetical patients with early-stage NSCLC who varied by age (55 vs. 80 years) and comorbid illness (none, moderate, severe chronic obstructive pulmonary disease [COPD]). Ordinal logistic regression was used to identify the importance of patient, surgeon, and practice characteristics on surgery recommendations. Results: Surgeons recommended lobectomy for nearly all patients who were 55 years old with no comorbid-

ity (adjusted proportion 98.6%), 55 years old with moderate COPD (adjusted proportion 97.8%), or 80 years old with no comorbidity (adjusted proportion 98.1%). Fewer recommended lobectomy for 80-year-old patients with moderate COPD (adjusted proportion 82.3%), and far fewer recommended lobectomy for severe COPD, irrespective of age (adjusted rate 18.7% for the 55-year-old patient and 6.1% for the 80-year-old patient) ($P < 0.002$). Surgeons who enroll patients onto clinical trials ($P = 0.03$) were more likely than others to recommend lobectomy, but no other surgeon characteristic predicted recommendations. Conclusions: Lower rates of lobectomy among older patients do not seem to be explained by age-related biases among surgeons for otherwise healthy patients.

EP-20100049

Assessment of evidence-based psychotherapy practices in usual care: challenges, promising approaches, and future directions. Jeanne Miranda, Francisca Azocar, M. Audrey Burnam. 2010

This article comments on a special issue of Administration and Policy in Mental Health and Mental Health Services Research focused on measuring evidence-based practices in psychotherapy within usual care practice.

EP-20100050

Usual care psychotherapy for depression in a large managed behavioral health organization. Kimberly A. Hepner, Gregory L. Greenwood, Francisca Azocar, Jeanne Miranda, M. Audrey Burnam. 2010

Evidence-based psychotherapies to treat depression are available, yet it remains unknown the extent to which these practices are used in routine care for depression. Using survey and administrative data, we sought to describe usual care psychotherapy for depression for adult patients receiving care through a large, managed behavioral health care organization. Data from 420 patients receiving psychotherapy for depression and 159 of their therapists provide evidence that some practitioners are using evidence-based psychotherapy techniques for depression, but also demonstrate the need for improved tools to monitor and improve quality of psychotherapy in usual care.

EP-20100051

The effect of business improvement districts on the incidence of violent crimes. John MacDonald, Daniela Golinelli, Robert J. Stokes, Ricky N. Bluthenthal. 2010

Objective To examine whether business improvement districts (BID) contributed to greater than expected declines in the incidence of violent crimes in affected neighbourhoods. Method A Bayesian hierarchical model was used to assess the changes in the incidence of violent crimes between 1994 and 2005 and the implementation of 30 BID in Los Angeles neighbourhoods. Results The implementation of BID was associated with a 12% reduction in the incidence of robbery (95% posterior probability interval ?2 to 24) and an 8% reduction in the total incidence of violent crimes (95% posterior probability interval ?5 to 21). The strength of the effect of BID on robbery crimes varied by location. Conclusion These findings indicate that the implementation of BID can reduce the incidence of violent crimes likely to result in injury to individuals. The findings also indicate that the establishment of a BID by itself is not a panacea, and highlight the importance of targeting BID efforts to crime prevention interventions that reduce violence exposure associated with criminal behaviours.

EP-20100052

Rights and responsibilities in health care: striking a balance. Robert H. Brook. 2010

In many states, teenagers can apply for a driver's license when they are 16 years old. To obtain the license, they need to pass a written examination, perform adequately on a driving test, and demonstrate that they have insurance. But all drivers can do things to lose their license. For example, the law requires that drivers stop at red lights, even in the middle of the night when the street is empty. If drivers choose to ignore this law, they risk being ticketed; enough tickets will probably cost them

the right to drive. These requirements are not arbitrary; they were developed to preserve life and reduce the cost of everyone's insurance. When young adults are 26 years old, they can no longer be covered under their parents' health insurance plan. However, they have other coverage options. If they work, and their employer offers insurance, they need only check a box.

EP-20100053

Health information technology: laying the infrastructure for national health reform. Melinda Beeuwkes Buntin, Sachin H. Jain, David Blumenthal. 2010

The enactment of the Patient Protection and Affordable Care Act is a signal achievement on the road to reform, which arguably began with the passage of the American Recovery and Reinvestment Act of 2009. That statute's Health Information Technology for Economic and Clinical Health (HITECH) provisions created an essential foundation for restructuring health care delivery and for achieving the key goals of improving health care quality; reducing costs; and increasing access through better methods of storing, analyzing, and sharing health information. This article discusses the range of initiatives under HITECH to support health reform, including proposed regulations on "meaningful use" and standards; funding of regional extension centers and Beacon communities; and support for the development and use of clinical registries and linked health outcomes research networks, all of which are critical to carrying out the comparative clinical effectiveness research that will be expanded under health reform.

EP-20100054

Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. Elise D. Riley, Alex H. Kral, Thomas J. Stopka, Richard S. Garfein, Paul Reuckhaus, Ricky N. Bluthenthal. 2010

Increased options for syringe acquisition and disposal have been associated with reductions in high-risk behaviors. This study determined the extent of pharmacy uptake in accessing syringes among injection drug users (IDUs) and estimated associations between pharmacy uptake and safer injection/disposal practices. Two years after the implementation of California's Disease Prevention Demonstration Project, which removed restrictions to non-prescription syringe sales through pharmacies with local authorization, IDUs were recruited through street outreach in San Francisco and interviewed regarding recent syringe acquisition, use, and disposal. The sample of 105 persons included a high proportion of men (67%), people of color (49%), and homeless persons (71%). The most common syringe source was a syringe exchange program (SEP) (80%), with pharmacies being accessed by 39% of respondents. The most commonly cited source of disposal was a SEP (65%), with very few reports of pharmacy disposal (2%). Adjusted analysis showed that unsuccessful attempts to purchase syringes at a pharmacy increased the odds of both injecting with a used syringe and giving away a used syringe. Using a SEP decreased the odds of unsafe injection and disposal practices. Thus, 2 years after the initiation of the California Disease Prevention Demonstration Project, results from this small study suggest that SEPs still provide the majority of syringe distribution and disposal services to San Francisco IDUs; however, pharmacies now augment syringe access. In addition, unsafe injection behavior is reported more often among those who do not use these syringe sources. These results are consistent with prior studies in suggesting that increasing the availability of syringes through SEPs and pharmacies, and developing bridges between them, may further reduce syringe-related risk.

EP-20100055

Neighborhood and individual-level violence and unintended pregnancy. Lori Uscher-Pines, Deborah B. Nelson. 2010

As many as half of all pregnancies are unintended, and unintended pregnancy has been linked to a variety of adverse pregnancy and infant health outcomes. Our aim was to determine if urban women who experience high levels of neighbor-

hood and/or individual-level violence are at an increased risk of reporting an unintended pregnancy. One thousand five hundred thirty-six pregnant women seeking care in an emergency department in Philadelphia, Pennsylvania were recruited in their first or second trimester and completed in-person interviews. Information on demographic characteristics, social support, substance abuse, current experience and history of interpersonal violence, perceptions of current neighborhood-level violence, and the intendedness of their current pregnancy were gathered. Multiple logistic regression analyses were conducted to assess the relationship between violence indicators and pregnancy intendedness. Six hundred twenty-seven women (41%) reported an unintended pregnancy. Not feeling safe in one's neighborhood was significantly associated with reporting an unintended pregnancy (odds ratio (OR), 1.28; 95% confidence interval (CI), 1.02-1.61) when demographic, other neighborhood, and individual-level violence indicators were accounted for. Furthermore, history of sexual abuse (OR, 1.5; 95% CI, 1.11-2.04), violence in previous pregnancy (OR = 1.7, 95% CI, 1.15-2.51), and a high index of spousal abuse score (OR = 1.6; 95% CI, 1.32-2.04) were also associated with unintended pregnancy in multiple logistic regression models. These findings indicate that neighborhood-level violence and other individual-level violence indicators may be important when examining factors related to unintended pregnancy among young, urban women.

EP-20100056

Three years after legalization of nonprescription pharmacy syringe sales in California: where are we now?. Richard S. Garfein, Thomas J. Stopka, Patricia B. Pavlinac, Alessandra Ross, B.Karen Haye, Elise D. Riley, Ricky N. Bluthenthal. 2010

In January 2005, passage of California Senate Bill 1159 enabled California's county or city governments to establish disease prevention demonstration projects (DPDPs) through which pharmacies could subsequently register to legally sell up to 10 syringes to adults without a prescription. California's 61 local health jurisdictions (LHJs) were surveyed annually in 2005-2007 to monitor the progress of DPDP implementation and assess program coverage, facilitators, and barriers. Completed surveys were returned by mail, fax, e-mail, phone, or internet. We analyzed 2007 survey data to describe current DPDP status; data from all years were analyzed for trends in approval and implementation status. By 2007, 17 (27.9%) LHJs approved DPDPs, of which 14 (82.4%) had registered 532 (17.8%) of the 2,987 pharmacies in these 14 LHJs. Although only three LHJs added DPDPs since 2006, the number of registered pharmacies increased 102% from 263 previously reported. Among the LHJs without approved DPDPs in 2007, one (2.3%) was in the approval process, seven (16.3%) planned to seek approval, and 35 (81.4%) reported no plans to seek approval. Of 35 LHJs not planning to seek approval, the top four reasons were: limited health department time (40%) or interest (34%), pharmacy disinterest (31%), and law enforcement opposition (26%). Among eight LHJs pursuing approval, the main barriers were "time management" (13%), educating stakeholders (13%), and enlisting pharmacy participation (13%). The17 LHJs with DPDP represent 52% of California's residents; they included 62% of persons living with HIV and 59% of IDU-related HIV cases, suggesting that many LHJs with significant numbers of HIV cases have approved DPDPs. Outcome studies are needed to determine whether SB 1159 had the desired impact on increasing syringe access and reducing blood-borne viral infection risk among California IDUs.

EP-20100057

An experiment to evaluate the efficacy of cognitive tutor geometry. John F. Pane, Daniel F. McCaffrey, Jennifer L. Steele, Gina Schuyler Ikemoto, Mary Ellen Slaughter. 2010

This randomized, controlled field trial estimated the causal impact of a technology-based geometry curriculum on students' geometry achievement, as well as their attitudes toward mathematics and technology. The curriculum combines learner-centered classroom pedagogy with individualized,

computer-based student instruction. Conducted over a 3-year period in eight high schools within an urban fringe district, the study found that students assigned to the treatment curriculum scored 19% of a standard deviation lower on the geometry posttest than their counterparts assigned to the district's standard curriculum, but found no statistically significant impact on students' attitudes toward mathematics and technology. Researchers also collected observation and interview data on teachers' instructional practices. These data suggest that many teachers had difficulty implementing the treatment curriculum's learner-centered pedagogy. In fact, observed levels of learner-centered practices were only modestly higher in treatment classes than in control classes. In both treatment and control classes, however, higher levels of learner-centered pedagogy were associated with higher student achievement in geometry.

EP-20100058

How instructional coaches support data-driven decision making: policy implementation and effects in Florida middle schools. Julie A. Marsh, Jennifer Sloan McCombs, Francisco Martorell. 2010

This article examines the convergence of two popular school improvement policies: instructional coaching and data-driven decision making (DDDM). Drawing on a mixed methods study of a statewide reading coach program in Florida middle schools, the article examines how coaches support DDDM and how this support relates to student and teacher outcomes. Authors find that although the majority of coaches spent time helping teachers analyze student data to guide instruction, data support was one among many coach activities. Estimates from models indicate that data analysis support, nevertheless, has a significant association with both perceived improvements in teaching and higher student achievement.

EP-20100059

The unequal effect of adequate yearly progress: evidence from school visits. Abigail Bugbee Brown, Jack Clift. 2010

The authors report insights, based on annual site visits to elementary and middle schools in three states from 2004 to 2006, into the incentive effect of the No Child Left Behind Act's requirement that increasing percentages of students make Adequate Yearly Progress (AYP) in every public school. They develop a framework, drawing on the physics concept of an attractor basin, to relate to theoretical literatures in economics and psychology the experiences that teachers, principals, and parents are having with the law. The authors anticipate-and find evidence of-very different incentive effects of the AYP requirements on schools of different initial achievement levels.

EP-20100060

State of the States: The Search for Ways to Improve Instructional Leadership Zeroes in on 6 Policy Areas. Catherine H. Augustine, Jennifer Russell. 2010

State organizations take a strategic role in supporting school leaders, both through policy initiatives and by carefully navigating their particular educational contexts.

EP-20100061

All PTSD symptoms are highly associated with general distress: ramifications for the dysphoria symptom cluster. Grant N. Marshall, Terry L. Schell, Jeremy N. V. Miles. 2010

This study used longitudinal data collected from two trauma-exposed samples, survivors of community violence (N = 294) and wildfire evacuees (N = 234), to examine a key claim underlying a proposed reformulation of the symptom structure of posttraumatic stress disorder (PTSD). This theory, which we term the PTSD-dysphoria model, posits that 8 of 17 symptoms of PTSD reflect dysphoria or general psychological distress and might be deemphasized to improve the utility of the PTSD construct (Simms, Watson, & Doebbeling, 2002). For each sample, we analyzed PTSD symptoms and measures of general distress administered at 2 time points. A consistent pattern of findings was observed across assessments for each sample: All 17 PTSD symptoms were highly associ-

ated with measures of general distress. Moreover, we found no evidence that dysphoria symptoms were more highly correlated than PTSD-specific symptoms with general distress. Results call into question both the conceptual basis and the clinical utility of differentiating between symptoms that appear to be relatively specific to PTSD and those that seem more broadly characteristic of general psychological distress.

EP-20100062

Anxiety sensitivity and PTSD symptom severity are reciprocally related: evidence from a longitudinal study of physical trauma survivors. Grant N. Marshall, Jeremy N. V. Miles, Sherry H. Stewart. 2010

Cross-lagged panel analysis of interview data collected from survivors of traumatic physical injury (N = 677) was used to examine the temporal relationship between anxiety sensitivity and posttraumatic stress disorder (PTSD) symptom severity. The 2 constructs were assessed at 3 time points: within days of physical injury, at 6-month follow-up, and at 12-month follow-up. Results indicated that anxiety sensitivity and PTSD symptom severity were reciprocally related such that anxiety sensitivity predicted subsequent PTSD symptom severity, and symptom severity predicted later anxiety sensitivity. Findings have both theoretical and clinical implications.

EP-20100063

An examination of special focus facility nursing homes. Nicholas G. Castle, John Engberg. 2010

PURPOSE: Nursing facilities that are determined to have a greater number of quality problems, more serious problems than average, and a demonstrated pattern of quality problems are included in the Special Focus Facility (SFF) initiative. The purpose of this research was to provide descriptive information on these SFFs and to examine the quality characteristics of these facilities. DESIGN and METHODS: The 1997 through 2008 On-line Survey, Certification And Reporting data and 2003 through 2008 Nursing Home Compare data were used. Descriptive analyses, including t tests, were used to compare the 2 groups of facilities (i.e., SFF nursing facilities and non-SFF nursing facilities). RESULTS: Staffing for registered nurses and nurse aides was lower in SFFs; all citations, quality of care citations, and J, K, and L citations were more frequent in SFFs; and quality indicators such as pressure ulcers and use of antipsychotic drugs were more prevalent in SFFs. IMPLICATIONS: SFF targeting would appear to be accurate with respect to nursing facilities having multiple poor quality issues and chronic poor quality.

EP-20100064

Provider-related barriers to rapid HIV testing in U.S. urban non-profit community clinics, community-based organizations (CBOs) and hospitals. Laura M. Bogart, Devery Howerton, James Lange, Claude Messan Setodji, Kirsten Becker, David J. Klein, Steven M. Asch. 2010

We examined provider-reported barriers to rapid HIV testing in U.S. urban non-profit community clinics, community-based organizations (CBOs), and hospitals. 12 primary metropolitan statistical areas (PMSAs; three per region) were sampled randomly, with sampling weights proportional to AIDS case reports. Across PMSAs, all 671 hospitals and a random sample of 738 clinics/CBOs were telephoned for a survey on rapid HIV test availability. Of the 671 hospitals, 172 hospitals were randomly selected for barriers questions, for which 158 laboratory and 136 department staff were eligible and interviewed in 2005. Of the 738 clinics/CBOs, 276 were randomly selected for barriers questions, 206 were reached, and 118 were eligible and interviewed in 2005-2006. In multivariate models, barriers regarding translation of administrative/quality assurance policies into practice were significantly associated with rapid HIV testing availability. For greater rapid testing diffusion, policies are needed to reduce administrative barriers and provide quality assurance training to non-laboratory staff.

EP-20100065

School personnel perspectives on their school's implementation of a school-based suicide prevention program. Bradley D. Stein, Sheryl H. Kataoka, Alison Hamilton, Dana Schultz, Gery W. Ryan, Pamela Vona, Marleen Wong. 2010

Youth suicide is a national public health priority, with policymakers highlighting schools as an ideal setting in which to deliver suicide prevention programs. Over the past decade, the number of schools implementing such programs has grown substantially, yet little is known about how successfully such programs are being implemented. This study examines the implementation of a district-wide suicide prevention program through key informant interviews with school personnel. Schools with higher rates of implementing district protocols for at-risk students had an organized system to respond to at-risk students, a process for effectively responding to students who were at-risk for suicide, and strong administrative support. In contrast, schools that had lower rates of implementing district protocols relied on a handful of individuals for suicide prevention activities and had limited administrative support. Attention to organizational factors leading to successful implementation of school-based suicide prevention programs may enhance the role of schools in national adolescent suicide prevention efforts.

EP-20100066

From community-based pilot testing to region-wide systems change: lessons from a local quality improvement collaborative. Donna J. Keyser, Harold Alan Pincus. 2010

BACKGROUND: A community-based collaborative conducted a 2-year pilot study to inform efforts for improving maternal and child health care practice and policy in Allegheny County, Pennsylvania. OBJECTIVES: (1) To test whether three small-scale versions of an evidence-based, systems improvement approach would be workable in local community settings and (2) to identify specific policy/infrastructure reforms for sustaining improvements. METHODS: A mixed methods approach was used, including quantitative performance measurement supplemented with qualitative data about factors related to outcomes of interest, as well as key stakeholder interviews and a literature review/Internet search. RESULTS: Quantitative performance results varied; qualitative data revealed critical factors for the success and failure of the practices tested. Policy/infrastructure recommendations were developed to address specific practice barriers. This information was important for designing a region-wide quality improvement initiative focused on maternal depression. CONCLUSION: The processes and outcomes provide valuable insights for other communities interested in conducting similar quality improvement initiatives.

EP-20100067

Children on the homefront: the experience of children from military families. Anita Chandra, Sandraluz Lara-Cinisomo, Lisa H. Jaycox, Terri Tanielian, Rachel M. Burns, Teague Ruder, Bing Han. 2010

OBJECTIVE: Although studies have begun to explore the impact of the current wars on child well-being, none have examined how children are doing across social, emotional, and academic domains. In this study, the authors describe the health and well-being of children from military families from the perspectives of the child and nondeployed parent. The authors also assessed the experience of deployment for children and how it varies according to deployment length and military service component. PARTICIPANTS AND METHODS: Data from a computer-assisted telephone interview with military children, aged 11 to 17 years, and nondeployed caregivers (n = 1507) were used to assess child well-being and difficulties with deployment. Multivariate regression analyses assessed the association between family characteristics, deployment histories, and child outcomes. RESULTS: After controlling for family and service-member characteristics, children in this study had more emotional difficulties compared with national samples. Older youth and girls of all ages reported significantly more school-, family-, and peer-related difficulties with parental

deployment (P < .01). Length of parental deployment and poorer nondeployed caregiver mental health were significantly associated with a greater number of challenges for children both during deployment and deployed-parent reintegration (P < .01). Family characteristics (eg, living in rented housing) were also associated with difficulties with deployment. CONCLUSIONS: Families that experienced more total months of parental deployment may benefit from targeted support to deal with stressors that emerge over time. Also, families in which caregivers experience poorer mental health may benefit from programs that support the caregiver and child.

EP-20100068

Parks and physical activity: why are some parks used more than others?. Deborah Cohen, Stephanie Williamson, Kathryn Pitkin Derose, Homero Martinez, Claude Messan Setodji, Thomas L. McKenzie. 2010

OBJECTIVE: To assess how park characteristics and demographic factors are associated with park use. METHODS: The authors studied a diverse sample of parks in a Southern California metropolitan area in 2006-2008 representing a variety of racial and ethnic communities of different socioeconomic strata. The authors surveyed 51 park directors, 4257 park users and local residents, and observed 30 parks. They explored relationships among the number of people observed, the number of park programs offered, number of organized activities observed, park size, existence of park advisory board, perceptions of safety, and population density and characteristics. RESULTS: The strongest correlates of the number of people using the park were the park size and the number of organized activities observed. Neighborhood population density, neighborhood poverty levels, perceptions of park safety, and the presence of a park advisory board were not associated with park use. CONCLUSION: While perceptions of low safety have been considered a barrier to park use, perceptions of high safety do not appear to facilitate park use. Having events at the park, including sports competitions and other attractions, appears to be the strongest correlate of park use and community-level physical activity.

EP-20100069

Timing of parent and child communication about sexuality relative to children's sexual behaviors. Megan K. Beckett, Steven Martino, David E. Kanouse, Rosalie Corona, David J. Klein, Mark A. Schuster. 2010

OBJECTIVE: To examine timing of parent-child discussions about sexual topics relative to child-reported sexual behavior. METHODS: Longitudinal study of employed parents and their children, with an initial survey followed by subsequent surveys 3, 6, and 12 months later. Participants were 141 parents, along with their children (13-17 years), who were control participants in a randomized, controlled trial to evaluate a worksite-based intervention to improve parent-adolescent communication. Main outcomes were parent and child reports of discussion of up to 24 sexual topics and presexual and sexual acts (ranging from handholding to sexual intercourse) that occurred before the first survey and in the intervals between subsequent pairs of surveys. RESULTS: Sexual topics tend to group into 3 sets. The first set includes topics such as girls' bodies and menstruation and typically coincides with children's presexual stage (handholding, kissing). The second set includes topics such as birth control efficacy and refusing sex and typically coincides with the precoital stage (genital touching and oral sex). The third set typically occurs when children have initiated intercourse. Over half of children engage in genital touching before discussing birth control efficacy, resisting partner pressure for sex, sexually transmitted disease symptoms, condom use, choosing birth control, or partner condom refusal; >40% of children have intercourse before any discussion about sexually transmitted disease symptoms, condom use, choosing birth control, or partner condom refusal. CONCLUSIONS: Many parents and adolescents do not talk about important sexual topics before adolescents' sexual debut. Clinicians can facilitate this communication by providing parents with information about sexual behavior of adolescents.

EP-20100070

Not enough fruit and vegetables or too many cookies, candies, salty snacks, and soft drinks?. Deborah Cohen, Molly M. Scott, Thomas Farley, Ricky N. Bluthenthal. 2010

OBJECTIVES: There are many contributors to obesity, including excess consumption of discretionary calories (foods high in sugar and fat and low in essential nutrients), lack of fruit/vegetable consumption, and insufficient physical activity. This study contrasted physical activity, fruit/vegetable consumption, and discretionary calorie consumption from selected foods relative to the 2005 dietary guidelines. METHODS: The authors conducted a cross-sectional survey in 228 urban census tracts in Los Angeles County (LAC) and Southern Louisiana (SL) and estimated calories in the past 24 hours from fruit, vegetables, cookies, candy, salty snacks, sweetened soda, and alcohol among 2,767 participants. RESULTS: The population-weighted mean daily intake of calories from candy, cookies, salty snacks, soda, and alcohol was 438 in LAC and 617 in SL. Alcohol comprised a small portion of the calories consumed. Reported discretionary calorie consumption from a small set of items exceeded guidelines by more than 60% in LAC and 120% in SL. In contrast, the mean consumption of fruit and vegetables fell 10% short in LAC and 20% in SL. There was significant heterogeneity in consumption of cookies, candy, salty snacks, and soda across income, gender, and race. CONCLUSIONS: The overconsumption of discretionary calories was much greater than the underconsumption of fruit and vegetables. This finding suggests that unless the excessive consumption of salty snacks, cookies, candy, and sugar-sweetened beverages is curtailed, other interventions focusing on increasing physical activity and fruit and vegetable consumption will have a limited impact on obesity control. It may be politically more expedient to promote an increase in consumption of healthy items rather than a decrease in consumption of unhealthy items, but it may be far less effective.

EP-20100071

Interpersonal style, stress, and depression: an examination of transactional and diathesis-stress models. Nicole Kurzer Eberhart, Constance L. Hammen. 2010

The present study examines a transactional, interpersonal model of depression in which stress generation (Hammen, 1991) in romantic relationships mediates the association between aspects of interpersonal style (i.e., attachment, dependency, and reassurance seeking) and depressive symptoms. It also examines an alternative, diathesis-stress model in which interpersonal style interacts with romantic stressors in predicting depressive symptoms. These models were tested in a sample of college women, both prospectively over a four-week period, as well as on a day-to-day basis using a daily diary methodology. Overall, there was strong evidence for a transactional, mediation model in which interpersonal style predicted romantic conflict stress, and in turn depressive symptoms. The alternative diathesis-stress model of depression was not supported. These results are interpreted in relation to previous research, and key limitations that should be addressed by future research are discussed.

EP-20100072

Cognitive vulnerability to depression in Canadian and Chinese adolescents. Randy P. Auerbach, Nicole Kurzer Eberhart, John R. Abela. 2010

The goal of the current study was to compare diathesis-stress and transactional models of cognitive vulnerability to depression in samples of Canadian (n=118) and Chinese (n=405) adolescents. We utilized a six-month multi-wave, longitudinal design in order to examine whether (a) perceived control moderated the association between the occurrence of dependent interpersonal stressors and subsequent increases in depressive symptoms (i.e., a diathesis-stress perspective) and (b) dependent interpersonal stressors mediated the association between perceived control and subsequent increases in depressive symptoms (i.e., a transactional perspective). Results from idiographic, time-lagged, hierarchical linear modeling

analyses indicated that for Canadian adolescents both diathesis-stress and transactional models were significant predictors of depressive symptomology. When examining the diathesis-stress model, boys, but not girls, who reported lower perceived control, reported higher levels of depressive symptoms following the occurrence of dependent interpersonal stress. Gender differences, however, were not present in the transactional model. In contrast, transactional, but not diathesis-stress, models were significant in Chinese adolescents, and gender differences did not emerge. Overall, these results may reflect culturally-relevant differences in the etiology of depression in Canadian and Chinese adolescents.

EP-20100073

Gender differences in the associations between interpersonal behaviors and stress generation. Josephine H. Shih, Nicole Kurzer Eberhart. 2010

Research has demonstrated that females experience higher levels of stress than males, particularly stress that is generated by the individual. The current study examines whether gender moderates the impact of interpersonal behavior on stress generation, such that these behaviors are more strongly associated with stress in women as compared to men. Ninety-nine undergraduate students reported on their problematic interpersonal behaviors, and stressful life events they experienced over a six-week period. Self-reported problematic behavior of too caring was more strongly associated with stress generation in young women as compared to young men.

EP-20100074

Anti-inflammatory medication adherence and cost and utilization of asthma care in a commercially insured population. Soeren Mattke, Francisco Martorell, Seo Yeon Hong, Priya Sharma, Alison Evans Cuellar, Nicole Lurie. 2010

OBJECTIVE. The authors hypothesized that adherence to anti-inflammatory treatment could reduce overall cost of asthma care, as higher spending on drugs would be offset by reductions in hospital and emergency care. METHODS. A retrospective observational study using 2 years of claims data for 41,234 commercially insured asthmatics on monotherapy with either leukotriene inhibitors (LI) or inhaled corticosteriods (ICS). Patients were grouped into adherence quartiles based on the percentage of days per year they had prescriptions filled (medication possession ratio). The relationship between adherence and four outcomes was examined: (1) emergency department (ED) visits, (2) hospitalizations, (3) nondrug net payments for asthma care, (4) total net payments for asthma care (including drug costs). Multivariate and logistic regression models adjusting for demographics, comorbidities, and measures of past asthma utilization were used. RESULTS. Adherence rates were low with a median medication possession ratio of 39% for LI and 15% for ICS. Both ED and hospital use was negatively associated with adherence to LI. Patients in the lowest quartile experienced 80 (95% confidence interval (CI) = 62-102) ED visits and 34 (95% CI = 22-52) admissions per 1000 patient-years compared to 36 (95% CI = 27-49) ED visits and 13 (95% CI = 8-22) admissions in the highest quartile. In contrast, ED visits and hospital admissions did not differ significantly between adherence groups for ICS. Total payments for asthma care increased significantly with higher adherence for both LI and ICS patients. Comparing the lowest and highest adherence quartile, payments per person per month increased significantly from $65.11 (95% CI = $57.02-$73.20) to $147.46 (95% CI = $139.48-$155.44) for patients on LI and from $38.71 (95% CI = $29.52-$47.90) to 93.13 (95% CI = $83.70-$102.56) for patients on ICS. The only subgroup, for which overall asthma payments did not increase with better adherence, were patients with past ED visit or hospital admission on LI. CONCLUSIONS. In this observational study, treatment with LI, but not with ICS, appears to improve disease control, as evidenced by the reduction in the incidence of ED visits and hospitalizations in patients on LI. Savings generated by this reduction in high-cost events don't offset the increased payments for drugs in more adherence patients, except for selected high-risk patients.

EP-20100075

Wrestling with the high price of cancer care: should we control costs by individuals' ability to pay or society's willingness to pay?. Jennifer Malin. 2010

Rising costs of cancer treatment raise questions about how to ensure that patients receive access to the best therapy that is a "good value" - both from the perspective of the patient and all who pay for health care (i.e., through taxes, insurance).

EP-20100076

Enhancing disaster recovery: lessons from exemplary international disaster management practices. Jeffrey Garnett, Melinda Moore. 2010

Long-term recovery from disasters presents a formidable challenge to affected communities, requiring sound strategies to restore the health and livelihoods of those affected. This paper examines exemplary practices related to long-term recovery and redevelopment from disasters in other countries, and identifies key themes and promising practices relevant to the United States and other countries. From the eight disasters examined, we find that successful recovery efforts emphasized local empowerment, organization and leadership, and planning for sustainability - three broad approaches that characterized the practices employed by other countries. We believe these practices offer examples that can help to inform disaster management within the U.S., whether contributing to the forthcoming legislatively mandated National Disaster Management Framework or to implement such policy once the document is released. Our analysis suggests three key approaches to enhance disaster recovery: (1) Incorporate long-term recovery goals into disaster response and pre-disaster planning; (2) Expand the knowledge base by incorporating research into recovery and harnessing lessons learned from international experiences; and (3) Develop an outcomes-oriented approach to disaster recovery planning, including the measurement of community-level outcomes. Our findings are broadly relevant to disaster recovery in the United States and in other countries, including Haiti in the wake of its January 2010 earthquake.

EP-20100077

Variation in the net benefit of aggressive cardiovascular risk factor control across the US population of patients with diabetes mellitus. Justin William Timbie, Rodney A. Hayward, Sandeep Vijan. 2010

BACKGROUND. Lowering low-density lipoprotein cholesterol (LDL-C) and blood pressure (BP) in patients with diabetes mellitus (DM) can significantly reduce the risk of cardiovascular disease (CVD). However, to our knowledge, previous studies have not assessed variability in both the benefit and harm from pursuing LDL-C and BP target levels. METHODS. Our sample comprised individuals 30 to 75 years old with DM participating in the National Health and Nutrition Examination Survey III. We used Monte Carlo methods to simulate a treat-to-target strategy, in which patients underwent treatment intensification with the goal of achieving LDL-C and BP target levels of 100 mg/dL and 130/80 mm Hg, respectively. Patients received up to 5 titrations of statin therapy and 8 titrations of antihypertensive therapy. Treatment adverse effects and polypharmacy risks and burdens were incorporated using disutilities. Health outcomes were simulated using a Markov model. RESULTS. Treating to targets resulted in gains of 1.50 (for LDL-C) and 1.35 (for BP) quality-adjusted life-years (QALYs) of lifetime treatment-related benefit, which declined to 1.42 and 1.16 QALYs after accounting for treatment-related harms. Most of the total benefit was limited to the first few steps of medication intensification or to tight control for a limited group of very high-risk patients. However, because of treatment-related disutility, intensifying beyond the first step (LDL-C) or third step (BP) resulted in either limited benefit or net harm for patients with below-average risk. CONCLUSION. The benefits and harms from aggressive risk factor modification vary widely across the US population of individuals with DM, depending on a patient's underlying CVD risk, suggesting that a personalized approach could maximize a patient's net benefit from treatment.

EP-20100078

Use of radical cystectomy for patients with invasive bladder cancer. John L. Gore, Mark Litwin, Julie Lai, Elizabeth Yano, Rodger Madison, Claude Messan Setodji, John L. Adams, Christopher S. Saigal. 2010

Background: Evidence-based guidelines recommend radical cystectomy for patients with muscle-invasive bladder cancer. However, many patients receive alternate therapies, such as chemotherapy or radiation. We examined factors that are associated with the use of radical cystectomy for invasive bladder cancer and compared the survival outcomes of patients with invasive bladder cancer by the treatment they received. Methods: From linked Surveillance, Epidemiology, and End Results-Medicare data, we identified a cohort of 3262 Medicare beneficiaries aged 66 years or older at diagnosis with stage II muscle-invasive bladder cancer from January 1, 1992, through December 31, 2002. We examined the use of radical cystectomy with multilevel multivariable models and survival after diagnosis with the use of instrumental variable analyses. All statistical tests were two-sided. Results: A total of 21% of the study subjects underwent radical cystectomy. Older age at diagnosis and higher comorbidity were associated with decreased odds of receiving cystectomy (for those 80 vs 66-69 years old, odds ratio [OR] = 0.10, 95% confidence interval [CI] = 0.07 to 0.14; for Charlson comorbidity index of 3 vs 0-1, OR = 0.25, 95% CI = 0.14 to 0.45). Long travel distance to an available surgeon was associated with decreased odds of receiving cystectomy (for >50 vs 0-4 miles travel distance to an available surgeon, OR = 0.60, 95% CI = 0.37 to 0.98). Overall survival was better for those who underwent cystectomy compared with those who underwent alternative treatments (for chemotherapy and/or radiation vs cystectomy, hazard ratio of death = 1.5, 95% CI = 1.3 to 1.8; for surveillance vs cystectomy, hazard ratio of death = 1.9, 95% CI = 1.6 to 2.3; 5-year adjusted survival: 42.2% [95% CI = 39.1% to 45.4%] for cystectomy; 20.7% [95% CI = 18.7% to 22.8%] for chemotherapy and/or radiation; 14.5% [95% CI = 13.0% to 16.2%] for surveillance). Conclusions: Guideline-recommended care with radical cystectomy is underused for patients with muscle-invasive bladder cancer. Many bladder cancer patients whose survival outcomes might benefit with surgery are receiving alternative less salubrious treatments.

EP-20100079

Sampling to reduce respondent burden in personal network studies and Its effect on estimates of structural measures. Daniela Golinelli, Gery W. Ryan, Harold D. Green, Jr., David P. Kennedy, Joan S. Tucker, Suzanne L. Wenzel. 2010

Recently, researchers have been increasingly interested in collecting personal network data. Collecting this type of data is particularly burdensome on the respondents, who need to elicit the names of alters, answer questions about each alter (network composition), and evaluate the strength of possible relationships among the named alters (network structure). In line with the research of McCarty et al., the authors propose reducing respondent burden by randomly sampling a smaller set of alters from those originally elicited. Via simulation, the authors assess the estimation error they incur when measures of the network structure are computed on a random sample of alters and illustrate the trade-offs between reduction in respondent burden (measured with the amount of interview time saved) and total estimation error incurred. Researchers can use the provided trade-offs figure to make an informed decision regarding the number of alters to sample when they need to reduce respondent burden.

EP-20100080

Perceived seriousness of seasonal and A(H1N1) influenzas, attitudes toward vaccination, and vaccine uptake among U.S. adults: does the source of information matter?. Juergen Maurer, Lori Uscher-Pines, Katherine M. Harris. 2010

OBJECTIVE: We estimated uptake of seasonal and 2009 influenza A(H1N1) vaccine among U.S. adults and assessed their perceptions of the seriousness of both types of influenza and corresponding attitudes toward vaccination during the 2009-10 influenza season. We further document-

ed how vaccine uptake and attitudes varied by main information source used in vaccination decisions. METHODS: We analyzed nationally representative data from U.S. adults age 18 and older (N=3,917) who completed an influenza vaccination survey between March 4th and March 24th, 2010. RESULTS: 2009 influenza A(H1N1) vaccine uptake was considerably lower than seasonal vaccine uptake. While 2009 influenza A(H1N1) was perceived to be more serious than seasonal influenza, the pandemic vaccine was perceived to be less safe than the seasonal vaccine. Vaccine uptake and attitudes displayed large variation between adults who relied on different information sources for making their vaccination decisions. CONCLUSION: The information launched during the response to the 2009 pandemic appear to have generated higher levels of concern about pandemic than seasonal influenza, but did not appear to reassure adults of the safety and value of the pandemic vaccine. Differences in perceived vaccination safety may be an important factor for explaining the lower uptake of pandemic relative to seasonal vaccine.

EP-20100081

Smoking motives in movies are important for understanding adolescent smoking: a preliminary investigation. William G. Shadel, Steven Martino, Amelia M. Haviland, Claude Messan Setodji, Brian A. Primack. 2010

INTRODUCTION: Exposure to smoking in movies is strongly associated with smoking uptake and maintenance among adolescents. However, little is known about what features of movies (e.g., the context for smoking or motives for a character smoking) moderate the association between exposure to movie smoking and adolescent smoking. This laboratory study examined whether exposure to movie smoking that is portrayed as having a clear motive is associated with the desire to smoke differently than smoking that is portrayed as having no clear motive. METHODS: A sample of 77 middle school students (mean age of 12.8 years, 62% male, 60% Caucasian) viewed movie clips that portrayed smoking as helping to facilitate social interaction, to relax, to appear rebellious, or as having no clear motive. After exposure to each clip, participants rated their desire to smoke. RESULTS: Exposure to clips where smoking was portrayed as helping characters to relax was associated with a significantly stronger desire to smoke compared with clips where the motive for smoking was unclear. Desire to smoke was similar for clips where no motive was clear, social smoking clips, and rebellious smoking clips. DISCUSSION: These results suggest that the way that smoking is portrayed in movies is important in determining its effect on adolescent smoking.

EP-20100082

The Pennsylvania Certified Safety Committee Program: an evaluation of participation and effects on work injury rates. Hangsheng Liu, Rachel M. Burns, Agnes Gereben Schaefer, Teague Ruder, Christopher Nelson, Amelia M. Haviland, Wayne Gray, John Mendeloff. 2010

BACKGROUND: Since 1994, Pennsylvania, like several other states, has provided a 5% discount on workers' compensation insurance premiums for firms with a certified joint labor management safety committee. This study explored the factors affecting program participation and evaluated the effect of this program on work injuries. METHODS: Using Pennsylvania unemployment insurance data (1996-2006), workers' compensation data (1998-2005), and the safety committee audit data (1999-2007), we conducted propensity score matching and regression analysis on the program's impact on injury rates. RESULTS: Larger firms, firms with higher injury rates, firms in high risk industries, and firms without labor unions were more likely to join the safety committee program and less likely to drop out of the program. The injury rates of participants did not decline more than the rates for non-participants; however, rates at participant firms with good compliance dropped more than the rates at participant firms with poor compliance. CONCLUSIONS: Firm size and prior injury rates are key predictors of program participation. Firms that complied with the requirement to train their safety committee members did

experience reductions in injuries, but non-compliance with that and other requirements was so widespread that no overall impact of the program could be detected.

EP-20100083

Depressive symptoms and social functioning in peer relationships as predictors of eating pathology in the transition to adulthood. Caitlin Ferriter, Nicole Kurzer Eberhart, Constance L. Hammen. 2010

The current study prospectively examined the independent and potentially interactive roles of social functioning in peer relationships and depressive symptoms in risk for eating pathology (EP). Social functioning in peer relationships was hypothesized to moderate the role of depressive symptoms in conferring risk for EP. This hypothesis was tested in a sample of 140 women, who were assessed over a five-year period during the transition from adolescence to adulthood. The study found that depressive symptoms interacted with romantic relationship quality and romantic attachment, such that women with higher levels of depressive symptoms were at increased risk for EP when they experienced reduced functioning in these romantic domains. The results highlight the importance of considering multiple risk factors in models of EP and suggest that romantic relationships may be particularly important for EP risk during the transition to adulthood.

EP-20100084

Learning about urban congregations and HIV. Kathryn Pitkin Derose, Peter Mendel, David E. Kanouse, Ricky N. Bluthenthal, Laura Werber Castaneda, Jennifer Hawes-Dawson, Michael Mata. 2010

Religious congregations are important community institutions that could help fight HIV/AIDS; however, barriers exist, particularly in the area of prevention. Formative, participatory research is needed to understand the capacity of congregations to address HIV/AIDS. This article describes a study that used community-based participatory research (CBPR) approaches to learn about congregation-sponsored HIV activities. CBPR strategies were used throughout the study, including proposal development, community expert interviews, Community Advisory Board, congregational telephone survey, congregational case studies, and congregational feedback sessions. Involving community consultants, experts, and advisory board members in all stages of the study helped the researchers to conceptualize congregational involvement in HIV, be more sensitive to potential congregational concerns about the research, achieve high response rates, and interpret and disseminate findings. Providing preliminary case findings to congregational participants in an interactive feedback session improved data quality and relationships with the community. Methods to engage community stakeholders can lay the foundation for future collaborative interventions.

EP-20100085

How medicare's payment cuts for cancer chemotherapy drugs changed patterns of treatment. Mireille Jacobson, Craig C. Earle, Mary Price, Joseph P. Newhouse. 2010

The Medicare Prescription Drug, Improvement, and Modernization Act, enacted in 2003, substantially reduced payment rates for chemotherapy drugs administered on an outpatient basis starting in January 2005. We assessed how these reductions affected the likelihood and setting of chemotherapy treatment for Medicare beneficiaries with newly diagnosed lung cancer, as well as the types of agents they received. Contrary to concerns about access, we found that the changes actually increased the likelihood that lung cancer patients received chemotherapy. The type of chemotherapy agents administered also changed. Physicians switched from dispensing the drugs that experienced the largest cuts in profitability, carboplatin and paclitaxel, to other high-margin drugs, like docetaxel. We do not know what the effect was on cancer patients, but these changes may have offset some of the savings projected from passage of the legislation. The ultimate message is that payment reforms have real consequences and should be undertaken with caution.

EP-20100086

Unprotected sex of homeless women living in Los Angeles county: an investigation of the multiple levels of risk. David P. Kennedy, Suzanne L. Wenzel, Joan S. Tucker, Harold D. Green, Jr., Daniela Golinelli, Gery W. Ryan, Robin Beckman, Annie Jie Zhou. 2010

This research uses multi-level modeling to investigate the context of unprotected sex of homeless women. Based on interviews with 429 randomly selected women living in temporary shelter settings in Los Angeles, this project investigates multiple levels of influence on unprotected sex with particular partners. Previous studies have investigated condom use of homeless women primarily at the individual level. This project investigates unprotected sex at the level of the partnership, the individual woman, and her social network. Homeless women who believe in the efficacy of condoms to prevent HIV infection, believe that they have low susceptibility to HIV and have a greater proportion of their non-sex partner social network ties with whom they speak about HIV are less likely to engage in unprotected sex. Women are more likely to engage in risky sexual behavior in relationships in which they have high commitment to their partner and experience physical violence.

EP-20100087

Height, education and later-life cognition in Latin America and the Caribbean. Juergen Maurer. 2010

Building on previous evidence from the U.S., this study investigates the relationship between anthropometric markers (height and knee height), early-life conditions, education, and cognitive function in later life among urban elderly from Latin America and the Caribbean. I document a positive association between height and later-life cognitive function, which is larger for women than for men. This sex difference increases when I address potential feedback effects from mid- and later-life circumstances on stature by using knee height as an instrument for height. Specifically, while the estimates for women remain largely unchanged, I only find a diminished and statistically insignificant association between instrumented height and later-life cognition for men. This finding suggests that at least part of the association between height and later-life cognition among men may stem from common third factors that are correlated with both height and later-life cognition, such as adverse occupational exposures or health events during mid- and later life. Extended models that also include education further diminish the association between height and later-life cognition. Education displays strong positive gradients with the employed measures of childhood circumstances-including height-which points to education as a potential pathway linking early-life conditions and later-life cognitive function.

EP-20100088

Using the lessons of behavioral economics to design more effective pay-for-performance programs. Ateev Mehrotra, Melony E. Sorbero, Cheryl L. Damberg. 2010

OBJECTIVES: To describe improvements in the design of pay-for-performance (P4P) programs that reflect the psychology of how people respond to incentives. STUDY DESIGN: Investigation of the behavioral economics literature. METHODS: We describe 7 ways to improve P4P program design in terms of frequency and types of incentive payments. After discussing why P4P incentives can have unintended adverse consequences, we outline potential ways to mitigate these. RESULTS: Although P4P incentives are increasingly popular, the healthcare literature shows that these have had minimal effect. Design improvements in P4P programs can enhance their effectiveness. CONCLUSION: Lessons from behavioral economics may greatly enhance the design and effectiveness of P4P programs in healthcare, but future work is needed to demonstrate this empirically.

EP-20100089

Identifying quality improvement intervention evaluations: is consensus achievable?. M.S. Danz, Lisa V. Rubenstein, Susanne Hempel, R. Foy, Marika Suttorp, Melissa M. Farmer, Paul G. Shekelle. 2010

Background The diversity of quality improvement interventions (QIIs) has impeded the use of evidence review to advance quality improvement activities. An agreed-upon framework for identifying QII articles would facilitate evidence review and consensus around best practices. Aim To adapt and test evidence review methods for identifying empirical QII evaluations that would be suitable for assessing QII effectiveness, impact or success. Design Literature search with measurement of multilevel inter-rater agreement and review of disagreement. Methods Ten journals (2005-2007) were searched electronically and the output was screened based on title and abstract. Three pairs of reviewers then independently rated 22 articles, randomly selected from the screened list. Kappa statistics and percentage agreement were assessed. 12 stakeholders in quality improvement, including QII experts and journal editors, rated and discussed publications about which reviewers disagreed. Results The level of agreement among reviewers for identifying empirical evaluations of QII development, implementation or results was 73% (with a paradoxically low kappa of 0.041). Discussion by raters and stakeholders regarding how to improve agreement focused on three controversial article selection issues: no data on patient health, provider behaviour or process of care outcomes; no evidence for adaptation of an intervention to a local context; and a design using only observational methods, as correlational analyses, with no comparison group. Conclusion The level of reviewer agreement was only moderate. Reliable identification of relevant articles is an initial step in assessing published evidence. Advancement in quality improvement will depend on the theory- and consensus-based development and testing of a generalizable framework for identifying QII evaluations.

EP-20100090

Neighborhood characteristics favorable to outdoor physical activity: disparities by socioeconomic and racial. Luisa Franzini, Wendell C. Taylor, Marc N. Elliott, Paula Cuccaro, Susan R. Tortolero, M. Janice Gilliland, Jo Anne Grunbaum, Mark A. Schuster. 2010

This paper uses a socioecological framework to investigate socioeconomic and racial/ethnic disparities in neighborhood characteristics that are associated with outdoor physical activity. We surveyed 632 parents of 5th graders about perceptions of their neighborhood social processes and collected systematic observations of the physical environment on their block-face of residence. Higher poverty neighborhoods and non-White neighborhoods have better accessibility; however, they are less safe, less comfortable, and less pleasurable for outdoor physical activity, and have less favorable social processes. Interventions to reduce disparities in physical activity should address not only the physical environment, but also social processes favorable to physical activity.

EP-20100091

Development, validation and testing of an epidemiological case definition of interstitial cystitis. Sandra H. Berry, Laura M. Bogart, Chau Pham, Karin Liu, Leroy M. Nyberg, Michael A. Stoto, Marika Suttorp, J. Quentin Clemens. 2010

PURPOSE: No standard case definition exists for interstitial cystitis/painful bladder syndrome for patient screening or epidemiological studies. As part of the RAND Interstitial Cystitis Epidemiology study, we developed a case definition for interstitial cystitis/painful bladder syndrome with known sensitivity and specificity. We compared this definition with others used in interstitial cystitis/painful bladder syndrome epidemiological studies. MATERIALS AND METHODS: We reviewed the literature and performed a structured, expert panel process to arrive at an interstitial cystitis/painful bladder syndrome case definition. We developed a questionnaire to assess interstitial cystitis/painful bladder syndrome symptoms using this case definition and others used in the literature. We administered the questionnaire to 599 women with interstitial cystitis/painful bladder syndrome, overactive bladder, endometriosis or vulvodynia. The sensitivity and specificity of each definition was calculated using physician assigned diagnoses as the reference standard. RESULTS: No single epidemiological definition had high sensitivity and high speci-

ficity. Thus, 2 definitions were developed. One had high sensitivity (81%) and low specificity (54%), and the other had the converse (48% sensitivity and 83% specificity). These values were comparable or superior to those of other epidemiological definitions used in interstitial cystitis/painful bladder syndrome prevalence studies. CONCLUSIONS: No single case definition of interstitial cystitis/painful bladder syndrome provides high sensitivity and high specificity to identify the condition. For prevalence studies of interstitial cystitis/painful bladder syndrome the best approach may be to use 2 definitions that would yield a prevalence range. The RAND Interstitial Cystitis Epidemiology interstitial cystitis/painful bladder syndrome case definitions, developed through structured consensus and validation, can be used for this purpose.

EP-20100092

Responsiveness of the University of California-Los Angeles Prostate Cancer Index. Jonathan Bergman, Christopher S. Saigal, Lorna Kwan, Mark Litwin. 2010

OBJECTIVES: To determine the responsiveness of the University of California-Los Angeles Prostate Cancer Index (UCLA-PCI) by studying its sensitivity to clinically perceptible changes in health over time in men treated for localized prostate cancer. METHODS: All subjects underwent radical prostatectomy (n = 253), external beam radiotherapy (n = 66), or interstitial seed brachytherapy (n = 73). We assessed health-related quality of life (HRQOL) outcomes using the UCLA-PCI to capture disease-specific outcomes and the Medical Outcomes Study Short Form-36 to study general HRQOL. We assessed the UCLA-PCI's responsiveness to change by comparison with the health change item of the Medical Outcomes Study Short Form-36. We measured responsiveness by calculating effect sizes and Guyatt statistics when comparing UCLA-PCI scores between baseline and 1 year and between 1 and 2 years. RESULTS: Of the 475 men who completed all baseline questionnaires, 392 (83%) completed all surveys at 12-month follow-up. Although sexual function decreased from baseline to 12 months in all groups, the magnitude of the negative change was inversely proportional to general health. For those whose general health worsened, effect sizes were > 0.50 across all 6 domains. Effect sizes and Guyatt statistics were lowest (<0.25) for urinary bother, bowel function, and bowel bother in the groups demonstrating either no change or improvement in general health. Responsiveness of the UCLA-PCI in the short-term recovery period (12 months post-treatment) was better than in the chronic recovery phase (12-24 months) across almost all domains. CONCLUSIONS: The UCLA-PCI is responsive to change in assessing HRQOL in men treated for prostate cancer.

EP-20100093

The quality of care provided to hospitalized patients at the end of life. Anne Walling, Steven M. Asch, Karl Lorenz, Carol P. Roth, Tod Barry, Katherine L. Kahn, Neil S. Wenger. 2010

BACKGROUND. Patients in American hospitals receive intensive medical treatments. However, when lifesaving treatments are unsuccessful, patients often die in the hospital with distressing symptoms while receiving burdensome care. Systematic measurement of the quality of care planning and symptom palliation is needed. METHODS. Medical records were abstracted using 16 Assessing Care of Vulnerable Elders quality indicators within the domains of end-of-life care and pain management designed to measure the quality of the dying experience for adult decedents (n = 496) hospitalized for at least 3 days between April 2005 and April 2006 at a university medical center recognized for providing intensive care for the seriously ill. RESULTS. Over half of the patients (mean age, 62 years; 47% were women) were admitted to the hospital with end-stage disease, and 28% were 75 years or older. One-third of the patients required extubation from mechanical ventilation prior to death, and 15% died while receiving cardiopulmonary resuscitation. Overall, patients received recommended care for 70% of applicable indicators (range, 25%-100%). Goals of care were addressed in a timely fashion for patients admitted to the intensive care unit approxi-

mately half of the time, whereas pain assessments (94%) and treatments for pain (95%) and dyspnea (87%) were performed with fidelity. Follow-up for distressing symptoms was performed less well than initial assessment, and 29% of patients extubated in anticipation of death had documented dyspnea assessments. CONCLUSION. A practical, medical chart-based assessment identified discrete deficiencies in care planning and symptom palliation that can be targeted to improve care for patients dying in the hospital.

EP-20100094

The impact of terrorism on the defence industry. Claude Berrebi, Esteban F. Klor. 2010

This paper analyses the impact of terrorism on Israeli companies related to the defence, security or antiterrorism industries, relative to its impact on other companies. We match every Israeli company to the American company with the closest expected return among all the companies that belong to the same industry and trade in the same market, in order to isolate the effect of terrorism from other common industry shocks. The findings show that whereas terrorism had a significant negative impact of 5% on non-defence-related companies, it had a significantly positive overall effect of 7% on defence-related companies

EP-20100095

Awareness of government seasonal and 2009 H1N1 influenza vaccination recommendations among targeted US adults: the role of provider interactions. Juergen Maurer, Lori Uscher-Pines, Katherine M. Harris. 2010

We present nationally representative estimates regarding awareness of government vaccination recommendations for seasonal and 2009 H1N1 influenza among US adults for whom such vaccinations are specifically recommended. We also show how awareness varies based on interactions with health care providers. Despite comprehensive media coverage of the H1N1 pandemic, awareness of government influenza vaccination recommendations among adults is low. Provider-based vaccination counseling may help increase adults' awareness of federal vaccination recommendations.

EP-20100096

Discretionary calorie intake a priority for obesity prevention: results of rapid participatory approaches in low-income US communities. Deborah Cohen, Roland Sturm, Marielena Lara, Mary Lou Gilbert, Scott Gee. 2010

Background. Since resources are limited, selecting the most promising targets for obesity interventions is critical. We examined the relative associations of physical activity, fruit and vegetable consumption and 'junk food' consumption with BMI and the prevalence of relevant policies in school, work, food outlets and health-care settings. Methods. We conducted intercept surveys in three low-income, high-minority California communities to assess fruit, vegetable, candy, cookie, salty snacks and sugar-sweetened beverage consumption and self-reported height, weight and physical activity. We also assessed relevant policies in selected worksites, schools and health-care settings through key informant interviews. Results. Data were collected from 1826 respondents, 21 schools, 40 worksites, 14 health-care settings and 29 food outlets. The average intake of salty snacks, candy, cookies and sugar-sweetened beverages was estimated at 2226 kJ (532 kcal) daily, 88% higher than the US Department of Agriculture/Department of Health and Human Services guidelines recommend. Energy from these sources was more strongly related to BMI than reported physical activity, fruit or vegetable consumption. Policies to promote healthy eating and physical activity were limited in worksites. Fruits and vegetables were less salient than junk food in community food outlets. Conclusion. Targeting consumption of salty snacks, candy cookies and sugar-sweetened beverages appeared more promising than alternative approaches.

EP-20100097

Prevalence and predictors of transitions to and away from syringe exchange use over time in 3 US cities with varied syringe dispensing policies. Traci C. Green, Ricky N. Bluthenthal, Merrill Singer, Leo Beletsky, Lauretta E. Grau, Patricia A. Marshall, Robert Heimer. 2010

Syringe exchange programs (SEPs) can reduce HIV risk among injecting drug users (IDUs) but their use may depend heavily on contextual factors such as local syringe policies. The frequency and predictors of transitioning over time to and from direct, indirect, and non-use of SEPs are unknown. We sought, over one year, to: (1) quantify and characterize transition probabilities of SEP attendance typologies; (2) identify factors associated with (a) change in typology, and (b) becoming and maintaining Direct SEP use; and (3) quantify and characterize transition probabilities of SEP attendance before and after changes in policy designed to increase access. Using data collected from 583 IDUs participating in a three-city cohort study of SEPs, we conducted a latent transition analysis and multinomial regressions. Three typologies were detected: Direct SEP users, Indirect SEP users and Isolated IDUs. Transitions to Direct SEP use were most prevalent. Factors associated with becoming or maintaining Direct SEP use were female sex, Latino ethnicity, fewer injections per syringe, homelessness, recruitment city, injecting speedballs (cocaine and heroin), and police contact involving drug paraphernalia possession. Similar factors influenced transitions in the syringe policy change analysis. Policy change cities experienced an increase in Indirect SEP users (43-51%) with little increased direct use (29-31%). We found that, over time, IDUs tended to become Direct SEP users. Policies improving syringe availability influenced SEP use by increasing secondary syringe exchange. Interactions with police around drug paraphernalia may encourage SEP use for some IDUs and may provide opportunities for other health interventions.

EP-20100098

Web-based self-triage of influenza-like illness during the 2009 H1N1 influenza pandemic. Arthur L. Kellermann, Alexander Isakov, Ruth M. Parker, Michael T. Handrigan, Seth Foldy. 2010

The sudden emergence of 2009 H1N1 influenza in the spring of that year sparked a surge in visits to emergency departments in New York City and other communities. A larger, second wave of cases was anticipated the following autumn. To reduce a potential surge of health system utilization without denying needed care, we enlisted the input of experts from medicine, public health, nursing, information technology, and other disciplines to design, test, and deploy clinical algorithms to help minimally trained health care workers and laypeople make informed decisions about care-seeking for influenza-like illness. The product of this collaboration, named Strategy for Off-Site Rapid Triage (SORT) was disseminated in 2 forms. Static algorithms, posted on the Centers for Disease Control and Prevention's Web site, offered guidance to clinicians and telephone call centers on how to manage adults and children with influenza-like illness. In addition, 2 interactive Web sites, http://www.Flu.gov and http://www.H1N1ResponseCenter.com, were created to help adults self -assess their condition and make an informed decision about their need for treatment. Although SORT was anchored in a previously validated clinical decision rule, incorporated the input of expert clinicians, and was subject to small-scale formative evaluations during rapid standup, prospective evaluation is lacking. If its utility and safety are confirmed, SORT may prove to be a useful tool to blunt health system surge and rapidly collect epidemiologic data on future disease outbreaks.

EP-20100099

The life-saving effectiveness of body armor for police officers. Tom LaTourrette. 2010

The objective of this study was to determine the effect of protective body armor on a police officer's risk of being killed and estimate the benefits and costs of outfitting police with body armor. In

the United States, for police shot in the torso from 2004 to 2007 (n = 262), we calculate the relative risk of death from a gunshot without and with body armor. We estimate the benefit of body armor using the willingness-to-pay approach and compare it with the cost of supplying armor to police not currently wearing armor. The results show that the relative risk of dying without armor is = 3.4 (95% CI: 2.4 to 4.6). Outfitting all police with armor would save at least 8.5 lives per year, resulting in a benefit that is nearly twice the cost, or a net benefit of ~$100/officer. Body armor more than triples the likelihood that a police officer will survive a shooting to the torso. Outfitting all police with armor yields a positive net benefit and is strongly justified economically.

EP-20100101

Religiosity and Decreased Risk of Substance Use Disorders: Is the Effect Mediated By Social Support or Mental Health Status?. Mark J. Edlund, Katherine M. Harris, Harold G. Koenig, Xiaotong Han, J. Greer Sullivan, Rhonda Mattox, Lingqi Tang. 2010

OBJECTIVE: The negative association between religiosity (religious beliefs and church attendance) and the likelihood of substance use disorders is well established, but the mechanism(s) remain poorly understood. We investigated whether this association was mediated by social support or mental health status. METHOD: We utilized cross-sectional data from the 2002 National Survey on Drug Use and Health (n = 36,370). We first used logistic regression to regress any alcohol use in the past year on sociodemographic and religiosity variables. Then, among individuals who drank in the past year, we regressed past year alcohol abuse/dependence on sociodemographic and religiosity variables. To investigate whether social support mediated the association between religiosity and alcohol use and alcohol abuse/dependence we repeated the above models, adding the social support variables. To the extent that these added predictors modified the magnitude of the effect of the religiosity variables, we interpreted social support as a possible mediator. We also formally tested for mediation using path analysis. We investigated the possible mediating role of mental health status analogously. Parallel sets of analyses were conducted for any drug use, and drug abuse/dependence among those using any drugs as the dependent variables. RESULTS: The addition of social support and mental health status variables to logistic regression models had little effect on the magnitude of the religiosity coefficients in any of the models. While some of the tests of mediation were significant in the path analyses, the results were not always in the expected direction, and the magnitude of the effects was small. CONCLUSIONS: The association between religiosity and decreased likelihood of a substance use disorder does not appear to be substantively mediated by either social support or mental health status.

EP-20100102

Cost profiles: should the focus be on individual physicians or physician groups?. Ateev Mehrotra, John L. Adams, J. William Thomas, Elizabeth A. McGlynn. 2010

In an effort to rein in rising health care costs, health plans are using physician cost profiles as the basis for tiered networks that give patients incentives to visit low-cost physicians. Because physician cost profiles are often statistically unreliable some experts have argued that physician groups should be profiled instead. Using Massachusetts data, we evaluate the two options empirically. Although we find that physician-group profiles are statistically more reliable, the group profile is not a good predictor of individual physician performance within the group. Better methods for creating provider cost profiles are needed.

EP-20100103

Shaping smoking cessation in hard-to-treat smokers. Richard J. Lamb, Kimberly C. Kirby, Andrew R. Morral, Gregory Galbicka, Martin Y. Iguchi. 2010

Objective: Contingency management (CM) effectively treats addictions by providing abstinence incentives. However, CM fails for many who do

not readily become abstinent and earn incentives. Shaping may improve outcomes in these hard-to-treat (HTT) individuals. Shaping sets intermediate criteria for incentive delivery between the present behavior and total abstinence. This should result in HTT individuals having improving, rather than poor, outcomes. We examined whether shaping improved outcomes in HTT smokers (never abstinent during a 10-visit baseline). Method: Smokers were stratified into HTT (n = 96) and easier-to-treat (ETT [abstinent at least once during baseline]; n = 50) and randomly assigned to either CM or CM with shaping (CMS). CM provided incentives for breath carbon monoxide (CO) levels <4 ppm (approximately 1 day of abstinence). CMS shaped abstinence by providing incentives for COs lower than the 7th lowest of the participant?s last 9 samples or <4 ppm. Interventions lasted for 60 successive weekday visits. Results: Cluster analysis identified 4 groups of participants: stable successes, improving, deteriorating, and poor outcomes. In comparison with ETT, HTT participants were more likely to belong to 1 of the 2 unsuccessful clusters (odds ratio [OR] = 8.1, 95% CI [3.1, 21]). This difference was greater with CM (OR = 42, 95% CI [5.9, 307]) than with CMS, in which the difference between HTT and ETT participants was not significant. Assignment to CMS predicted membership in the improving (p = .002) as compared with the poor outcomes cluster. Conclusion: Shaping can increase CM?s effectiveness for HTT smokers.

EP-20100104

Using a community partnered participatory research approach to implement a randomized controlled trial: planning community partners in care. Bowen Chung, Loretta Jones, Elizabeth L. Dixon, Jeanne Miranda, Kenneth B. Wells. 2010

Quality improvement (QI) for depression in primary care can reduce disparities in outcomes. We describe how community-partnered participatory research was used to design Community Partners in Care, a randomized trial of community engagement to activate a multiple-agency network versus support for individual agencies to implement depression QI in underserved communities.

EP-20100105

Evidence-based mental health programs in schools: barriers and facilitators of successful implementation. Audra Langley, Erum Nadeem, Sheryl H. Kataoka, Bradley D. Stein, Lisa H. Jaycox. 2010

Although schools can improve children's access to mental health services, not all school-based providers are able to successfully deliver evidence-based practices. Indeed, even when school clinicians are trained in evidence-based practices (EBP), the training does not necessarily result in the implementation of those practices. This study explores factors that influence implementation of a particular EBP, Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Semi-structured telephone interviews with 35 site administrators and clinicians from across the United States were conducted 6-18 months after receiving CBITS training to discuss implementation experiences. The implementation experiences of participants differed, but all reported similar barriers to implementation. Sites that successfully overcame such barriers differed from their unsuccessful counterparts by having greater organizational structure for delivering school services, a social network of other clinicians implementing CBITS, and administrative support for implementation. This study suggests that EBP implementation can be facilitated by having the necessary support from school leadership and peers.

EP-20100106

Does screening for pain correspond to high quality care for veterans?. Lisa Zubkoff, Karl Lorenz, Andrew B. Lanto, Cathy D. Sherbourne, Joy R. Goebel, Peter Glassman, Lisa R. Shugarman, Lisa S. Meredith, Steven M. Asch. 2010

Background: Routine numeric screening for pain is widely recommended, but its association with overall quality of pain care is unclear. Objective: To assess adherence to measures of pain manage

ment quality and identify associated patient and provider factors. Design: A cross-sectional visit-based study. Participants: One hundred and forty adult VA outpatient primary care clinic patients reporting a numeric rating scale (NRS) of moderate to severe pain (four or more on a zero to ten scale). Seventy-seven providers completed a baseline survey regarding general pain management attitudes and a post-visit survey regarding management of 112 participating patients. Measurement and main results: We used chart review to determine adherence to four validated process quality indicators (QIs) including noting pain presence, pain character, and pain control, and intensifying pharmacological intervention. The average NRS was 6.7. Seventy-three percent of charts noted the presence of pain, 13.9% the character, 23.6% the degree of control, and 15.3% increased pain medication prescription. Charts were more likely to include documentation of pain presence if providers agreed that "patients want me to ask about pain" and "pain can have negative consequences on patient's functioning". Charts were more likely to document character of pain if providers agreed that "patients are able to rate their pain". Patients with musculoskeletal pain were less likely to have chart documentation of character of pain. Conclusions: Despite routine pain screening in VA, providers seldom documented elements considered important to evaluation and treatment of pain. Improving pain care may require attention to all aspects of pain management, not just screening.

EP-20100107

Psychological effects of patient surge in large-scale emergencies: a quality improvement tool for hospital and clinic capacity planning and response. Lisa S. Meredith, James Zazzali, Sandra Shields, David Eisenman, Halla Alsabagh. 2010

Although information is available to guide hospitals and clinics on the medical aspects of disaster surge, there is little guidance on how to manage the expected surge of persons needing psychological assessment and response after a catastrophic event. This neglected area of disaster medicine is addressed by presenting a novel and practical quality improvement tool for hospitals and clinics to use in planning for and responding to the psychological consequences of catastrophic events that create a surge of psychological casualties presenting for health care. Industrial quality improvement processes, already widely adopted in the healthcare sector, translate well when applied to disaster medicine and public health preparedness. This paper describes the development of the tool, presents data on facility preparedness from 31 hospitals and clinics in Los Angeles County, and discusses how the tool can be used as a benchmark for targeting improvement. The tool can serve to increase facility awareness of which components of disaster preparedness and response must be addressed through hospitals' and clinics' existing quality improvement programs. It also can provide information for periodic assessment and evaluation of progress over time.

EP-20100108

A controlled trial of an intervention to improve urinary and fecal incontinence and constipation. John Schnelle, Felix W. Leung, Satish S. C. Rao, Linda Beuscher, Emmett B. Keeler, Jack Clift, Sandra Simmons. 2010

Objectives: To evaluate effects of a multicomponent intervention on fecal incontinence (FI) and urinary incontinence (UI) outcomes. Design: Randomized controlled trial. Setting: Six nursing homes (NHs). Participants: One hundred twelve NH residents. Intervention: Intervention subjects were offered toileting assistance, exercise, and choice of food and fluid snacks every 2 hours for 8 hours per day over 3 months. Measurements: Frequency of UI and FI and rate of appropriate toileting as determined by direct checks from research staff. Anorectal assessments were completed on a subset of 29 residents. Results: The intervention significantly increased physical activity, frequency of toileting, and food and fluid intake. UI improved ($P=.049$), as did frequency of bowel movements ($P<.001$) and percentage of bowel movements ($P<.001$) in the toilet. The frequency of FI did not

change. Eighty-nine percent of subjects who underwent anorectal testing showed a dyssynergic voiding pattern, which could explain the lack of efficacy of this intervention program alone on FI. Conclusion: This multicomponent intervention significantly changed multiple risk factors associated with FI and increased bowel movements without decreasing FI. The dyssynergic voiding pattern and rectal hyposensitivity suggest that future interventions may have to be supplemented with bulking agents (fiber), biofeedback therapy, or both to improve bowel function.

EP-20100109

Guide to designing, conducting, publishing, and communicating results of clinical studies involving probiotic applications in human participants. Andi L. Shane, Michael D. Cabana, Stephane Vidry, Dan Merenstein, Ruben Hummelen, Collin L. Ellis, James T. Heimbach, Susanne Hempel, Susan V. Lynch, Mary Ellen Sanders, Daniel J. Tancredi . 2010

The heterogeneity of human clinical trials to assess the effectiveness of probiotics presents challenges regarding interpretation and comparison. Evidence obtained from clinical trials among a population with disease or specific risk factors may not be generalizable to healthy individuals. The evaluation of interventions in healthy persons requires careful selection of outcomes due to the absence of health indicators and the low incidence of preventable conditions. Given the tremendous resources invested in such trials, development of consistent approaches to assessing the effectiveness of probiotics would be beneficial. Furthermore, the reporting, presentation, and communication of results may also affect the validity of the scientific evidence obtained from a trial. This review outlines the challenges associated with the design, implementation, data analysis, and interpretation of clinical trials in humans involving probiotics. Best practices related to their design are offered along with recommendations for enhanced collaboration to advance research in this emerging field.

EP-20100110

Racial/ethnic Differences in Adolescent Substance Use: Mediation By Individual, Family, and School Factors. Regina A. Shih, Jeremy N. V. Miles, Joan S. Tucker, Annie Jie Zhou, Elizabeth D'Amico. 2010

Objective: This study examined racial/ethnic differences in alcohol, cigarette, and marijuana use among a diverse sample of approximately 5,500 seventh and eighth graders. We also evaluated the extent to which individual, family, and school factors mediated racial/ ethnic disparities in use. Method: Students (49% male) from 16 participating middle schools in southern California reported on lifetime and past-month substance use, individual factors (expectancies and resistance self-efficacy), family factors (familism, parental respect, and adult and older sibling use), and school factors (school-grade use and perceived peer use). We used generalized estimating equations to examine the odds of consumption for each racial/ethnic group adjusting for sex, grade, and family structure. Path analysis models tested mediation of racial/ethnic differences through individual, family, and school factors. Results: After adjusting for sex, grade, and family structure, Hispanics reported higher and Asians reported lower lifetime and past-month substance use, compared with non-Hispanic Caucasians. Rates of substance use did not differ between non-Hispanic African Americans and Caucasians. Several individual factors mediated the relationship between Hispanic ethnicity and substance use, including negative expectancies and resistance self-efficacy. Higher use among Hispanics was generally not explained by family or school factors. By contrast, several factors mediated the relationship between Asian race and lower alcohol use, including individual, family (parental respect, adult and older sibling use), and school (perceived peer use, school-grade use) factors. Conclusions: Results highlight the importance of targeting specific individual, family, and school factors in tailored intervention efforts to reduce substance use among young minority adolescents.

EP-20100111

Modeling health care policy alternatives. Jeanne S. Ringel, Christine Eibner, Federico Girosi, Amado Cordova, Elizabeth A. McGlynn. 2010

Background. Computer models played an important role in the health care reform debate, and they will continue to be used during implementation. However, current models are limited by inputs, including available data. Aim. We review microsimulation and cell-based models. For each type of model, we discuss data requirements and other factors that may affect its scope. We also discuss how to improve models by changing data collection and data access procedures. Materials and Methods. We review the modeling literature, documentation on existing models, and data resources available to modelers. Results. Even with limitations, models can be a useful resource. However, limitations must be clearly communicated. Modeling approaches could be improved by enhancing existing longitudinal data, improving access to linked data, and developing data focused on health care providers. Discussion. Longitudinal datasets could be improved by standardizing questions across surveys or by fielding supplemental panels. Funding could be provided to identify causal parameters and to clarify ranges of effects reported in the literature. Finally, a forum for routine communication between modelers and policy makers could be established. Conclusion. Modeling can provide useful information for health care policy makers. Thus, investing in tools to improve modeling capabilities should be a high priority.

EP-20100112

Factors associated with clinician intention to address diverse aspects of pain in seriously ill outpatients. Lisa R. Shugarman, Steven M. Asch, Lisa S. Meredith, Cathy D. Sherbourne, Emily Hagenmeier, Angela Cohen, Lisa V. Rubenstein, Joy R. Goebel, Andrew B. Lanto, Karl Lorenz. 2010

Background. Pain is a common, often undertreated problem among patients with palliative needs. Objectives. To evaluate clinician factors associated with intention to address diverse aspects of pain. Design. Clinicians reviewed a clinical vignette describing a frail elderly patient with advanced hormone-refractory metastatic prostate cancer, depression, and pain not on analgesic therapy. Clinicians were surveyed about their intentions for treatment. Participants. All 280 primary care and specialist clinicians working in 19 hospital and community-based primary care, oncology, and cardiology clinics at eight geographically dispersed sites in two large VA hospital systems. Main Measures. Endpoints were clinician intention to deliver guideline-concordant care: prescribe opioids/antidepressants, assess existential wellbeing, and offer mental health referral. Demographic and behavioral measures were evaluated in association with endpoints. Key Results. Of 208 (74%) responding practitioners, 189 were responsible for prescribing decisions. Of those, 86, 77, 75, and 69 were "very"/"somewhat likely" to prescribe opioids, antidepressants, refer to a mental health specialist, or assess existential wellbeing, respectively. Factors associated with greater intent to prescribe an opioid or antidepressant included female gender, being an attending physician, being a primary care clinician, and greater confidence in pain management skills. Greater trust in the validity of pain ratings was associated with intent to prescribe an antidepressant and assess existential wellbeing. Prescribing opioids was less likely if perceived as an administrative burden. Assessing existential wellbeing was less likely if time constraints were perceived a barrier to evaluating pain. Female gender was the only factor associated with intent to refer to a mental health specialist. Conclusions. Our findings suggest useful targets for improving pain management include bolstering clinician confidence in pain management and their trust in pain ratings.

EP-20100113

Self-reported unmet need for mental health care after California's parity legislation. Ruopeng An, Roland Sturm. 2010

California's mental health parity law requires private health insurance plans to offer mental health coverage as part of health benefit packages and eliminate mental health benefit limit and cost-sharing requirements that are less compre-

hensive than those for general medical conditions after July 2000). Parity legislation applied to the privately insured, but it did not result in increased use of mental health care services in this group. Maybe more important, parity legislation cannot address the substantial disparities in mental health care utilization by insurance status.

EP-20100114

Cognitive behavioral theories used to explain injection risk behavior among injection drug users: a review and suggestions for the integration of cognitive and environmental models. Karla Dawn Wagner, Jennifer B. Unger, Ricky N. Bluthenthal, Valentina A. Andreeva, Mary Ann Pentz. 2010

Injection drug users (IDUs) are at risk for HIV and viral hepatitis, and risky injection behavior persists despite decades of intervention. Cognitive behavioral theories (CBTs) are commonly used to help understand risky injection behavior. The authors review findings from CBT-based studies of injection risk behavior among IDUs. An extensive literature search was conducted in spring 2007. In total, 33 studies were reviewed - 26 epidemiological and 7 intervention studies. Findings suggest that some theoretical constructs have received fairly consistent support (e.g., self-efficacy, social norms), whereas others have yielded inconsistent or null results (e.g., perceived susceptibility, knowledge, behavioral intentions, perceived barriers, perceived benefits, response efficacy, perceived severity). The authors offer some possible explanations for these inconsistent findings, including differences in theoretical constructs and measures across studies and a need to examine the environmental structures that influence risky behaviors. Greater integration of CBT with a risk environment perspective may yield more conclusive findings and more effective interventions in the future.

EP-20100115

Neighbourhood socioeconomic status and biological 'wear and tear' in a nationally representative sample of US adults. Chloe E. Bird, Teresa E. Seeman, Jose J. Escarce, Ricardo Basurto-Davila, Brian Karl Finch, Tamara Dubowitz, Melonie Heron, Lauren Hale, Sharon Stein Merkin, Margaret M. Weden, Nicole Lurie. 2010

Objective: To assess whether neighborhood socioeconomic status (NSES) is independently associated with disparities in biological 'wear and tear' measured by allostatic load in a nationally representative sample of US adults. Design: Cross-sectional study. Setting: Population-based US survey, the Third National Health and Nutrition Examination Survey (NHANES III), merged with US Census data describing respondents' neighborhoods. Participants: 13,184 adults from 83 counties and 1,805 census tracts who completed NHANES III interviews and medical examinations and whose residential addresses could be reliably geocoded to census tracts. Main outcome measures: A summary measure of biological risk, incorporating nine biomarkers that together represent allostatic load across metabolic, cardiovascular, and inflammatory subindices. Results: Being male, older, having lower income, less education, being Mexican-American, and being both black and female were all independently associated with worse allostaic load. After adjusting for these characteristics, living in a lower NSES was associated with worse allostatic load (coefficient. = -0.46; CI -0.079, to -0.012). The relationship between NSES and allostatic load did not vary significantly by gender or race/ethnicity. Conclusions: Living in a lower NSES in the USA is associated with significantly greater biological wear and tear as measured by allostatic load, and this relationship is independent of individual SES characteristics. Our findings demonstrate that where one lives is independently associated with allostatic load, thereby suggesting that policies that improve NSES may also yield health returns.

EP-20100116

Strengthening laboratory systems in resource-limited settings. Stuart S. Olmsted, Melinda Moore, Robin C. Meili, Herbert C. Duber, Jeffrey Wasserman, Preethi R. Sama, Benjamin F. Mundell, Lee H. Hilborne. 2010

Considerable resources have been invested in recent years to improve laboratory systems in

resource-limited settings. We reviewed published reports, interviewed major donor organizations, and conducted case studies of laboratory systems in 3 countries to assess how countries and donors have worked together to improve laboratory services. While infrastructure and the provision of services have seen improvement, important opportunities remain for further advancement. Implementation of national laboratory plans is inconsistent, human resources are limited, and quality laboratory services rarely extend to lower tier laboratories (eg, health clinics, district hospitals). Coordination within, between, and among governments and donor organizations is also frequently problematic. Laboratory standardization and quality control are improving but remain challenging, making accreditation a difficult goal. Host country governments and their external funding partners should coordinate their efforts effectively around a host country's own national laboratory plan to advance sustainable capacity development throughout a country's laboratory system.

EP-20100117

Physician compensation, cost, and quality. Robert H. Brook. 2010

Pay-for-performance, transparency, and other innovative ways of compensating physicians will only work if, at the same time, the system for providing care has clear objectives and specific tools to help physicians achieve those objectives.

EP-20100118

Relationship Between Quality Improvement Processes and Clinical Performance. Cheryl L. Damberg, Stephen M. Shortell, Kristiana Raube, Robin R. Gillies, Diane Rittenhouse, Rodney K. McCurdy, Lawrence P. Casalino, John L. Adams. 2010

Objectives: To examine the association between performance on clinical process measures and intermediate outcomes and the use of chronic care management processes (CMPs), electronic medical record (EMR) capabilities, and participation in external quality improvement (QI) initiatives. Study Design: Cross-sectional analysis of linked 2006 clinical performance scores from the Integrated Healthcare Association's pay-for-performance program and survey data from the 2nd National Study of Physician Organizations among 108 California physician organizations (POs). Methods: Controlling for differences in PO size, organization type (medical group or independent practice association), and Medicaid revenue, we used ordinary least squares regression analysis to examine the association between the use of CMPs, EMR capabilities, and external QI initiatives and performance on the following 3 clinical composite measures: diabetes management, processes of care, and intermediate outcomes (diabetes and cardiovascular). Results: Greater use of CMPs was significantly associated with clinical performance: among POs using more than 5 CMPs, we observed a 3.2-point higher diabetes management score on a performance scale with scores ranging from 0 to 100 ($P < .001$), while for each 1.0-point increase on the CMP index, we observed a 1.0-point gain in intermediate outcomes ($P < .001$). Participation in external QI initiatives was positively associated with improved delivery of clinical processes of care: a 1.0-point increase on the QI index translated into a 1.4-point gain in processes-of-care performance ($P = .02$). No relationship was observed between EMR capabilities and performance. Conclusion: Greater investments in CMPs and QI interventions may help POs raise clinical performance and achieve success under performance-based accountability schemes.

EP-20100119

Medicare spending and outcomes after postacute care for stroke and hip fracture. Melinda Beeuwkes Buntin, Carrie Hoverman, Partha Deb, Neeraj Sood, Jose J. Escarce. 2010

Background: Elderly patients who leave an acute care hospital after a stroke or a hip fracture may be discharged home, or undergo postacute rehabilitative care in an inpatient rehabilitation facility (IRF) or skilled nursing facility (SNF). Because 15% of Medicare expenditures are for these types of postacute care, it is important to understand their relative costs and the health outcomes

they produce. Objective: To assess Medicare payments for and outcomes of patients discharged from acute care to an IRF, a SNF, or home after an inpatient diagnosis of stroke or hip fracture between January 2002 and June 2003. Research Design: This is an observational study based on Medicare administrative data. We adjust for observable differences in patient severity across postacute care sites, and we use instrumental variables estimation to account for unobserved patient selection. Study Outcomes: Mortality, return to community residence, and total Medicare postacute payments by 120 days after acute care discharge. Results: Relative to discharge home, IRFs improve health outcomes for hip fracture patients. SNFs reduce mortality for hip fracture patients, but increase rates of institutionalization for stroke patients. Both sites of care are far more expensive than discharge to home. Conclusions: When there is a choice between IRF and SNF care for stroke and hip fracture patients, the marginal patient is better off going to an IRF for postacute care. However, given the marginal cost of an IRF stay compared with returning home, the gains to these patients should be considered in light of the additional costs.

EP-20100120

The effect of light rail transit on body mass index and physical activity. John MacDonald, Robert J. Stokes, Deborah Cohen, Aaron Kofner, Greg Ridgeway. 2010

Background: The built environment can constrain or facilitate physical activity. Most studies of the health consequences of the built environment face problems of selection bias associated with confounding effects of residential choice and transportation decisions. Purpose: To examine the cross-sectional associations between objective and perceived measures of the built environment; BMI; obesity (BMI>30 kg/m2); and meeting weekly recommended physical activity (RPA) levels through walking and vigorous exercise. To assess the effect of using light rail transit (LRT) system on BMI, obesity, and weekly RPA levels. Methods: Data were collected on individuals before (July 2006-February 2007) and after (March 2008-July 2008) completion of an LRT system in Charlotte NC. BMI, obesity, and physical activity levels were calculated for a comparison of these factors pre- and post-LRT construction. A propensity score weighting approach adjusted for differences in baseline characteristics among LRT and non-LRT users. Data were analyzed in 2009. Results: More-positive perceptions of one's neighborhood at baseline were associated with a -0.36 ($p<0.05$) lower BMI; 15% lower odds (95% CI=0.77, 0.94) of obesity; 9% higher odds (95% CI=0.99, 1.20) of meeting weekly RPA through walking; and 11% higher odds (95% CI=1.01, 1.22) of meeting RPA levels of vigorous exercise. The use of LRT to commute to work was associated with an average -1.18 reduction in BMI ($p<0.05$) and an 81% reduced odds (95% CI=0.04, 0.92) of becoming obese over time. Conclusions: The results of this study suggest that improving neighborhood environments and increasing the public's use of LRT systems could provide improvements in health outcomes for millions of individuals.

EP-20100121

Associations between physician characteristics and quality of care. Rachel O. Reid, Mark William Friedberg, John L. Adams, Elizabeth A. McGlynn, Ateev Mehrotra. 2010

Background: Information on physicians' performance on measures of clinical quality is rarely available to patients. Instead, patients are encouraged to select physicians on the basis of characteristics such as education, board certification, and malpractice history. In a large sample of Massachusetts physicians, we examined the relationship between physician characteristics and performance on a broad range of quality measures. Methods: We calculated overall performance scores on 124 quality measures from RAND's Quality Assessment Tools for each of 10408 Massachusetts physicians using claims generated by 1.13 million adult patients. The patients were continuously enrolled in 1 of 4 Massachusetts commercial health plans from 2004 to 2005. Physician characteristics were obtained from the Massachusetts Board of Registration in Medicine. Associations between physician characteristics and overall performanc-

es scores we reassessed using multivariate linear regression. Results: The mean overall performance score was 62.5% (5th to 95th percentile range, 48.2%-74.9%). Three physician characteristics were independently associated with significantly higher overall performance: female sex (1.6 percentage points higher than male sex; P<.001), board certification (3.3 percentage points higher than noncertified; P<.001), and graduation from a domestic medical school (1.0 percentage points higher than international; P<.001). There was no significant association between performance and malpractice claims (P=.26). Conclusions: Few characteristics of individual physicians were associated with higher performance on measures of quality, and observed associations were small in magnitude. Publicly available characteristics of individual physicians are poor proxies for performance on clinical quality measures.

EP-20100122

Factors associated with condom use among HIV clients in stable relationships with partners at varying risk for HIV in Uganda. Glenn Wagner, Ian Holloway, Bonnie Ghosh-Dastidar, Cissy Kityo, Peter Mugyenyi. 2010

OBJECTIVES: Depression is common among persons living with HIV/AIDS in sub-Saharan Africa, yet few studies in the region have assessed the relationship of depression to economic well-being and risk-reduction behavior. Among HIV clients in Uganda, we examined whether depression is directly related to self-efficacy, work status, and condom use, as well as indirectly through its interaction with physical health functioning. METHODS: Baseline data from a prospective longitudinal cohort of 602 clients entering HIV care were examined. In separate multivariate analyses, we examined whether depression [both depressive severity and clinical depression, as measured by the nine-item Patient Health Questionnaire (PHQ-9)], physical health functioning, and their interaction were predictors of current work status, consistent condom use, and general self-efficacy, controlling for measures of social support, stigma, and demographics. RESULTS: Mean PHQ-9 score was 5.2 (S.D.=3.9; range=0-24) and 13% had scores >10 (indicator of clinical depression). Not being depressed, better physical health, and their interaction were predictors of working, while lower depressive severity, lower physical health, and their interaction were associated with always using condoms. Better physical health was predictive of greater self-efficacy, but not depression; general self-efficacy was predictive of both work status and condom use. CONCLUSIONS: Effective diagnosis and treatment of depression may be critical to maximizing the benefits of HIV treatment with regard to both HIV prevention and restoring the social and economic health of persons living with HIV.

EP-20100123

Many emergency department visits could be managed at urgent care centers and retail clinics. Robin M. Weinick, Rachel M. Burns, Ateev Mehrotra. 2010

Americans seek a large amount of nonemergency care in emergency departments, where they often encounter long waits to be seen. Urgent care centers and retail clinics have emerged as alternatives to the emergency department for nonemergency care. We estimate that 13.7-27.1 percent of all emergency department visits could take place at one of these alternative sites, with a potential cost savings of approximately $4.4 billion annually. The primary conditions that could be treated at these sites include minor acute illnesses, strains, and fractures. There is some evidence that patients can safely direct themselves to these alternative sites. However, more research is needed to ensure that care of equivalent quality is provided at urgent care centers and retail clinics compared to emergency departments.

EP-20100124

Patients' experiences with care for lung cancer and colorectal cancer: findings from the cancer care outcomes research and surveillance consortium. John Z. Ayanian, Alan Zaslavsky, Neeraj K. Arora, Katherine L. Kahn, Jennifer Malin, Patricia A. Ganz, Michelle van Ryn, Mark C. Hornbrook, Catarina I. Kiefe, Yulie He, Julie Ganther-Urmie, Jane Weeks, David Harrington. 2010

Purpose: To assess patients' experiences with cancer care, ratings of their quality of care, and correlates of these assessments. Patients and Methods: For 4,093 patients with lung cancer and 3,685 patients with colorectal cancer in multiple US regions and health care delivery systems, we conducted telephone surveys of patients or their surrogates in English, Spanish, or Chinese at 4 to 7 months after diagnosis. The surveys assessed ratings of the overall quality of cancer care and experiences with three domains of interpersonal care (physician communication, nursing care, and coordination and responsiveness of care). Results: English-speaking Asian/Pacific Islander patients and Chinese-speaking patients and those in worse health reported significantly worse adjusted experiences with all three domains of interpersonal care, whereas white, black, and Hispanic patients reported generally similar experiences with interpersonal care. The overall quality of cancer care was rated as excellent by 44.4% of patients with lung cancer and 53.0% of patients with colorectal cancer, and these ratings were most strongly correlated with positive experiences with coordination and responsiveness of care (Spearman rank coefficients of 0.49 and 0.42 for lung and colorectal cancer, respectively). After multivariate adjustment, excellent ratings were less common for each cancer among black patients, English-speaking Asian/Pacific Islander patients, Chinese-speaking patients, and patients reporting worse health status (all P </= .05). Conclusion: Patients' reports and ratings of care differed significantly by race, language, and health status. Efforts to improve patients' experiences with cancer care should focus on problems affecting Asian and Pacific Islander patients and those in worse health.

EP-20100125

Hospice use and high-intensity care in men dying of prostate cancer. Jonathan Bergman, Christopher S. Saigal, Karl Lorenz, Janet M. Hanley, David C. Miller, John L. Gore, Mark Litwin. 2010

Background: Hospice programs improve the quality of life and quality of death for men dying of cancer. We sought to characterize hospice use by men dying of prostate cancer and to compare the use of high-intensity care between those who did or did not enroll in hospice. Methods: We used linked Surveillance, Epidemiology, and End Results-Medicare data to identify a cohort of Medicare beneficiaries who died of prostate cancer between 1992 and 2005. We created 2 multivariable logistic regression models, one to identify factors associated with hospice use and one to determine the association of hospice use with the receipt of diagnostic and interventional procedures and physician visits at the end of life. Results: Of 14 521 men dying of prostate cancer, 7646 (53%) used hospice for a median of 24 days. Multivariable modeling demonstrated that African American ethnicity (odds ratio [OR], 0.78; 95% confidence interval [CI], 0.68-0.88) and higher Charlson comorbidity index (OR, 0.49; 95% CI, 0.44-0.55) were associated with lower odds of hospice use, while having a partner (OR, 1.23; 95% CI, 1.14-1.32) and more recent year of death (OR, 1.12; 95% CI, 1.11-1.14) were associated with higher odds of hospice use. Men dying of prostate cancer who enrolled in hospice were less likely (OR, 0.82; 95% CI, 0.74-0.91) to receive high-intensity care, including intensive care unit admissions, inpatient stays, and multiple emergency department visits. Conclusions: The proportion of individuals using hospice is increasing, but the timing of hospice referral remains poor. Those who enroll in hospice are less likely to receive high-intensity end-of-life care.

EP-20100126

What if physicians actually had to control medical costs?. Robert H. Brook. 2010

This commentary suggests that rationing health care is inevitable and urges physicians to lead the way in developing a plan to do it reasonably and equitably.

EP-20100127

Explaining adult age differences in decision-making competence. Wandi Bruine de Bruin, Andrew M. Parker, Baruch Fischhoff. 2010

Studies on aging-related changes in decision making report mixed results. Some decision-mak-

ing skills decline with age, while others remain unchanged or improve. Because fluid cognitive ability (e.g., reasoning, problem solving) deteriorates with age, older adults should perform worse on decision-making tasks that tap fluid cognitive ability. However, performance on some decision-making tasks may require experience, which increases with age. On those tasks, older adults should perform at least as well as younger adults. These two patterns emerged in correlations between age and component tasks of Adult Decision-Making Competence (A-DMC), controlling for demographic variables. First, we found negative relationships between age and performance on two tasks (Resistance to Framing, Applying Decision Rules), which were mediated by fluid cognitive ability. Second, performance on other tasks did not decrease with age (Consistency in Risk Perception, Recognizing Age-group Social Norms) or improved (Under/Overconfidence, Resistance to Sunk Costs). In multivariate analyses, performance on these tasks showed independent positive relationships to both age and fluid cognitive ability. Because, after controlling for fluid cognitive ability, age becomes a proxy for experience, these results suggest that experience plays no role in performing the first set of tasks, and some role in performing the second set of tasks. Although not all decision-making tasks showed age-related declines in performance, older adults perceived themselves as worse decision makers. Self-ratings of decision-making competence were related to fluid cognitive ability and to decision-making skills that decreased with age?but not to decision-making skills that increased with age.

EP-20100128

Methodological complexities associated with systematic review of health relationships. Barbara Findlay, Katherine Smith, Cindy C. Crawford, Ian D. Coulter, Raheleh Khorsan, Wayne B. Jonas. 2010

Background/Context: There is growing recognition within the field of medicine that healing and healing relationships are important and that developing evidence-based medicine approaches to healing should be an important aspect of this emerging field, including the use of systematic reviews. Health care leaders charges with developing healing initiatives in hospitals often are frustrated in their attempts to find rigorous reviews of the literature to support their programs. Objective: The objective of this project was to conduct a systematic review that asked, "What is the return on investment to hospitals that implement programs aimed at enhancing healing relationships?" Methods: A comprehensive literature search using several electronic databases was conducted to locate studies that evaluated hospital-based programs involving "healing relationships." All studies found were evaluated as to their relevance to the study and screened for methodological quality. Result: Research investigators found broad heterogeneity across the 80 included studies with regard to stated aims, target populations, outcomes measured, measurement tools employed, and evaluation methods used. Only 10 articles were categorized as being methodologically strong. Conclusions: Results of the systematic review highlighted challenges in synthesizing knowledge about healing that included absence of widely accepted definitions and language around "healing," locating literature published across many different disciplines, and absence of standards for conducting rigorous program evaluations in hospitals. A less formal qualitative review of included studies also revealed themes in the literature that provide clues about the professional, social, cultural, and historical influences that have helped to shape the evidence base to date.

EP-20100129

Research priorities for syndromic surveillance systems response: consensus development using nominal group technique. Lori Uscher-Pines, Steven M. Babin, Corey L. Farrell, Yu-Hsiang Hsieh, Michael D. Moskal, Charlotte Gaydos, Syndrome. 2010

Objective: To identify a set of fundable and practically feasible research priorities in the field of syndromic surveillance response on the basis of expert consensus. Methods: The nominal group technique was used to structure an expert panel meeting in February 2009. Eleven national

experts participated in the meeting, representing health departments at the city, county, state, and federal levels as well as academia and the military. Results: The expert panel identified 3 research topics as consensus research priorities. These included the following: (1) How should different types of evidence and complementary data systems be integrated (merging data, visualizations)? (2) How can syndromic surveillance best be used in an electronic medical record environment? and (3) What criteria should be used to prioritize alerts? All identified research priorities were considered to be moderately highly fundable and feasible by an external group of experts with a record of obtaining grant funding in the field of biosurveillance. Conclusions: Prioritized research needs clustered around the common theme of how best to integrate diverse types and sources of information to inform action; thus, the major challenge that health departments are facing appears to be how to process abundant alert data from dissimilar sources. The nominal group technique in this study provided a method for systems' monitors to communicate their needs to the research community and can influence the commissioning of research by funding institutions.

EP-20100130

The effects of the affordable care act on workers' health insurance coverage. Christine Eibner, Peter S. Hussey, Federico Girosi. 2010

The nature of employer-sponsored coverage may change substantially after implementation of the Patient Protection and Affordable Care Act, with an increase in the number of workers offered coverage through the health insurance exchanges.

EP-20100131

Transforming mental healthcare in the veterans health administration: a model for measuring performance to improve access, quality, and outcomes. Katherine E. Watkins, Donna J. Keyser, Brad Smith, Thomas E. Mannle, Jr., Daniel R. Kivlahan, Susan M. Paddock, Teryn Mattox, Marcela Horvitz-Lennon, Harold Alan Pincus. 2010

In this paper we present the conceptual framework and research design of a national evaluation of the quality of mental healthcare provided to veterans by the Veterans Health Administration, and present results on the reported availability of evidence-based practices. We used the Donabedian paradigm to design a longitudinal evaluation of the quality of mental healthcare. To evaluate the structure of care we used a combination of survey and administrative data and designed a web-based facility survey to examine the availability and characteristics of 12 evidence-based practices and other mental health services. We identified 138 unique facilities that provided mental healthcare to 783,280 veterans. With the exception of opiate substitution therapies, every evidence-based practice was reported in at least one location in each service network. We use maps to estimate the maximum number of veterans that might benefit from expanding the availability of an evidence-based practice. We demonstrate the feasibility of overcoming several major challenges typically associated with measuring the quality of healthcare systems. This framework for evaluation of mental healthcare delivery provides a model upon which other stakeholders can continue to build and expand.

EP-20100132

Pharmacy participation in non-prescription syringe sales in Los Angeles and San Francisco counties, 2007. Erin N. Cooper, Chaka Dodson, Thomas J. Stopka, Elise D. Riley, Richard S. Garfein, Ricky N. Bluthenthal. 2010

Increasing sterile syringe access for injection drug users (IDUs) is one way to prevent HIV and hepatitis C virus (HCV) transmission in this population. In 2005, California Senate Bill 1159 allowed counties to adopt the Disease Prevention Demonstration Project (DPDP). Where enacted, the DPDP allows pharmacies that register with the county to sell up to ten syringes to adults without a prescription. In the current study, we describe pharmacy participation in nonprescription syringe sales (NPSS) in two counties in California and examine factors associated with NPSS. Telephone and in-person interviews were conducted in Los

Angeles (LA) and San Francisco (SF) with 238 pharmacies in 2007 (n = 67 in SF; n = 171 in LA). Quantitative survey items captured pharmacy registration with the county, pharmacy policies/practices, episodes and conditions of NPSS and refusals to sell, potential negative consequences of NPSS, and staff attitudes regarding HIV and HCV prevention for IDUs. Overall, 42% of pharmacies reported NPSS (28% in LA and 81% in SF), although only 34% had registered with the county (17% in LA and 76% in SF). Many pharmacies required proof of a medical condition (80% in LA and 30% in SF) and refused NPSS if the customer was a suspected IDU (74% in LA, 33% in SF). Few negative consequences of NPSS were reported. In multivariate logistic regression analysis, we found that the odds of NPSS were significantly higher among pharmacists who thought syringe access was important for preventing HIV among IDUs [adjusted odds ratio (AOR) = 2.95; 95% confidence interval (CI) = 1.10?7.92], were chain pharmacies (AOR = 12.5; 95% CI = 4.55?33.33), and were located in SF (AOR = 4.88; 95% CI = 1.94?12.28). These results suggest that NPSS were influenced by pharmacists' perception. NPSS might be increased through greater educational efforts directed at pharmacists, particularly those in non-chain pharmacies.

EP-20100133

Disaster recovery also involves human recovery. Anita Chandra, Joie Acosta. 2010

This commentary argues that unless the U.S. examines and plans for the psychological consequences of disasters such as Katrina and the recent oil spill, communities will be struggling to address acute and chronic health issues while trying to rebuild.

EP-20100134

Religious congregations' involvement in HIV: a case study approach. Kathryn Pitkin Derose, Peter Mendel, Kartika Palar, David E. Kanouse, Ricky N. Bluthenthal, Laura Werber Castaneda, Dennis E. Corbin, Blanca X. Dominguez, Jennifer Hawes-Dawson, Michael Mata, Clyde W. Oden. 2010

Comparative case studies were used to explore religious congregations' HIV involvement, including types and extent of activities, interaction with external organizations or individuals, and how activities were initiated and have changed over time. The cases included 14 congregations in Los Angeles County representing diverse faith traditions and races-ethnicities. Activities fell into three broad categories: (1) prevention and education; (2) care and support; and (3) awareness and advocacy. Congregations that engaged early in the epidemic focused on care and support while those that became involved later focused on prevention and education. Most congregations interacted with external organizations or individuals to conduct their HIV activities, but promoting abstinence and teaching about condoms were conducted without external involvement. Opportunities exist for congregations to help address a variety of HIV-related needs. However, activities that are mission-congruent, such as providing pastoral care for people with HIV, raising HIV awareness, and promoting HIV testing, appear easier for congregations to undertake than activities aimed at harm reduction.

EP-20100135

A collaborative approach to identifying effective incentives for mental health clinicians to improve depression care in a large managed behavioral healthcare organization. Lisa S. Meredith, Robert B. Branstrom, Francisca Azocar, Ruth Fikes, Susan L. Ettner. 2010

This descriptive study used stakeholder input to prioritize evidence-based strategies for improving depression care and to select incentives for mental health clinicians to adopt those strategies, and to conduct a feasibility test of an incentive-based program in a managed behavioral healthcare organization (MBHO). In two rounds of interviews and a stakeholder meeting, MBHO administrators and clinicians selected increasing combination treatment (antidepressant plus psychotherapy) rates as the program goal; and paying a bonus for case reviews, clinician feedback, and clinician education as incentives. We assessed program feasibility with case review and clinician surveys

from a large independent practice association that contracts with the MBHO. Findings suggest that providing incentives for mental health clinicians is feasible and the incentive program did increase awareness. However, adoption may be challenging because of administrative barriers and limited clinical data available to MBHOs.

EP-20100136

Private sector participation and health system performance in Sub-Saharan Africa. Joanne K. Yoong, Nicholas Burger, Connor Spreng, Neeraj Sood. 2010

Background: The role of the private health sector in developing countries remains a much-debated and contentious issue. Critics argue that the high prices charged in the private sector limits the use of health care among the poorest, consequently reducing access and equity in the use of health care. Supporters argue that increased private sector participation might improve access and equity by bringing in much needed resources for health care and by allowing governments to increase focus on underserved populations. However, little empirical exists for or against either side of this debate. Methodology/Principal Findings: We examine the association between private sector participation and self-reported measures of utilization and equity in deliveries and treatment of childhood respiratory disease using regression analysis, across a sample of nationally-representative Demographic and Health Surveys from 34 SSA economies. We also examine the correlation between private sector participation and key background factors (socioeconomic development, business environment and governance) and use multivariate regression to control for potential confounders. Private sector participation is positively associated with greater overall access and reduced disparities between rich and poor as well as urban and rural populations. The positive association between private sector participation and improved health system performance is robust to controlling for confounders including per capita income and maternal education. Private sector participation is positively correlated with measures of socio-economic development and favorable business environment. Conclusions/Significance: Greater participation is associated with favorable intermediate outcomes in terms of access and equity. While these results do not establish a causal link between private sector participation and health system performance, they suggest that there is no deleterious link between private sector participation and health system performance in SSA.

EP-20100137

The unusually poor physical health status of Cambodian refugees two decades after resettlement. Eunice C. Wong, Grant N. Marshall, Terry L. Schell, Marc N. Elliott, Susan H. Babey, Katrin Hambarsoomian. 2010

To better document the health status of Cambodian refugees, the physical health functioning, disability, and general health status of Cambodian refugees was compared to that of non-refugee Asian immigrants with similar demographic characteristics. Data were collected between October 2003 and February 2005, from 490 face-to-face interviews conducted with a stratified probability sample of households from the Cambodian community in Long Beach, California. Data on the health status of the general adult population (n = 56,270) was taken from the California Health Interview Survey, a telephone interview of a representative sample California residents. Cambodian refugees reported exceedingly poor health when compared to both the general population to the Asian participants. This disparity was only slightly reduced when Cambodian refugees were compared to the subsample of Asian immigrants who were matched on gender, age, income, and urbanicity. Although Cambodians refugees are older and poorer than the general population, their poor health cannot be fully attributed to these risk factors. Research is needed to guide health policy and practices aimed at eliminating this health disparity.

EP-20100138

A cost-effectiveness analysis of a proposed national falls prevention program. Shin-Yi Wu, Emmett B. Keeler, Laurence Rubenstein, Margaret Maglione, Paul G. Shekelle. 2010

Falls are a major health concern for elderly people and cause substantial health care costs. The authors used meta-analytic findings on the effectiveness of fall prevention interventions to determine cost-effectiveness of a proposed Medicare fall prevention program for people who experience a recent fall. Using published clinical trial data, the authors constructed a population-based economic model and estimated that, in the base case, the program could prevent a half million people from falling again within a year. From the model, under most circumstances the cost-effectiveness ratio is less than $1500 per person prevented from experiencing a recurrent fall. Paying for a fall prevention program to increase the use of evidence-based interventions would be a cost-effective use of Medicare dollars.

EP-20100139

Healthy young and middle age adults: what will it take to vaccinate them for influenza?. Lori Uscher-Pines, Juergen Maurer, Arthur L. Kellermann, Katherine M. Harris. 2010

Starting in 2010, healthy adults age 19-49 will be recommended for annual influenza vaccination. Because they were not previously targeted, little is known about their vaccine-related attitudes and behaviors. Using nationally representative survey data from 2009 to 2010, we found that adults newly recommended for influenza vaccination (as compared to previously recommended groups) are less likely to believe flu vaccines are safe (44% vs. 63%), to have ever been vaccinated (36% vs. 64%), to be vaccinated following a healthcare provider recommendation (44% vs. 52%), and to visit a doctor's office during vaccination season (41% vs. 69%). To boost rates of influenza vaccination in this population, new and untraditional strategies aimed at encouraging first-time vaccination are needed.

EP-20100140

Running away from home: a longitudinal study of adolescent risk factors and young adult outcomes. Joan S. Tucker, Maria Orlando Edelen, Phyllis L. Ellickson, David J. Klein. 2010

Little is known about the adolescent risk factors and young adult health-related outcomes associated with running away from home. We examined these correlates of running away using longitudinal data from 4,329 youth (48% female, 85% white) who were followed from Grade 9 to age 21. Nearly 14% of the sample reported running away in the past year at Grade 10 and/or Grade 11. Controlling for demographics and general delinquency, running away from home was predicted by lack of parental support, school disengagement, greater depressive affect, and heavier substance use at Grade 9. In turn, runaways had higher drug dependence scores and more depressive symptoms at age 21 than non-runaways, even after taking these antecedent risk factors into account. Runaway status did not predict alcohol dependence risk at age 21. Results highlight the importance of substance use and depression, both as factors propelling adolescents to run away and as important long-term consequences of running away.

EP-20100141

Developing a group motivational interviewing intervention for first-time adolescent offenders at-risk for an alcohol or drug use disorder. Elizabeth D'Amico, Karen Chan Osilla, Sarah B. Hunter. 2010

This study examined how teens who had committed a first-time alcohol or other drug (AOD) offense responded to a motivational interviewing (MI) group intervention. Participants were 101 first-time AOD adolescent offenders (M = 15.88; 63% male, 54% Hispanic). The authors developed and tested a six-session curriculum called Free Talk and solicited feedback from different teens after each session. Groups were recorded and transcribed. Feedback was categorized using the Motivational Interviewing Treatment Integrity scale (MITI 3.0).

Feedback indicated high levels of evocation, collaboration, autonomy/support, and empathy. The current study highlights that utilizing group MI can be an acceptable approach for at-risk youth.

EP-20100142

Social Networks of PLHA in Uganda: Implications for Mobilizing PLHA as Agents for Prevention. Harold D. Green, Jr., Lynn Atuyambe, Sarah Ssali, Gery W. Ryan, Glenn Wagner. 2010

The objective of this study was to describe the social networks of people living with HIV/AIDS (PLHA) and explore the implications social network characteristics might have for mobilizing PLHA as prevention agents. Thirty-nine PLHA attending an HIV clinic in Kampala, Uganda provided information on themselves and on 20 network members. Based on these data, descriptive statistics for social network composition and structure were calculated. Research questions relating these network characteristics to treatment-related variables such as time since diagnosis, ART status, and time on ART were investigated. Analyses reveal that, in general, network members know the PLHA's status, are trusted, provide advice and support, and are well-connected to each other. Network features (e.g., proportion of individuals who know the PLHA's status) are related to the previously mentioned treatment variables. Findings suggest that PLHA surround themselves with a social context that enables PLHA to feel fairly protected and supported if they choose to discuss HIV and prevention. With respect to treatment, those on ART may be better prepared to act as prevention advocates.

EP-20100143

How perceptions of mortality and HIV morbidity relate to substance abuse problems and risky sexual behaviors among former juvenile offenders. Dena M. Gromet, Rajeev Ramchand, Beth Ann Griffin, Andrew R. Morral. 2010

This study investigates whether high-risk young adults' perceptions of their likelihood of living to age 35 and of acquiring HIV are related to their substance abuse problems and risky sexual behaviors. The sample consists of data from the 72- and 87-month follow-up assessments of 449 juvenile offenders referred to probation in 1999 and 2000. Results indicate that believing one is likely to get HIV is associated with having more concurrent substance use problems and engaging in more risky sexual behaviors. Longitudinal analyses indicate that youth who think they are likely to get HIV are at greater risk for later substance abuse problems and risky sexual behaviors, though these results are only marginally significant. The results demonstrate that respondents are aware of some of the risks associated with their recent substance using and sexual behaviors, but that holding these perceptions does not result in a reduction of these behaviors.

EP-20100144

Physician factors associated with discussions about end-of-life care. Nancy L. Keating, Mary Beth Landrum, Selwyn O. Rogers, Susan K. Baum, Beth A. Virnig, Haiden A. Huskamp, Craig C. Earle, Katherine L. Kahn. 2010

Background: Guidelines recommend advanced care planning for terminally ill patients with <1 year to live. Few data are available regarding when physicians and their terminally ill patients typically discuss end-of-life issues. Methods: A national survey was conducted of physicians caring for cancer patients about timing of discussions regarding prognosis, do not resuscitate (DNR) status, hospice, and preferred site of death with their terminally ill patients. Logistic regression was used to identify physician and practice characteristics associated with earlier discussions. Results: Among 4074 respondents, 65% would discuss prognosis "now" (defined as patient has 4 months to 6 months to live, asymptomatic). Fewer would discuss DNR status (44%), hospice (26%), or preferred site of death (21%) immediately, with most physicians waiting for patient symptoms or until there are no more treatments to offer. In multivariate analyses, younger physicians more often discussed prognosis, DNR status, hospice, and site of death "now" (all $P < .05$). Surgeons and oncologists were more likely than noncancer spe-

cialists to discuss prognosis "now" (P = .008), but noncancer specialists were more likely than cancer specialists to discuss DNR status, hospice, and preferred site of death "now" (all P < .001). Conclusions: Most physicians report they would not discuss end-of-life options with terminally ill patients who are feeling well, instead waiting for symptoms or until there are no more treatments to offer. More research is needed to understand physicians' reasons for timing of discussions and how their propensity to aggressively treat metastatic disease influences timing, as well as how the timing of discussions influences patient and family experiences at the end of life.

EP-20100145

The end of the quality improvement movement: long live improving value. Robert H. Brook. 2010

This commentary argues that 40 years after the birth of the quality improvement movement, we still don't know much about what's been accomplished. Going forward, academic and industry leaders should focus on the nexus of quality and cost.

EP-20100146

A statistical Markov chain approximation of transient hospital inpatient inventory. James Robert Broyles, Jeffrey K. Cochran, Douglas C. Montgomery. 2010

Inventory levels are critical to the operations, management, and capacity decisions of inventory systems but can be difficult to model in heterogeneous, non-stationary throughput systems. The inpatient hospital is a complicated throughput system and, like most inventory systems, hospitals dynamically make managerial decisions based on short term subjective demand predictions. Specifically, short term hospital staffing, resource capacity, and finance decisions are made according to hospital inpatient inventory predictions. Inpatient inventory systems have non-stationary patient arrival and service processes. Previously developed models present poor inventory predictions due to model subjectivity, high model complexity, solely expected value predictions, and assumed stationary arrival and service processes. Also, no models present statistical testing for model significance and quality-of-fit. This paper presents a Markov chain probability model that uses maximum likelihood regression to predict the expectations and discrete distributions of transient inpatient inventories. The approach has a foundation in throughput theory, has low model complexity, and provides statistical significance and quality-of-fit tests unique to this Markov chain. The Markov chain is shown to have superior predictability over Seasonal ARIMA models.

EP-20100147

Developing nonlinear queuing regressions to increase emergency department patient safety: approximating reneging with balking. Jeffrey K. Cochran, James Robert Broyles. 2010

Administrators know when Emergency Department (ED) overcrowding is a problem in their hospital. Lead times to change ED capacity are long and require strategic tools. ED patients who Leave WithOut Treatment (LWOT) before seeing a physician are, in queuing nomenclature, 'reneging' from an overcrowded situation and are an important measure of ED patient safety. We propose to enable strategic decision making on future ED capacity on the basis of patient safety (rather than congestion measures). We hypothesize that the LWOT reneging percentage is captured by the balking probability (Pk) relationship of an M/M/1/K queue. If true, this relationship is superior to the typical ad hoc regression relationships commonly found. Since it is based on a physical scientific mechanism, the sample size requirements and extrapolation power are improved. We derive the form of a binomial response nonlinear weighted regression model that best fits Pk for predicting LWOT to long-term ED performance by means of Gauss-Newton linearization. Our results include asymptotic Wald confidence intervals on prediction, specific Pearson and Deviance model goodness-of-fit tests, and residual analysis that facilitate identification of outlying data points. None of these features exist for reneging (or balking) models previously presented in the literature.

EP-20100148

Effects of competition on the cost and quality of inpatient rehabilitation care under prospective payment. Carrie Hoverman, Jose J. Escarce, Melinda Beeuwkes Buntin, Neeraj Sood. 2010

Objective. To determine the effect of competition in postacute care (PAC) markets on resource intensity and outcomes of care in inpatient rehabilitation facilities (IRFs) after prospective payment was implemented. Data Sources. Medicare claims, Provider of Services file, Enrollment file, Area Resource file, Minimum Data Set. Study Design. We created an exogenous measure of competition based on patient travel distances and used instrumental variables models to estimate the effect of competition on inpatient rehabilitation costs, length of stay, and death or institutionalization. Data Extraction Methods. A file was constructed linking data for Medicare patients discharged from acute care between 2002 and 2003 and admitted to an IRF with a diagnosis of hip fracture or stroke. Principal Findings. Competition had different effects on treatment intensity and outcomes for hip fracture and stroke patients. In the treatment of hip fracture, competition increased costs and length of stay, while increasing rates of death or institutionalization. In the treatment of stroke, competition decreased costs and length of stay and produced inferior outcomes. Conclusions. The effects of competition in PAC markets may vary by condition. It is important to study the effects of competition by diagnostic condition and to study the effects across populations that vary in severity. Our finding that higher competition under prospective payment led to worse IRF outcomes raises concerns and calls for additional research.

EP-20100149

Effectiveness of collaborative care in addressing depression treatment preferences among low-income Latinos. Megan Dwight-Johnson, Isabel Lagomasino, Joel W. Hay, Lily Zhang, Lingqi Tang, Jennifer M. Green, Naihua Duan. 2010

OBJECTIVE: This study assessed treatment preferences among low-income Latino patients in public-sector primary care clinics and examined whether a collaborative care intervention that included patient education and allowed patients to choose between medication, therapy, or both would increase the likelihood that patients received preferred treatment. METHODS: A total of 339 Latino patients with probable depressive disorders were recruited; participants completed a baseline conjoint analysis preference survey and were randomly assigned to receive the intervention or enhanced usual care. At 16 weeks, a patient survey assessed depression treatment received during the study period. Logistic regression models were constructed to estimate treatment preferences, examine patient characteristics associated with treatment preferences, and examine patient characteristics associated with a match between stated preference and actual treatment received. RESULTS: The conjoint analysis preference survey showed that patients preferred counseling or counseling plus medication over antidepressant medication alone and that they preferred treatment in primary care over specialty mental health care, but they showed no significant preference for individual versus group treatment. Patients also indicated that individual education sessions, telephone sessions, transportation assistance, and family involvement were barrier reduction strategies that would enhance their likelihood of accepting treatment. Compared with patients assigned to usual care, those in the intervention group were 21 times as likely to receive preferred treatment. Among all participants, women, unemployed persons, those who spoke English, and those referred by providers were more likely to receive preferred treatment. CONCLUSIONS: Collaborative care interventions that include psychotherapy can increase the likelihood that Latino patients receive preferred care; however, special efforts may be needed to address preferences of working persons, men, and Spanish-speaking patients.

EP-20100150

Hospital survey shows improvements in patient experience. Marc N. Elliott, William G. Lehrman, Elizabeth Goldstein, Laura A. Giordano, Megan K. Beckett, Christopher W. Cohea, Paul Cleary. 2010

Hospitals are improving the inpatient care experience. A government survey that measures patients' experiences with a range of issues from staff responsiveness to hospital cleanliness-the Hospital Consumer Assessment of Healthcare Providers and Systems survey-is showing modest but meaningful gains. Using data from the surveys reported in March 2008 and March 2009, we present the first comprehensive national assessment of changes in patients' experiences with inpatient care since public reporting of the results began. We found improvements in all measures of patient experience, except doctors' communication. These improvements were fairly uniform across hospitals. The largest increases were in measures related to staff responsiveness and the discharge information that patients received.

EP-20100151

Correlates of bother following treatment for clinically localized prostate cancer. John L. Gore, Kiran Gollapudi, Jonathan Bergman, Lorna Kwan, Tracey L. Krupski, Mark Litwin. 2010

PURPOSE: We determined factors associated with bother, the distress patients experience as a result of functional detriments after treatment for localized prostate cancer. MATERIALS AND METHODS: A prospective cohort of men treated for clinically localized prostate cancer completed a questionnaire comprising the UCLA-PCI, Medical Outcomes Study Short Form-36, American Urological Association Symptom Index and Memorial Anxiety Scale for Prostate Cancer fear of recurrence subscale. We used nonlinear mixed models to identify factors associated with severe urinary, sexual and bowel bother. RESULTS: Worse function scores were associated with severe urinary, sexual and bowel bother following treatment (OR 0.88-0.94, p <0.001). Worse American Urological Association Symptom Index score was associated with severe urinary bother (OR 1.22, 95% CI 1.16-1.28). Time since treatment was inversely associated with urinary (OR 0.68, 95% CI 0.54-0.83) and bowel bother (OR 0.63, 95% CI 0.47-0.80) early after treatment but not for the entire 48-month study period. Receipt of concomitant androgen deprivation therapy was not associated with bother 48 months after radiation. CONCLUSIONS: Addressing functional detriment may confer improvement in urinary, sexual and bowel bother. Patient distress related to dysfunction improves with time. Measuring health related quality of life after prostate cancer treatment should incorporate functional and bother assessments.

EP-20100152

Waiting room medicine: has it really come to this?. Arthur L. Kellermann. 2010

Emergency department physicians are devising an ever-expanding list of workarounds to deal with ED overcrowding, but the author argues that their success in doing so perhaps enables abuse of patients rather than their protection.

EP-20100153

Coverage and preventive screening. Daniella Meeker, Geoffrey F. Joyce, Jesse D. Malkin, Steven M. Teutsch, Anne C. Haddix, Dana P. Goldman. 2010

CONTEXT: Preventive care has been shown as a high-value health care service. Many employers now offer expanded coverage of preventive care to encourage utilization. OBJECTIVE: To determine whether expanding coverage is an effective means to encourage utilization. DESIGN: Comparison of screening rates before and after introduction of deductible-free coverage. SETTING: People insured through large corporations between 2002 and 2006. PATIENTS OR OTHER PARTICIPANTS: Preferred Provider Organization (PPO) enrollees from an employer introducing deductible-free coverage, and a control group enrolled in a PPO from a second employer with no policy change. MAIN OUTCOME MEASURES: Adjusted probability of endoscopy, fecal occult blood test (FOBT), lipid screens, mammography, and Papanicolaou (pap) smears. INTERVENTION: Introduction of first-dollar coverage (FDC) of preventive services in 2003. RESULTS: After adjusting for demographics and secular trends, there were between 23 and 78 additional uses per 1,000 eligible patients of covered preventive screens (lipid screens, pap

smears, mammograms, and FOBT), with no significant changes in the control group or in a service without FDC (endoscopy). CONCLUSIONS: FDC improves utilization modestly among healthy individuals, particularly those in lower deductible plans. Compliance with guidelines can be encouraged by lowering out-of-pocket costs, but patients' predisposing characteristics merit attention.

EP-20100154

Theory and method at the intersection of anthropology and cultural neuroscience. Rebecca Seligman, Ryan Andrew Brown. 2010

Anthropologists have become increasingly interested in embodiment-that is, the ways that socio-cultural factors influence the form, behavior and subjective experience of human bodies. At the same time, social cognitive neuroscience has begun to reveal the mechanisms of embodiment by investigating the neural underpinnings and consequences of social experience. Despite this overlap, the two fields have barely engaged one another. We suggest three interconnected domains of inquiry in which the intersection of neuroscience and anthropology can productively inform our understanding of the relationship between human brains and their socio-cultural contexts. These are: the social construction of emotion, cultural psychiatry, and the embodiment of ritual. We build on both current research findings in cultural neuroscience and ethnographic data on cultural differences in thought and behavior, to generate novel, ecologically informed hypotheses for future study. In addition, we lay out a specific suggestion for operationalizing insights from anthropology in the context of cultural neuroscience research. Specifically, we advocate the development of field studies that use portable measurement technologies to connect individual patterns of biological response with socio-cultural processes. We illustrate the potential of such an approach with data from a study of psychophysiology and religious devotion in Northeastern Brazil.

EP-20100155

Reliability of medical group and physician performance measurement in the primary care setting. Thomas D. Sequist, Eric C. Schneider, Angela Li, William H. Rogers, Dana Gelb Safran. 2010

BACKGROUND: Performance reporting is increasingly focused on physician practice sites and individual physicians. OBJECTIVE: To assess the reliability of performance measurement for practice sites and individual physicians. RESEARCH DESIGN: We used data collected across multiple payers as part of a statewide measurement collaborative to evaluate the observed measure reliability and sample size requirements to achieve acceptable reliability of 4 Health Care Effectiveness Data and Information Set measures of preventive care and 10 Health Care Effectiveness Data and Information Set measures of chronic care across 334 practice sites. We conducted a parallel set of physician-level analyses using data across 118 primary physicians practicing within a large multispecialty group. MEASURES: Observed reliabilities and estimated sample size requirements to achieve reliability >/=0.70. RESULTS: At the practice site level, sample sizes required to achieve a reliability of 0.70 were less than 200 patients per site for all 4 measures of preventive care, all 4 process measures of diabetes care, and 2 outcomes measures of diabetes care. Larger samples were required to achieve reliability for cholesterol screening in the presence of cardiovascular disease (n = 249) and use of appropriate asthma medications (n = 351). At the physician level, less than 200 patients were required for all 4 measures of preventive care, but for many chronic care measures the samples of patients available per physician were not sufficient to achieve a reliability of 0.70. CONCLUSION: In a multipayer collaborative, sample sizes were adequate to reliably assess clinical process and outcome measures at the practice site level. For individual physicians, sample sizes proved adequate to reliably measure preventive care, but may not be feasible for chronic care assessment.

EP-20100156

Functioning and disability levels in primary care out-patients with one or more anxiety disorders. Cathy D. Sherbourne, Gordon Sullivan, Michelle G. Craske, Peter Roy-Byrne, Daniela Golinelli, Raphael D. Rose, Denise A. Chavira, Alexander Bystritsky, M.B. Stein. 2010

Background: Anxiety disorders are the most prevalent mental health disorders and are associated with substantial disability and reduced well-being. It is unknown whether the relative impact of different anxiety disorders is due to the anxiety disorder itself or to the co-occurrence with other anxiety disorders. This study compared the functional impact of combinations of anxiety disorders in primary care out-patients. Method: A total of 1004 patients with panic disorder (PD), generalized anxiety disorder (GAD), social anxiety disorder (SAD) or post-traumatic stress disorder (PTSD) provided data on their mental and physical functioning, and disability. Multivariate regressions compared functional levels for patients with different numbers and combinations of disorders. Results: Of the patients, 42% had one anxiety disorder only, 38% two, 16% three and 3% all four. There were few relative differences in functioning among patients with only one anxiety disorder, although those with SAD were most restricted in their work, social and home activities and those with GAD were the least impaired. Functioning levels tended to deteriorate as co-morbidity increased. Conclusions: Of the four anxiety disorders examined, GAD appears to be the least disabling, although they all have more in common than in distinction when it comes to functional impairment. A focus on unique effects of specific anxiety disorders is inadequate, as it fails to address the more pervasive impairment associated with multiple anxiety disorders, which is the modal presentation in primary care.

EP-20100157

Ambient particulate matter air pollution and venous thromboembolism in the Women's Health Initiative Hormone Therapy trials. Regina A. Shih, Beth Ann Griffin, Nicholas Salkowski, Adria D. Jewell, Christine Eibner, Chloe E. Bird, Duanping Liao, Mary Cushman, Helene G. Margolis, Charles B. Eaton, Eric A. Whitsel. 2010

Background: The putative effects of postmenopausal hormone therapy on the association between particulate matter air pollution (PM) and venous thromboembolism (VTE) have not been assessed in a randomized trial of hormone therapy, despite its widespread use among post-menopausal women. Objective: This study examined whether hormone therapy modifies the association of PM with VTE risk. Methods: Post-menopausal women ages 50-79 (N = 26,450) without history of VTE and not taking anticoagulants were enrolled in the Women's Health Initiative (WHI) Hormone Therapy trials at 40 geographically diverse U.S. clinical centers and randomized to treatment with estrogen versus placebo (E trial) or to estrogen plus progestin versus placebo (E+P trial). Age-stratified Cox proportional hazard models were used to examine the association between time to incident, centrally-adjudicated VTE and daily mean PM concentrations spatially interpolated at geocoded participant addresses and averaged over 1, 7, 30, and 365 days. Results: During follow-up (mean, 7.7 years) 508 participants (2.0%) had VTE at a rate of 2.6 events/1,000 person-years. Unadjusted and covariate-adjusted VTE risk was not associated with concentrations of PM < 2.5 or 10 um and PM*active treatment interactions were not statistically significant (p>0.05) regardless of PM averaging period, either before or after combining data from both trials (e.g., combined-trial adjusted hazard ratios [95% CIs] per 10 ug/m3 increase in annual mean PM2.5 and PM10, were 0.93 [0.54-1.60] and 1.05 [0.72-1.53], respectively). Findings were insensitive to adoption of alternative exposure metrics, outcome definitions, time scales, analytic methods, and censoring dates. Conclusions: In contrast to prior research, these findings provide little evidence of an association between short- or long-term PM exposure and VTE, or clinically important modification by randomized exposure to exogenous estrogens among post-menopausal women.

EP-20100158

Risk-adjusted capitation rates for children: how useful are the survey-based measures?. Hao Yu, Andrew W. Dick. 2010

Objective: Despite the recognition by some experts that survey measures have the potential to improve capitation rates for those with chronic conditions, few studies have examined risk-adjustment models for children, and fewer still have focused on survey measures. This study evaluates the performance of risk-adjustment models for children and examines the potential of survey-based measures for improving capitation rates for children. Data Sources: The study sample includes 8,352 Medicaid children who were followed up for 2 years by the Medical Expenditure Panel Survey in 2000-2005. Study Methods: Children's information in 1 year was used to predict their expenditures in the next year. Five models were estimated, including one each that used demographic characteristics, subjectively rated health status, survey measures about children with special health care needs (CSHCN), prior year expenditures, and Hierarchical Condition Category (HCC), which is a diagnosis-based model. The models were tested at the individual level using multiple regression methods and at the group level using split-half validation to evaluate their impact on expenditure predictions for CSHCN. Principal Findings: The CSHCN information explained higher proportion of the variance in annual expenditures than the subjectively rated health status, but less than HCC measures and prior expenditures. Adding the CSHCN information into demographic factors as adjusters would remarkably increase capitation rates for CSHCN. Conclusions: Survey measures, such as the CSHCN information, can improve risk-adjustment models, and their inclusion into capitation adjustment may help provide appropriate payments to managed-care plans serving this vulnerable group of children.

EP-20100159

Practice redesign to improve care for falls and urinary incontinence: primary care intervention for older patients. Neil S. Wenger, Carol P. Roth, William J. Hall, David A. Ganz, Vincenza Snow, James Byrkit, Edward Dzielak, David J. Gullen, Thomas R. Loepfe, Carl Sahler, Qianna Snooks, Robin L. Beckman, John L. Adams, Mayde Rosen, David Reuben. 2010

Background: In primary care, medical care for age-associated conditions, such as falls and urinary incontinence (UI), is inadequate. In collaboration with the American College of Physicians, we augmented the Assessing Care of Vulnerable Elders practice redesign intervention to improve falls and UI care. Methods: We performed a controlled trial in 5 nonrandomly selected primary care intervention (26 physicians across sites) and control (18 physicians) practices from diverse communities. Patients 75 years and older who screened positive for falls or fear of falling and UI were included in the study. We conducted a multicomponent intervention between October 30, 2006, and December 31, 2007, that included efficient collection of data, medical record prompts, patient education materials, and physician decision support. Main outcome measures were quality of care for falls and UI comparing intervention and control sites. Results: Of 6051 patients screened, 2847 (47.1%) screened positive for falls or UI (46.1% in the intervention group and 48.8% in the control group). Across the 5 practices, 1211 patient medical records were evaluated after stratified random selection. Intervention patients received 60.0% of recommended care for falls vs 37.6% provided by control health care professionals ($P < .001$). Similarly, intervention health care professionals provided more recommended care for UI (47.2% vs 27.8%, $P < .001$). Intervention health care professionals more often performed a falls history, orthostatic blood pressure measurement, gait and balance examination, and UI history and tried UI behavioral treatments first. Knowledge about falls and UI increased more among intervention than control group health care professionals. Conclusions: Practice redesign can improve the care that community-based primary care physicians provide for older patients with falls and UI. Outcomes of such care improvements require further evaluation.

EP-20100160

Personal network correlates of alcohol, cigarette, and marijuana use among homeless youth. Suzanne L. Wenzel, Joan S. Tucker, Daniela Golinelli, Harold D. Green, Jr., Annie Jie Zhou. 2010

Background: Youth who are homeless and on their own are among the most marginalized individuals in the United States and face multiple risks, including use of substances. This study investigates how the use of alcohol, cigarettes, and marijuana among homeless youth may be influenced by characteristics of their social networks. Methods: Homeless youth aged 13-24 were randomly sampled from 41 service and street sites in Los Angeles County (N = 419). Predictors of substance use were examined using linear regression analysis (for average number of drinks and average number of cigarettes per day) and negative binomial regression analysis (for frequency of past month marijuana use). Results: Youth with more substance users in their networks reported greater alcohol, cigarette, and marijuana consumption regardless of whether these network members provided tangible or emotional support. Marijuana use was more frequent for youth who met more network members through homeless settings, but less frequent among those who met more network members through treatment or AA/NA. Greater alcohol use occurred among youth who met more network members through substance use-related activities. Youth having more adults in positions of responsibility in their networks consumed less alcohol, and those with more school attendees in their networks consumed less alcohol and cigarettes. Conclusions: Findings highlight the importance of social context in understanding substance use among homeless youth. Results also support the relevance of network-based interventions to change social context for substance-using youth, in terms of both enhancing pro-social influences and reducing exposure to substance use.

EP-20100161

Nursing staff, patient, and environmental factors associated with accurate pain assessment. Lisa R. Shugarman, Joy R. Goebel, Andrew B. Lanto, Steven M. Asch, Cathy D. Sherbourne, Martin L. Lee, Lisa V. Rubenstein, Li Wen, Lisa S. Meredith, Karl Lorenz. 2010

Context: Although pain ranks highly among reasons for seeking care, routine pain assessment is often inaccurate. Objectives: This study evaluated factors associated with nurses (e.g., registered) and other nursing support staff (e.g., licensed vocational nurses and health technicians) discordance with patients in estimates of pain in a health system where routine pain screening using a 0-10 numeric rating scale (NRS) is mandated. Methods: This was a cross-sectional visit-based cohort study that included surveys of clinic outpatients (n=465) and nursing staff (n=94) who screened for pain as part of routine vital sign measurement during intake. These data were supplemented by chart review. We compared patient pain levels documented by the nursing staff (N-NRS) with those reported by the patient during the study survey (S-NRS). Results: Pain underestimation (N-NRS<S-NRS) occurred in 25% and overestimation (N-NRS>S-NRS) in 7% of the cases. Nursing staff used informal pain-screening techniques that did not follow established NRS protocols in half of the encounters. Pain underestimation was positively associated with more years of nursing staff work experience and patient anxiety or posttraumatic stress disorder and negatively associated with better patient-reported health status. Pain overestimation was positively associated with nursing staff's use of the full NRS protocol and with a distracting environment in which patient vitals were taken. Conclusion: Despite a long-standing mandate, pain-screening implementation falls short, and informal screening is common.

EP-20100162

Outcomes of intravesical botulinum toxin for idiopathic overactive bladder symptoms: a systematic review of the literature. Jennifer T. Anger, Aviva E. Weinberg, Marika Suttorp, Mark Litwin, Paul G. Shekelle. 2010

Purpose: We systematically reviewed the evidence for the efficacy and safety of botulinum toxin in the management of overactive bladder.

Materials and Methods: We performed a systematic review of the literature to identify articles published between 1985 and March 2009 on intravesical botulinum toxin-A injections for the treatment of refractory idiopathic overactive bladder in men and women. Databases searched included MEDLINE™, CENTRAL and Embase™. Data were tabulated from case series and from randomized controlled trials, and data were pooled where appropriate. Results: Our literature search identified 432 titles and 23 full articles were included in the final review. Three randomized placebo controlled trials addressing the use of botulinum toxin-A were identified (99 patients total). The pooled random effects estimate of effect across all 3 studies was 3.88 (95% CI -6.15, -1.62), meaning that patients treated with botulinum toxin-A had 3.88 fewer incontinence episodes per day. Urogenital Distress Inventory data revealed significant improvements in quality of life compared with placebo with a standardized mean difference of -0.62 (CI -1.04, -0.21). Data from case series demonstrated significant improvements in overactive bladder symptoms and quality of life, despite heterogeneity in methodology and case mix. However, based on the randomized controlled trials there was a 9-fold increased odds of increased post-void residual after botulinum toxin-A compared with placebo (8.55; 95% CI 3.22, 22.71). Conclusions: Intravesical injection of botulinum toxin resulted in improvement in medication refractory overactive bladder symptoms. However, the risk of increased post-void residual and symptomatic urinary retention was significant. Several questions remain concerning the optimal administration of botulinum toxin-A for the patient with overactive bladder.

EP-20100163

Readability of health related quality of life instruments in urology. Jonathan Bergman, John L. Gore, Jennifer S. Singer, Jennifer T. Anger, Mark Litwin. 2010

Purpose: The average American adult reads at a fifth to eighth-grade level, with wide variability, presenting challenges for the assessment of self-reported health related quality of life. We identified the health related quality of life instruments used in patients with urological diseases and evaluated their readability. Materials and Methods: We focused on the most burdensome urological diseases, based on total expenditures in the United States. We then identified disease specific instruments by systematically searching PubMed™, the Cochrane Database of Systematic Reviews, Google, Google Scholar, the Patient Reported Outcome and Quality of Life Instruments Database (Mapi Research Institute, Lyon, France) and Yahoo!™ for health related quality of life studies in patients with these urological conditions. Where disease specific instruments were lacking, we noted the general health related quality of life measures most commonly used. For each instrument, we calculated the median Flesch-Kincaid grade level, the proportion of questionnaire items below an eighth-grade reading level, the mean Flesch Reading Ease, and the mean number of words per sentence and characters per word, all of which are validated measures of readability. Results: The average ´ SD of the median Flesh-Kincaid reading levels was 6.5 ´ 2.1 (range 1.0 to 12.0). Of the 76 instruments 61 (80%) were at or below an eighth-grade reading level. The mean reading ease was greater than 30 for each of the 76 questionnaires and greater than 60 for 66 (87%). Urinary tract infection, the costliest urological disease, has only 1 disease specific health related quality of life measure. Urolithiasis, the second costliest, has none. Conclusions: The reading level of health related quality of life questionnaires in urology is appropriate for the reading ability of most adults in the United States. However, the most burdensome urological diseases lack disease specific health related quality of life instruments.

EP-20100164

Improving decisions for men with prostate cancer: translational outcomes research. Jonathan Bergman, Lorna Kwan, Mark Litwin. 2010

Purpose: We established a method to present a health related quality of life instrument in a format more readily interpretable by men with prostate cancer. Materials and Methods: Men with clinical-

ly localized prostate adenocarcinoma treated with radical prostatectomy (220), external beam radiotherapy (56) or interstitial seed brachytherapy (60) were prospectively recruited into the study. We assessed health related quality of life outcomes prospectively at baseline and 24 months after treatment using validated instruments. We defined good, intermediate and poor function for sexual, urinary and bowel domains, including good-the best response for all items in that scale, poor-the worst response for any item and intermediate-all others. We then compared bother scores in men at each symptom level. Results: Men with good baseline urinary and bowel function had almost no related bother (mean ´ SD UCLA-PCI 98 ´ 9 and 99 ´ 8, respectively). Those with poor function had significant distress (mean UCLA-PCI 60 ´ 30 and 64 ´ 34) and those with intermediate function had moderate distress (mean UCLA-PCI 84 ´ 20 and 83 ´ 24, respectively). Effect size was clinically and statistically significant across groups for urinary and bowel function. Men with poor baseline sexual function had much more distress than those with intermediate function (mean UCLA-PCI 44 ´ 37 vs 71 ´ 26). Conclusions: To enhance the clinical relevance of outcome analysis we grouped men by baseline function to help discern their likely levels of bother and function after treatment.

EP-20100165

Achieving public health legal preparedness: how dissonant views on public health law threaten emergency preparedness and response. Anda Botoseneanu, Helen Wu, Jeffrey Wasserman, Peter Jacobson. 2010

Background: Effective management of modern public health emergencies requires the coordinated efforts of multiple agencies representing various disciplines. Organizational culture differences between public health (PH) and emergency management (EM) entities may hinder inter-agency collaboration. We examine how PH and EM differ in their approach to PH law and how such differences affect their collaboration towards PH preparedness. Methods: We conducted 144 semi-structured interviews with local and state PH and EM officials between April 2008 and November 2009. Thematic qualitative analysis in [software package] ATLAS.ti was used to extract characteristics of each agency's approach to PH legal preparedness. Results: Two conflicting approaches to the law emerge. The PH approach is characterized by perceived uncertainty regarding legal authority over preparedness planning tasks; expectation for guidance on interpretation of existing laws; and concern about individual and organizational liability. The EM approach reveals perception of broad legal authority; flexible interpretation of existing laws; and ethical concerns over infringement of individual freedoms and privacy. Conclusions: Distinct interpretations of preparedness law impede effective collaboration for PH preparedness. Clarification of legal authority mandates, designation within laws of scope of preparedness activities and guidance on interpretation of current federal and state laws are needed.

EP-20100166

Medical leadership in an increasingly complex world. Robert H. Brook. 2010

The author argues that it is time to expand the notion of medical leadership and demand that leaders be accountable for explaining how their leadership is focused on improving health, reducing its variation, and doing so in an affordable way.

EP-20100167

Adverse events among the elderly receiving chemotherapy for advanced non-small-cell lung cancer. Elizabeth A. Chrischilles, Jane F. Pendergast, Katherine L. Kahn, Robert Wallace, Daniela C. Moga, David Harrington, Catarina I. Kiefe, Jane Weeks, Dee W. West, Yousuf Zafar, Robert H. Fletcher. 2010

Purpose: To describe chemotherapy use and adverse events (AEs) for advanced-stage, non-small-cell lung cancer (NSCLC) in community practice, including descriptions according to variation by age. Methods: We interviewed patients with newly diagnosed, stages IIIB and IV NSCLC in the population-based cohort studied by the Cancer Care Outcomes Research and Surveillance

Consortium, and we abstracted the patient medical records. AEs were medical events occurring during chemotherapy. Using logistic regression, we assessed the association between age and chemotherapy; with Poisson regression, we estimated event rate ratios and adjusted the analysis for age, sex, ethnicity, radiation therapy, stage, histology, and presence and grade of 27 comorbidities. Results: Of 1,371 patients, 58% (95% CI, 55% to 61%) received chemotherapy and 35% (95% CI, 32% to 38%) had AEs. After adjustment, 72% (95% CI, 65% to 79%) of those younger than 55 years and 47% (95% CI, 42% to 52%) of those age 75 years and older received chemotherapy. Platinum-based therapies were less common in the older-age groups. Pretreatment medical event rates were 18.6% for patients younger than 55 years and were only 9.2% for those age 75 years and older (adjusted rate ratio, 0.49; 95% CI, 0.26 to 0.91). In contrast, older adults were more likely to have AEs during chemotherapy. The adjusted rate ratios compared with age younger than 55 years were 1.70 for 65- to 74-year-olds (95% CI, 1.19 to 2.43) and 1.34 for those age 75 years and older (95% CI, 0.90 to 2.00). Conclusion: Older patients who received chemotherapy had fewer pretherapy events than younger patients and were less likely to receive platinum-based regimens. Nevertheless, older patients had more adverse events during chemotherapy, independent of comorbidity. Potential implicit trade-offs between symptom management and treatment toxicity should be made explicit and additionally studied.

EP-20100168

A survey of primary care physician practices in the diagnosis and management of women with interstitial cystitis. J. Quentin Clemens, Elizabeth A. Calhoun, Mark Litwin, Elizabeth Walker-Corkery, Talar Markossian, John W. Kusek, Mary McNaughton-Collins. 2010

Objectives: To describe the practice patterns among primary care physicians' (PCPs) managing patients with symptoms suggestive of interstitial cystitis/painful bladder syndrome (IC/PBS). Methods: We developed a clinical vignette describing a woman with typical IC/PBS symptoms to elicit questions about etiology, management strategies, and familiarity with this syndrome. We mailed the questionnaire to 556 PCPs, including academicians and community physicians, in Boston, Los Angeles, and Chicago. Results: We received 290 completed questionnaires (response rate, 52%). Nineteen percent of respondents reported they had "never" seen a patient like the one described in the vignette. Two-thirds of respondents correctly identified the hallmark symptom of IC/PBS (bladder pain/pressure). Regarding etiology, 90% correctly indicated that IC/PBS was a noninfectious disease, 76% correctly reported that it was not caused by a sexually transmitted infection, and 61% correctly indicated that it was not caused by a psychiatric illness. Common treatments included antibiotics and nonsteroidal anti-inflammatory agents. Referrals were often made to a specialist. Conclusions: Although most PCPs indicate familiarity with IC/PBS, they manage the condition infrequently. They also appear to have significant knowledge deficits about the clinical characteristics of IC/PBS, and they indicate variable practice patterns in the diagnosis and treatment of the condition. Educational efforts directed at PCPs will likely improve the care of patients with IC/PBS.

EP-20100169

Diagnosis, microbial epidemiology, and antibiotic treatment of acute otitis media in children: a systematic review. Tumaini Coker, Linda S. Chan, Sydne Newberry, Mary Ann Limbos, Marika Suttorp, Paul G. Shekelle, Glenn S. Takata. 2010

Context: Acute otitis media (AOM) is the most common condition for which antibiotics are prescribed for US children; however, wide variation exists in diagnosis and treatment. Objectives: To perform a systematic review on AOM diagnosis, treatment, and the association of heptavalent pneumococcal conjugate vaccine (PCV7) use with AOM microbiology. Data Sources: PubMed, Cochrane Databases, and Web of Science, searched to identify articles published from January 1999 through July 2010. Study Selection: Diagnostic studies with a criterion standard, obser-

vational studies and randomized controlled trials comparing AOM microbiology with and without PCV7, and randomized controlled trials assessing antibiotic treatment. Data Extraction: Independent article review and study quality assessment by 2 investigators with consensus resolution of discrepancies. Results: Of 8945 citations screened, 135 were included. Meta-analysis was performed for comparisons with 3 or more trials. Few studies examined diagnosis; otoscopic findings of tympanic membrane bulging (positive likelihood ratio, 51 [95% confidence interval {CI}, 36-73]) and redness (positive likelihood ratio, 8.4 [95% CI, 7-11]) were associated with accurate diagnosis. In the few available studies, prevalence of Streptococcus pneumoniae decreased (eg, 33%-48% vs 23%-31% of AOM isolates), while that of Haemophilus influenzae increased (41%-43% vs 56%-57%) pre- vs post-PCV7. Short-term clinical success was higher for immediate use of ampicillin or amoxicillin vs placebo (73% vs 60%; pooled rate difference, 12% [95% CI, 5%-18%]; number needed to treat, 9 [95% CI, 6-20]), while increasing the rate of rash or diarrhea by 3% to 5%. Two of 4 studies showed greater clinical success for immediate vs delayed antibiotics (95% vs 80%; rate difference, 15% [95% CI, 6%-24%] and 86% vs 70%; rate difference, 16% [95% CI, 6%-26%]). Data are absent on long-term effects on antimicrobial resistance. Meta-analyses in general showed no significant differences in antibiotic comparative effectiveness. Conclusions: Otoscopic findings are critical to accurate AOM diagnosis. AOM microbiology has changed with use of PCV7. Antibiotics are modestly more effective than no treatment but cause adverse effects in 4% to 10% of children. Most antibiotics have comparable clinical success.

EP-20100170

Influenza vaccine: safe, effective, and mistrusted. Katherine M. Harris, Juergen Maurer, Arthur L. Kellermann. 2010

The public's acceptance of vaccination may be more difficult to achieve than addressing the technical and scientific challenges involved in quickly producing large quantities of a safe and effective vaccine.

EP-20100171

Alliance of support for low-income Latino men with prostate cancer: God, doctor and self. Sally L. Maliski, Majid Husain, Sarah Connor, Mark Litwin. 2010

Utilizing qualitative methods, this study describes the perceptions of and reliance on spirituality among indigent Latino men with prostate cancer. Sixty men were interviewed in Spanish. Transcripts were transcribed verbatim, translated, and analyzed using grounded theory techniques. Common across all men was a process involving the formation of an alliance of support that included God, doctors, and self. From this alliance, men drew strength to manage their disease, maintained hope for the future, and found new existential meaning. By recognizing the potential value of this alliance, health care professionals may tap into a beneficial empowering resource for some Latino men.

EP-20100172

From bad to worse: comorbidity severity and quality of life after treatment for early-stage prostate cancer. T.J. Daskivich, Lonneke V. van de Poll-Franse, Lorna Kwan, Natalia Sadetsky, D.M. Stein, Mark Litwin. 2010

Commonly used measures of comorbidity assess comorbidity number and type but not severity. We sought to evaluate the impact of comorbidity severity on longitudinal health-related quality of life (HRQOL) in men treated with radical prostatectomy (RP) or radiation therapy (RT) using the Total Illness Burden Index for prostate cancer (TIBI-CaP). We sampled 738 men with non-metastatic prostate cancer treated with RP or RT from the Cancer of the Prostate Strategic Urologic Research Endeavor registry. We examined the impact of comorbidity severity on generic and disease-specific HRQOL at baseline and at 6, 12, 18 and 24 months post-treatment. Men with worse TIBI-CaP comorbidity had significantly lower baseline and post-treatment HRQOL in all domains at all time points. In a multivariate model, men with moderate or severe TIBI-CaP comorbidity had significantly worse HRQOL scores at

12 and 24 months after treatment in all domains except sexual and urinary function (P<0.05); in these domains, severe comorbidity was predictive of lower HRQOL (P<0.05). Comorbidity groups had similar absolute declines in HRQOL from baseline to 6 and 24 months after treatment. Although comorbidity groups experienced similar long-term declines from baseline HRQOL after treatment, men with more severe comorbidity had significantly lower baseline scores and therefore poorer long-term HRQOL.

EP-20100173

Sexually transmitted diseases among users of erectile dysfunction drugs: analysis of claims data. Anupam B. Jena, Dana P. Goldman, Amee Kamdar, Darius N. Lakdawalla, Yang Lu. 2010

Background: Pharmacologic treatments for erectile dysfunction (ED) have gained popularity among middle-aged and older men. Increased sexual activity among those who use these drugs raises concerns about sexually transmitted diseases (STDs). Objective: To examine the rates of STDs in men who use and do not use ED drugs. Design: Retrospective cohort study. Setting: Database of claims from 1997 to 2006 for 1 410 806 men older than age 40 years with private, employer-based insurance from 44 large companies. Patients: 33 968 men with at least 1 filled prescription for an ED drug and 1 376 838 patients with no prescription. Measurements: STD prevalence among users and nonusers of ED drugs. Results: Users of ED drugs had higher rates of STDs than nonusers the year before initiating ED drug therapy (214 vs. 106 annually per 100 000 persons; P = 0.003) and the year after (105 vs. 65; P = 0.004). After adjustment for age and other comorbid conditions, users of ED drugs had an odds ratio (OR) for an STD of 2.80 (95% CI, 2.10 to 3.75) in the year before initiating drug therapy; the OR was 2.65 (CI, 1.84 to 3.81) in the year after. These differences were largely due to infections with HIV. The OR for HIV infection was 3.32 (CI, 2.38 to 4.36) in the year before and 3.19 (CI, 2.11 to 4.83) in the year after an ED drug prescription was filled. Significant changes in STD rates from the year before to the year after the first ED drug prescription was filled were not documented (adjusted OR for STD for users before vs. after the first ED drug prescription was filled, 0.96 [CI, 0.87 to 1.06]). Limitation: Selection bias precludes conclusions about whether use of ED treatments directly leads to increases in STDs. Conclusion: Men who use ED drugs have higher rates of STDs, particularly HIV infection, both in the year before and after use of these drugs. The observed association between ED drug use and STDs may have more to do with the types of patients using ED drugs rather than a direct effect of ED drug availability on STD rates. Counseling about safe sexual practices and screening for STDs should accompany the prescription of ED drugs.

EP-20100174

Federal initiative increases community preparedness for public health emergencies. Christopher Nelson, Henry H. Willis, Edward W. Chan, Shoshana R. Shelton, Andrew M. Parker. 2010

Policy makers need to know whether federal programs can improve community-level readiness for large-scale public health emergencies, and how to design such programs to increase their impact. This article describes an evaluation of the Cities Readiness Initiative, a federal program to improve communities' ability to dispense medications rapidly during emergencies. The program helped increase staffing, improve planning and partnerships, and streamline medication-dispensing procedures. The evaluation results indicate that clear goals, technical assistance, and a balance between threat-specific and more-general "all hazards" planning might improve the effectiveness of federal readiness programs.

EP-20100175

Improving cardiac resuscitation: evolution or revolution?. Arthur L. Kellermann. 2010

This article argues that paramedics need to "unlearn" decades of training that endotracheal intubation and positive-pressure ventilation are top priorities in out-of-hospital cardiac arrest treatment. Instead, they should implement a "bundle"

of proven and highly promising interventions, all delivered within a short time frame. These include rapid handling of 911 calls, prompt initiation of bystander CPR, strategically placed public access AEDs, and minimally interrupted cardiac resuscitation. This revolution in cardiac resuscitation could save thousands of lives every year.

EP-20100176

Consilience. Arthur L. Kellermann. 2010

Emergency care research can help save lives. Critical areas for such work include: studies to elucidate the timing, sequence, and duration of causal molecular and cellular events involved in time-critical illnesses and injuries, and the development of treatments capable of halting or reversing them; the discovery, translation, and application of biomedical discoveries to enhance early diagnosis and characterization of life-threatening conditions; clinical studies to evaluate promising treatments and especially bundles of treatments to manage the most critically ill and injured patients, including those whose underlying disease process may be ill defined at the outset; and the optimal design of systems (information processing, care management, environmental design, materials and methods) to improve care and enhance patient safety.

EP-20100177

The base of the pyramid. Arthur L. Kellermann. 2010

Simple injury prevention measures can save both money and lives.

EP-20100178

Comparison of validated instruments measuring sexual function in men. Adam W. Levinson, Nicholas T. Ward, Martin G. Sanda, Lynda Z. Mettee, John T. Wei, Li-Ming Su, Mark Litwin, Christian P. Pavlovich. 2010

Objectives: There is no universally accepted instrument to measure sexual function (SF) in men. We compare validated SF measures in a single cohort. Methods: We compare the Sexual Health Inventory for Men (SHIM), Expanded Prostate Cancer Index Composite SF domain (EPIC-SF), and a reconstructed University of California Los Angeles Prostate Cancer Index SF domain (PCI-SF) in 856 men scheduled for radical prostatectomy. We define potency thresholds for the PCI-SF and EPIC-SF. Results: Mean age, body mass index, Gleason sum, and PSA were 57 years, 26.7 kg/m2, 6.3, and 5.9 ng/mL, respectively. Mean instrument scores were as follows: SHIM 20.1; EPIC-SF 65; PCI-SF 71. All instruments were significantly intercorrelated ($r = 0.99$ for EPIC-SF vs PCI-SF, $r = 0.75$ for SHIM vs EPIC-SF, $r = 0.77$ for SHIM vs PCI-SF, all $P < .001$). The SHIM had the greatest negative skew and ceiling effect ($P < .001$). Although high scores on either the EPIC-SF or PCI-SF translated reliably to high SHIM scores, the reverse was not true. Subjects who reported no erectile dysfunction (ED) on the SHIM (>22) had diverse overall SF, whereas those who scored highly on the EPIC-SF or PCI-SF had both excellent erectile function (potency) and overall SF (including orgasmic function, erectile function, and sexual desire). EPIC-SF scores >65 and PCI-SF scores >75 define men that are both potent and have good SF. ConclusionsL The SHIM is intended as an instrument to assess ED. It is, however, inadequate as a measure of overall SF. The EPIC-SF and PCI-SF capture gradations of both sexual and erectile function and may also be used to define potency more comprehensively.

EP-20100179

Faith among low-income, African American. Sally L. Maliski, Sarah Connor, Lindsay Williams, Mark Litwin. 2010

Background: Understanding how low-income, uninsured African American/black men use faith to cope with prostate cancer provides a foundation for the design of culturally appropriate interventions to assist underserved men cope with the disease and its treatment. Previous studies have shown spirituality to be a factor related to health and quality of life, but the process by which faith, as a promoter of action, supports coping merits exploration. Objective: Our purpose was to describe the use of faith by low-income, uninsured

African American/black men in coping with prostate cancer and its treatment and adverse effects. Methods: We analyzed data from a qualitative study that used in-depth individual interviews involving 18 African American men ranging in ages from 53 to 81 years. Our analysis used grounded theory techniques. Results: Faith was used by African American men to overcome fear and shock engendered by their initial perceptions of cancer. Faith was placed in God, health care providers, self, and family. Men came to see their prostate cancer experience a new beginning that was achieved through purposeful acceptance or resignation. Conclusions: Faith was a motivator of and source for action. Faith empowered men to be active participants in their treatment and incorporate treatment outcomes into their lives meaningfully. Implication: By understanding faith as a source of empowerment for active participation in care, oncology nurses can use men's faith to facilitate reframing of cancer perceptions and to acknowledge the role of men's higher being as part of the team. Studies are needed to determine if this model is relevant across various beliefs and cultures.

EP-20100180

Developing national standards for public health emergency preparedness with a limited evidence base. Christopher Nelson, Edward W. Chan, Anita Chandra, Paul Sorensen, Henry H. Willis, Stephanie Dulin, Kristin J. Leuschner. 2010

Objective: The paucity of evidence and wide variation among communities creates challenges for developing congressionally mandated national performance standards for public health preparedness. Using countermeasure dispensing as an example, we present an approach for developing standards that balances national uniformity and local flexibility, consistent with the quality of evidence available. Methods: We used multiple methods, including a survey of community practices, mathematical modeling, and expert panel discussion. Results: The article presents recommended dispensing standards, along with a general framework that can be used to analyze tradeoffs involved in developing other preparedness standards. Conclusions: Standards can be developed using existing evidence, but would be helped immensely by a stronger evidence base.

EP-20100181

Prioritizing Environmental Health Risks in the UAE. Henry H. Willis, Henry H. Willis, Jacqueline MacDonald, Jacqueline MacDonald, Regina A. Shih, Regina A. Shih, Sandra Geschwind, Sandra Geschwind, Sarah Olmstead, Sarah Olmstead, Jianhui Hu, Jianhui Hu, Aimee E. Curtright, Aimee E. Curtright, Gary Cecchine, Gary Cecchine, Melinda Moore, Melinda Moore. 2010

This article presents the results of a comparative environmental risk-ranking exercise that was conducted in the United Arab Emirates (UAE) to inform a strategic planning process led by the Environment Agency-Abu Dhabi (EAD). It represents the first national-level application of a deliberative method for comparative risk ranking first published in this journal. The deliberative method involves a five-stage process that includes quantitative risk assessment by experts and deliberations by groups of stakeholders. The project reported in this article considered 14 categories of environmental risks to health identified through discussions with EAD staff: ambient and indoor air pollution; drinking water contamination; coastal water pollution; soil and groundwater contamination; contamination of fruits, vegetables, and seafood; ambient noise; stratospheric ozone depletion; electromagnetic fields from power lines; health impacts from climate change; and exposure to hazardous substances in industrial, construction, and agricultural work environments. Results from workshops involving 73 stakeholders who met in five separate groups to rank these risks individually and collaboratively indicated strong consensus that outdoor and indoor air pollution are the highest priorities in the UAE. Each of the five groups rated these as being among the highest risks. All groups rated soil and groundwater contamination as being among the lowest risks. In surveys administered after the ranking exercises, participants indicated that the results of the process represented their concerns and approved of using the ranking re-

sults to inform policy decisions. The results ultimately shaped a strategic plan that is now being implemented.

EP-20100182

Integrative health care under review: an emerging field. Ian D. Coulter, Raheleh Khorsan, Cindy C. Crawford, An-Fu Hsiao. 2010

OBJECTIVE: The purpose of this study was to review the research literature for the emerging field of Integrative Medicine/Integrative Health Care (IM) using the methods of systematic review. METHODS: We conducted an electronic literature search using PubMed, Allied and Complementary Medicine, BIOSIS Previews, EMBASE, the entire Cochrane Library, MANTIS, Social SciSearch, SciSearch Cited Ref Sci, PsychInfo, CINAHL, and NCCAM grantee publications listings from database inception to May 2009, as well as searches of the gray literature. Available studies published in English language were included. Three independent reviewers rated each article and assessed the methodological quality of studies using the Scottish Intercollegiate Guidelines Network. RESULTS: Our initial search yielded 11 591 citations. Of these, only 660 were judged to be relevant to the purpose of our search. Most articles deal with implementing and implemented programs. They focus on practice models, strategies for integrative health, the business case, and descriptive studies. This is followed in terms of numbers by conceptual/philosophical writings. These in turn are followed by research articles including randomized controlled trials, program evaluations, and cost-effectiveness studies. The literature reflects an emerging field in that it is focused more on how to create IM than on researching outcomes. However, the lack of definition and clarity about the term integrative medicine (also known as integrative health care) and the absence of taxonomy for models of IM make it very difficult to efficiently conduct systematic reviews of this field at the moment. CONCLUSION: Our review revealed that most articles focused on describing practice models and conceptual/philosophical models, whereas there are fewer randomized controlled trials and observation studies. The lack of consensus on a clear definition and taxonomy for integrative health care represents a major methodological barrier on conducting systematic literature reviews and meta-analysis in this emerging field.

EP-20100183

Financial barriers to the adoption of combination vaccines by pediatricians. Courtney A. Gidengil, M.Maya Dutta-Linn, Mark L. Messonnier, Donna Rusinak, Tracy A. Lieu. 2010

OBJECTIVES: To describe the prevalence of combination vaccine use and the associated financial barriers faced by pediatric practices, and to identify determinants of adoption of combination vaccines. DESIGN: Mailed national survey. SETTING: Pediatric practices during the period from August through October 2008. PARTICIPANTS: Pediatricians randomly selected from the American Medical Association Masterfile. MAIN OUTCOME MEASURE: Use of 1 of 2 infant combination vaccines (the diphtheria and tetanus toxoids and acellular pertussis, hepatitis B virus, and inactivated poliovirus [DTaP-HepB-IPV] vaccine or the DTaP, IPV, and Haemophilus influenzae type b [DTaP-IPV/Hib] vaccine). RESULTS: We received 629 responses (response rate, 67%). Four hundred ninety-two pediatricians (78%) reported using 1 or both of the infant combination vaccines of interest (ie, the DTaP-HepB-IPV or DTaP-IPV/Hib vaccine). More than half of the respondents said their practice did not receive adequate reimbursement for the purchase and administration of vaccines in general. More than one-fifth reported not using 1 or more of the combination vaccines because of inadequate reimbursement for the cost of vaccine doses (23% of respondents) and/or vaccine administration (20% of respondents). The infant combination vaccines studied were less likely to be used by smaller practices, by those with a lower proportion of publicly insured patients, and by those with less inclusive state vaccine financing policies. CONCLUSIONS: One in 5 pediatricians reported that inadequate reimbursement prevented their using 1 or more combination vaccines. Practice size as well as the proportion of

children whose vaccinations are paid for by public funds appear to be important determinants of the adoption of combination vaccines.

EP-20100184

Adolescent romantic relationships and change in smoking status. David P. Kennedy, Joan S. Tucker, Michael Pollard, Mhong-Hyun Go, Harold D. Green, Jr.. 2010

Although smoking rates have decreased, smoking among adolescents continues to be a problem. Previous research has shown the importance of peer influences on adolescent smoking behavior but has mostly neglected the impact of adolescent romantic relationships. This study examines the influence of romantic relationships with smokers and non-smokers on smoking initiation and cessation over a one-year period using data from the National Longitudinal Study of Adolescent Health (Add Health). For initial non-smokers, we examined whether the total length of time in romantic relationships with smokers and non-smokers at Wave I, as well as amount of exposure to smoking through romantic partners, predicted smoking initiation at Wave II. Among initial regular smokers, we examined whether these same relationship characteristics predicted smoking cessation at Wave II. These analyses were conducted separately for respondents in any type of romantic relationship, as well as just those respondents in close romantic relationships. Results indicated that, for close romantic relationships, cessation was more likely among smokers with more time in relationships with non-smoking partners. Greater exposure to smoking through romantic partners at Wave I significantly decreased the likelihood of cessation among initial smokers and increased the likelihood of initiation among initial non-smokers. For all relationships, greater exposure to smoking through romantic partners at Wave I significantly reduced the likelihood of cessation. These associations held when controlling for best friend smoking, as well as demographic factors and school-level smoking, suggesting that peer-based smoking programs aimed at adolescents should incorporate a focus on romantic relationships.

EP-20100201

Development of a clinician report measure to assess psychotherapy for depression in usual care settings. Kimberly A. Hepner, Francisca Azocar, Gregory L. Greenwood, Jeanne Miranda, M. Audrey Burnam. 2010

Although mental health policy initiatives have called for quality improvement in depression care, practical tools to describe the quality of psychotherapy for depression are not available. We developed a clinician-report measure of adherence to three types of psychotherapy for depression-cognitive behavioral therapy, interpersonal therapy, and psychodynamic therapy. A total of 727 clinicians from a large, national managed behavioral health care organization responded to a mail survey. The measure demonstrated good psychometric properties, including appropriate item-scale correlations, internal consistency reliability, and a three-factor structure. Our results suggest that this questionnaire may be a promising approach to describing psychotherapy for depression in usual care.

EP-20100301

Obesity and angiolymphatic invasion in primary breast cancer. Erin F. Gillespie, Melony E. Sorbero, David A. Hanauer, Michael S. Sabel, Emily J. Herrmann, Laura J. Weiser, Christina H. Jagielski, J. J. Griggs. 2010

BACKGROUND: Obesity is associated with poorer breast cancer-specific survival. The purpose of this study was to investigate the relationships between obesity and the presence of angiolymphatic invasion as well as other features of invasive breast cancer, including stage at presentation, estrogen receptor (ER) status, triple-negative phenotype, and tumor grade. METHODS: Detailed clinical and pathologic data were abstracted from the medical records of all 1,312 patients with stage I-III primary breast cancer who had breast surgery at the University of Michigan Comprehensive Cancer Center between January 1, 2000 and December 31, 2006. Bivariate and multivariate analyses were conducted to investigate the relationships between body mass index and tumor bi-

ologic features, controlling for menopausal status, diabetes and hypertension, hormone replacement therapy before diagnosis, race, and ethnicity. RESULTS: In multivariate analyses, severe obesity was independently associated with the presence of angiolymphatic invasion [odds ratio (OR) 1.80, 95% confidence interval (CI) 1.08-2.99, joint test of significance, P = 0.03]. Severe obesity was associated with lower likelihood of triple-negative breast cancer (OR 0.39, 95% CI 0.16-0.96). Among premenopausal women with diabetes, ER-negative (OR 5.22, 95% CI 1.12-24.29) and triple-negative (OR 14.8, 95% CI 1.92-113.91) disease was significantly more common. DISCUSSION: In this large sample of invasive breast cancers, obesity was independently associated with the presence of angiolymphatic invasion. Higher rates of angiolymphatic invasion among obese women may account in part for poorer outcomes among obese women with breast cancer.

EP-20100302

Adolescents' perceived risk of dying. Baruch Fischhoff, Andrew M. Parker, Susan G. Millstein, Bonnie L. Halpern-Felsher. 2010

PURPOSE: Although adolescents' expectations are accurate or moderately optimistic for many significant life events, they greatly overestimate their chances of dying soon. The authors examine here whether adolescents' mortality judgments are correlated with their perceptions of direct threats to their survival. Such sensitivity would indicate the importance of ensuring that adolescents have accurate information about those threats, as well as the psychological support needed to deal with them. METHODS: Data from two separate studies were used: a national sample of 3,436 14-18-year-old adolescents and a regional sample of 124 seventh graders and 132 ninth graders, 12-16 years old. Participants were asked about their chance of dying in the next year and before age 20, and about the extent of various threats to their physical well-being. RESULTS: Adolescents in both samples greatly overestimated their chance of dying. Those mortality estimates were higher for adolescents who reported direct threats (e.g., an unsafe neighborhood). Thus, adolescents were sensitive to the relative size of threats to their survival, but not to the implications for absolute risk levels. CONCLUSIONS: Contrary to the folk wisdom that adolescents have a unique sense of invulnerability, the individuals studied here reported an exaggerated sense of mortality, which was highest among those reporting greater threats in their lives. Such fears could affect adolescents' short-term well-being and future planning.

EP-20100304

Prostate cancer treatment for economically disadvantaged men: a comparison of county hospitals and private. J.Kellogg Parsons, Sarah Connor, David C. Miller, Mark Litwin. 2010

BACKGROUND: The authors compared the types of treatments prostate cancer patients received from county hospitals and private providers as part of a statewide public assistance program. METHODS: This was a cohort study of 559 men enrolled in a state-funded program for low-income patients known as Improving Access, Counseling, and Treatment for Californians With Prostate Cancer (IMPACT). Multinomial regression was used to compare types of treatments patients received from different providers. RESULTS: Between 2001 and 2006, 315 (56%) participants received treatment from county hospitals and 244 (44%) from private providers. There were no significant between-group differences with respect to age (P = .22), enrollment year (P = .49), Charlson comorbidity index (P = .47), Gleason sum (P = .33), clinical T stage (P = .36), prostate-specific antigen (P = .39), or D'Amico risk criteria (P = .45). Participants treated by private providers were more likely than those treated in county hospitals to be white (35% vs 10%, P < .01) and less likely to undergo surgery (29% vs 54%, P < .01). Multinomial regression analyses showed that participants treated by private providers were nearly 2 times more likely than those treated by public providers to receive radiotherapy (odds ratio [OR], 2.36; 95% confidence interval [CI], 1.37-4.07) and >4 times more likely to receive primary androgen deprivation (OR, 4.71; 95% CI, 2.15-10.36) than surgery.

CONCLUSIONS: In this economically disadvantaged cohort, prostate cancer treatments differed significantly between county hospitals and private providers. These data reveal substantial variations in treatment patterns between different types of healthcare institutions that - given the implications for health policy and quality of care - merit further scrutiny.

EP-20100305

Do smokers crave cigarettes in some smoking situations more than others? situational correlates of craving when smoking. Michael S. Dunbar, Thomas Kirchner, Saul Shiffman. 2010

INTRODUCTION: Smokers tend to smoke when experiencing craving, but even within smoking occasions, craving may vary. The authors examine variations in craving when people were smoking in various real-world situations. METHODS: Using Ecological Momentary Assessment, 394 smokers recorded smoking, craving, and smoking context in real time on electronic diaries over 2 weeks of ad libitum smoking. Assessments occurred immediately prior to smoking. Mixed modeling was used to analyze associations between craving and situational variables. RESULTS: Craving varied across smoking situations, but the differences were small (<1 on a 0-10 scale). Specifically, craving was higher in smoking situations where smoking was restricted, likely because high craving leads smokers to violate restrictions. Controlling for restrictions, craving was higher when cigarettes were smoked while eating or drinking, were with other people (vs. alone), were in a group of people (vs. other people simply in view), during work (vs. leisure), and during activity (vs. inactivity). In addition, craving was higher for cigarettes smoked early in the day. No differences in craving were observed in relation to drinking alcohol or caffeine (vs. doing anything else), being at work (vs. home), being at a bar or restaurant (vs. all other locations), interacting with others (vs. not interacting), or other people smoking (vs. no others smoking). DISCUSSION: Even though most craving reports prior to smoking were high, and situations were thus expected to have little influence on craving, results suggest that some cigarettes are craved more than others across different smoking situations, but differences are small.

EP-20100306

Quantifying individuals' trade-offs between privacy, liberty and security: the case of rail travel in UK. Dimitris Potoglou, Neil Robinson, Chong Woo Kim, Peter Burge, Richard Warnes. 2010

Public transport systems have been targets in several terrorist attacks, notably in recent years, resulting in tight security measures worldwide. However, individuals' privacy and liberty often conflict with efforts towards safety and security, making it difficult to assess the implications of security measures balanced against the costs (e.g., citizens may be stopped, searched and asked to provide personal identification data to authorities without any particular reason). Henceforth, our research question asks, "to what extent would people sacrifice their right to privacy and liberty in exchange for potentially safer and more secure travel? This paper uses a stated choice experiment to quantify individuals' tradeoffs between privacy and security within a real-life context, namely rail travel in the UK. Using a nationwide sample, the empirical analysis yields the importance of improvements in the security infrastructure and identifies areas of concern with regard to privacy and liberty controlling for travel related factors. Further, trade-offs across different security measures for rail travel are quantified in terms of individuals' willingness-to-pay extra on top of the average ticket price.

EP-20100501

Tobacco industry manipulation messages in anti-smoking public service announcements: the effect of explicitly versus implicitly delivering messages. William G. Shadel, Craig S. Fryer. 2010

Message content in anti-smoking public service announcements (PSAs) can be delivered explicitly (directly with concrete statements) or implicitly (indirectly via metaphor), and the method of delivery may affect the efficacy of those PSAs. The purpose of this study was to conduct an initial test of this idea using tobacco industry manipulation

PSAs in adolescents. A 2 (age: 11-14 years old; 15-17 years old)x2 (message delivery: implicit, explicit) mixed model design was used. There was a significant main effect of message delivery: Tobacco industry manipulation PSAs that delivered their messages explicitly were associated with stronger levels of smoking resistance self-efficacy compared to tobacco industry manipulation PSAs that delivered their messages implicitly. No significant main effects of age were found nor were any interactions between age and message delivery. These results suggest that message delivery factors should be taken into account when designing anti-smoking PSAs.

EP-20101201

How longer work lives ease the crunch of population aging. Nicole Maestas, Julie Zissimopoulos. 2010

Population aging is not a looming crisis of the future -- it is already here. Economic challenges arise when the increase in people surviving to old age and the decline in the number of young people alive to support them cause the growth in society's consumption needs to outpace growth in its productive capacity. The ultimate impact of population aging on our standard of living in the future depends a great deal on how long people choose to work before they retire from the labor force. Here, there is reason for optimism. A constellation of forces, some just now gaining momentum, has raised labor force participation at older ages at just the time it is needed. The authors examine the most important factors behind the increase in labor force participation realized to date: the shift in the skill composition of the workforce, and technological change. We argue that forces such as changes in the structure of employer-provided pensions and Social Security are likely to propel future increases in labor force participation at older ages. The labor market is accommodating older workers to some degree, and older men and women are themselves adapting on a number of fronts, which could substantially lessen the economic impact of population aging. Age-related health declines and the reluctance of employers to hire and retain older workers present challenges, but the outlook for future gains in labor force participation at older ages is promising

EP-20101301

Cost-effectiveness of Shared Pharmaceutical Care for Older Patients. C. Bojke, Z. Philips, M. Sculpher, P. Campion, H. Chrystyn, S. Coulton, B. Cross, V. Morton, S. Richmond, A. Farrin, G. Hill, A. Hilton, Jeremy N. V. Miles, I. Russell, I.Chi Kei Wong. 2010

BACKGROUND: Pharmaceutical care serves as a collaborative model for medication review. Its use is advocated for older patients, although its cost-effectiveness is unknown. Although the accompanying article on clinical effectiveness from the RESPECT (Randomised Evaluation of Shared Prescribing for Elderly people in the Community over Time) trial finds no statistically significant impact on prescribing for older patients undergoing pharmaceutical care, economic evaluations are based on an estimation, rather than hypothesis testing. AIM: To evaluate the cost-effectiveness of pharmaceutical care for older people compared with usual care, according to National Institute for Health and Clinical Excellence (NICE) reference case standards. METHODS: An economic evaluation was undertaken in which NICE reference case standards were applied to data collected in the RESPECT trial. RESULTS: On average, pharmaceutical care is estimated to cost an incremental ¼10 000 per additional quality-adjusted life year (QALY). If the NHS's cost-effectiveness threshold is between ¼20 000 and ¼30 000 per extra QALY, then the results indicate that pharmaceutical care is cost-effective despite a lack of statistical significance to this effect. However, the statistical uncertainty surrounding the estimates implies that the probability that pharmaceutical care is not cost-effective lies between 0.22 and 0.19. Although results are not sensitive to assumptions about costs, they differ between subgroups: in patients aged >75 years pharmaceutical care appears more cost-effective for those who are younger or on fewer repeat medications. CONCLUSION: Although pharmaceutical care is estimated to be

cost-effective in the UK, the results are uncertain and further research into its long-term benefits may be worthwhile.

EP-20101302

Urinary diversion and morbidity after radical cystectomy for bladder cancer. John L. Gore, Janet M. Hanley, Matthias Schonlau, Mark Litwin. 2010

BACKGROUND: The rate of continent urinary diversion after radical cystectomy for bladder cancer varies by patient and provider characteristics. Demonstration of equivalent complication rates, independent of diversion type, may decrease provider reluctance to perform continent reconstructions. The authors sought to determine whether continent reconstructions confer increased complication rates after radical cystectomy. METHODS: From the Nationwide Inpatient Sample, the authors used International Classification of Disease (ICD-9) codes to identify subjects who underwent radical cystectomy for bladder cancer during 2001-2005. They determined acute postoperative medical and surgical complications from ICD-9 codes and compared complication rates by reconstruction type using the nearest neighbor propensity score matching method and multivariate logistic regression models. RESULTS: Adjusting for case-mix differences between reconstructive groups, continent diversions conferred a lower risk of medical, surgical, and disposition-related complications that was statistically significant for bowel (3.1% lower risk; 95% confidence interval [95% CI], _6.8% to _0.1%), urinary (1.2% lower risk; 95% CI, _2.3%, to _0.4%), and other surgical complications (3.0% lower risk; 95% CI, _6.2% to _0.4%), and discharge other than home (8.2% lower risk; 95% CI, _12.1% to _4.6%) compared with ileal conduit subjects. Older age and certain comorbid conditions, including congestive heart failure and preoperative weight loss, were associated with significantly increased odds of postoperative medical and surgical complications in all subjects. CONCLUSIONS: Mode of urinary diversion after radical cystectomy for bladder cancer is not associated with increased risk of immediate postoperative complications. These results may encourage broader consideration of continent urinary diversion without concern for increased complication rates.

EP-20101303

Documentation for the calculating uncertainty in biomass emissions model, version 1.0 (CUBE 1.0): contents and use. Aimee E. Curtright, Henry H. Willis, David R. Johnson, David S. Ortiz, Nicholas Burger, Constantine Samaras. 2010

The Calculating Uncertainty in Biomass Emissions (CUBE) model is a tool to estimate GHG emissions from the cultivation, preparation, and delivery of biomass feedstocks (i.e., "farm-to-gate" emissions) for energy production and the uncertainty in these emissions. Version 1.0 of the model estimates farm-to-gate emissions of three dedicated energy crops (corn grain, switchgrass, and mixed prairie biomass) and two biomass residues (forest residue and mill residue). CUBE 1.0 is publicly available through NETL's Web site. Documentation of source literature and default parameter values is provided in the model itself. An overview of the model structure and use is also available in the model documentation report. This document complements the information contained in the model by (1) describing how users can navigate and find information in the model; (2) providing an overview of the structure of the model; and (3) describing the variables and equations contained in the model. The model was developed using Analytica and can be used with the free Analytica player.

EP-20101304

Characteristics of hospitals demonstrating superior performance in patient experience and clinical process measures of care. William G. Lehrman, Marc N. Elliott, Elizabeth Goldstein, Megan K. Beckett, David J. Klein, Laura A. Giordano. 2010

Prior research suggests hospital quality of care is multidimensional. In this study, the authors jointly examine patient experience of care and clinical care measures from 2,583 hospitals based on inpatients discharged in 2006 and 2007. The authors

use multinomial logistic regression to identify key characteristics of hospitals that perform in the top quartile on both, either, and neither dimension of quality. Top performers on both quality measures tend to be small (<100 beds), large (>200 beds) and rural, located in the New England or West North Central Census divisions, and nonprofit. Top performers in patient experience only are most often small and rural, located in the East South Central division, and government owned. Top performers in clinical care only are most often medium to large and urban, located in the West North Central division, and non-government owned. These findings provide an overview of how these dimensions of quality vary across hospitals.

EP-20101305

Racial/ethnic Differences in Patients' Perceptions of Inpatient Care Using the HCAHPS Survey. Elizabeth Goldstein, William G. Lehrman, Katrin Hambarsoomian, Laura A. Giordano. 2010

Using HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems, also known as the CAHPS Hospital Survey) data from 2,684 hospitals, the authors compare the experiences of Hispanic, African American, Asian/Pacific Islander, American Indian/Alaska Native, and multiracial inpatients with those of non-Hispanic White inpatients to understand the roles of between- and within-hospital differences in patients' perspectives of hospital care. The study finds that, on average, non-Hispanic White inpatients receive care at hospitals that provide better experiences for all patients than the hospitals more often used by minority patients. Within hospitals, patient experiences are more similar by race/ethnicity, though some disparities do exist, especially for Asians. This research suggests that targeting hospitals that serve predominantly minority patients, improving the access of minority patients to better hospitals, and targeting the experiences of Asians within hospitals may be promising means of reducing disparities in patient experience.

EP-20101306

Is substance use a barrier to protected sex among homeless women? results from between- and within-subjects event analyses. Joan S. Tucker, Daniela Golinelli, Gery W. Ryan, Annie Jie Zhou, Robin Beckman, David P. Kennedy, Harold D. Green, Jr.. 2010

OBJECTIVE: This study used event-based analyses to examine how alcohol and drug use are associated with protected sex among women residing in temporary shelters in Los Angeles County. METHOD: Participants were 445 sexually active women age 18 and older who were sampled from 52 shelters serving homeless individuals. Data were collected through individual computer-assisted face-to-face structured interviews. Both between-subjects analyses (n = 445) and within-subjects analyses (n = 87) were used to examine the association between substance use and protected sex. RESULTS: In both within- and between-subjects analyses, women who drank alcohol before sex were significantly more likely to engage in protected sex compared with women who did not drink alcohol. However, there was no association between women's drug use, or their male partner's alcohol or drug use, and whether they engaged in protected sex. The higher likelihood of protected sex during events when women drank alcohol could be explained by partner choice (both analyses) and discussing condom use before sex (within-subjects analyses only). CONCLUSIONS: These findings challenge the common belief that women's alcohol use before sex necessarily increases the likelihood of unprotected sex but are consistent with several previous studies suggesting that alcohol use may be associated with protected sex under certain conditions. Results from this study highlight the need to better understand the complexities of how alcohol use may influence the sexual behavior of impoverished women.

EP-20101307

Effectiveness of Shared Pharmaceutical Care for Older Patients: RESPECT Trial Findings. S. Richmond, V. Morton, B. Cross, I. Wong, I. Russell,

Z. Philips, Jeremy N. V. Miles, A. Hilton, G. Hill, A. Farrin, S. Coulton, H. Chrystyn, P. Campion. 2010

BACKGROUND: Pharmaceutical care serves as a collaborative model for medication review. Its use is advocated for older patients, although its cost-effectiveness is unknown. Although the accompanying article on clinical effectiveness from the RESPECT (Randomised Evaluation of Shared Prescribing for Elderly people in the Community over Time) trial finds no statistically significant impact on prescribing for older patients undergoing pharmaceutical care, economic evaluations are based on an estimation, rather than hypothesis testing. AIM: To evaluate the cost-effectiveness of pharmaceutical care for older people compared with usual care, according to National Institute for Health and Clinical Excellence (NICE) reference case standards. METHODS: An economic evaluation was undertaken in which NICE reference case standards were applied to data collected in the RESPECT trial. RESULTS: On average, pharmaceutical care is estimated to cost an incremental ¼10 000 per additional quality-adjusted life year (QALY). If the NHS's cost-effectiveness threshold is between ¼20 000 and ¼30 000 per extra QALY, then the results indicate that pharmaceutical care is cost-effective despite a lack of statistical significance to this effect. However, the statistical uncertainty surrounding the estimates implies that the probability that pharmaceutical care is not cost-effective lies between 0.22 and 0.19. Although results are not sensitive to assumptions about costs, they differ between subgroups: in patients aged >75 years pharmaceutical care appears more cost-effective for those who are younger or on fewer repeat medications. CONCLUSION: Although pharmaceutical care is estimated to be cost-effective in the UK, the results are uncertain and further research into its long-term benefits may be worthwhile.

EP-20101308

Development, implementation, and public reporting of the HCAHPS Survey. Laura A. Giordano, Elizabeth Goldstein, William G. Lehrman, Patrice A. Spencer. 2010

The authors describe the history and development of the CAHPS Hospital Survey (also known as HCAHPS) and its associated protocols. The randomized mode experiment, vendor training, and dry runs that set the stage for initial public reporting are described. The rapid linkage of HCAHPS data to annual payment updates (pay for reporting) is noted, which in turn led to the participation of approximately 3, 900 general acute care hospitals (about 90% of all such United States hospitals). The authors highlight the opportunities afforded by this publicly reported data on hospital inpatients' experiences and perceptions of care. These data, reported on www.hospitalcompare.hhs. gov, facilitate the national comparison of patients' perspectives of hospital care and can be used alone or in conjunction with other clinical and outcome measures. Potential benefits include increased transparency, improved consumer decision making, and increased incentives for the delivery of high-quality health care.

EP-20101309

Do hospitals rank differently on HCAHPS for different patient subgroups. Laura A. Giordano, Elizabeth Goldstein, William G. Lehrman, Patrice A. Spencer. 2010

Prior research documents differences in patient-reported experiences by patient characteristics. Using nine measures of patient experience from 1,203,229 patients discharged in 2006-2007 from 2,684 acute and critical access hospitals, the authors find that adjusted hospital scores measure distinctions in quality for the average patient with high reliability. The authors also find that hospital ranks (the relative scores of hospitals for patients of a given type) vary substantially by patient health status and race/ ethnicity/language, and moderately by patient education and age ($p < .05$ for almost all measures). Quality improvement efforts should examine hospital performance with both sicker and healthier patients, because many hospitals that do well with one group (relative to other hospitals) may not do well with another. The experiences of American Indians/Alaska Natives should also receive particular attention. As

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data accumulate, reports that drill down to hospital performance for patient subtypes (especially by health status) may be valuable.

EP-20101310

Predictors of adequate depression treatment among Medicaid-enrolled adults. Carrie Farmer, Mark J. Mihalyo, Jane N. Kogan, James Schuster, Charles F. Reynolds III, Bradley D. Stein. 2010

OBJECTIVE: To determine whether Medicaid-enrolled depressed adults receive adequate treatment for depression and to identify the characteristics of those receiving inadequate treatment. DATA SOURCE: Claims data from a Medicaid-enrolled population in a large mid-Atlantic state between July 2006 and January 2008. STUDY DESIGN: The authors examined rates and predictors of minimally adequate psychotherapy and pharmacotherapy among adults with a new depression treatment episode during the study period (N=1,098). PRINCIPAL FINDINGS: Many depressed adults received either minimally adequate psychotherapy or pharmacotherapy. Black individuals and individuals who began their depression treatment episode with an inpatient psychiatric stay for depression were markedly less likely to receive minimally adequate psychotherapy and more likely to receive inadequate treatment. CONCLUSIONS: Racial minorities and individuals discharged from inpatient treatment for depression are at risk for receiving inadequate depression treatment.

EP-20101311

Long-term effect of community-based treatment: evidence from the adolescent outcomes project. Maria Orlando Edelen, Daniel F. McCaffrey, Kirsten Becker, Andrew R. Morral. 2010

A growing literature on adolescent drug treatment interventions demonstrates the efficacy of research therapies, but few rigorous studies examine the effectiveness of community-based treatments that are more commonly available to and utilized by youths and their families, the criminal justice system and other referring agencies. Even less is known about the long-term effects of these community-based treatments. This study evaluates the effects 72-102 months after intake to a widely disseminated community-based treatment model, residential therapeutic community treatment, using data from RAND's Adolescent Outcomes Project. Weighting is used to control for pre-existing differences between adolescent probationers disposed to Phoenix Academy and those assigned to one of six alternative group homes serving as the comparison conditions. Although Phoenix Academy therapeutic community treatment had positive effects on substance use and psychological functioning during the first 12 months following intake, we find no evidence of positive long-term effects on 16 outcomes measuring substance use and problems, criminal activity, institutionalization, psychological functioning and general functioning. The authors discuss the implications of these findings and the failure to maintain the effects observed during the first year follow-up.

EP-20101312

Assessing care of vulnerable elders--alzheimer's disease: a pilot study of a practice redesign intervention to improve the quality of dementia care. David Reuben, Carol P. Roth, Janet C. Frank, Susan H. Hirsch, Diane Katz, Heather McCreath, Jon Younger, Marta Murawski, Elizabeth Edgerly, Joanne Maher, Katie Maslow, Neil S. Wenger. 2010

OBJECTIVES: To determine whether a practice redesign intervention coupled with referral to local Alzheimer's Association chapters can improve the quality of dementia care. DESIGN: Pre-post intervention. SETTING: Two community-based physician practices. PARTICIPANTS: Five physicians in each practice and their patients aged 75 and older with dementia. INTERVENTION: Adaptation of the Assessing Care of Vulnerable Elders (ACOVE)-2 intervention (screening, efficient collection of clinical data, medical record prompts, patient education and empowerment materials,

and physician decision support and education). In addition, physicians faxed referral forms to local Alzheimer's Association chapters, which assessed patients, provided counseling and education, and faxed information back to the physicians. MEASUREMENTS: Audits of pre- (5 per physician) and postintervention (10 per physician) medical records using ACOVE-3 quality indicators for dementia to measure the quality of care provided. RESULTS: Based on 47 pre- and 90 postintervention audits, the percentage of quality indicators satisfied rose from 38% to 46%, with significant differences on quality indicators measuring the assessment of functional status (20% vs 51%), discussion of risks and benefits of antipsychotics (32% vs 100%), and counseling caregivers (2% vs 30%). Referral of patients to Alzheimer's Association chapters increased from 0% to 17%. Referred patients had higher quality scores (65% vs 41%) and better counseling about driving (50% vs 14%), caregiver counseling (100% vs 15%), and surrogate decision-maker specification (75% vs 44%). Some quality indicators related to cognitive assessment and examination did not improve. CONCLUSION: This pilot study suggests that a practice-based intervention can increase referral to Alzheimer's Association chapters and improve quality of dementia care.

EP-20101313

The effects of relative food prices on obesity: evidence from China 1991-2006. Yang Lu, Dana P. Goldman. 2010

This paper explores the effects of relative food prices on body weight and body fat over time in China. The authors study a cohort of 15,000 adults from over 200 communities in China, using the longitudinal China Health and Nutrition Survey (1991-2006). The authors find that the price of energy-dense foods has consistent and negative effects on body fat, while such price effects do not always reflect in body weight. These findings suggest that changes in food consumption patterns induced by varying food prices can increase percentage body fat to risky levels even without substantial weight gain. In addition, food prices and subsidies could be used to encourage healthier food consumption patterns and to curb obesity.

EP-20101314

Does price transparency legislation allow the uninsured to shop for care?. Kate Stockwell Farrell, Amal N. Trivedi, Ateev Mehrotra. 2010

BACKGROUND. The majority of states have enacted price transparency laws to allow patients to shop for care and to prevent price discrimination of the uninsured. In California, hospitals must provide a price estimate to a requesting uninsured patient and cannot bill for an amount greater than the reimbursement the hospital would receive from a government payer. OBJECTIVE. To assess the response rate of California hospitals to a patient price request and to compare the price estimates received to Medicare reimbursement. DESIGN: The authors sent letters to California acute-care hospitals from a fictional uninsured patient requesting an estimate for one of three common elective procedures: a laparoscopic cholecystectomy, a hysterectomy, or routine screening colonoscopy. PARTICIPANTS: Three hundred and fifty-three hospitals in California. MEASUREMENTS: Hospital response rates, difference between price estimates received, and Medicare reimbursement for equivalent procedures. RESULTS: Only 28% (98/353) of hospitals responded and their response varied in content. Of the 98 responses, 15 (15%) did not provide a quote and instead asked for more information such as the billing code, 55 (56%) provided a price estimate for hospital services only, 10 (10%) included both physician and hospital services, and 18 (18%) did not specify what was covered. The median discounted price estimate was higher than Medicare reimbursement rates for all procedures: hysterectomy ($17,403 vs. $5,569; $p<0.001$), cholecystectomy ($14,014 vs. $7,196; $p<0.001$) and colonoscopy ($2,017 vs. $216; $p<0.001$). CONCLUSIONS: Current California legislation fails to meet its objective of enabling uninsured patients to compare prices for hospital-based health care services.

EP-20101315

Could we have covered more people at less cost? technically, yes; politically, probably not. Elizabeth A. McGlynn, Amado Cordova, Jeffrey Wasserman, Federico Girosi. 2010

The process by which Congress considers legislation rarely affords the public an opportunity to examine how the outcomes might change if components of the law were structured differently. We evaluated how the recently enacted health reform law performed relative to a large number of alternative designs on measures of effectiveness and efficiency. We found that only a few different approaches would produce both more newly insured people and a lower cost to the government. However, these are characterized by design options that seemed political untenable, such as higher penalties, lower subsidies, or less generous Medicaid expansion.

EP-20101316

Risks and prices: the role of user sanctions in marijuana markets. Rosalie Liccardo Pacula, Beau Kilmer, Michael Grossman, Frank J. Chaloupka. 2010

User sanctions influence the legal risk for consumers who engage in illegal drug markets. If a reduction in user sanctions leads to an increase in consumption, drug prices will rise unless supply is perfectly elastic. In equilibrium, a change in consumption associated with decreasing user sanctions could be relatively small if supply is upward sloping. Using a novel dataset with rich transaction-level information, this paper evaluates the impact of recent changes in user sanctions for marijuana on marijuana prices. The results suggest that lower legal risks for users are associated with higher marijuana prices in the short-run, which ceteris paribus, implies an upward sloping supply curve, higher consumption, and higher profits for drug dealers. The findings have important implications for the current policy debates regarding decriminalization of marijuana.

EP-20101317

Caring for the uninsured with prostate cancer: a comparison of four policy alternatives in California. Jonathan Bergman, Susan Logan, Arlene Fink, David A. Ganz, Mark A. Peterson, Mark Litwin. 2010

The IMPACT Program seeks to improve access to prostate cancer care for low-income, uninsured men. The objective of the current study was to compare the cost-effectiveness of four policy alternatives in treating this population. The authors analyzed the cost-effectiveness of four policy alternatives for providing care to low-income, uninsured men with prostate cancer: (1) IMPACT as originally envisioned, (2) a version of IMPACT with reduced physician fees, (3) a hypothetical Medicaid prostate cancer treatment program, and (4) the existing county safety net. They calculated cost-effectiveness based on incremental cost-effectiveness ratios (ICERs) with the formula ICER = (Costalternative strategy ? Costbaseline strategy) / (QALYalternative strategy ? QALYbaseline strategy). The authors measured outcomes as quality-adjusted life years (QALYs). Best-case scenarios assumed timely access to care in 50% of cases in the county system and 70% of cases in any system that reimbursed providers at Medicaid fee-for-service rates. Worst-case scenarios assumed timely access in 35 and 50% of corresponding cases. In fiscal year 2004-2005, IMPACT allocated 11% of total expenditures to administrative functions and 23% to fixed clinical costs, with an overall budget of $5.9 million. The ICERs ($/QALY) assuming best-case scenarios for original IMPACT, modified IMPACT, and a hypothetical Medicaid program were $32,091; $64,663; and $10,376; respectively. ICERs assuming worst-case scenarios were $27,189; $84,236; and $10, 714; respectively. County safety net was used as a baseline. In conclusion, IMPACT provides underserved Californians with prostate cancer care and value-added services with only 11% of funds allocated to administrative fixed costs. Both the original IMPACT program and the hypothetical Medicaid prostate cancer program were cost-effective compared to the county safety net, while the reduced-fees version of IMPACT was not.

EP-20101318

Disparate prevalence estimates of PTSD among service members who served in Iraq and Afghanistan: possible explanations. Rajeev Ramchand, Terry L. Schell, Benjamin R. Karney, Karen Chan Osilla, Rachel M. Burns, Leah B. Caldarone. 2010

The authors reviewed 29 studies that provide prevalence estimates of posttraumatic stress disorder (PTSD) among service members previously deployed to Operations Enduring and Iraqi Freedom and their non-U.S. military counterparts. Studies vary widely, particularly in their representativeness and the way PTSD is defined. Among previously deployed personnel not seeking treatment, most prevalence estimates range from 5 to 20%. Prevalence estimates are generally higher among those seeking treatment: As many as 50% of veterans seeking treatment screen positive for PTSD, though much fewer receive a PTSD diagnosis. Combat exposure is the only correlate consistently associated with PTSD. When evaluating PTSD prevalence estimates among this population, researchers and policymakers should carefully consider the method used to define PTSD and the population the study sample represents.

EP-20101320

General cardiovascular risk profile identifies advanced coronary artery calcium and is improved by family history: the multiethnic study of atherosclerosis. Maren T. Scheuner, Claude Messan Setodji, James S. Pankow, Roger S. Blumenthal, Emmett B. Keeler. 2010

BACKGROUND: The General Cardiovascular Risk Profile (GCRP) is a multivariable model that predicts global cardiovascular disease risk. Our goal was to assess the ability of the GCRP to identify individuals with advanced coronary artery calcification (CAC), and determine whether identification is improved with family history. METHODS AND RESULTS: Using data from the Multi-Ethnic Study of Atherosclerosis, three sex-specific models were developed with ordinal logistic regressions to relate risk factors to CAC scores. Model 1 included covariates in the GCRP. Then family history was added, defined as having at least one first-degree relative with premature coronary heart disease (CHD) (Model 2), or as a weak, moderate or strong family history based on number of relatives with CHD, age at onset, and presence of stroke or diabetes in the family (Model 3). For each model, we estimated mathematical CAC risk functions, derived CAC score sheets, evaluated the ability to discriminate persons having positive CAC scores, and assessed reclassification of individuals with low, intermediate, or high probability of CAC >300. Model 1 worked well to identify women and men with positive CAC scores; c-statistics were 0.752 and 0.718 and X2 values were 821.2 ($p<0.0001$) and 730.6 ($p<0.0001$), respectively. Addition of family history improved discrimination and fit of Model 1. However, reclassification of participants with advanced CAC was significantly improved with Model 3 only. CONCLUSIONS: The GCRP identifies advanced CAC, an emerging indication for aggressive risk factor modification. Incorporation of family history, especially comprehensive familial risk stratification, provides incremental prognostic value.

EP-20101321

The impact of parental deployment on child social and emotional functioning: perspectives of school staff. Anita Chandra, Stacy Ann Hawkins, Amy Richardson. 2010

PURPOSE: Since 2001, many military families have experienced multiple and extended deployments. Little is known about the effect of parental deployment on the well-being of children, and few, if any, studies to date have engaged school staff to understand whether and how parental deployments affect the behavioral, social, and emotional outcomes of youth in the school setting. METHODS: Focus groups and semi-structured interviews were conducted with teachers, counselors, and administrative staff at schools serving children from U.S. Army families (N = 148 staff). Participants were queried about the academic, behavioral, and emotional issues faced by children of deployed soldiers. Data were analyzed for themes in these areas, with attention to differences by service component (Active

Component vs. Army Reserve and National Guard). RESULTS: Although some children seem to be coping well with deployment, school staff felt that children's anxiety related to parental absence, increased responsibilities at home, poor mental health of some nondeployed parents, and difficulty accessing mental health services affected the ability of other students to function well in school. CONCLUSIONS: School staff felt that parental deployment negatively affected social and emotional functioning for some children and youth, although they felt others were coping well. Future research should examine factors related to youth outcomes during parental deployment (e.g., mental health of the non-deployed parent) and assess the effects of deployment on other measures of behavior such as school engagement and academic performance.

EP-20101322

Meta-analysis: effect of interactive communication between collaborating primary care physicians and specialists. Robbie Foy, Lisa V. Rubenstein, Marika Suttorp, Michelle Seelig, Roberta M. Shanman, Paul G. Shekelle. 2010

BACKGROUND: Whether collaborative care models that enable interactive communication (timely, 2-way exchange of pertinent clinical information directly between primary care and specialist physicians) improve patient outcomes is uncertain. PURPOSE: To assess the effects of interactive communication between collaborating primary care physicians and key specialists on outcomes for patients receiving ambulatory care. DATA SOURCES: PubMed, PsycInfo, EMBASE, CINAHL, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, and Web of Science through June 2008 and secondary references, with no language restriction. STUDY SELECTION: Studies that evaluated the effects of interactive communication between collaborating primary care physicians and specialists on outcomes for patients with diabetes, psychiatric conditions, or cancer. DATA EXTRACTION: Contextual, intervention, and outcome data from 23 studies were extracted by one reviewer and checked by another. Study quality was assessed with a 13-item checklist. Disagreement was resolved by consensus. Main outcomes for analysis were selected by reviewers who were blinded to study results. DATA SYNTHESIS: Meta-analysis indicated consistent effects across 11 randomized mental health studies (pooled effect size, -0.41 [95% CI, -0.73 to ?0.10]), 7 nonrandomized mental health studies (pooled effect size, -0.47 [CI, -0.84 to -0.09]), and 5 nonrandomized diabetes studies (pooled effect size, -0.64 [CI, -0.93 to -0.34]). These findings remained robust to sensitivity analyses. Meta-regression indicated studies that included interventions to enhance the quality of information exchange had larger effects on patient outcomes than those that did not (-0.84 vs. -0.27; P = 0.002). LIMITATIONS: Because collaborative interventions were inherently multifaceted, the efficacy of interactive communication by itself cannot be established. Inclusion of study designs with lower internal validity increased risk for bias. No studies involved oncologists. CONCLUSIION Consistent and clinically important effects suggest a potential role of interactive communication for improving the effectiveness of primary care-specialist collaboration.

MONOGRAPHS

MG-1002-MCIA

Afghanistan's Local War: Building Local Defense Forces. Seth G. Jones, Arturo Munoz. 2010

Security in Afghanistan has historically required a combination of top-down efforts from the central government and bottom-up efforts from local communities. Since 2001, U.S. and broader international efforts have focused on establishing security solely from the top down through Afghan national security forces and other central government institutions. But local security forces are a critical complement to these efforts, especially in rural areas of the country. The Afghan government and NATO forces need to move quickly to establish a more-effective bottom-up strategy to

complement top-down efforts by better leveraging local communities. The Afghan government can work with existing community structures that oppose insurgents to establish village-level policing entities, such as arbakai and chalweshtai, with support from NATO. Effectively leveraging local communities should significantly improve counterinsurgency prospects and can facilitate mobilization of the population against insurgents. This analysis documents lessons about the viability of establishing local security in Afghanistan and addresses concerns about the wisdom of such policies.

http://www.rand.org/pubs/monographs/MG1002/

MG-1003-NAVY

Navy Network Dependability: Models, Metrics, and Tools. Isaac R. Porche III, Katherine Comanor, Bradley Wilson, Matthew J. Schneider, Juan Montelibano, Jeff Rothenberg. 2010

The Navy is increasingly dependent on networks and associated net-centric operations to conduct military missions, so a vital goal is to establish and maintain dependable networks for ship and multiship (e.g., strike group) networks. In this volume, the authors develop a framework for measuring network dependability that is focused on users' perceptions of whether individual network services are available, as opposed to hardware-focused measurements of whether individual pieces of equipment are functioning. The authors used this framework to modify a tool for modeling network availability that was originally developed by Space and Naval Warfare Systems Command; the modified tool allows the user to perform sensitivity analysis that captures the degree to which individual network components affect overall mission operational availability. The authors walk the reader through some exemplar analyses, then conclude with recommendations on how the Navy might facilitate future network dependability assessments, provide more meaningful results to network engineers, and, ultimately, enhance the dependability of networks across the fleet.

http://www.rand.org/pubs/monographs/MG1003/

MG-1018-CHSWC

The Frequency, Severity, and Economic Consequences of Musculoskeletal Injuries to Firefighters in California. Seth A. Seabury, Christopher F. McLaren. 2010

The most common work-related injuries among firefighters are musculoskeletal disorders (MSDs). The strict physical demands of the job and limited modified work opportunities suggest that MSDs are potentially more disruptive and costly to firefighters than to others. The importance of understanding the frequency and severity of firefighter MSDs has become heightened due to changes to the California workers' compensation landscape since 2004, including the reduction of permanent-disability ratings that occurred due to the adoption of a new disability rating system and new rules for apportioning disability with respect to job-related causation, the adoption of treatment guidelines to provide utilization review in workers' compensation medical care, and the imposition of caps on the number of times injured workers can be reimbursed for use of chiropractic care and physical therapy. Each of these could have a potentially disadvantageous and disproportionate impact on firefighters with MSDs. This book describes the average frequency and severity of work-related MSDs experienced by California firefighters; examines the impact of work-related MSDs on the firefighters' earnings and employment several years after injury; evaluates the reforms' impact on the ratings of firefighters with permanently disabling MSDs; and assesses whether reforms to the medical delivery system affected the employment outcomes of firefighters with MSDs.

http://www.rand.org/pubs/monographs/MG1018/

MG-1019

Toward a Culture of Consequences: Performance-Based Accountability Systems for Public Services. Brian M. Stecher, Frank Camm, Cheryl L. Damberg, Laura S. Hamilton, Kathleen J. Mullen, Christopher Nelson, Paul Sorensen, Martin Wachs, Allison Yoh, Gail L. Zellman, with Kristin J. Leuschner. 2010

Performance-based accountability systems (PBASs), which link incentives to measured performance as a means of improving services to the public, have gained popularity. While PBASs can vary widely across sectors, they share three main components: goals, incentives, and measures. Research suggests that PBASs influence provider behaviors, but little is known about PBAS effectiveness at achieving performance goals or about government and agency experiences. This study examines nine PBASs that are drawn from five sectors: child care, education, health care, public health emergency preparedness, and transportation. In the right circumstances, a PBAS can be an effective strategy for improving service delivery. Optimum circumstances include having a widely shared goal, unambiguous observable measures, meaningful incentives for those with control over the relevant inputs and processes, few competing interests, and adequate resources to design, implement, and operate the PBAS. However, these conditions are rarely fully realized, so it is difficult to design and implement PBASs that are uniformly effective. PBASs represent a promising policy option for improving the quality of service-delivery activities in many contexts. The evidence supports continued experimentation with and adoption of this approach in appropriate circumstances. Even so, PBAS design and its prospects for success depend on the context in which the system will operate. Also, ongoing system evaluation and monitoring are integral components of a PBAS; they inform refinements that improve system functioning over time.

http://www.rand.org/pubs/monographs/MG1019/

MG-1019/1

Toward a Culture of Consequences: Performance-Based Accountability Systems for Public Services — Executive Summary. Brian M. Stecher, Frank Camm, Cheryl L. Damberg, Laura S. Hamilton, Kathleen J. Mullen, Christopher Nelson, Paul Sorensen, Martin Wachs, Allison Yoh, Gail L. Zellman, with Kristin J. Leuschner. 2010

Performance-based accountability systems (PBASs), which link incentives to measured performance as a means of improving services to the public, have gained popularity. While PBASs can vary widely across sectors, they share three main components: goals, incentives, and measures. Research suggests that PBASs influence provider behaviors, but little is known about PBAS effectiveness at achieving their performance goals or about government and agency experiences. This document summarizes a study that examined nine PBASs in five sectors: child care, education, health care, public health emergency preparedness, and transportation. In the right circumstances, a PBAS can be an effective strategy for improving service delivery. Optimum circumstances include having a widely shared goal, unambiguous observable measures, meaningful incentives for those with control over the relevant inputs and processes, few competing interests, and adequate resources to design, implement, and operate the PBAS. However, these conditions are rarely fully realized, so it is difficult to design and implement PBASs that are uniformly effective. PBASs represent a promising policy option for improving the quality of service-delivery activities in many contexts. The evidence supports continued experimentation with and adoption of this approach in appropriate circumstances. Even so, PBAS design and its prospects for success depend on the context in which it will operate. Also, ongoing system evaluation and monitoring are integral components of a PBAS; they inform refinements that improve system functioning over time.

http://www.rand.org/pubs/monographs/MG1019.1/

MG-1020-OSD

From Marginal Adjustments to Meaningful Change: Rethinking Weapon System Acquisition. John Birkler, Mark V. Arena, Irv Blickstein, Jeffrey A. Drezner, Susan M. Gates, Meilinda Huang, Robert Murphy, Charles Nemfakos, Susan K. Woodward. 2010

Defense acquisition is one of the most urgent issues that the Department of Defense faces today. In an effort to provide the department and the nation with guidance on defense acquisition challenges in several areas likely to be of criti-

cal importance to defense acquisition leadership, the authors have compiled in this monograph six previously published RAND papers that offer thought-provoking suggestions based on decades of research, new quantitative assessments, a RAND-developed cost-analysis methodology, and the expertise of core research staff. They present detailed proposals to improve defense acquisition through initiatives focused on competition, novel systems, risk management, organizational factors, prototyping, and the acquisition workforce.

http://www.rand.org/pubs/monographs/MG1020/

MG-1023-MOD

Sustaining Key Skills in the UK Military Aircraft Industry. Matt Bassford, Hans Pung, Nigel Edgington, Tony Starkey, Kristin Weed, Mark V. Arena, James G. Kallimani, Gordon T. Lee, Obaid Younossi. 2010

In December 2005, the Ministry of Defence (MOD) published its first Defence Industrial Strategy, containing a specific reference to the military fixed wing aircraft sector and a requirement to retain domestic design and engineering capabilities, as well as other skills, to perform through-life activities. In 2009, the House of Commons Defence Committee urged the MOD to "set out what assessment it has made of the health of the UK defence industry and, in particular, those parts of the defence industry where the MOD wishes to retain industrial capability in the UK." The research reported in this monograph was commissioned by the MOD's Fixed Wing Sector Strategy Board to assist the MOD in its development of a strategy and sustainment plan for the military fixed wing sector. The RAND study was conducted between August and December 2009 and focused on the current health and future sustainment of key skills in the UK fixed wing military industrial base. This monograph describes the qualitative and quantitative methodologies that the RAND team followed and summarises its findings and recommendations.

http://www.rand.org/pubs/monographs/MG1023/

MG-1026-OSD

An Economic Analysis of the Financial Records of al-Qa'ida in Iraq. Benjamin Bahney, Howard J. Shatz, Carroll Ganier, Renny McPherson, Barbara Sude, with Sara Beth Elson, Ghassan Schbley. 2010

This monograph analyzes the finances of the militant group al-Qa'ida in Iraq (AQI) in Anbar province during 2005 and 2006, at the peak of the group's power and influence. The authors draw on captured documents that give details on the daily financial transactions of one specific sector within Anbar province and of the financial transactions of the AQI provincial administration. Some of their conclusions are: AQI was a hierarchical organization with decentralized decisionmaking; AQI in Anbar was profitable enough to send substantial revenues out of the province in 2006; AQI relied on extortion, theft, and black market sales to fund its operations in Anbar; AQI needed large, regular revenue sources to fund its operations, but its administrative leaders did not hold much cash on hand. The authors' interpretation of data on compensation practices and participants' risk of death indicates that AQI members were poorly compensated and suggests that they were not motivated primarily by money to join the group. The authors also find that mounting attacks required organizational expenditures well beyond the cost of materiel used in attacks. One major conclusion is that disrupting AQI's financial flows could disrupt the pace of their attacks.

http://www.rand.org/pubs/monographs/MG1026/

MG-1031-NIJ

Long-Term Effects of Law Enforcement's Post-9/11 Focus on Counterterrorism and Homeland Security. Lois M. Davis, Michael Pollard, Kevin Ward, Jeremy M. Wilson, Danielle M. Varda, Lydia Hansell, Paul Steinberg. 2010

Since the 9/11 terrorist attacks, the need for increased counterterrorism (CT) and homeland security (HS) efforts at the federal, state, and local levels has taken the spotlight in public safety efforts. In the immediate aftermath of 9/11, many

law enforcement agencies (LEAs) shifted more resources toward developing CT and HS capabilities, and the federal government continues to support these efforts with grants provided through the Department of Homeland Security. This monograph examines the long-term adjustments that large urban LEAs have made to accommodate the focus on CT and HS, as well as the advantages and challenges associated with it. The study relies primarily on in-depth case studies of five large urban LEAs, as well as a review of federal HS grant programs and a quantitative analysis of the potential costs associated with shifting law enforcement personnel from traditional policing to focus on HS and CT functions. Major trends among the five case study LEAs include the creation of specialized departments and units, as well as an increased emphasis on information-sharing, which, nationwide, has led to the creation of fusion centers that serve as formal hubs for regional information-sharing networks. LEAs' HS and CT efforts are also greatly influenced by the restrictions and requirements associated with federal HS grant funding. Finally, using cost-of-crime estimates, it is possible to partially quantify the costs associated with LEAs' shifting of personnel away from traditional crime prevention toward CT and HS—there are also clear benefits associated with law enforcement's focus on CT and HS, but they are difficult to quantify, and this is posing a challenge for LEAs as the economic downturn puts pressure on public budgets.

http://www.rand.org/pubs/monographs/MG1031/

MG-1035-CHSWC

Workers' Compensation Reform and Return to Work: The California Experience. Seth A. Seabury, Robert T. Reville, Stephanie Williamson, Christopher F. McLaren, Adam H. Gailey, Elizabeth Wilke, Frank W. Neuhauser. 2010

Permanently disabled workers in California's workers' compensation system have historically displayed poor rates of return to work and high levels of lost earnings attributed to their disability. This monograph provides a comprehensive analysis of the effects of several large changes to the workers' compensation system on return-to-work rates for California's injured workers. In particular, the authors study how public policies within and outside the workers' compensation system that influence return to work have changed in California over the past ten years. They then estimate the average return-to-work rates of injured and disabled workers over this time period and compare the trends with the policy changes. Overall, the authors find that return to work has improved, though it is unclear how much of this improvement can truly be attributed to changes in workers' compensation policy. Finally, the authors examine the impact that recent reforms to the workers' compensation system have had on the adequacy of benefits for injured and disabled workers. Disability benefits have fallen sharply as a result of changes to the system for evaluating the severity of workplace injuries. The authors find that these benefit cuts have reduced the adequacy of workers' compensation benefits, despite the gains in return to work over this time period. They estimate that the replacement of lost income from workers' compensation benefits fell by about one-quarter after the reforms took effect in 2005. Had return to work not improved, replacement rates would have fallen by about 40 percent. In the monograph, the authors discuss the implications of these findings for future reform efforts.

http://www.rand.org/pubs/monographs/MG1035/

MG-1037-WF

Hours of Opportunity, Volume 1: Lessons from Five Cities on Building Systems to Improve After-School, Summer School, and Other Out-of-School-Time Programs. Susan J. Bodilly, Jennifer Sloan McCombs, Nate Orr, Ethan Scherer, Louay Constant, Daniel Gershwin. 2010

High-quality out-of-school-time (OST) programs have a positive effect on youth development, but many cities have found it difficult to address the challenges of expanding and improving the quality of programs offered to underserved and high-need students. In response, The Wal-

lace Foundation sponsored an initiative to help five cities increase collaboration, access, quality, information sharing, and sustainability in their OST systems. The overall goals of the initiative were to increase access, improve quality, develop information systems for decisionmaking, and plan for financial stability. Each city received a planning grant, which it focused on particular efforts tied to city context and area of need. The first in this three-volume series describes the cities' early work under the grant and analyzes the conditions and activities that contributed to their progress in building a coordinated system of services to meet the initiative's goals. Specifically, it addresses how city context affected the approaches implemented, the effectiveness of these approaches, and important enablers of progress, particularly in the areas of collaboration and coordination. Of particular note was the finding that city context and the involvement of the mayor had a significant influence on both decisionmaking and outcomes. In addition, the cities depended on the ability to gain buy-in from the schools and other key stakeholders, as well as financial assistance through city budgets and grants to ensure sustainability.

http://www.rand.org/pubs/monographs/MG1037/

MG-1037/1-WF

Hours of Opportunity, Volume 2: The Power of Data to Improve After-School Programs Citywide. Jennifer Sloan McCombs, Nate Orr, Susan J. Bodilly, Scott Naftel, Louay Constant, Ethan Scherer, Daniel Gershwin. 2010

High-quality out-of-school-time (OST) programs have a positive effect on youth development, but many cities have found it difficult to address the challenges of expanding and improving the quality of programs offered to underserved and high-need students. In response, The Wallace Foundation sponsored an initiative to help five cities increase collaboration, access, quality, information sharing, and sustainability in their OST systems. In many cities that provide financial support for OST, funding is funneled through a variety of youth-serving agencies that lack basic information about the programs they fund. The second in this three-volume series describes how the grantees and three other cities used management information systems to collect and use data on OST programs, including enrollment, attendance, and student outcomes. Cities' use of management information systems to collect and report data on OST programs is relatively new, so the experiences of the case-study cities offer valuable lessons for the field. For example, management information systems are capable of supporting OST system improvement but require careful planning, the use of data from these systems can lead to additional funding and support, the customization of web-based systems encourages their use, providing high-quality training to providers increases the use of the systems, and many providers are overburdened by requirements to use multiple management information systems, so eliminating redundancies and coordinating data requirements can ensure more efficient program provision and reporting.

http://www.rand.org/pubs/monographs/MG1037.1/

MG-1039-SRF/CC

Building a More Resilient Haitian State. Keith Crane, James Dobbins, Laurel E. Miller, Charles P. Ries, Christopher S. Chivvis, Marla C. Haims, Marco Overhaus, Heather L. Schwartz, Elizabeth Wilke. 2010

Hope for a more prosperous and peaceful future for the Haitian people lies in building a more effective, resilient state. Haiti's state institutions are riddled with weaknesses in human resources, organization, procedures, and policies. State-building should be at the forefront of efforts to recover from the January 2010 earthquake. Devising lists of measures needed to repair the state's weaknesses is relatively easy, but formulating strategies to address those weaknesses is hard, and implementation is even harder. This report supports the development of a Haitian state-building strategy by identifying the main challenges to more capable governance, evaluating existing plans for strengthening government institutions and improving the delivery of public services, and proposing a realistic and carefully limited set of

critical actions. The recommended priorities, in the areas of public administration, justice, security, economic policy, infrastructure, education, and health care, merit the greatest degree of Haiti's and international donors' policy attention and financial commitment.

http://www.rand.org/pubs/monographs/MG1039/

MG-1039/1-SRF/CC

Building a More Resilient Haitian State: French translation of summary. Keith Crane, James Dobbins, Laurel E. Miller, Charles P. Ries, Christopher S. Chivvis, Marla C. Haims, Marco Overhaus, Heather L. Schwartz, Elizabeth Wilke. 2010

L'espoir d'un avenir plus prospère et plus pacifique pour le peuple haïtien réside dans la construction d'un État plus efficace et résilient. Les institutions haïtiennes sont minées par des faiblesses endémiques dans les domaines des ressources humaines, organisationnel, des procédures et des politiques publiques. La construction étatique devrait figurer au premier plan des efforts de redressement après le séisme de janvier 2010. Il est relativement aisé de dresser des listes de mesures requises pour remédier aux faiblesses de l'État, mais il l'est moins de formuler des stratégies destinées à lutter contre ces faiblesses et il est encore plus difficile de les mettre en ¦uvre. Ce rapport appuie le développement d'une stratégie de construction de l'État en Haïti en identifiant les principaux obstacles à une gouvernance efficace et en évaluant des projets existants, pour renforcer les institutions publiques et améliorer la fourniture de services publics, ainsi qu'en proposant un ensemble restreint d'actions critiques réalistes et soigneusement définies. Les priorités recommandées dans les domaines de l'administration publique, de la justice, de la sécurité, de la politique économique, des infrastructures, de l'éducation et de la santé requièrent la plus grande attention de la part des autorités haïtiennes et des donateurs internationaux, tant en ce qui concerne l'élaboration des politiques publiques que les engagements financiers.

http://www.rand.org/pubs/monographs/MG1039.1/

MG-1042-DARPA

Confronting Space Debris: Strategies and Warnings from Comparable Examples Including Deepwater Horizon. Dave Baiocchi, William Welser IV. 2010

Orbital debris represents a growing threat to the operation of man-made systems in space. There are currently hundreds of thousands of debris objects greater than one centimeter in diameter in Earth's orbit, and the collision of any one of these objects with an operational satellite would cause catastrophic failure of that satellite. The authors identified a set of comparable problems that share similarities with orbital debris and narrowed this set down to the following nine issues: acid rain, U.S. commercial airline security, asbestos, chlorofluorocarbons, hazardous waste, oil spills, radon, email spam, and U.S. border control. This monograph provides context and insight for decisionmakers by asking the following questions: How have other industries approached their “orbital debris–like” risks? What lessons can be learned from these cases before proceeding with debris mitigation or remediation measures? Findings are drawn from practical examples that include the Deepwater Horizon oil spill, the results of which emphasized that remedies must be designed and tested to work under the actual operating conditions.

http://www.rand.org/pubs/monographs/MG1042/

MG-1053-SRF

Deradicalizing Islamist Extremists. Angel Rabasa, Stacie L. Pettyjohn, Jeremy J. Ghez, Christopher Boucek. 2010

Considerable effort has been devoted to understanding the process of violent Islamist radicalization, but far less research has explored the equally important process of deradicalization, or how individuals or groups abandon extremist groups and ideologies. Proactive measures to prevent vulnerable individuals from radicalizing and to rehabilitate those who have already embraced extremism have been implemented, to varying degrees, in several Middle Eastern, Southeast Asian, and Eu-

ropean countries. A key question is whether the objective of these programs should be disengagement (a change in behavior) or deradicalization (a change in beliefs) of militants. Furthermore, a unique challenge posed by militant Islamist groups is that their ideology is rooted in a major world religion. An examination of deradicalization and counter-radicalization programs in the Middle East, Southeast Asia, and Europe assessed the strengths and weaknesses of each program, finding that the best-designed programs leverage local cultural patterns to achieve their objectives. Such programs cannot simply be transplanted from one country to another. They need to develop organically in a specific country and culture.

http://www.rand.org/pubs/monographs/MG1053/

MG-1056-OSD

Sexual Orientation and U.S. Military Personnel Policy: An Update of RAND's 1993 Study. National Defense Research Institute. 2010

At the request of the Senate Armed Services Committee and the Secretary of Defense, the RAND Corporation conducted a study on sexual orientation and U.S. military policy in order to provide information and analysis that might be considered in discussing the possible repeal of the law known as “Don't Ask, Don't Tell” (DADT). The study examined DADT implementation; U.S. public and military opinion about allowing gay men and lesbians to serve in the military without restriction; and the scientific literature on group cohesion, sexual orientation, and related health issues. RAND conducted focus groups with military personnel and a survey of gay, lesbian, and bisexual military personnel. RAND researchers also examined the comparable experiences of other institutions, domestic agencies, and foreign militaries, as well as how repeal of DADT might affect unit cohesion and military readiness and effectiveness. Most polling data suggest that a majority of Americans support allowing gay people to serve in the military without restriction. The research concludes that there would be little impact on recruiting and retention of military personnel and on unit cohesion and performance. Current research and the experience during World War II shows that cohesion of combat units comes from the common threat of the enemy, not from prior shared values and attitudes. The majority of gay and lesbian service members who responded to RAND's survey reported that, although they did not talk about their sexual orientation, many unit members already knew that there was a gay service member in their unit. The vast majority indicated that they would remain circumspect in how they make their orientation known to other service members. Many military focus group participants said that they knew gay men and lesbians who were serving and respected their contributions. Many major U.S. allies, including Australia, Canada, and the United Kingdom, have allowed gay individuals to serve without restriction for a number of years. They report no effect on unit performance or on their ability to meet recruitment goals. No country provides special accommodations for privacy or special training on sexual orientation. Police and fire departments, as well as federal agencies, major corporations, and colleges, all report that they have integrated gay individuals without serious problems and without negative effects on performance—and without making specific accommodations—by applying a strict policy of nondiscrimination.

http://www.rand.org/pubs/monographs/MG1056/

MG-675-A

Enhancing Army Joint Force Headquarters Capabilities. Timothy M. Bonds, Myron Hura, Thomas-Durell Young. 2010

The research in this document is aimed at helping the Army improve its ability to command and control joint, interagency, and multinational forces to accomplish diverse missions in a range of settings. The monograph describes steps that the Army might take to improve the ability of Army Service headquarters to command joint task forces. A particular emphasis was placed on suggesting ways to prepare Army headquarters, including Divisions, Corps, and Theater Armies, to perform

as components of, or headquarters for, joint task forces. In addition, the monograph describes the capabilities that the Army will have to depend on others to provide to accomplish future missions—including the other Services, joint organizations, and government agencies. The research addresses specific concerns expressed by policymakers in the Department of Defense; these include the amount of time it takes to establish these headquarters, the ability to staff them appropriately, and the Army's ability to coordinate the efforts of their forces with those of other Services and agencies from diverse branches of the government and forces from different countries.

http://www.rand.org/pubs/monographs/MG675/

MG-797-AF

Ending F-22A Production: Costs and Industrial Base Implications of Alternative Options. Obaid Younossi, Kevin Brancato, John C. Graser, Thomas Light, Rena Rudavsky, Jerry M. Sollinger. 2010

In April 2009, the Department of Defense decided to terminate production of the F-22A Raptor and close the production line after the last aircraft delivery. In advance of the decision, the Air Force asked RAND Project AIR FORCE to identify the costs and implications of various shutdown options on the industrial base. Because the F-22A manufacturing base is complex, shutting down the production line without making any investment in preserving key elements of production capability would make it expensive and difficult to restart production in the future, if that were desired. This monograph evaluates the implications of three shutdown options for the F-22A industrial capability: shutdown; shutdown and restart; and "warm" production, in which a small number of aircraft are produced until and if a decision is made to return to full-rate production. Issues such as the availability of skilled labor, processes, facilities, and tooling used by firms supporting F-22A production, are likely to affect some suppliers.

http://www.rand.org/pubs/monographs/MG797/

MG-858-AF

Best Practices in Developing Proactive Supply Strategies for Air Force Low-Demand Service Parts. Mary E. Chenoweth, Jeremy Arkes, Nancy Y. Moore. 2010

The Air Force uses thousands of different items to support its aircraft. Most of these parts seldom need replacement. Nevertheless, difficulties in attaining them can affect aircraft availability. Furthermore, some of these parts can be more difficult, and expensive, on average to manage, given that they may have relatively higher unit costs owing to fixed costs such as physical plants, manufacturing and repair equipment, and overhead being apportioned over a smaller total quantity of parts. The authors review Air Force purchases of "low-demand" parts, analyzing how much the Air Force spends on such parts and the types of parts that have a low demand. They then identify and synthesize best commercial purchasing and supply chain management practices used for developing supply strategies for such items. Finally, the authors recommend how the Air Force could improve its supply strategies for such items.

http://www.rand.org/pubs/monographs/MG858/

MG-860-ICJ

The U.S. Experience with No-Fault Automobile Insurance: A Retrospective. James M. Anderson, Paul Heaton, Stephen J. Carroll. 2010

No-fault automobile-insurance regimes were the culmination of decades of dissatisfaction with the use of the traditional tort system for compensating victims of automobile accidents. They promised quicker, fairer, less-contentious, and, it was hoped, less-expensive resolution of automobile-accident injuries. This monograph considers how these plans have fared. After reviewing the intellectual and political history of no-fault auto insurance, the monograph concludes that no-fault lost political popularity because of the perception that it did not deliver the promised consumer premium cost reductions. Analysis of data from a variety of sources confirms this view, demonstrating that premiums and claim costs have become substan-

tially larger in no-fault states than in other states over time. These cost increases can be traced to a variety of factors, including growth in excess claiming in no-fault states and convergence between no-fault and tort states in litigation patterns and noneconomic-damage payments. However, the primary driver of no-fault's cost growth has been high medical costs. The extent to which these additional costs represent augmented utilization of medical services rather than cost shifting from the medical insurance system to the automobile insurance system remains unclear.

http://www.rand.org/pubs/monographs/MG860/

MG-868-AF

Developing an Assessment Framework for U.S. Air Force Building Partnerships Programs. Jennifer D. P. Moroney, Joe Hogler, Jefferson P. Marquis, Christopher Paul, John E. Peters, Beth Grill. 2010

Working with allies to build their defense capacity, acquire access to their territories for potential operations, and strengthen relationships with their air forces is an important U.S. Air Force activity. To determine the value of this activity, the authors outline an assessment framework that planners, strategists, and policymakers can use to see whether Air Force security cooperation activities are achieving the desired effects. They recommend that the Air Force incorporate an assessment process at the program level into its current security cooperation assessment process to meet the needs of the Office of the Secretary of Defense, the combatant commands, and the Air Force. They also point out that it is important for Air Force stakeholders to assess security cooperation with the intent to inform decisionmaking. Because of the limited assessment guidance and the need for efficient assessment processes, the Air Force should clarify and specify stakeholder assessment roles and responsibilities for security cooperation assessments.

http://www.rand.org/pubs/monographs/MG868/

MG-870/1-OSD

Reconstruction Under Fire: Case Studies and Further Analysis of Civil Requirements. Brooke Stearns Lawson, Terrence K. Kelly, Michelle Parker, Kimberly Colloton, Jessica Watkins. 2010

Successful counterinsurgency (COIN) requires the integration of security and civil COIN to create conditions that allow the population to choose between the government and insurgents, eliminate the grievances that gave rise to the insurgency, and present the population with choices that are more attractive than what the insurgents can offer. Building on a framework for integrating civil and military counterinsurgency first described in Reconstruction Under Fire: Unifying Civil and Military Counterinsurgency, this volume presents an approach to the civil component of counterinsurgency that builds on detailed background, context analysis, and threat analysis to identify and develop critical civil COIN activities. It illustrates this approach using three case studies: Nangarhar province in Afghanistan, Nord-Kivu province in the Democratic Republic of the Congo, and Al Anbar province in Iraq. The approach builds on the best aspects of existing conflict assessment methodologies and adds new elements developed specifically for this project. The resulting framework goes beyond the strategic and operational decisions related to designing a program that is appropriate for a given conflict context.

http://www.rand.org/pubs/monographs/MG870.1/

MG-875-A

Harnessing Full Value from the DoD Serum Repository and the Defense Medical Surveillance System. Melinda Moore, Elisa Eiseman, Gail Fisher, Stuart S. Olmsted, Preethi R. Sama, John A. Zambrano. 2010

The Army manages the Department of Defense Serum Repository (DoDSR) of over 43 million serum samples and the associated Defense Medical Surveillance System (DMSS) database that links individual service member characteristics to these biological samples. The main mission and use of these resources has been for military health

surveillance. The Army turned to RAND Arroyo Center to systematically examine current requirements and capabilities of the DoDSR and DMSS, identify gaps, and suggest strategies to improve their ability to meet current and potential future military health needs, including surveillance, outbreak investigation, research, and clinical support, particularly as these relate to influenza and other infectious disease threats. The research drew information from written documents and interviews with military and civilian experts. The study identified a number of opportunities to improve the management, content, and use of the serum repository and associated database. There were six main recommendations: (1) clarify and communicate the missions of the DoDSR and DMSS both within and beyond DoD; (2) empower, structure, and resource the organizational oversight of DoDSR and DMSS so that they can fulfill the full range of their missions; (3) create an integrative data plan for comprehensive health surveillance; (4) enhance the utility of specimens; (5) plan for the next repository facility; and (6) raise awareness of and expand access to DoDSR and DMSS.

http://www.rand.org/pubs/monographs/MG875/

MG-878-OSD

Mullahs, Guards, and Bonyads: An Exploration of Iranian Leadership Dynamics. David E. Thaler, Alireza Nader, Shahram Chubin, Jerrold D. Green, Charlotte Lynch, Frederic Wehrey. 2010

The Islamic Republic of Iran poses serious challenges to U.S. interests in the Middle East, and its nuclear program continues to worry the international community. The presidential election of June 2009 that returned Mahmoud Ahmadinejad to power and led to broad protests and a government crackdown presents yet another cause for U.S. concern. Yet the U.S. ability to “read” the Iranian regime and formulate appropriate policies has been handicapped by both a lack of access to the country and the opacity of decisionmaking in Tehran. To help analysts better understand the Iranian political system, the authors describe --Iranian strategic culture, including the perceptions that drive state behavior--the informal networks, formal government institutions, and personalities that influence decisionmaking in the Islamic Republic--the impact of elite behavior on Iranian policy formulation and execution--factionalism, emerging fissures within the current regime, and other key trends.The authors observe that it is the combination of key personalities, networks based on a number of commonalities, and institutions—not any one of these elements alone—that defines the complex political system of the Islamic Republic. Factional competition and informal, backchannel maneuvering trump the formal processes for policymaking. The Supreme Leader retains the most power, but he is not omnipotent in the highly dynamic landscape of Iranian power politics. The evolving role of the Islamic Revolutionary Guard Corps, the vulnerability of the elite “old guard” to challenge, and the succession of the next Supreme Leader are key determinants of Iran's future direction. In light of complexities in the Iranian system, U.S. policymakers should avoid trying to leverage the domestic politics of Iran and instead accept the need to deal with the government of the day as it stands. Moreover, they must take as an article of faith that dealing with Iran does not necessarily mean dealing with a unitary actor due to the competing power centers in the Islamic Republic.

http://www.rand.org/pubs/monographs/MG878/

MG-887-A

New Equipping Strategies for Combat Support Hospitals. Matthew W. Lewis, Aimee Bower, Mishaw T. Cuyler, Rick Eden, Ronald E. Harper, Kristy Gonzalez Morganti, Adam C. Resnick, Elizabeth D. Steiner, Rupa S. Valdez. 2010

The U.S. Army uses Combat Support Hospitals (CSHs)—mobile, deployable hospitals housed in tents and expandable containers—to provide surgical and trauma care close to combat action. CSHs typically operate as hospitals only when deployed, and deployments occur only once every three to five years under the Army's rotational cycle. When not deployed, CSHs keep a partial set of equip-

ment at home station for training or possible local emergency medical missions, while the remainder of the unit's equipment is in long-term storage at a site in the high desert of Northern California. This strategy of providing equipment for CSHs has created maintenance and obsolescence challenges. Nondeployed CSHs have old, poorly maintained equipment that is seldom or never used. Further, the Army has not programmed sufficient funds to keep all its CSH sets technologically current; in practice, deploying units do not deploy with their own equipment, but instead receive new medical equipment when deploying or take ownership of existing, upgraded equipment that is already deployed. RAND Arroyo Center researchers developed a new equipping strategy for the Army's CSHs, proposing three options for home station equipment sets: an “Expanded” design that provides more surgical and trauma capability and capacity; an “Enhanced” design that provides roughly the same amount of equipment but improved medical capabilities; and a “Lean” design that provides only enough equipment for some individual and team training. The research team also proposed changing the equipping strategy of deploying CSHs to eliminate much of the unit-owned equipment now residing in long-term storage. Deploying units would instead draw on a shared pool of up-to-date and well-maintained equipment. The proposed strategy would reduce total equipment costs from $1 billion to less than $700 million, leaving the Army with sufficient funds to continually upgrade and maintain both home-station and shared equipment.

http://www.rand.org/pubs/monographs/MG887/

MG-891-RC

The Role of Faith-Based Organizations in HIV Prevention and Care in Central America. Kathryn Pitkin Derose, David E. Kanouse, David P. Kennedy, Kavita Patel, Alice Taylor, Kristin J. Leuschner, Homero Martinez. 2010

Faith-based organizations (FBOs) have historically played an important role in delivering health and social services in developing countries; however, little research has been done on their role in HIV prevention and care, particularly in Latin America. This study describes FBO involvement in HIV/AIDS in three Central American countries hard hit by this epidemic: Belize, Guatemala, and Honduras. Summarizing the results of key informant and stakeholder interviews with health and FBO leaders and site visits to FBO-sponsored HIV/AIDS clinics, hospices, programs, and other activities, the authors describe the range of FBO activities and assess the advantages of FBO involvement in addressing HIV/AIDS, such as churches' diverse presence and extensive reach, and the challenges to such involvement, such as the unwillingness of some FBOs to discuss condom use and their lack of experience in evaluating the impact of programs. The authors conclude with a discussion of possible ways that FBOs can address the HIV epidemic, both independently and in collaboration with other organizations, such as government ministries of health.

http://www.rand.org/pubs/monographs/MG891/

MG-891/1-RC

The Role of Faith-Based Organizations in HIV Prevention and Care in Central America: (Spanish translation). Kathryn Pitkin Derose, David E. Kanouse, David P. Kennedy, Kavita Patel, Alice Taylor, Kristin J. Leuschner, Homero Martinez. 2010

Faith-based organizations (FBOs) have historically played an important role in delivering health and social services in developing countries; however, little research has been done on their role in HIV prevention and care, particularly in Latin America. This study describes FBO involvement in HIV/AIDS in three Central American countries hard hit by this epidemic: Belize, Guatemala, and Honduras. Summarizing the results of key informant and stakeholder interviews with health and FBO leaders and site visits to FBO-sponsored HIV/AIDS clinics, hospices, programs, and other activities, the authors describe the range of FBO activities and assess the advantages of FBO involvement in addressing HIV/AIDS, such as

churches' diverse presence and extensive reach, and the challenges to such involvement, such as the unwillingness of some FBOs to discuss condom use and their lack of experience in evaluating the impact of programs. The authors conclude with a discussion of possible ways that FBOs can address the HIV epidemic, both independently and in collaboration with other organizations, such as government ministries of health.

http://www.rand.org/pubs/monographs/MG891.1/

MG-892-AF

The Iraq Effect: The Middle East After the Iraq War. Frederic Wehrey, Dalia Dassa Kaye, Jessica Watkins, Jeffrey Martini, Robert A. Guffey. 2010

The conflict in Iraq has reverberated across the Middle East, affecting the balance of power between neighboring states, their internal political dynamics, how their publics view American credibility, and the strategies and tactics of al-Qa'ida. No matter how the internal situation in Iraq evolves, its effects on the broader region will be felt for decades, presenting new challenges and opportunities for U.S. policy. A better understanding of how regional states and nonstate actors have responded to the Iraq conflict will better prepare the United States to manage the war's long-term consequences. To that end, the authors conducted extensive fieldwork in the region and canvassed local media sources to inform their analysis. Among their key findings: The war has facilitated the rise of Iranian power in the region, but Iran faces more limits than is commonly acknowledged; the war has eroded local confidence in U.S. credibility and created new opportunities for Chinese and Russian involvement; the war has entrenched and strengthened neighboring Arab regimes while diminishing the momentum for political reform; and the war has eroded al-Qa'ida's standing in the region, but the network and its affiliates are adapting with new tactics and strategies.

http://www.rand.org/pubs/monographs/MG892/

MG-899-AF

Troubled Partnership: U.S.-Turkish Relations in an Era of Global Geopolitical Change. F. Stephen Larrabee. 2010

A strong security partnership with Turkey has been an important element of U.S. policy for the last five decades. However, in the last few years, U.S.-Turkish relations have seriously deteriorated, and today they are badly in need of repair. The arrival of a new administration in Washington presents an important opportunity to put Washington's relations with Ankara on a firmer footing. Turkey plays a critical role in four areas of increasing strategic importance to the United States: the Balkans, Central Asia and the Caucasus, the Middle East, and the Persian Gulf. In each of these areas, Ankara's cooperation is vital to achieving U.S. policy objectives.

http://www.rand.org/pubs/monographs/MG899/

MG-902-AF

Global Combat Support Basing: Robust Prepositioning Strategies for Air Force War Reserve Materiel. Ronald G. McGarvey, Robert S. Tripp, Rachel Rue, Thomas Lang, Jerry M. Sollinger, Whitney A. Conner, Louis Luangkesorn. 2010

The ability to rapidly deploy forces into austere locations is essential to the global power projection concept of operation. Much of the materiel used by such expeditionary forces does not deploy with the unit but is instead sourced from a global network of prepositioning storage locations, to reduce the transportation requirements associated with the movement of such materiel. Current storage concepts for prepositioned materiel are based on planning assumptions from the Cold War era: that deployment scenarios and their associated support requirements could be fairly well identified in advance and the necessary materiel prepositioned at anticipated deployment sites. This monograph identifies alternative approaches to storing combat support materiel that satisfy the requirements of deploying forces in an expeditionary environment that more closely resembles the current Department of Defense plan-

ning guidance, while simultaneously reducing total system costs and increasing robustness in the event of disruptions such as loss of access to a storage site.

http://www.rand.org/pubs/monographs/MG902/

MG-910-AF

Pakistan: Can the United States Secure an Insecure State?. C. Christine Fair, Keith Crane, Christopher S. Chivvis, Samir Puri, Michael Spirtas. 2010

Describing Pakistan's likely future course, this book seeks to inform U.S. efforts to achieve an effective foreign policy strategy toward the country. The book forms an empirical analysis of developments in Pakistan and an assessment of the effectiveness of U.S. policy as of August 2009. Drawing on interviews of elites, polling data, and statistical data on Pakistan's armed forces, the book presents a political and political-military analysis. Primary data and analyses from Pakistanis and international economic organizations are used in the book's demographic and economic analyses. The book assesses Pakistan's own policies, based on similar sources, on government documents, and on the authors' close reading of the assessments of several outside observers. The book also discusses U.S. policy regarding Pakistan, which was based on interviews with U.S. policymakers and on U.S. policy documents. The policy recommendations are based on an assessment of the findings in all these areas. The book concludes with a number of recommendations for the U.S. government and the U.S. Air Force concerning how the United States could forge a broad yet effective relationship with this complicated state.

http://www.rand.org/pubs/monographs/MG910/

MG-911-OSD

Security in Iraq: A Framework for Analyzing Emerging Threats as U.S. Forces Leave. David C. Gompert, Terrence K. Kelly, Jessica Watkins. 2010

U.S. withdrawal from Iraq could affect Iraq's internal security and stability, which could in turn affect U.S. strategic interests and the safety of U.S. troops and civilians in Iraq. U.S. policy-makers need a dynamic analytic framework with which to examine the shifting motivations and capabilities of the actors that affect Iraq's security. The framework recognizes dangers from extremists, mainstream political actors, and the politicization of the security forces. It asserts that security in Iraq depends on the major political actors using the political process instead of violence to achieve their goals, and professional, apolitical security forces. Extremist violence, while inevitable, cannot by itself threaten the state. To help achieve U.S. goals in Iraq, long-term U.S.-Iraq military cooperation should have three missions: building security force capability, enhancing its professional character, and building confidence between Iraqi state and Kurdish regional forces. Fulfilling these three missions will require well-prepared and well-placed, relatively senior professionals at every level; development of long-term relationships with Iraqi counterparts; and, possibly, a newly agreed mandate. With such efforts, the United States should be able to contribute to continued strengthening of the internal security and stability of Iraq even as it withdraws its forces.

http://www.rand.org/pubs/monographs/MG911/

MG-913-AF

Courses of Action for Enhancing U.S. Air Force "Irregular Warfare" Capabilities: A Functional Solutions Analysis. Richard Mesic, David E. Thaler, David Ochmanek, Leon Goodson. 2010

The U.S. Air Force leadership plans in the near term to identify and implement a range of initiatives for enhancing the service's contributions to irregular warfare (IW) operations and to meet DoD guidance that directs its components to “recognize that IW is as strategically important as traditional warfare.” This monograph is the result of a “quick-turn” study to provide the leadership with a menu of actions it could consider both in the very near term and over an extended period to strengthen and expand the Air Force's capabilities

to take part in joint and interagency efforts in irregular warfare. Rather than developing detailed endpoints for Air Force capabilities or structure in the future—e.g., what the USAF could look like in, say, 2015—the authors propose solution vectors that could enable the Air Force to move out quickly while continuing to consider responses to emerging demands in a dynamic IW environment.

http://www.rand.org/pubs/monographs/MG913/

MG-916-AF

Deterrence and First-Strike Stability in Space: A Preliminary Assessment. Forrest E. Morgan. 2010

Space stability is a fundamental U.S. national security interest. Unfortunately, that stability may be eroding. Potential enemies understand the high degree to which space systems enhance U.S. conventional warfighting capabilities, and a growing number of them are acquiring the ability to degrade or destroy those systems. However, the risk is not the same for all space systems in all types of crises or at all levels of war. Some systems are more vulnerable than others, and different types of attacks offer different cost-benefit payoffs to attackers. Therefore, each space system has a different threshold at which efforts to deter attacks on it could fail. The United States can raise the thresholds of deterrence failure in crises and at some levels of limited war by implementing a coordinated national space deterrence strategy designed to operate on both sides of a potential adversary's cost-benefit decision calculus simultaneously. This strategy should begin with a national space policy that declares that the United States will punish space aggressors in ways, times, and places of its choosing. The United States should also take steps to reduce the benefits an enemy might expect to gain in attacking U.S. space systems. Future research will determine the most effective and affordable mix of strategies, policies, and systems for strengthening space deterrence.

http://www.rand.org/pubs/monographs/MG916/

MG-918-OSD

Measuring Underemployment Among Military Spouses. Nelson Lim, David Schulker. 2010

A military career can be very demanding for both service members and their families. The U.S. Department of Defense has sought to monitor and improve the quality of life of military families, including the level of employment opportunity available to spouses of service members. Building on previous work, a RAND study examined the extent and causes of underemployment among military spouses (specifically, military wives). Comparisons of military wives with their “look-alikes”—a group of similar civilian wives—show that military wives have a much greater tendency to be underemployed. They are much more likely not to be in the labor force, more likely to involuntarily work part-time, and more likely to have relatively high levels of education for their jobs than their civilian counterparts. Finally, they are substantially less likely to be adequately full-time employed. Thus, there appears to be a significant level of underemployment among military wives, even after controlling for relevant labor market characteristics. However, there does not seem to be a strong link between military wives' labor force position and satisfaction with their life situation, so the effects of underemployment among military spouses may not be as serious as previously thought.

http://www.rand.org/pubs/monographs/MG918/

MG-919-AF

A Repair Network Concept for Air Force Maintenance: Conclusions from Analysis of C-130, F-16, and KC-135 Fleets. Robert S. Tripp, Ronald G. McGarvey, Ben D. Van Roo, James M. Masters, Jerry M. Sollinger. 2010

For more than 15 years, the U.S. Air Force has been continually engaged in deployed operations in Southwest Asia and in other locations. Recent Office of the Secretary of Defense planning guidance directs the services to plan for high levels of engagement and deployed operations, although their nature, locations, durations, and intensity may be unknown. Recognizing that this new guid-

ance might impose different demands on the logistics system, senior Air Force logistics leaders asked RAND Project AIR FORCE to undertake a logistics enterprise analysis. This analysis aims to identify and rethink the basic issues and premises on which the Air Force plans, organizes, and operates its logistics enterprise. This monograph synthesizes the results of the initial phases of the logistics enterprise study. It describes an analysis of repair network options to support three series of aircraft: C-130, KC-135, and F-16. It assesses the effect of consolidating certain scheduled maintenance tasks and off-equipment component repair at centralized repair facilities. It also discusses an initial assessment of maintenance concepts that integrate wing-level and depot-level maintenance processes. Consolidated wing-level scheduled inspections and component back-shop maintenance capabilities would be more effective and efficient than the current system, in which every wing has significant maintenance capabilities to accomplish these activities.

http://www.rand.org/pubs/monographs/MG919/

MG-929-A

Assessment of the USCENTCOM Medical Distribution Structure. William Welser IV, Keenan D. Yoho, Marc Robbins, Eric Peltz, Ben D. Van Roo, Adam C. Resnick, Ronald E. Harper. 2010

This study examined whether there might be a medical supply and distribution structure for U.S. Central Command (USCENTCOM) that would maintain or improve performance while reducing costs. We evaluated the likely performance and cost implications of the range of possibilities, considering both the medical and nonmedical logistics structures, for providing medical supplies to support medical activities in USCENTCOM. We found that three options would preserve or improve performance while either lowering or not increasing costs. Additionally, we considered how the value of these solutions would likely change with future shifts in USCENTCOM operations.

http://www.rand.org/pubs/monographs/MG929/

MG-935/1-AF

Air Force Cyber Command (Provisional) Decision Support. Richard Mesic, Myron Hura, Martin C. Libicki, Anthony M. Packard, Lynn M. Scott. 2010

Because cyberspace can affect core missions and capabilities, it seems obvious that the Air Force should take steps to establish an organization to address this medium. The details have been difficult to establish, however, because this medium is very different from air and space. The Air Force initially instituted a provisional major command and but has since instead replaced it with a numbered air force, the 24th Air Force, under Space Command. The authors have been involved in efforts to make the missions, tasks, and capabilities of such a command more concrete. Here, they offer observations originally intended for the major command but that apply equally well to the efforts of 24th Air Force: the needs to articulate objectives clearly; establish strategies, missions, and tasks; and develop people capable of ensuring that USAF–specific needs are met. The Air Force must also consider that cyber-related responsibilities spread across the military and other government agencies. But to expand its mission to "fly and fight in cyberspace," the Air Force should also advance the state of the art in creating effects using cyberspace.

http://www.rand.org/pubs/monographs/MG935.1/

MG-942-A

Developing an Army Strategy for Building Partner Capacity for Stability Operations. Jefferson P. Marquis, Jennifer D. P. Moroney, Justin Beck, Derek Eaton, Scott Hiromoto, David R. Howell, Janet Lewis, Charlotte Lynch, Michael J. Neumann, Cathryn Quantic Thurston. 2010

The U.S. government is facing the dual challenge of building its own interagency capacity for conducting stability operations while simultaneously building partner capacity (BPC) for stability operations. The purpose of this study is to assist the U.S. Army, the Department of Defense, and other U.S. government agencies in developing an

integrated BPC for stability operations strategy. To accomplish this goal, a RAND Arroyo Center study team conducted an exploratory analysis of key strategic elements within the context of BPC and stability operations guidance as well as ongoing security cooperation programs, using a variety of analytical techniques. In general, this study concludes that BPC and stability operations are receiving a good deal of attention in official strategy and planning documents. However, insufficient attention is being paid to the details of an integrated strategy. A baseline analysis of existing security cooperation programs needs to be undertaken to comprehend the type, scope, and target of activities related to BPC for stability operations. An assessment of these activities should then be conducted, focusing on both process outputs and operational outcomes. In addition, the Departments of State and Defense should develop a rigorous method for selecting and prioritizing partners whose stability operations capacity they wish to build. Ideally, the results of these analytical processes will have a significant impact on the set of BPC for stability operations activities and partners, aligning relevant and effective activities with appropriate partners.

http://www.rand.org/pubs/monographs/MG942/

MG-943-OSD

Maritime Prepositioning Force (Future) Capability Assessment: Planned and Alternative Structures. Robert W. Button, John Gordon IV, Dick Hoffmann, Jessie Riposo, Peter A. Wilson. 2010

Navy and Marine Corps Sea Basing concepts envision the development of capabilities that will allow the rapid deployment, assembly, command, projection, reconstitution, and re-employment of expeditionary forces from the sea. The RAND Corporation assessed alternative structures for the proposed Maritime Prepositioning Force (Future), or MPF(F), squadron and how these changes would affect abilities to support a Marine Expeditionary Brigade (MEB) in operations ranging from counterinsurgency to special operations to major combat operations. This assessment of the capabilities of alternative structures for the MPF(F) considers the need for both logistics support and casualty evacuation and care in assessing MPF(F) capabilities. Most of the variations considered entail removing large-deck ships from the squadron. RAND researchers also explored the possibility of an MPF(F) construct where only surface connectors, and no aircraft, could be used for supporting a MEB. The researchers found that degradation to logistics throughput resulting from eliminating large-deck ships from the MPF(F) could be offset by substituting CH-53K helicopters for MV-22s, with air connectors from other ships also helping provide adequate throughput capacity. Although eliminating all large-deck ships would also eliminate major medical capabilities, the squadron would otherwise retain the ability to provide logistics support for a full range of major combat, counterinsurgency, and special operations.

http://www.rand.org/pubs/monographs/MG943/

MG-944

Building Security in the Persian Gulf. Robert E. Hunter. 2010

Following the war in Iraq, the United States, along with its allies and friends, faces the need to define a new, long-term strategy for the Persian Gulf region. The United States' continued, indeed permanent, engagement in the region has already been determined by its interests, but many elements must be considered and questions answered, including the following: --What are the best strategy and approach to promoting long-term security and stability in the region in a manner consonant with the basic interests of the United States, its allies and partners, and participating regional countries? --What means can be found to reduce the long-term burdens imposed on the United States by its involvement in the region in terms of military engagement, risks and expenses, and opportunity costs? --Can Iran be drawn productively into security arrangements for the Persian Gulf, or will it decide instead to challenge security in the region? --What regional security structure can be developed with the poten-

tial to include all regional countries and provide lasting value? To answer these questions, the author analyzes the future of Iraq, the role of Iran, asymmetric threats (including terrorism), regional reassurance, the Arab-Israeli conflict, regional tensions, and the roles of other external actors. The work recommends criteria, parameters, potential models and partners, arms-control and confidence-building measures, and specific steps in diplomacy and military commitments for a new security structure for the Persian Gulf region that can meet U.S. interests at a reduced cost and gain the support of the American people.

http://www.rand.org/pubs/monographs/MG944/

MG-945-OSD

EU Civilian Crisis Management: The Record So Far. Christopher S. Chivvis. 2010

The European Union has been deploying civilians in conflict and postconflict stabilization missions since 2003, and the scope of civilian missions is likely to increase in the future. This volume offers a general overview and assessment of the EU's civilian operations to date, as well as a more in-depth look at the two missions in which the EU has worked alongside NATO: the EU police-training mission in Afghanistan and the integrated rule of law mission in Kosovo. The author concludes with a discussion of the main policy implications for the United States and Europe.

http://www.rand.org/pubs/monographs/MG945/

MG-950-OSD

Cash Incentives and Military Enlistment, Attrition, and Reenlistment. Beth J. Asch, Paul Heaton, James Hosek, Francisco Martorell, Curtis Simon, John T. Warner. 2010

To determine whether enlistment and reenlistment bonuses are effective in maintaining or increasing the supply of personnel to the armed forces, the authors provide an empirical analysis of bonuses' effects. They developed models to assess whether bonuses have contributed to recruiting success and retention, whether they have been used flexibly, and whether they have been used efficiently, using data for each service, but with a particular emphasis on the Army. The authors find that bonus programs have been important in helping the services meet recruiting and retention objectives and have been managed flexibly by targeting bonuses to specific groups. Bonuses have helped overcome declining youth attitudes toward enlisting in the military and the adverse effects of frequent and long deployments.

http://www.rand.org/pubs/monographs/MG950/

MG-951-NAVY

Implications of Aggregated DoD Information Systems for Information Assurance Certification and Accreditation. Eric Landree, Daniel Gonzales, Chad J. R. Ohlandt, Carolyn Wong. 2010

The challenges associated with securing U.S. Department of Defense (DoD) information systems have grown as the department's information infrastructure has become more complex and interconnected. At the same time, the potential negative consequences associated with cyber intrusions have become more severe. Are current information assurance (IA) policies and procedures sufficient to address this growing threat, and are they able to address vulnerability issues associated with highly networked information systems? The current IA certification and accreditation (C&A) process focuses on individual, discrete systems or components of larger, aggregated information systems and networks that are colocated or operate on the same platform (such as a Navy ship). An examination of current policy shows that a new approach is needed to effectively extend the IA C&A process to aggregations of information systems and improve the security of DoD information systems. A number of recommendations are put forth to improve current IA policy and to enable the IA C&A of aggregations of DoD information systems that reside on a common platform.

http://www.rand.org/pubs/monographs/MG951/

MG-954-OSD

Reserve Component Unit Stability: Effects on Deployability and Training. Thomas F. Lippiatt, J. Michael Polich. 2010

Personnel stability is highly valued by all military forces, particularly in combat units and other formations that deploy to a theater of operations. The U.S. Army in particular aims to maximize unit stability (that is, the degree to which a unit's membership remains constant over time). Yet, Reserve Component units typically experience a surge of personnel turbulence as they approach mobilization and deployment. Some members leave the unit, and new personnel are cross-leveled into the unit to reach its target for deploying strength. This inflow of personnel may undercut the effectiveness of training because new arrivals miss training events that have occurred before they join. As a result, units must repeat some training, making pre-mobilization preparation less efficient and potentially increasing the extent of training that must be accomplished after mobilization. How widespread is this problem, what causes it, and what might be done about it? RAND research was undertaken to address those questions, focusing on stability levels of personnel in deploying Reserve Component units, how long units are stabilized before deployment, the major factors that generate instability, the potential effect of instability on unit training, and policy options that could help manage the situation.

http://www.rand.org/pubs/monographs/MG954/

MG-957-NAVY

Applications for Navy Unmanned Aircraft Systems. Brien Alkire, James G. Kallimani, Peter A. Wilson, Louis R. Moore. 2010

There has been tremendous growth in demand for unmanned aircraft systems (UASs) by the United States military since 2001, and the Navy is making large investments in a number of programs, including acquisition of high-altitude maritime surveillance systems, demonstration programs for carrier-capable unmanned combat aircraft, and acquisition of rotary and small fixed-wing tactical UASs. In this book, RAND provides an evaluation of the Navy's ongoing and proposed UAS programs and describes the most promising applications of those UASs to the Navy's operational tasks. The book identifies robust communications as a key enabler for UASs in many operational tasks and recommends steps the Navy can take to ensure these communications are available. Additionally, it identifies some operational tasks that are better suited to manned aircraft and recommends limiting investment in UASs for these tasks.

http://www.rand.org/pubs/monographs/MG957/

MG-959-DOJ

Police Recruitment and Retention for the New Millennium: The State of Knowledge. Jeremy M. Wilson, Erin Dalton, Charles Scheer, Clifford A. Grammich. 2010

The supply of and demand for qualified police officers are changing in a time of increasing attrition, expanding law-enforcement responsibilities, and decreasing resources. These contribute to the difficulties that many agencies report in creating a workforce that represents community demographics, is committed to providing its employees the opportunity for long-term police careers, and effectively implements community policing. This book summarizes lessons on recruiting and retaining effective workforces.

http://www.rand.org/pubs/monographs/MG959/

MG-960-NIJ

Recruiting and Retaining America's Finest: Evidence-Based Lessons for Police Workforce Planning. Jeremy M. Wilson, Bernard D. Rostker, Cha-Chi Fan. 2010

Personnel management is a critical but oft neglected function of police organizations. While much attention is given to recruiting and retention, these are only tools for accomplishing a larger goal: achieving and maintaining the profile of officers by experience and rank that satisfies agency needs and officer career aspirations. Police agencies of-

ten have little ability to assess their organization and environment, and they receive little guidance on how best to build and maintain their workforces. In this monograph, the authors seek to fill the gap of information available to police agencies through a survey on their recruitment and retention practices. The survey, sent to every U.S. police agency with at least 300 sworn officers, sought to document such characteristics as authorized and actual strength by rank, officer work and qualifications, compensation, and recruiting efforts. The authors used these data to provide an overview of current recruitment and retention practices, to describe how they affected police recruitment and personnel profiles, and to identify future research needs. Findings include that police compensation, city size, and crime rates had statistically significant effects on police recruiting. Advertising and recruiting incentives had little effect on the number of recruits. Cohort sizes and structures highlighted current and future personnel management challenges. To facilitate comparative and longitudinal analyses of police staffing, the authors recommend ongoing national data collection.

http://www.rand.org/pubs/monographs/MG960/

MG-962-DIA

Regime and Periphery in Northern Yemen: The Huthi Phenomenon. Barak A. Salmoni, Bryce Loidolt, Madeleine Wells. 2010

For nearly six years, the government of Yemen has conducted military operations north of the capital against groups of its citizens known as "Huthis." In spite of using all means at its disposal, the government has been unable to subdue the Huthi movement. Along with southern discontent and al-Qa'ida-inspired terrorism, the Huthi conflict presents an enduring threat to the stability of Yemen and the regime of its president. This book presents an in-depth look at the conflict in all its sociocultural, political, and military aspects. Basing their research on a wide variety of sources, both Western and non-Western, the authors provide a history of the Huthi movement and its origins in the Zaydi branch of Islam. They discuss the various stages of the conflict in detail and map out its possible future trajectories. In spite of a recent ceasefire, the 2009-2010 round of fighting, featuring Saudi involvement and Iranian rhetorical condemnation of Saudi-Yemeni actions, points to the conflict becoming transnational and increasingly sectarian. These developments run contrary to the interests of the United States and its friends in the region, as they seek to combat al-Qa'ida-related threats and build Yemeni capacity.

http://www.rand.org/pubs/monographs/MG962/

MG-964-OSD

Victory Has a Thousand Fathers: Sources of Success in Counterinsurgency. Christopher Paul, Colin P. Clarke, Beth Grill. 2010

Insurgency has been the most prevalent form of armed conflict since at least 1949, as well as the subject of countless historical and contemporary studies. Contemporary discourse on the subject is voluminous and often contentious, but to date there has been a dearth of systematic evidence supporting the counterinsurgency (COIN) approaches, practices, and tenets that make for successful operations. Relying on a collection of the 30 most recent resolved insurgencies, along with a bank of factors that helped or hindered the COIN force in each case and in each phase of each case, several commonalities emerge. For instance, the data show that good COIN practices tend to "run in packs" and that the balance of selected good and bad practices perfectly predicts the outcome of a conflict. The importance of popular support is confirmed, but the ability to interdict tangible support (such as new personnel, materiel, and financing) is the single best predictor of COIN force success. Twenty distinct approaches to COIN are rigorously tested against the historical record, providing valuable lessons for U.S. engagement in and support for COIN operations. A companion volume, Victory Has a Thousand Fathers: Detailed Counterinsurgency Case Studies, presents in-depth profiles of each of the insurgencies.

http://www.rand.org/pubs/monographs/MG964/

MG-964/1-OSD

Victory Has a Thousand Fathers: Detailed Counterinsurgency Case Studies. Christopher Paul, Colin P. Clarke, Beth Grill. 2010

Insurgency has been the most prevalent form of armed conflict since at least 1949, as well as the subject of countless historical and contemporary studies. Contemporary discourse on the subject is voluminous and often contentious, and to date there has been a dearth of actual evidence in support of the counterinsurgency (COIN) approaches, practices, and tenets that make for successful operations. A collection of the 30 most recent resolved insurgencies, covering the period 1978 to 2008 and a bank of 76 factors and approaches that helped or hindered the COIN force in each case and in each phase of each case supplement an analysis of historical and contemporary insurgencies, providing valuable lessons for U.S. engagement in and support for COIN operations. The cases are also broken down by phase, allowing an analysis of the progress of the COIN force on its way to victory or defeat. Each case includes a scorecard to associate these factors with the overall case outcome. A companion volume, Victory Has a Thousand Fathers: Sources of Success in Counterinsurgency, describes the qualitative comparative approach, presents findings from the overall analyses, and explains the study's case selection and methodology. It also presents an overview and in-depth assessments of the key tenets, practices, and factors that feature prominently in successful COIN operations.

http://www.rand.org/pubs/monographs/MG964.1/

MG-965-MCIA

How Insurgencies End. Ben Connable, Martin C. Libicki. 2010

This study tested conventional wisdom about how insurgencies end against the evidence from 89 insurgencies. It compares a quantitative and qualitative analysis of 89 insurgency case studies with lessons from insurgency and counterinsurgency (COIN) literature. While no two insurgencies are the same, the authors find that modern insurgencies last about ten years and that a government's chances of winning may increase slightly over time. Insurgencies are suited to hierarchical organization and rural terrain, and sanctuary is vital to insurgents. Insurgent use of terrorism often backfires, and withdrawal of state sponsorship can cripple an insurgency, typically leading to its defeat. Inconsistent support to either side generally presages defeat for that side, although weak insurgencies can still win. Anocracies (pseudodemocracies) rarely succeed against insurgencies. Historically derived force ratios are neither accurate nor predictive, and civil defense forces are very useful for both sides. Key indicators of possible trends and tipping points in an insurgency include changes in desertions, defections, and the flow of information to the COIN effort. The more parties in an insurgency, the more likely it is to have a complex and protracted ending. There are no COIN shortcuts.

http://www.rand.org/pubs/monographs/MG965/

MG-970-RC

Managing Spent Nuclear Fuel: Strategy Alternatives and Policy Implications. Tom LaTourrette, Thomas Light, Debra Knopman, James T. Bartis. 2010

Increasing awareness of the need to reduce greenhouse gas emissions has renewed interest in nuclear power generation. At the same time, the longstanding logjam over how to manage spent nuclear fuel continues to hamper the expansion of nuclear power. If nuclear power is to be a sustainable option for the United States, methods for managing spent fuel that meet stringent safety and environmental standards must be implemented. This monograph evaluates the main technical and institutional approaches to spent nuclear fuel management and identifies implications for the development of spent fuel management policy. The authors find that on-site storage, centralized interim storage, and permanent geological disposal are generally safe, secure, and low- to moderate-cost approaches with no insurmountable technical obstacles. Advanced fuel cycles enabling spent-fuel

recycling could reduce waste repository capacity needs but are difficult to evaluate because they still in early research stages. Public acceptance challenges stand as a major impediment to any technical approach. The analysis shows that the technical approaches can be combined in different ways to form different spent fuel management strategies that can be distinguished primarily in terms of societal preferences in three areas: the disposition of spent fuel, the growth of nuclear power, and intergenerational trade-offs.

http://www.rand.org/pubs/monographs/MG970/

MG-973-UPMCFY

Building Bridges: Lessons from a Pittsburgh Partnership to Strengthen Systems of Care for Maternal Depression. Donna J. Keyser, Ellen Burke Beckjord, Ray Firth, Sarah Frith, Susan L. Lovejoy, Sanjith Pillai, Dana Schultz, Harold Alan Pincus. 2010

Between January 2007 and June 2010, members of the Allegheny County Maternal and Child Health Care Collaborative designed, implemented, and evaluated the Allegheny County Maternal Depression Initiative, a local systems-change effort focused on increasing identification, referrals, and engagement in treatment as needed and appropriate for women at high risk for maternal depression. The collaborative was successful in improving key organizational and clinical processes related to the achievement of its aims. This report describes how and why the initiative was created, the processes through which it was implemented and evaluated, and the results and lessons learned. It concludes with recommendations in four areas for practice and policy change designed to expand and sustain the initiative's achievements: improve identification of maternal depression, enhance access to available resources and services, increase engagement in behavioral health treatment, and improve overall systems performance.

http://www.rand.org/pubs/monographs/MG973/

MG-973/1-UPMCFY

Building Bridges: Lessons from a Pittsburgh Partnership to Strengthen Systems of Care for Maternal Depression — Executive Summary. Donna J. Keyser, Ellen Burke Beckjord, Ray Firth, Sarah Frith, Susan L. Lovejoy, Sanjith Pillai, Dana Schultz, Harold Alan Pincus. 2010

Between January 2007 and June 2010, members of the Allegheny County Maternal and Child Health Care Collaborative designed, implemented, and evaluated the Allegheny County Maternal Depression Initiative, a local systems-change effort focused on increasing identification, referrals, and engagement in treatment as needed and appropriate for women at high risk for maternal depression. The collaborative was successful in improving key organizational and clinical processes related to the achievement of its aims. This document summarizes a complete report that describes how and why the initiative was created, the processes through which it was implemented and evaluated, and the results and lessons learned. It concludes with recommendations in four areas for practice and policy change designed to expand and sustain the initiative's achievements: improve identification of maternal depression, enhance access to available resources and services, increase engagement in behavioral health treatment, and improve overall systems performance.

http://www.rand.org/pubs/monographs/MG973.1/

MG-974-AF

Risking NATO: Testing the Limits of the Alliance in Afghanistan. Andrew R. Hoehn, Sarah Harting. 2010

NATO's success in Afghanistan—or lack thereof—will have significant implications for the alliance itself. Success could promote the image of a capable global security alliance. Failure, or even an indeterminate outcome, would cloud the alliance's own future. The authors examine the risks, commitments, and obligations of the current mission in light of NATO's history and with an eye toward the future, as well as the effects on the alliance's internal dynamics. Drawing on a wide

range of sources, the authors describe how NATO came to be involved, concerns and tensions that have developed over the investments and risks that member and nonmember states have in the operation, management of the expectations of nations and peoples, and the need for a coherent, comprehensive, and coordinated long-term strategy. The list of issues NATO faces is long and daunting and extends beyond the borders of the member countries. If the goal is indeed to look toward the future, however, the alliance must confront them; failure to do so would risk the long-term success and sustainability of the alliance.

http://www.rand.org/pubs/monographs/MG974/

MG-977-RC

Reauthorizing No Child Left Behind: Facts and Recommendations. Brian M. Stecher, Georges Vernez, with Paul Steinberg. 2010

This report synthesizes findings and draws lessons about the implementation and results of the No Child Left Behind Act of 2001 (NCLB) based on data from two previous studies that were conducted under contract to the U.S. Department of Education and from a third study funded by the National Science Foundation. Progress to date suggests that NCLB's ambitious goal of having 100 percent of U.S. students proficient in reading and mathematics by 2014 will not be met. In addition, the flexibility provided to states by the law has resulted in the establishment of a different accountability system in every state, each with different academic standards, levels of student proficiency, and teacher requirements. Parents have not responded in great numbers either to school choice or to receiving supplemental educational services options. Should Congress reauthorize NCLB, the authors recommend that it consider making the following changes to the law: promote more-uniform academic standards and teacher qualification requirements across states, set more-appropriate improvement targets, broaden the measures of student learning beyond multiple-choice tests in reading and mathematics to include more subjects and tests of higher-thinking and problem-solving skills, focus improvement efforts on all schools while continuing to offer parental choice, and provide incentives for highly qualified teachers to teach in low-performing schools.

http://www.rand.org/pubs/monographs/MG977/

MG-982-RC

Counterinsurgency in Pakistan. Seth G. Jones, C. Christine Fair. 2010

Since 2001, Pakistan has undertaken a number of operations against militant groups, including al Qa'ida, that directly affect U.S. national security. Despite some successes, militant groups continue to present a significant threat to Pakistan, the United States, and a range of other countries. Numerous militant networks—including al Qa'ida and other foreign fighters—exist in the Federally Administered Tribal Areas and North West Frontier Province. Pakistan will not be able to deal with the militant threat over the long run unless it does a more effective job of addressing the root causes of the crisis and makes security of the civilian population, rather than destroying the enemy, its top counterinsurgency priority. In addition, Pakistan needs to abandon militancy as a tool of its foreign and domestic policy; it sends a confusing message internally and has a large potential to backfire.

http://www.rand.org/pubs/monographs/MG982/

MG-987-SRF

Hired Guns: Views About Armed Contractors in Operation Iraqi Freedom. Sarah K. Cotton, Ulrich Petersohn, Molly Dunigan, Q Burkhart, Megan Zander-Cotugno, Edward O'Connell, Michael Webber. 2010

The use of armed private security contractors (PSCs) in the Iraq war has been unprecedented. Not only government agencies but also journalists, reconstruction contractors, and nongovernmental organizations frequently view them as a logical choice to fill their security needs, yet there have been a number of reports of PSCs committing serious, and sometimes fatal, abuses of power in Iraq.

This study uses a systematic, empirically based survey of opinions of U.S. military and State Department personnel on the ground in Iraq to shed light on the following questions: To what extent are armed PSCs perceived to be imposing costs on the U.S. military effort? If so, are those costs tempered by positive contributions? How has the use of PSCs affected U.S. military operations in Operation Iraqi Freedom? While the military personnel did report some incidents of unnecessarily threatening, arrogant, or belligerent contractor behavior, the survey results indicate that neither the U.S. military nor State Department personnel appear to perceive PSCs to be "running wild" in Iraq. Moreover, respondents tended to consider PSCs a force multiplier rather than an additional strain on military troops, but both military and State Department respondents held mixed views regarding the contribution of armed contractors to U.S. foreign policy objectives.

http://www.rand.org/pubs/monographs/MG987/

MG-989-JS

What Should Be Classified? A Framework with Application to the Global Force Management Data Initiative. Martin C. Libicki, Brian A. Jackson, David R. Frelinger, Beth E. Lachman, Cesse Ip, Nidhi Kalra. 2010

For its operational planning and budget programming, the Department of Defense (DoD) needs frequent access to current, detailed data on authorized force structures for all the services. Having users aggregate this information themselves was difficult, time consuming, and error prone. Hence, DoD launched the Global Force Management Data Initiative (GFM DI). While most of the data from the GFM DI are unclassified, the fact that it facilitates data aggregation raised concerns about what a potential adversary might be able to do with access to it and whether it would be better to classify such data and store it exclusively on the secure network. The authors address this question by looking at why material should or should not be classified, concluding that classification is warranted only (1) if it reduces the amount of information available to adversaries, (2) if the information kept from adversaries would tell them something they did not know, (3) if they could make better decisions based on this information, and (4) if such decisions would harm the United States. Using this framework, the authors balance the risks GFM DI poses against the costs to DoD of not having this information readily available to its own analysts. The authors conclude that overall classification is not necessary but suggest that some limited subsets may warrant additional protection.

http://www.rand.org/pubs/monographs/MG989/

MG-992-DOJ

Today's Police and Sheriff Recruits: Insights from the Newest Members of America's Law Enforcement Community. Laura Werber Castaneda, Greg Ridgeway. 2010

For much of the past decade, police and sheriff's departments faced considerable challenges in attracting and retaining recruits, such that many departments struggled to maintain their size. Although the economic downturn has altered this situation, police and sheriff's departments should expect that the tight labor market of the past decade will return. This volume summarizes a 2008–2009 survey fielded to recent police officer and sheriff's deputy recruits nationwide. The survey asked recruits why they chose a career in law enforcement, why they chose the particular agency that they joined, what they felt were the downsides of a career in law enforcement, and what could be done to improve their department's recruiting efforts. In discussing the survey results, the authors focus on how understanding modern recruits can help departments refine their recruitment practices and develop a workforce well suited to community-oriented policing.

http://www.rand.org/pubs/monographs/MG992/

MG-994-FEMA

Evaluating the Reliability of Emergency Response Systems for Large-Scale Incident Opera-

tions. Brian A. Jackson, Kay Sullivan Faith, Henry H. Willis. 2010

The ability to measure emergency preparedness—to predict the likely performance of emergency response systems in future events—is critical for policy analysis in homeland security. Yet it remains difficult to know how prepared a response system is to deal with large-scale incidents, whether it be a natural disaster, terrorist attack, or industrial or transportation accident. This research draws on the fields of systems analysis and engineering to apply the concept of system reliability to the evaluation of emergency response systems. The authors describe a method for modeling an emergency response system; identifying how individual parts of the system might fail; and assessing the likelihood of each failure and the severity of its effects on the overall response effort. The authors walk the reader through two applications of this method: a simplified example in which responders must deliver medical treatment to a certain number of people in a specified time window, and a more complex scenario involving the release of chlorine gas. The authors also describe an exploratory analysis in which they parsed a set of after-action reports describing real-world incidents, to demonstrate how this method can be used to quantitatively analyze data on past response performance. The authors conclude with a discussion of how this method of measuring emergency response system reliability could inform policy discussion of emergency preparedness, how system reliability might be improved, and the costs of doing so.

http://www.rand.org/pubs/monographs/MG994/

MG-995-NAVY

Evaluating Navy's Funded Graduate Education Program: A Return-on-Investment Framework. Kristy N. Kamarck, Harry J. Thie, Marisa Adelson, Heather Krull. 2010

The U.S. military services send officers to graduate schools each year to pursue advanced degrees, primarily to fill billet requirements later. This can be costly, including such things as tuition, housing, and pay but also the opportunity cost of the officer not filling an operational billet. Participation in such a program incurs specific service requirements in return, but is that enough to recoup the service's investment? The U.S. Navy asked the researchers to assess the quantitative and qualitative returns on investment (ROI) for funded graduate education. The authors modeled the financial aspects for two sample communities within the Navy and discovered that ROI varies depending on how efficiently graduates are matched with billets and how often they are utilized in the related subspecialty. In some cases, it is simply not possible to recoup the costs financially because it would require extremely long service. On the other hand, soft skills and general knowledge that graduate education provides can increase productivity and improve decision quality. Such considerations might justify making graduate education competitive, with selection targeted toward those most likely to stay in the service and to advance to flag rank. In essence, the Navy would be broadly educating many to achieve future capabilities and an ROI from the few.

http://www.rand.org/pubs/monographs/MG995/

MR-1764-1-NIJ

Reducing Gun Violence: Results from an Intervention in East Los Angeles. George Tita, K. Jack Riley, Greg Ridgeway, Clifford A. Grammich, Allan Abrahamse, Peter W. Greenwood. 2010

Violent crime, especially gun homicide, is concentrated in particular locations and populations, affects cities more than other areas of the United States and is more likely to be committed by and against young males. RAND was asked to assess whether an initiative to reduce gun violence that had been successful in Boston could be adapted for use elsewhere. Researchers selected a 15-square-mile area in East Los Angeles where inter-gang rivalries were prevalent for a similar intervention. The intervention included increased police presence, more stringent enforcement of housing codes for properties used by gang members, more stringent enforcement

of parole and probation conditions, referral of gun law violations to federal prosecutors, and rapid application of these elements after each violent incident--in addition to social service components. However, a walk-by shooting and resulting double homicide triggered implementation of the intervention before the latter component was widely available. The researchers found that the intervention helped reduce violent and gang crime in the targeted districts, both during and immediately after implementation. The intervention did not disperse crime from the targeted areas and gangs to others; crime decreased in surrounding communities as well. However, the intervention was not implemented as designed, and it never developed in response to changing needs. For future similar projects to work beyond a trial period, city leaders should establish processes to support agencies in such collaborations, and more information on project costs should be collected.

http://www.rand.org/pubs/monograph_reports/MR1764-1/

OCCASIONAL PAPERS

OP-254-A

Use of the C-27J Fixed-Wing Aircraft for Conducting Army Mission Critical, Time Sensitive Missions in Counterinsurgency Operations. Kenneth Horn, Elvira N. Loredo, Steven Cram, Lewis Jamison, Christopher F. McLaren, William Phillips, Jeffrey Sullivan. 2010

The Army believes that it needs a replacement for the C-23 Sherpa aircraft that provides transport of mission critical, time sensitive (MCTS) cargo and passengers to brigade combat teams conducting combat operations. This issue is particularly relevant in counterinsurgency operations in Iraq and Afghanistan where ground forces are widely dispersed across long resupply distances. This occasional paper concludes that the C-27J Spartan is a reasonable replacement for the MCTS cargo and passenger mission in all performance categories. The Army's direct support approach for moving MCTS shipments using its organic aircraft is inherently more responsive than that of the Air Force. But both services should be able to improve the responsiveness of delivering MCTS shipments, but the Army should be in a better position to do so if it retains direct control of its fixed-wing and rotary-wing aircraft.

http://www.rand.org/pubs/occasional_papers/OP254/

OP-272-OSD

The Impact of U.S. Military Drawdown in Iraq on Displaced and Other Vulnerable Populations: Analysis and Recommendations. Olga Oliker, Audra K. Grant, Dalia Dassa Kaye. 2010

As the United States continues to draw down its forces and prepares to eventually end its substantial military involvement in Iraq, it must recognize that this drawdown will affect vulnerable and at-risk populations, some of whom have depended on U.S. forces for their security over the last six years. How vulnerable groups are affected by the U.S. drawdown has significant implications for the evolution of Iraq and U.S. policy interests in Iraq and the Middle East more broadly. Oliker, Grant, and Kaye assess the risks and implications of drawdown and withdrawal for some of the Iraqis in greatest danger: (1) populations whose vulnerability to violence will increase specifically because of the U.S. drawdown and (2) Iraq's displaced population, both within Iraq and in neighboring states. The authors conclude with recommendations for U.S. policymakers for mitigating the problems they anticipate.

http://www.rand.org/pubs/occasional_papers/OP272/

OP-273

Enforcing Immigration Law at the State and Local Levels: A Public Policy Dilemma. Jessica Saunders, Nelson Lim, Don Prosnitz. 2010

Almost 12 million out-of-status aliens currently reside in the United States, and it is estimated that it will take 15 years and more than $5 billion for the Department of Homeland Security's Immigra-

tion and Customs Enforcement to apprehend just the current backlog of absconders. One proposed solution to this enforcement problem is for federal agencies to partner with state and local law-enforcement agencies to apprehend and deport fugitive aliens. Currently, the federal government does not require state and local agencies to carry out specific immigration enforcement actions; however, comprehensive immigration reform may address this issue in the near future. Before such legislation is drafted and considered, it is important to understand all the potential impacts of a policy incorporating immigration enforcement by nonfederal entities. As there is very limited evidence about the effects of involving state and local law enforcement in immigration enforcement duties, the authors seek to clarify the needs and concerns of key stakeholders by describing variations in enforcement approaches and making their pros and cons more explicit. They also suggest areas for research to add empirical evidence to the largely anecdotal accounts that now characterize discussions of the involvement of state and local law enforcement in immigration enforcement efforts.

http://www.rand.org/pubs/occasional_papers/OP273/

OP-278-MCIA

Whither Al-Anbar Province? Five Scenarios Through 2011. James B. Bruce, Jeffrey Martini. 2010

The withdrawal of U.S. forces from Iraq will create a vacuum in the way security is achieved and power is exercised throughout Iraq. As U.S. Marines draw down in al-Anbar Province, significant changes can be expected throughout the province in security, political, economic, and even cultural relationships. In late 2008, RAND convened a series of three one-day workshops bringing together civilian and military analysts and practitioners with experience on al-Anbar Province or comparable expertise on Iraq. Workshops participants identified five relatively distinct futures, or scenarios, for al-Anbar that provide plausible but alternative trajectories for the province between early 2009 and the end of 2011. These scenarios resulted from extensive consideration of the major assumptions that may underlie any future projections and the testing of those assumptions in a variety of exercises. The deliberations also focused on the major factors that will shape the development of one or another scenario.

http://www.rand.org/pubs/occasional_papers/OP278/

OP-279-ISEC

Hidden in Plain Sight: What Cost-of-Crime Research Can Tell Us About Investing in Police. Paul Heaton. 2010

Many state and local governments are facing significant fiscal challenges, forcing policymakers to confront difficult trade-offs as they consider how to allocate scarce resources across numerous worthy initiatives. To achieve their policy priorities, it will become increasingly important for policymakers to concentrate resources on programs that can clearly demonstrate that they improve their constituents' quality of life. To identify such programs, cost/benefit analysis can be a powerful tool for objectively adjudicating the merits of particular programs. On the surface, all such programs aim to improve quality of life, but whether they actually achieve—or will achieve—what they aim for is another question. Summarizing the existing high-quality academic research on the cost of crime and the effectiveness of police in preventing crime, this paper familiarizes policymakers and practitioners with current research on these issues and demonstrates how this research can be used to better understand the returns to investments in police. It demonstrates a method for comparing the costs of police personnel with the expected benefits generated by those police in terms of reduced crime. Applying the method to several real-world scenarios shows that these investments generate net social benefits. Returns on investments in police personnel are likely to be substantial.

http://www.rand.org/pubs/occasional_papers/OP279/

OP-284-ICJ/RGSPI

Residential Insurance on the U.S. Gulf Coast in the Aftermath of Hurricane Katrina: A Framework for Evaluating Potential Reforms. James W. Macdonald, Lloyd Dixon, Laura Zakaras. 2010

The hurricane seasons of 2004 and 2005 brought devastating losses of life and property; they also threw the residential insurance market in the Gulf States into turmoil. Insurance premiums skyrocketed, a number of private insurers retreated from coastal regions, government insurance programs stepped into the breach, and premiums in high-risk areas were subsidized by taxpayers and by policyholders in low-risk areas. To make matters worse, thousands of residents who suffered hurricane damage resorted to the courts to resolve coverage disputes with their insurers. All in all, the residential insurance system did not function well. Policymakers, deeply divided about how to reform the system to deal with these issues, have so far been unable to build consensus on how to proceed. This paper informs the current policy debate by diagnosing the problems confronting the residential insurance market and proposing objectives for a well-functioning market. The authors examine impediments limiting the private and public sectors' ability to achieve these objectives and identify a range of policy reforms that merit attention.

http://www.rand.org/pubs/occasional_papers/OP284/

OP-285-A

Military Capabilities for Hybrid War: Insights from the Israel Defense Forces in Lebanon and Gaza. David E. Johnson. 2010

The Israel Defense Forces have gained much experience against hybrid opponents—Hezbollah and Hamas—in the recent conflicts in Lebanon and Gaza. The lessons from these Israeli experiences are relevant to understanding the capabilities the U.S. Army and the joint force will require in the future. Principal findings include the following. The basics of combined arms fire and maneuver are necessary for successful operations against sophisticated hybrid opponents who, like Hezbollah and Hamas, have a modicum of training, organization, and advanced weapons, particularly if they are operating "among the people." Additionally, precision, standoff fires are critical, but not sufficient, to cope with sophisticated hybrid opponents. Furthermore, responsive and adequate air, artillery, and unmanned aerial system support are critical components of the combined arms fight against hybrid opponents. Finally, heavy forces—based on tanks and infantry fighting vehicles—are key elements of any force that will fight sophisticated irregular opponents, because they reduce operational risk and minimize friendly casualties.

http://www.rand.org/pubs/occasional_papers/OP285/

OP-286-RC

DNA as Part of Identity Management for the Department of Defense. Douglas Shontz. 2010

The Department of Defense must keep track of a large and ever-growing number of people, both known and unknown, as it executes its mission. The field associated with this responsibility is called identity management. One tool for identity management is biometrics, and some view DNA as a useful biometric for either identification or verification of individuals. However, serious questions remain about whether DNA is a viable biometric option, and it presents especially challenging questions. This paper examines DNA as a biometric from several perspectives, including technical requirements, policy and legal ramifications, and costs and benefits compared with other biometrics.

http://www.rand.org/pubs/occasional_papers/OP286/

OP-287-A

Observations on Recent Trends in Armored Forces. David E. Johnson, John Gordon IV. 2010

For an ongoing project entitled "An Army for Full Spectrum Operations: Lessons from Irregular Wars," RAND Arroyo Center researchers assessed recent "irregular" conflicts and their implications for U.S. Army force mix and capabilities, as well as for the elements that support or operate with

ground forces. This paper provides initial research observations on how various militaries view the role of heavy forces (tanks and other armored vehicles) in irregular warfare (IW) and hybrid warfare environments. The views of the U.S. Marine Corps, the British Army, the Canadian Army, the Danish Army, and the Israeli Army are discussed. What emerges from the research to date is that each of these forces believes that there is a role in IW and hybrid warfare for heavy forces, including tanks, because they reduce operational risk, minimize friendly casualties, and provide an intimidation factor against adversaries.

OP-291-RC

A House Divided: Polarization and Its Effect on RAND. James A. Thomson. 2010

The American political climate has become increasingly polarized since the 1970s. Analysis by Keith Poole and Howard Rosenthal shows that voting patterns within Congress have become increasingly divided along party lines, with fewer and fewer moderates. A major cause of polarization appears to be the geographic sorting of voters: Communities and regions of the country have become more politically and ideologically homogeneous, resulting in constituencies in congressional districts and in states that are more strongly conservative or liberal. Whatever its causes, the effects of increased polarization on political discourse and policymaking are clear: There is less room for deliberation between the two parties, and public policy decisionmaking is increasingly driven more by ideology than by objective analysis of which policies, programs, practices, and processes will produce the desired outcomes at the lowest cost. The mission of the RAND Corporation is to provide just this sort of objective analysis, and today's heated political environment presents a serious challenge to this mission. To help make sure that RAND's objective, nonpartisan research influences the policy debate, RAND must work to identify potentially controversial findings and take steps to ensure that they are not misinterpreted or distorted.

http://www.rand.org/pubs/occasional_papers/OP291/

OP-292-RC

Would-Be Warriors: Incidents of Jihadist Terrorist Radicalization in the United States Since September 11, 2001. Brian Michael Jenkins. 2010

Between September 11, 2001, and the end of 2009, 46 publicly reported cases of domestic radicalization and recruitment to jihadist terrorism occurred in the United States; 13 of those cases occurred in 2009. Most of the would-be jihadists were individuals who recruited themselves into the terrorist role. Some provided assistance to foreign terrorist organizations; some went abroad to join various jihad fronts; some plotted terrorist attacks in the United Sates, usually with little success because of intervention by the authorities. The threat of large-scale terrorist violence has pushed law enforcement toward prevention rather than criminal apprehension after an event—or, as one senior police official put it, "staying to the left of the boom," which means stopping the explosions or attacks before they occur. This shift toward prevention requires both collecting domestic intelligence—always a delicate mission in a democracy—and maintaining community trust and cooperation.

http://www.rand.org/pubs/occasional_papers/OP292/

OP-293-ICJ

Auto Insurance Reform in Michigan: What Can the Data Tell Us?. Paul Heaton. 2010

Legislators and consumer groups in Michigan have recently proposed a number of reforms designed to reduce the costs of auto insurance in the state. In this paper, the author examines how auto-crash claiming patterns in Michigan differ from those in other states and considers how these differences might affect consumer costs. It shows that the fact that premiums are higher in Michigan than in other states can be explained by higher levels of reimbursement provided to injury victims and their medical providers. This pattern suggests that reforms that change claiming behavior may have considerable potential for lowering auto premiums in Michigan.

http://www.rand.org/pubs/occasional_papers/OP293/

OP-295-GBF

In Search of the Holy Grail: Understanding Research Success. Jonathan Grant, Steven Wooding. 2010

This paper considers the continuing challengesfacing research funders when trying to allocate research money. It focuses on the area of research policy in mental healthresearch funding, with a particular emphasis on funding for schizophrenia research, and provides an overview of researchpolicy in the last 20-25 years. It then goes on to consider what approaches funders could take to build an evidence base tosupport future decisions about funding. An earlier version of this paper was used to stimulate thinking prior to a workshophosted by the Graham Boeckh Foundation in Montreal on 21 and 22 April 2009 to discuss these issues.

http://www.rand.org/pubs/occasional_papers/OP295/

OP-296-OSD

Simple Models to Explore Deterrence and More General Influence in the War with al-Qaeda. Paul K. Davis. 2010

Simple, conceptual models can be used to help guide thinking about how to deter or to otherwise influence potential, actual, or disengaging terrorists and the many people who support their organizations directly or indirectly. Deterring terrorism is best approached as part of a broad effort to influence all elements of a terrorist system, and simple, conceptual models of decisionmaking can help in understanding how to affect others' behavior. The paper lays out a theory of how to use influence (including deterrence) to affect elements of a terrorist system, touching on root causes, individual motivation, public support, and likely factors in the decisionmaking of terrorist organizations.

http://www.rand.org/pubs/occasional_papers/OP296/

OP-298-RC

Making Policy in the Shadow of the Future. Gregory F. Treverton. 2010

The National Intelligence Council's (NIC's) 2008 report Global Trends 2025: A Transformed World projects what the world will look like in 2025 based on recent trends. However, as an intelligence organization, the NIC limits its report to describing the impacts of future trends on the United States—it cannot explore the important question: How should U.S. policy adapt now to account for these trends and the future that will result from them? This paper takes on that task. It focuses on important issues for which a long-term perspective leads to different immediate choices for U.S. policy than would result from only a short-term perspective. These include energy and climate change; defense policy, including the diffusion of nuclear weapons and the movement to abolish them; the reshaping of international law and institutions; the structure of the federal government; and the U.S. relationship with Mexico. For some other issues, long- and short-term thinking produce similar conclusions; yet for still others, the two perspectives seem difficult to reconcile.

http://www.rand.org/pubs/occasional_papers/OP298/

OP-306-LFCMP

Alternative Litigation Financing in the United States: Issues, Knowns, and Unknowns. Steven Garber. 2010

Alternative litigation financing (ALF)—also known as “third-party” litigation financing—refers to provision of capital by parties other than plaintiffs, defendants, their lawyers, or defendants' insurers to support litigation-related activity. This paper provides an overview of policy issues related to the legal ethics, social morality, and, especially, potential economic effects of ALF. It provides a snapshot of the only three segments of the ALF industry that appear to be fairly active as of early 2010, all of which provide support to plaintiffs or their lawyers. It offers lessons for policymakers, emphasizing distinctions that are often underappreciated in discussions of ALF. The paper concludes by suggesting that, for the next five to ten years, policymakers might best limit themselves to interventions that do not fundamentally interfere with the potential for increased competition

to solve what appear to be important information problems that may limit the contributions of ALF to national economic performance.

http://www.rand.org/pubs/occasional_papers/OP306/

OP-308-NAVY

The Perfect Storm: The Goldwater-Nichols Act and Its Effect on Navy Acquisition. Charles Nemfakos, Irv Blickstein, Aine Seitz McCarthy, Jerry M. Sollinger. 2010

The defense reforms begun in 1986 with the passage of the Goldwater-Nichols Department of Defense Reorganization Act ushered in an era of sweeping change in U.S. military acquisition policies and processes. Reform was necessary to correct genuine deficiencies in the Department of Defense's operational and acquisition practices, but implementation of the 1986 act—and subsequent legislation, including the National Defense Authorization Act of 1987—resulted in a host of unintended and undesirable consequences, especially in the Department of the Navy (DoN). Drawing on research, interviews, and their own professional experience, the authors examine both the climate surrounding the development of Goldwater-Nichols and each military service's implementation of the legislation. They trace the origins, construction, and fortification of the "wall" between DoN's military-run requirements process and the civilian-run acquisition process—a divide inimical to the efficient and effective support of military forces and antithetical to the spirit of the legislation—and investigate the legislation's adverse effects on DoN personnel policies. Their recommendations focus on breaking down the wall, changing obstructive personnel policies, reinvolving the DoN service chiefs in the acquisition process, and restoring some institutional balance.

http://www.rand.org/pubs/occasional_papers/OP308/

OP-311-GSK

Seasonal Influenza Vaccine Use by Adults in the U.S.: A Snaphot from the End of the 2009-2010 Vaccination Season. Katherine M. Harris, Juergen Maurer, Lori Uscher-Pines. 2010

In March 2010, the RAND Corporation surveyed a nationally representative sample of noninstitutionalized adults age 18 and over (n=4,040) to collect data on the receipt of seasonal influenza vaccine in the United States. This overview of the survey results will inform public health officials and other stakeholders about seasonal influenza vaccination of adults shortly following the end of the vaccination season. The information on flu vaccine uptake among population groups should be of interest to those working to increase uptake among different segments of the population, including those specifically recommended for the vaccine by the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention. Survey findings indicate that during the 2009–2010 vaccination season, 39 percent of all U.S. adults were vaccinated against seasonal influenza, 45 percent of adults specifically recommended for vaccination were vaccinated, and 48 percent of vaccinated adults received the vaccine at a doctor's office or medical clinic.

http://www.rand.org/pubs/occasional_papers/OP311/

OP-313-DOL

Grandfathering in the Small Group Market Under the Patient Protection and Affordable Care Act: Effects on Offer Rates, Premiums, and Coverage. Christine Eibner, Federico Girosi, Carter C. Price, Elizabeth A. McGlynn. 2010

The Patient Protection and Affordable Care Act (PPACA), signed into law by President Barack Obama on March 23, 2010, will introduce new health insurance options for many Americans. While PPACA will alter the health insurance options available to many people, one of the goals of the law is to enable Americans to keep the coverage they currently have if they choose to do so. In an effort to ensure that current coverage options do not change, PPACA exempts existing health insurance plans from certain regulations, a policy known as "grandfathering." Newly offered plans, including plans available through state health insurance exchanges, are not eligible for grandfathering. This paper uses the Comprehen-

sive Assessment of Reform Efforts (COMPARE) microsimulation model to analyze the effects that grandfathering in the small group market will have on outcomes, including the percentage of small firms (with 100 or fewer workers) offering coverage, premium prices in the grandfathered market and in the exchanges, the total number of people enrolled in health insurance coverage, and the number of people enrolled in exchange-based health insurance plans. Results suggest that, while grandfathering may lead to slightly higher exchange premiums, grandfathering is also associated with higher employer-sponsored insurance enrollment and lower government spending. Therefore, grandfathering may be an effective policy if the goal is to maximize the number of people enrolled in employment-based coverage.

http://www.rand.org/pubs/occasional_papers/OP313/

OP-314-RC

Extending U.S. Medicare to Mexico: Why It's Important to Consider and What Can Be Done. Marla C. Haims, Andrew W. Dick. 2010

There is a lack of hard data on the exact number of Medicare-eligible retirees residing in Mexico, but it is at least in the tens of thousands and is certainly rising as the baby boom generation reaches retirement. Because Medicare does not cover health services received outside the United States, these retirees must travel to the United States for health care or purchase alternative coverage for health services received in Mexico. There are several arguments for extending Medicare to Mexico—that is, allowing Medicare-eligible beneficiaries to receive their Medicare benefits in Mexico. Medicare-eligible retirees living in Mexico would certainly benefit, and Mexico might benefit from improved quality of care and an expanded health economy. Moreover, American taxpayers might benefit from a reduced total cost of Medicare: To the extent that extending Medicare to Mexico induces Medicare beneficiaries to substitute higher-cost U.S. health care services with lower-cost Mexican services, overall Medicare expenditures might be reduced. The authors outline four options for how this policy change might be implemented and describe a conceptual model that could be used to assess the effects of each option.

http://www.rand.org/pubs/occasional_papers/OP314/

OP-315-RC

Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets. Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter. 2010

To learn more about the possible outcomes of marijuana legalization in California, RAND researchers constructed a model based on a series of estimates of current consumption, current and future prices, how responsive use is to price changes, taxes levied and possibly evaded, and the aggregation of nonprice effects (such as a change in stigma). Key findings include the following: (1) the pretax retail price of marijuana will substantially decline, likely by more than 80 percent. The price the consumers face will depend heavily on taxes, the structure of the regulatory regime, and how taxes and regulations are enforced; (2) consumption will increase, but it is unclear how much, because we know neither the shape of the demand curve nor the level of tax evasion (which reduces revenues and prices that consumers face); (3) tax revenues could be dramatically lower or higher than the $1.4 billion estimate provided by the California Board of Equalization (BOE); for example, uncertainty about the federal response to California legalization can swing estimates in either direction; (4) previous studies find that the annual costs of enforcing marijuana laws in California range from around $200 million to nearly $1.9 billion; our estimates show that the costs are probably less than $300 million; and (5) there is considerable uncertainty about the impact of legalizing marijuana in California on public budgets and consumption, with even minor changes in assumptions leading to major differences in outcomes.

http://www.rand.org/pubs/occasional_papers/OP315/

OP-319-OHE

Enhancing the benefits from biomedical and health research spillovers between public, private and charitable sectors in the UK. 2010

In innovation processes, it is well established that knowledge spillovers can exist, whereby investments in knowledge creation by one party produces external benefits for other parties. This document highlights key points from a high-level Forum organised and facilitated by the Office of Health Economics and RAND Europe which met in Cambridge on 11th May 2010 to discuss the nature of spillover effects from biomedical and health research and strategies to realise their benefits. The Forum discussed a number of aspects of spillovers and identified the top priorities for policy research that could help bring spillover effects more explicitly into policy decisions.

http://www.rand.org/pubs/occasional_papers/OP319/

OP-323-PIBV

Health and Well-Being in the Home: A Global Analysis of Needs, Expectations, and Priorities for Home Health Care Technology. Soeren Mattke, Lisa Klautzer, Tewodaj Mengistu, Jeffrey Garnett, Jianhui Hu, Helen Wu. 2010

In both industrialized and transitioning countries, population aging and better survivability have led to a rapid increase of the prevalence of chronic disease and disability. As a result, there is growing concern about the financial sustainability of health care systems, which is compounded by capacity constraints and workforce shortages. Advanced home health care solutions promise to mitigate these pressures by shifting care from costly institutional settings to patients' homes and allowing patients to self-manage their conditions. A global study of the needs, priorities, and expectations of key stakeholders regarding home health care in six countries (China, France, Germany, Singapore, the United Kingdom, and the United States) revealed that, despite their potential, such technologies face a number of barriers to adoption. Restrictive coverage and existing incentives for in-person home care create obstacles, as does limited patient readiness because of insufficient health literacy. Concerns about audience-appropriate product design and support and limited data on effectiveness and efficiency also impede uptake. Realizing the promise of telecare requires a concerted stakeholder effort, including creation of a conducive policy environment, design of convincing products, and development and dissemination of persuasive evidence.

http://www.rand.org/pubs/occasional_papers/OP323/

OP-325-RC

Reducing Drug Trafficking Revenues and Violence in Mexico: Would Legalizing Marijuana in California Help?. Beau Kilmer, Jonathan P. Caulkins, Brittany M. Bond, Peter H. Reuter. 2010

U.S. demand for illicit drugs creates markets for Mexican drug trafficking organizations (DTOs) and helps foster violence in Mexico. This paper examines how marijuana legalization in California might influence DTO revenues and the violence in Mexico. Key findings include: 1) Mexican DTOs' gross revenues from illegally exporting marijuana to wholesalers in the United States is likely less than $2 billion; 2) The claim that 60 percent of Mexican DTO gross drug export revenues come from marijuana should not be taken seriously; 3) If legalization only affects revenues from supplying marijuana to California, DTO drug export revenue losses would be very small, perhaps 2–4 percent; 4) The only way legalizing marijuana in California would significantly influence DTO revenues and the related violence is if California-produced marijuana is smuggled to other states at prices that outcompete current Mexican supplies. The extent of such smuggling will depend on a number of factors, including the response of the U.S. federal government. 5) If marijuana is smuggled from California to other states, it could undercut sales of Mexican marijuana in much of the U.S., cutting DTOs' marijuana export revenues by more than 65 percent and probably by 85 percent or more. In this scenario, the DTOs would lose approximately 20% of their total drug export revenues.

http://www.rand.org/pubs/occasional_papers/OP325/

RESEARCH BRIEFS

RB-9445

Perceived Effects of Paid Family Leave Among Parents of Children with Special Health Care Needs: California's Experience. Mark A. Schuster, Paul J. Chung, Marc N. Elliott, Craig F. Garfield, Katherine D. Vestal, David J. Klein, Carl Eriksson, Colleen Carey. 2010

California's Paid Family Leave Insurance program, the first of its kind, has not increased the percentage of parents who took leave to care for a sick child. Fewer than 15 percent of parents who were qualified for the program knew about it.

http://www.rand.org/pubs/research_briefs/RB9445/

RB-9480-AF

The Air Force Should Continue to Use the Air Force Officer Qualifying Test for Officer Selection. Chaitra M. Hardison, Carra S. Sims, Eunice C. Wong. 2010

The Air Force Officer Qualifying Test is valid and useful and should not be replaced, although other tests could be used to complement it.

http://www.rand.org/pubs/research_briefs/RB9480/

RB-9481-OSD

Security in Iraq: Emerging Threats as U.S. Forces Withdraw. David C. Gompert, Terrence K. Kelly, Jessica Watkins. 2010

U.S. withdrawal from Iraq could affect Iraq's internal security and stability, which could, in turn, affect U.S. strategic interests and the safety of U.S. troops and civilians in Iraq. The framework described here can help minimize negative effects.

http://www.rand.org/pubs/research_briefs/RB9481/

RB-9491-1

Health Care on Aisle 7: The Growing Phenomenon of Retail Clinics. Ateev Mehrotra, John L. Adams, Katrina Armstrong, Christine Eibner, Peter S. Hussey, Judith Lave, Hangsheng Liu, Elizabeth A. McGlynn, Craig Evan Pollack, M. Susan Ridgely, Rena Rudavsky, Leif I. Solberg, N. Marcus Thygeson, Margaret C. Wang. 2010

Presents information on the growing phenomenon of retail medical clinics, the types of patients they serve and the types of care they provide, and whether some common claims about retail clinics are supported by evidence.

http://www.rand.org/pubs/research_briefs/RB9491-1/

RB-9495

The Teen Depression Awareness Project: Building an Evidence Base for Improving Teen Depression Care. Lisa H. Jaycox, M. Audrey Burnam, Lisa S. Meredith, Terri Tanielian, Bradley D. Stein, Anita Chandra, Virginia P. Quinn, Susan M. Paddock, Scot Hickey, Jeremy N. V. Miles, Molly M. Scott. 2010

Presents findings from the Teen Depression Awareness Project, which explored how depression affects teens, the factors that influence teens' readiness to seek treatment for depression, and the barriers that teens and parents face when seeking care.

RB-9496-OSD

Diversity and the Success of Entering Classes at the U.S. Service Academies. Sheila Nataraj Kirby, Harry J. Thie, Scott Naftel, Marisa Adelson. 2010

Women and nonwhites are an increasing percentage of U.S. service academy entering classes. Their first-year completion and graduation rates have also increased, and their graduation rates are somewhat higher than at comparable civilian institutions.

http://www.rand.org/pubs/research_briefs/RB9496/

RB-9498-CHSWC

Improving the Performance of the California Workers' Compensation Insurance Market. Lloyd Dixon, James W. Macdonald, William Barbagallo. 2010

Analyzes factors that led to swings in the California workers' compensation insurance market after partial rate deregulation in 1995 and suggest ways to reduce market volatility and insurer insolvencies while maintaining the benefits of competition.

RB-9500

How Fare the Displaced and Returned Residents of New Orleans? Results of an Innovative Pilot Survey. Narayan Sastry, Elizabeth Fussell, Mark Vanlandingham. 2010

The Displaced New Orleans Residents Pilot Study shows that it is possible to study this hard-to-survey population to determine rates of return and mental illness among residents who experienced Hurricane Katrina and its aftermath.

RB-9501-WFHF

Cost and Health Consequences of Air Pollution in California. John A. Romley, Andrew Hackbarth, Dana P. Goldman. 2010

Examines how California's failure to meet federal air quality standards has affected hospitalizations and insurers' costs.

http://www.rand.org/pubs/research_briefs/RB9501/

RB-9504

Analysis of the Affordable Health Care for America Act (H.R. 3962). Elizabeth A. McGlynn, Jeanne S. Ringel, Federico Girosi, Carter C. Price. 2010

Using the COMPARE microsimulation model, estimates proposed health care reform legislation's effects on the number of uninsured, the costs to the federal government and the nation, revenues from penalty payments, and consumers' health care spending.

RB-9505-ICJ

What Happened to No-Fault Automobile Insurance?. James M. Anderson, Paul Heaton, Stephen J. Carroll. 2010

This brief reviews the decline in popularity of no-fault automobile insurance. The main reason for this decline is rising costs: no-fault offers more medical services to accident victims and pays more for the same care than tort insurance.

RB-9509

Studies' Estimates of PTSD Prevalence Rates for Returning Service Members Vary Widely. Rajeev Ramchand, Terry L. Schell, Benjamin R. Karney, Karen Chan Osilla, Rachel M. Burns, Leah B. Caldarone. 2010

Summarizes analyses of existing posttraumatic stress disorder (PTSD) studies for war zone veterans, finding that the prevalence estimates vary widely and are linked to the use of different PTSD diagnostic definitions and divergent study samples.

http://www.rand.org/pubs/research_briefs/RB9509/

RB-9510-CFSB

Unique Framework Helps Louisiana Community Prioritize Its Investments in Children and Families. M. Rebecca Kilburn, Shannon I. Maloney. 2010

Describes a decisionmaking framework, focused on the intersection of needs, assets, and best practices, designed to help the Louisiana community of Shreveport-Bossier prioritize its investments in children and families.

http://www.rand.org/pubs/research_briefs/RB9510/

RB-9511-NAVY

What Are the Effects of Consolidated Afloat Networks and Enterprise Services (CANES) on Navy Manpower, Personnel, and Training?. Harry J. Thie, Margaret C. Harrell, Joseph Jenkins, Aine Seitz McCarthy. 2010

Introducing Consolidated Afloat Networks Enterprise Services (CANES) had only limited implications for the Navy's information technology community.

http://www.rand.org/pubs/research_briefs/RB9511/

RB-9512-RC

How Can Faith-Based Organizations Help Address the HIV/AIDS Epidemic in Central America?. Kathryn Pitkin Derose, David E. Kanouse, David P. Kennedy, Kavita Patel, Alice Taylor, Kristin J. Leuschner, Homero Martinez. 2010

Describes the role that faith-based organizations play in addressing the HIV/AIDS epidemic in Belize, Guatemala, and Honduras and how this role might be expanded.

http://www.rand.org/pubs/research_briefs/RB9512/

RB-9512/1-RC

How Can Faith-Based Organizations Help Address the HIV/AIDS Epidemic in Central America? [Spanish version]. Kathryn Pitkin Derose, David E. Kanouse, David P. Kennedy, Kavita Patel, Alice Taylor, Kristin J. Leuschner, Homero Martinez. 2010

Describes the role that faith-based organizations play in addressing the HIV/AIDS epidemic in Belize, Guatemala, and Honduras and how this role might be expanded.

http://www.rand.org/pubs/research_briefs/RB9512.1/

RB-9513-ICJ

Reducing Michigan Auto Insurance Rates. Paul Heaton. 2010

Higher auto insurance rates in Michigan lead to a high proportion of drivers without auto insurance. Introducing options or fee schedules for personal injury protection coverage could help lead to broader, more-affordable choices.

http://www.rand.org/pubs/research_briefs/RB9513/

RB-9514

Analysis of the Patient Protection and Affordable Care Act (H.R. 3590). Jeanne S. Ringel, Federico Girosi, Amado Cordova, Carter C. Price, Elizabeth A. McGlynn. 2010

Using the COMPARE microsimulation model, estimates the effects of the Patient Protection and Affordable Care Act (H.R. 3590) on the number of uninsured, the costs to the federal government and the nation, and consumers' health care spending.

http://www.rand.org/pubs/research_briefs/RB9514/

RB-9515

Coverage, Spending, and Consumer Financial Risk: How Do the Recent House and Senate Health Care Bills Compare?. Elizabeth A. McGlynn, Jeanne S. Ringel, Federico Girosi, Amado Cordova, Carter C. Price. 2010

Compares how two health care reform bills, HR. 3962 and H.R. 3590, passed by the U.S. House and Senate, respectively, in late 2009 compare on a variety of projections made using the RAND COMPARE microsimulation model.

http://www.rand.org/pubs/research_briefs/RB9515/

RB-9516

Post-Katrina Project Demonstrates a Rapid, Participatory Assessment of Health Care and Develops a Partnership for Post-Disaster Recovery in New Orleans. Benjamin Springgate, Charles Allen, Catherine Jones, Shaula Lovera, Diana Meyers, Larry Campbell, Lawrence Palinkas, Kenneth B. Wells. 2010

Stakeholders in communities in which health care access was disrupted by Hurricane Katrina were engaged in an assessment of health priorities, as well as in data interpretation and plan design, to produce a sustainable community-academic partnership.

http://www.rand.org/pubs/research_briefs/RB9516/

RB-9517-RC

What Can We Learn from the Implementation of No Child Left Behind?. Brian M. Stecher, Georges Vernez, with Paul Steinberg. 2010

Studies suggest that the No Child Left Behind Act's goal of 100 percent of U.S. students proficient in reading and mathematics by 2014 will not be met. Broad implementation guidelines have resulted in a different accountability system in every state.

http://www.rand.org/pubs/research_briefs/RB9517/

RB-9519

RAND COMPARE Analysis of President Obama's Proposal for Health Reform. Elizabeth A. McGlynn, Amado Cordova, Jeanne S. Ringel, Christine Eibner, Federico Girosi. 2010

Compares President Obama's Proposal for Health Reform, the U.S. House and Senate health care reform bills, and the status quo on changes in number of uninsured and government and national costs, as estimated by the RAND COMPARE microsimulation model.

http://www.rand.org/pubs/research_briefs/RB9519/

RB-9520

Are Adolescents Talking with Their Parents About Sex Before Becoming Sexually Active?. Megan K. Beckett, Marc N. Elliott, Steven Martino, David E. Kanouse, Rosalie Corona, David J. Klein, Mark A. Schuster. 2010

Examines parent-child discussions of sexual behavior. Finds consistency in the timing and content of such discussions; however, many parents and children do not discuss key topics, such as birth control, before adolescents become sexually active.

http://www.rand.org/pubs/research_briefs/RB9520/

RB-9521-EC

Better understanding efforts to reduce the supply of illicit drugs. Beau Kilmer, Stijn Hoorens. 2010

To better understand illegal drug markets and supply-reduction efforts in the European Union, data on purity-adjusted prices must be collected. Member states can learn more about supply reduction by changing how they report seizure data.

http://www.rand.org/pubs/research_briefs/RB9521/

RB-9522-OSD

Alternatives for the Maritime Prepositioning Force (Future). Robert W. Button, John Gordon IV, Dick Hoffmann, Jessie Riposo, Peter A. Wilson. 2010

An assessment of the proposed MPF(F) Sea Basing squadron found alternative configurations with fewer ships and different air components that could still meet mission support counterinsurgency, special operations, and major combat operations.

http://www.rand.org/pubs/research_briefs/RB9522/

RB-9523

Is Physician Cost Profiling Ready for Prime Time?. Ateev Mehrotra, John L. Adams, J. William Thomas, Elizabeth A. McGlynn. 2010

Physician cost profiling is intended to identify physicians with lower spending patterns, but RAND analysts found that common profiling methods result in 22 percent of physicians being assigned to the wrong cost category in a two-tier system.

http://www.rand.org/pubs/research_briefs/RB9523/

RB-9523-1

Is Physician Cost Profiling Ready for Prime Time?. Ateev Mehrotra, John L. Adams, J. William Thomas, Elizabeth A. McGlynn. 2010

Physician cost profiling is intended to identify physicians with lower spending patterns, but RAND analysts found that common profiling methods result in 22 percent of physicians being assigned to the wrong cost category in a two-tier system.

http://www.rand.org/pubs/research_briefs/RB9523-1/

RB-9524-ICJ

Does Improved Patient Safety Reduce Malpractice Litigation?. Michael D. Greenberg, Amelia M. Haviland, J. Scott Ashwood, Regan Main. 2010

Investigates the relationship between safety outcomes in hospitals and malpractice claiming against providers, using data for California hospitals and insurers from 2001 through 2005.

http://www.rand.org/pubs/research_briefs/RB9524/

RB-9525

The Effects of Multiple Anxiety Disorders on Patient Functioning and Well-Being. Cathy D. Sherbourne, J. Greer Sullivan, Michelle G. Craske, Peter Roy-Byrne, Daniela Golinelli, Raphael D. Rose, Denise A. Chavira, Alexander Bystritsky, Murray Stein. 2010

Compares differences in functioning for patients with one or more anxiety disorders. There were few differences in functioning for patients with only one anxiety disorder. The burden of disability grew as the number of anxiety disorders increased.

http://www.rand.org/pubs/research_briefs/RB9525/

RB-9526

What Teacher Characteristics Affect Student Achievement? Findings from Los Angeles Public Schools. Richard Buddin, Gema Zamarro. 2010

RAND researchers found no evidence that traditional teacher qualification standards have a substantial effect on student achievement in Los Angeles public schools. Other measures and reward systems might be better at improving teacher quality.

http://www.rand.org/pubs/research_briefs/RB9526/

RB-9527-LFCMP

Overview of Alternative Litigation Financing in the United States. Steven Garber. 2010

Provides an overview of U.S. alternative or "third-party" financing: describes the main types of financing, reviews arguments to limit this activity, begins to analyze its effects on litigation, and suggests lessons for policymakers.

http://www.rand.org/pubs/research_briefs/RB9527/

RB-9530

Improving the Quality of Care for Dementia. David Reuben, Carol P. Roth, Janet C. Frank, Susan H. Hirsch, Diane Katz, Heather McCreath, Jon Younger, Marta Murawski, Elizabeth Edgerly, Joanne Maher, Katie Maslow, Neil S. Wenger. 2010

Results of a pilot program in RAND Health's Assessing Care of Vulnerable Elders-2 project indicate that quality indicators for dementia care are improved when primary care practices are coupled with links to local Alzheimer's Association chapters.

http://www.rand.org/pubs/research_briefs/RB9530/

RB-9531

The Workforce and Economic Recovery: Effects of Hurricane Katrina. Lynn A. Karoly, Julie Zissimopoulos. 2010

In addition to the $100 billion in damages caused by Hurricane Katrina in2005, there were relatively short-lived disruptions to labor markets inaggregate, but longer-term, detrimental employment effects on workersdisplaced to other regions.

http://www.rand.org/pubs/research_briefs/RB9531/

RB-9532-NIJ/OJP/DOJ/MELLON

Reducing Pittsburgh Neighborhood Violence. Jeremy M. Wilson, Steven Chermak, Edmund F. McGarrell. 2010

A sharp increase in Pittsburgh homicides in 2003 led local leaders to launch an antiviolence initiative, One Vision One Life. Researchers found no program effects on homicide and negative effects on assaults.

http://www.rand.org/pubs/research_briefs/RB9532/

RB-9535-RE

Security at what cost? Quantifying trade-offs across liberty, privacy and security. Neil Robinson, Dimitris Potoglou, Chong Woo Kim, Peter Burge, Richard Warnes. 2010

The balance between liberty, privacy and security is often polarised around concerns for civil liberties and public safety. To balance these concerns, policymakers need to consider the economic and social consequences of different security options as well as their effectiveness. In particular, they need to know whether individuals are willing to surrender some liberty or privacy in return for security benefits. Research in this domain has been mainly qualitative and as such, simple polling techniques that are likely to lead to unrealistic and unquantifiable responses are not usable for economic analysis. RAND Europe undertook a self-funded initiative to try to understand and quantify the trade-offs that people might make when confronted with real-life choices about privacy, liberty and security. The study used stated preference discrete choice experiments to present respondents with alternative options, each with advantages and disadvantages that they must explicitly trade-off when selecting between options. Respondents could also state where they would prefer the status quo. We examined three scenarios where trade-offs might arise: applying for a passport; travelling on the national rail network; and attending a major public event. Our approach showed that is possible to obtain and quantify the views and preferences of citizens as users of security infrastructure. In particular, stated choice discrete choice experiments provided a refined understanding of the importance people place on a number of factors describing each scenario such as the degree of comfort in providing personal data to obtain a passport or when passing through different types of security checks.

http://www.rand.org/pubs/research_briefs/RB9535/

RB-9537-ATSC

The Arkansas Tobacco Settlement Programs: The Impact of One State's Investment in the Health of its Residents. Dana Schultz, Shannah Tharp-Taylor, Tamara Dubowitz, Hao Yu, Susan L. Lovejoy, Andrea Phillips, John Engberg. 2010

Summarizes results of RAND's evaluation of the progress and impact of Arkansas' antismoking and health programs established with its share of tobacco settlement funds.

http://www.rand.org/pubs/research_briefs/RB9537/

RB-9538

Diagnosing and Treating Food Allergies: The State of the Research. Jennifer J. Schneider Chafen, Sydne Newberry, Marc Riedl, Dena M. Bravata, Margaret Maglione, Marika Suttorp, Vandana Sundaram, Neil M. Paige, Ali Towfigh, Benjamin J. Hulley, Paul G. Shekelle. 2010

A systematic review of food allergy research found that the prevalence of food allergy in the United States appears to be between 1 and 10 percent, but estimates remain questionable because of poor reliability of the tests used for allergy diagnosis.

http://www.rand.org/pubs/research_briefs/RB9538/

RB-9539-OSD

Do Bonuses Affect Enlistment and Reenlistment?. Beth J. Asch, Paul Heaton, James Hosek, Francisco Martorell, Curtis Simon, John T. Warner. 2010

Congress has questioned the scope and efficacy of enlistment andreenlistment bonuses, but Army high-quality recruiting would have been lowerwithout them; they are more cost-effective than pay but less so thanrecruiters as a way to gain recruits.

http://www.rand.org/pubs/research_briefs/RB9539/

RB-9541-EES

Is There a Shortage of Anesthesia Providers in the United States?. Lindsay Daugherty, Raquel Fonseca, Krishna B. Kumar, Pierre-Carl Michaud. 2010

Analysis of labor market trends suggests that the United States is experiencing a shortage of anesthesiology providers.

http://www.rand.org/pubs/research_briefs/RB9541/

RB-9543-RC

How Might Marijuana Legalization in California Affect Public Budgets and Marijuana Consumption?. Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter. 2010

Legalizing marijuana in California would lead to a substantial decline in price, but there is much uncertainty about legalization's effect on public budgets and consumption; even minor changes in assumptions lead to major differences in outcomes.

http://www.rand.org/pubs/research_briefs/RB9543/

RB-9544-LRA

Lessons Learned from Disaster Case Management in Louisiana. Joie Acosta, Anita Chandra, Kevin Carter Feeney. 2010

Louisiana implemented a disaster case management pilot program five years after the 2005 hurricanes. Challenges in client identification, interagency communication, and invoice approval led to delays; half the expected number of cases were opened.

http://www.rand.org/pubs/research_briefs/RB9544/

RB-9545-MOD

Sustaining Key Skills in the United Kingdom's Military Aircraft Industry. Matt Bassford, Hans Pung, Nigel Edgington, Tony Starkey, Kristin Weed, Mark V. Arena, James G. Kallimani, Gordon T. Lee, Obaid Younossi. 2010

The UK currently has the industrial skills needed to develop, produceand maintain its military aircraft, but predicted future demand fordesign engineering activity is insufficient to sustain a number of keyskills beyond the 2010-2019 decade.

http://www.rand.org/pubs/research_briefs/RB9545/

RB-9546-DOJ

Improving Police Recruitment and Retention. Jeremy M. Wilson, Erin Dalton, Charles Scheer, Clifford A. Grammich. 2010

Local police agencies face recruitment and retention challenges. Existing research can help local officials identify what has been learned elsewhere and is applicable to their own situations.

http://www.rand.org/pubs/research_briefs/RB9546/

RB-9547-DREW

A "Quiet Revolution" in Nephrology: Challenges and Opportunities for Advancing the Treatment of Chronic Kidney Disease. Richard A. Rettig, Roberto B. Vargas, Keith C. Norris, Allen R. Nissenson. 2010

Shares results of a study examining changes in nephrology as it evolves from a focus on end-stage renal disease to the treatment of all stages of chronic kidney disease (CKD). Earlier stages of CKD progression can be slowed, halted, or even reversed.

http://www.rand.org/pubs/research_briefs/RB9547/

RB-9548

What Are the Long-Term Economic Costs of Psychological Problems During Childhood?. James P. Smith, Gillian C. Smith. 2010

Examines the lifetime economic damages caused by childhood psychological problems.

http://www.rand.org/pubs/research_briefs/RB9548/

RB-9549

Are Performance-Based Accountability Systems Effective? Evidence from Five Sectors. Brian M. Stecher, Frank Camm, Cheryl L. Damberg, Laura S. Hamilton, Kathleen J. Mullen, Christopher Nelson, Paul Sorensen, Martin Wachs, Allison Yoh, Gail L. Zellman, with Kristin J. Leuschner. 2010

Creating an effective PBAS requires careful attention to selecting an appropriate design for the PBAS, given the context in which it is to operate, and to monitor, evaluate, and adjust the system, as appropriate.

http://www.rand.org/pubs/research_briefs/RB9549/

RB-9550-OSD

Reserve Component Unit Instability: How Big is the Problem, What Causes It, and What Can Be Done About It?. Thomas F. Lippiatt, J. Michael Polich. 2010

A study of Army Reserve Component (RC) units finds that personnel instability is widespread, driven mostly by soldier losses and nondeployers, and affects training prior to deployment.

http://www.rand.org/pubs/research_briefs/RB9550/

RB-9551-WF

Hours of Opportunity: How Cities Can Build Systems to Improve Out-of-School-Time Programs. Susan J. Bodilly, Jennifer Sloan McCombs, Nate Orr, Ethan Scherer, Louay Constant, Daniel Gershwin. 2010

Five cities that received a grant from The Wallace Foundation to increase collaboration, access, quality, information sharing, and sustainability in their out-of-school-time systems used different planning approaches to meet the initiative's goals.

http://www.rand.org/pubs/research_briefs/RB9551/

RB-9551/1-WF

Hours of Opportunity: How Cities Can Use Data to Improve Services in Out-of-School Time Programs. Jennifer Sloan McCombs, Nate Orr, Susan J. Bodilly, Scott Naftel, Louay Constant, Ethan Scherer, Daniel Gershwin. 2010

Five cities that received a grant from The Wallace Foundation, along with three other cities that were not part of the initiative, were successful in using data from management information systems to improve out-of-school-time programs.

http://www.rand.org/pubs/research_briefs/RB9551.1/

RB-9553-SRF/CC

Building a More Resilient Haitian State: Key Recommendations and Priorities. Keith Crane, James Dobbins, Laurel E. Miller, Charles P. Ries, Christopher S. Chivvis, Marla C. Haims, Marco Overhaus, Heather L. Schwartz, Elizabeth Wilke. 2010

Haiti's future prosperity and peace require building a more effective, resilient state. RAND researchers identified Haiti's main challenges and recommended a set of state-building priorities that are necessary, feasible, and sustainable.

http://www.rand.org/pubs/research_briefs/RB9553/

RB-9556

Where Do Americans Get Acute Care? Not at Their Doctor's Office. Arthur L. Kellermann, Emily R. Carrier, Stephen R. Pitts, Eugene C. Rich. 2010

Less than half of acute care visits in the United States involve a patient's personal physician. Emergency physicians, who comprise only 4 percent of doctors, handle 28 percent of all acute care encounters and nearly all after-hours and weekend care.

http://www.rand.org/pubs/research_briefs/RB9556/

RB-9557

How Will the Affordable Care Act Affect Employee Health Coverage at Small Businesses?. Christine Eibner, Elizabeth A. McGlynn, Federico Girosi, Carter C. Price, Amado Cordova, Peter S. Hussey, Alice Beckman. 2010

Finds that the Affordable Care Act will increase the percentage of employers that offer health coverage to workers: from 57 percent to 80 percent for firms with 50 or fewer workers, and from 90 percent to 98 percent for firms with 51 to 100 workers.

http://www.rand.org/pubs/research_briefs/RB9557/

RB-9558-ICJ/RGSPI

Call for Reform in the Residential Insurance Market after Hurricane Katrina. James W. Macdonald, Lloyd Dixon, Laura Zakaras. 2010

In light of what occurred after Katrina and the other 2004–2005 hurricanes, the authors propose goals for an effective Gulf Coast residential insurance market and highlight policy reforms that warrant consideration for achieving those goals.

http://www.rand.org/pubs/research_briefs/RB9558/

RB-9559-RC

How Might Marijuana Legalization in California Affect Drug Trafficking Revenues and Violence in Mexico?. Beau Kilmer, Jonathan P. Caulkins, Brittany M. Bond, Peter H. Reuter. 2010

Discusses whether legalizing marijuana in California would reduce the revenues of Mexican drug trafficking organizations and related violence.

http://www.rand.org/pubs/research_briefs/RB9559/

RB-9560

How Military Veterans Are Using the Post-9/11 GI Bill and Adapting to Life in College. Jennifer L. Steele, Nicholas Salcedo, James Coley. 2010

The Post-9/11 GI Bill increased the higher education benefits available to eligible individuals. Offering benefits to nearly 2 million veterans, it is more generous than previous bills but beneficiaries report challenges in using the new benefits.

http://www.rand.org/pubs/research_briefs/RB9560/

RB-9561

The Influence of Personal, Family, and School Factors on Early Adolescent Substance Use. Regina A. Shih, Elizabeth D'Amico, Jeremy N. V. Miles, Joan S. Tucker, Annie Jie Zhou. 2010

This study of middle school students in Southern California found that racial and ethnic variations in substance use among young adolescents are influenced by individual, family and school factors.

http://www.rand.org/pubs/research_briefs/RB9561/

RB-9564-JS

Should Global Force Management Information Be Classified?. Martin C. Libicki, Brian A. Jackson, David R. Frelinger, Beth E. Lachman, Cesse Ip, Nidhi Kalra. 2010

This research brief describes a method for determining whether information should be classified and applies the method to the Global Force Management Data Initiative.

http://www.rand.org/pubs/research_briefs/RB9564/

RB-9565-OSD

Sexual Orientation and U.S. Personnel Policy Revisited. National Defense Research Institute. 2010

Summarizes results of a RAND Corporation study on sexual orientation and U.S. military policy requested by the Senate Armed Services Committee and the Secretary of Defense in order to weigh repeal of the law known as “Don't Ask, Don't Tell.”

http://www.rand.org/pubs/research_briefs/RB9565/

RB-9567

Private Sector Participation and Health System Performance in Sub-Saharan Africa. Joanne K. Yoong, Nicholas Burger, Connor Spreng, Neeraj Sood. 2010

Researchers analyzed data on child and maternal health care use from 34 sub-Saharan African countries to examine the association between the degree of private sector participation in the health care system and outcomes related to access and equity.

http://www.rand.org/pubs/research_briefs/RB9567/

RGS DISSERTATIONS

RGSD-239

Improving the Quality and Cost of Healthcare Delivery: The Potential of Radio Frequency Identification (RFID) Technology. Anna-Marie Vilamovska. 2010

This study investigates whether an upcoming class of health information technology (HIT) can be used to address currently outstanding issues in the quality and cost of healthcare delivery. Expert interviews and a literature review were used to describe the 2009 universe of in- and outpatient healthcare RFID applications and to identify those applications expected to have the largest positive impact on the quality and cost-effectiveness of healthcare delivery over the next five to ten years. Next, case studies of actual RFID implementations across seven hospital sites in the U.S. and Europe were conducted to gain an understanding of how each leading RFID application type creates value, what aspects of care it impacts, and what the critical factors driving the promising RFID's organizational benefits and costs are. As part of this work, an original set of healthcare RFID cost-benefit evaluation tools was developed and tested. The study's findings indicate that in contrast to other types of HIT, the majority of benefits associated with successful RFID implementation are directly related to money saved (occurring as direct capital and operational cost savings), and that select RFID applications can substantially impact both the cost (e.g., efficiency) and the quality (e.g., timeliness, capacity for continuous improvement) of care delivery. Critical challenges for RFID adoption are described.

http://www.rand.org/pubs/rgs_dissertations/RGSD239/

RGSD-253

A Vehicle for Change: PNGV, An Experiment in Government-Industry Cooperation. David S. Trinkle. 2010

This research assesses the effectiveness of the Partnership for a New Generationof Vehicles (PNGV) in improving relationships among its members. The periodexamined is the decade of the 1990s, a period when U.S. industrial competitiveness was asignificant national concern, and laws enabled new forms of industrial cooperation suchas R&D partnerships. While PNGV's ultimate technical accomplishments were limited,this study finds that this government-industry partnership did improve the relationshipbetween the government and this industry. This study also provides practicalobservations on specific aspects of a partnership to emulate or avoid.

http://www.rand.org/pubs/rgs_dissertations/RGSD253/

RGSD-254

Three Essays on Hypertension Prevention and Medical Product Safety in China and the United States. Ying Liu. 2010

This dissertation addresses two important public health problems, namely hypertension prevention and medical product safety in China and the United States. The first essay employs PoPMoD, a life-table based disease model to analyze the long-term costs and effectiveness of eight selected hypertension prevention interventions in China. The results show that selected population-based interventions are more cost-effective than individual-based pharmaceutical therapies. The second essay explores the costs of medical product safety litigation in the U.S. –and thus incentives to invest in product safety - by modeling and estimating changes in the market values of pharmaceutical firms involved in ongoing medical mass torts. The third essay reviews recent changes and remaining problems in China's drug safety regulation since the occurrence of several high-profile, deadly incidents during 2006-2008.

http://www.rand.org/pubs/rgs_dissertations/RGSD254/

RGSD-255

Between Slogans and Solutions: A Frame-Based Assessment Methodology for Public Diplomacy. Michael Egner. 2010

Public diplomacy informs, influences and engages key international audiences to further the policy objectives of the USG. Current identified shortcomings in the practice of public diplomacy include: (1) a lack of coordinated research, (2) reliance on generic audience research rather than actionable data on the attitudes of specific targeted groups, and (3) performance metrics that are largely limited to process indicators and the evaluation of USG-sponsored programs. Taken together, this suggests an unmet need for a coordinated approach to design and measure targeted campaigns directed at mass audiences. The objective of this research is to create and carry out an alternative assessment methodology treating public diplomacy not as a series of discrete programs, but as a coordinated system of producing USG-preferred frames emphasizing or de-emphasizing specific elements of current or future U.S. policies. By tracking these frames – from their presence in media coverage, to their resonance among foreign publics, to their influence in driving overall policy support – this dissertation concludes that: (1) the significance of certain frames in driving policy support varies by country, and (2) political beliefs and political opinion leaders play a critical role in the ability of the U.S. to improve international public opinion. The implication is that a country-by-country messaging strategy relying on local advocates is superior to a uniform global campaign rooted in the messages of U.S. officials.

http://www.rand.org/pubs/rgs_dissertations/RGSD255/

RGSD-256

Family Factors and Student Outcomes. Nailing Xia. 2010

To examine the effects of family process variables (specific things families do) and family status variables (who families are) on students' academic achievement and nonacademic outcomes, the author uses the Early Childhood Longitudinal Study, a U.S. longitudinal dataset that follows a nationally representative sample of children from kindergarten through fifth grade, and the Programme for International Student Assessment, a cross-country cross-sectional dataset that assesses academic achievement of 15-year-old students. The U.S. data indicate that even after controlling for demographics and school inputs, student achievement was associated with such process variables as parental expectations and beliefs, learning structure, resource availability, home environment, parenting and disciplinary practices, and parental involvement. In addition, doing homework more frequently, having home Internet access, and owning a community library card had higher returns in terms of student achievement for black children or children from low socio-economic families than for their counterparts. U.S. students did not fare as well as their peers in other countries and economies, and family process variables, especially considered collectively, are important factors in explaining student achievement in an international setting.

http://www.rand.org/pubs/rgs_dissertations/RGSD256/

RGSD-257

Evaluating the Impacts of School Nutrition and Physical Activity Policies on Child Health. Meenakshi Maria Fernandes. 2010

This dissertation evaluates the impact of elementary school policies on child health behaviors and obesity in the United States. Two chapters address nutrition policies, two chapters address physical activity policies, and a final chapter estimates the health care cost savings associated with a decline in childhood obesity prevalence. The use of large national datasets allows for the investigation of disparities by child, school and regional factors. This is in contrast to other studies which are based on a limited geographic area or small, demographically homogeneous samples.

http://www.rand.org/pubs/rgs_dissertations/RGSD257/

RGSD-258

Child Care Choices of Hispanic Families: Why Aren't Families Using Center Care?. Lindsay Daugherty. 2010

Hispanic children are likely to make up a large portion of those who aretargeted by new public initiatives in early childhood education because theyare the fastest-growing segment of the child population in the UnitedStates. They are a particularly large segment of the population inCalifornia, where they account for 59 percent of the population of childrenunder age 5 in Los Angeles County. Yet despite being such a large portion ofthe child population, Hispanic children in the United States, California,and Los Angeles County lag behind other children in terms of enrollment inpreschools and child care centers. For new public funding initiatives tohave an significant impact on Hispanic children, it is critical to determinewhy these children are not using child care centers at the rates observedamong children of other races and ethnicities. This dissertation focuses onthe role of three factors that have been acknowledged in the literature aspotential causes of the lesser enrollment of Hispanic children in centercare: access to care by relatives and the relationship between this accessand use of relative and center child care; access to center child care andthe relationship to use of center care; and the role of language as abarrier in preventing Hispanic families from accessing center care.

http://www.rand.org/pubs/rgs_dissertations/RGSD258/

RGSD-259

Exploring Family, Neighborhood and School Factors in Racial Achievement Gap. Silvia Montoya. 2010

The three papers of this dissertation examine the contribution of family, school, and neighborhood factors to the racial achievement gap in education. The first paper shows that the fraction of college-educated adults and the median household income in the neighborhood are positively associated with students' achievement, but neighborhood factors can account, on average, for about 5 percent of student achievement. The second paper analyzes the effect of enrolling students in Algebra 1 in 8th grade instead of 9th grade. The findings suggest that the "Algebra 1 for everyone" policy encouraged since the early 1990s is not equally effective for all students. Students whose test scores were low prior to 8th grade did not improve at the same rate or did not improve at all. The third paper explores factors underlying the achievement gap between white and Hispanic students. The author finds that (1) within-school factors exceed between-school factors; (2) parental education is the most important individual variable: white students have on average better educated parents, which translates to higher test scores; and (3) the achievement gap narrows between grades 3 and 10, with the improvement mainly associated with a reduction in within-school disparities.

RGSD-260

Multi-perspective Strategic Decision Making: Principles, Methods, and Tools. Lynne Wainfan. 2010

Increasingly, governing groups must take into account diverse perspectives (values, beliefs, and expectations) from within the group, from stakeholders, analysts, and adversaries. Multi-perspective strategic decision making is the process of making long-term decisions that shape the course of an organization, while taking into account diverse perspectives. Often, these perspectives affect the group's decision more than "objective" criteria. For complex, deeply uncertain problems, groups considering diverse perspectives can be challenged to agree on strategy. This research defines methods, principles, and tools to help groups agree on strategy despite widely diverse perspectives. It extends exploratory analysis techniques to cover new types of factors driving the choice of strategy: "perspective parameters," including those used for aggregation and scoring variables in a multiresolution model; along with uncertain objective parameters. Six useful simplification techniques are defined to help decision makers see the essence of a complex system and the forces driving it. Finally, this research introduces a heuristic that uses driving forces' time frame and controllability to identify the best strategy and ways to iterate options. The approach is illustrated using a defense acquisition strategy.

RGSD-261

Three Essays in Transportation Energy and Environmental Policy. Sara Hajiamiri. 2010

Concerns about climate change, dependence on oil, and unstable gasoline prices have led to significant efforts by policymakers to cut greenhouse gas (GHG) emissions and oil consumption. Within the transportation sector, light-duty vehicles (LDVs) are responsible for more than 65 percent of oil consumption and more than 60 percent of total GHG emissions, so meaningful reductions in oil consumption and GHG emissions can be achieved if a significant fraction the LDV fleet is replaced by more fuel-efficient technologies. This dissertation, consisting of three essays, investigates the potential benefits and impacts of deploying more fuel-efficient vehicles in the LDV fleet. The first essay uses data on 2003- and 2006-model gasoline-powered passenger cars, light trucks, and sport utility vehicles to investigate the implicit private cost of improving vehicle fuel efficiencies by reducing other desired attributes, such as horsepower. The second essay estimates the private benefits and societal impacts of electric vehicles, which have implications for efforts to incentivize the purchase and production of these vehicles. The third essay explores the implications of a large-scale adoption of electric vehicles, explaining that, although such an adoption is desirable with respect to goals for achieving energy security and environmental improvement, the decline fuel tax revenues that would result has adverse implications for the current system of transportation finance.

RGSD-262

Managing New Orleans Flood Risk in an Uncertain Future Using Non-Structural Risk Mitigation. Jordan R. Fischbach. 2010

This dissertation addresses one of New Orleans' most critical challenges: how to make the city more resilient and less vulnerable to future flood damages. The author considers proposals to augment the existing protection system with “nonstructural” risk mitigation programs focused on single-family homes, including incentives for elevating existing or new structures, revised building codes, incentives for relocation to lower-risk areas, and land use restrictions designed to curtail future growth in the floodplain. He develops a low-resolution scenario generator designed to produce first-order estimates of property risk from 2011 to 2060 across a range of uncertain future scenarios, and applies exploratory modeling and robust decisionmaking methods to (a) suggest strategies that balance risk reduction and implementation costs across many or most plausible futures, and (b) identify scenarios in which current alternatives yield negative net economic benefits or excessive levels of residual risk. Nonstructural risk mitigation strategies appear to provide cost-effective risk reduction in high-risk neighborhoods and help to hedge against futures in which damages from more-frequent annual events are greater than expected. However, substantial residual risk remains from lower-frequency events, even with large investments in nonstructural risk mitigation.

RGSD-263

Structures and Dynamics of Social Networks: Selection, Influence, and Self-Organization. Myong-Hyun Go. 2010

This dissertation studies the social structures and dynamics of human networks: how peers at the micro level and physical environments at the macro level interact with the individual preferences and attributes and shape social dynamics. It is composed of three parts. The first essay, “Friendship Choices and Group Effects in Adolescent Smoking” explores the Add Health network data for modelling of peer effects. It analyzes the association between group effects and individual behavior, as well as how the composition of friendship choices is affected by the change of an individual's attribute. This paper acts as exploratory analysis and theory building piece for the second paper. The second essay, “Social Distance and Homophily in Adolescent Smoking,” addresses the issue of peer selection vs. peer influence. Human social networks are characterized by high levels of homogeneity and clustering, and the question

it seeks to answer with the study of adolescent networks is which of the two dynamics is most responsible for the problem of adolescent smoking. It employs the concept of social distance to parse out the effects of selection and influence: the key insight is that influence and selection, while seemingly confounded, are differentiable with the use of social distance. Friendship between two peers socially distant implies strong selection effect: the effect of influence becomes weaker as distance grows. It also addresses the concern for selection on observables by adjusting the findings with the propensity score weights model with three treatment indicators. In the third essay, "Collective Location for Collective Action," the paper discusses collective action and collective location problems as complex social dynamics that are shaped by physical factors. Collective action can be seen as an example of multiple prisoner's dilemma game, in which the Pareto inferior Nash equilibrium is to always defect. Mass protests are collective actions taking place in a single location. The provision of collective action then depends on the solution to the collective location problem. It shows that by solving the n-person location problem, the solution of which is the center of mass of any convex surface, mutual cooperation becomes the Nash equilibrium solution to the collective action problem.

RGSD-264

Education, Training, Innovation: Evidence from Transition Economies. Alisher Akhmedjonov. 2010

Innovation is the key to productivity growth and prosperity. Most empirical cross-country analysis of the determinants of innovation focus mainly on developed countries. The objective of this study is to fill this gap in the research and analyze the determinants of innovation in transition countries of Eastern Europe and the Former Soviet Union. It develops a model of innovation which incorporates the role of both firm, industry and country characteristics. The study uses large representative surveys (Business Environment and Enterprise Performance Surveys) to test this model and to examine whether and how firm, industry and country characteristics matter for innovation. In addition to information on firm size, access to finance, export involvement, and market concentration, these surveys explore impact of formal higher education and workforce training on the likelihood of a firm innovating.

RGSD-265

Extending the Working Lives of Older Workers: The Impact of Social Security Policies and Labor Market. Xiaoyan Li. 2010

This dissertation addresses several issues related to public policies that encourage the extension of working lives of the elderly in the United States. It consists of three chapters. The first chapter and the second chapter of the dissertation evaluate the impacts of the increase in the Social Security Full Retirement Age (FRA) from age 65 (for those born before 1937) to age 66 (for those born between 1943 and 1954). The second chapter estimates that the labor force participation rate of men aged 62-65 increased by 3.5-4.5 percentage points in response to a one-year increase in the FRA. The third chapter of the dissertation answers the question, "To what extent can the elderly readily find suitable jobs if they want or need to work?"

RGSD-266

The Enduring Partnership? The Trans-Atlantic Community as a Natural Alliance. Jeremy J. Ghez. 2010

Can commonalities in political culture and identity drive states closer together in the long run and result in the formation of natural alliances? This dissertation discusses the possibility that states which share a common constructed identity can better coordinate their international agendas. In particular, it applies this natural alliance theory to the trans-Atlantic community and discusses the implications of a common constructed identity for the future of the partnership.

RGSD-268

Analyzing North Korea's Decision-Making Process on its Nuclear Weapons Programs with the Rational Choice and Cognitive Choice Models. Ki-Tae Park. 2010

This dissertation analyzes North Korea's Decision-making process regarding its nuclear programs with two choice models—Rational Choice and Cognitive Choice— and suggest effective/adaptive/robust deterrence strategy for the ROK-US combined forces. Rational Choice Model (RCM), endorsed by expected utility theory, suggests that North Korean leadership should adopt the option maximizing its expected utility in its nuclear confrontations with its "opponents," while Cognitive Choice Model (CCM), endorsed by prospect theory, anticipates that Pyongyang would adopt the option meeting its reference point, heavily influenced by his domains of actions (either the domain of gains or losses). Sharing the same root and method of calculating utility, they have one explicit difference in weighting probability assigned to each outcome—the RCM weights the value and probability assigned to each outcome in a linear manner, while the CCM does in a non-linear manner depending on the range of probability, thus resulting in different prediction. According to the "Hypothesis Testing" using North Korea's four nuclear-related provocations (1st Nuclear Crisis 1993-1994, 2nd Nuclear Crisis 2002-2003, 1st Nuclear Test 10/2006, 2nd Nuclear Test 5/2009), unlike the traditional wisdom, the CCM is more explanatory than the RCM in explaining Pyongyang's strategic behaviors on its nuclear programs. Based on this testing result, this dissertation suggests coercive strategies (mainly composed of punishment, risk, decapitation and denial strategy) exploiting the unique characteristics of air power as an alternative deterrence strategy to effectively deter North Korea in the future because it is best fitted for influencing the decisionmaking process of North Korea.

RGSD-269

An Analysis of Strategic Price Setting in Retail Gasoline Markets. Florencia Jaureguiberry. 2010

This dissertation studies price-setting behavior in the retail gasoline industry. The main questions addressed are: How important is a retail station's brand and proximity to competitors when retail stations set price? How do retailers adjust their pricing when they cater to consumers who are less aware of competing options or have less discretion over where they purchase gasoline? These questions are explored in two separate analyses using a unique datasets containing retail pricing behavior of stations in California and in 24 different metropolitan areas.

RGSD-270

Estimation of the Department of Defense Small Business Innovation Research Program Treatment Effect. Thomas R. Edison, Jr.. 2010

The Department of Defense (DOD) Small Business Innovation Research (SBIR) program exists primarily to enhance the commercial viability of defense contracts. However, the overall effectiveness of this important program is generally unknown and has received little attention from empirical researchers. Consequently, this study seeks to fill this void through two key contributions. Its first objective is to provide an enhanced evaluation methodology taking advantage of the general availability of current data. Within this general context there are two related research questions: 1) does SBIR positively influence commercial viability? and 2) what is the most effective means of evaluating this important question? The second objective is to provide an estimate of a treatment effect from winning a SBIR contract.

RGSD-271

Job Search on the Internet, E-Recruitment, and Labor Market Outcomes. Farrukh Suvankulov. 2010

Over the past decade, Internet penetration rates have been on a sharp rise. The Internet has significantly changed the job application process and improved the channels of communication between employers and job-seekers. Yet despite significant interest in the topic, past studies offer little evidence on the role of the Internet in the job

search process and its impact on labor market outcomes. This study uses cross-sectional and panel data from the United States, Germany, and South Korea, as well as a U.S. Army personnel dataset. The first part of the dissertation builds a demographic and socio-economic profile of Internet job-seekers and assesses how this profile has evolved since late 1990s. The second part of this dissertation provides an estimate of the impact of job search on the Internet on the likelihood of finding a job and ending an unemployment spell. The last part of the dissertation focuses on the relationship between Internet recruitment and posterior job performance in the context of the U.S. Army.

RGSD-272

Disparities in Trauma and Mental Health Service Use. Sarah J. Gaillot. 2010

A burgeoning literature suggests that significant disparities in posttraumatic stress disorder (PTSD) risk may exist, especially for racial-ethnic minorities and women. Individuals with PTSD report more barriers to care than those with other anxiety disorders, and only about half of those with PTSD receive even minimally adequate treatment. However, little is known about the interaction of race-ethnicity and gender in trauma and PTSD or about PTSD treatment patterns and preferences by demographic group. This study examined racial-ethnic and gender disparities in trauma and PTSD, barriers to mental health care, and mental health service utilization.

RGSD-273

Student Achievement, School Structure, and the Effects of Small Learning Community Implementation in Los Angeles: A Network Approach. Richard Bowman. 2010

The division of Los Angeles' large urban comprehensive high schools into groups of Small Learning Communities (SLCs) within the school campus was proposed as a way to improve academic outcomes. While the effects of school size on students have been explored in detail and converting school structure “in-place” is less costly than constructing several new small schools, little research has been completed regarding the structural or academic effects of dividing large schools into whole-school or “wall-to-wall” SLCs on the same campus. With this policy and research backdrop, this dissertation defines and identifies communities of students, evaluates the level of sorting and segregation in schools and communities in schools, explores correlations between school structure and academic outcomes, and evaluates the effects of SLC implementation on school structure and academic outcomes.

RGSD-274

Three Essays on Obstacles to Improving Demographic Representation in the Armed Forces. David Schulker. 2010

Policymakers in the Department of Defense and Congress have expressed a normative goal that all levels of the armed forces ought to represent society, coupled with alarm over whether recruiting and promotion policy can keep up with society's rapidly changing demographics. This dissertation informs manpower policymakers seeking to achieve this goal of social representation by presenting three essays on obstacles to improving demographic representation in the armed forces. The first essay focuses on the effect of eligibility requirements on the demographic distribution of the population that is able to serve in the Air Force. The second essay focuses on Air Force Specialty Code (AFSC, i.e. occupation) assignment at the United States Air Force Academy (USAFA). Historically, Air Force personnel policies have demonstrated a preference for rated (i.e. flying) AFSCs by giving officers assigned to these AFSCs better promotion prospects. If these policies continue, the demographics of future senior leaders will tend to reflect the demographics of cadets who enter into these particular AFSCs. This essay summarizes demographic differences in AFSC assignments for the USAFA classes of 2004-2009 and models the assignments with probit regression and a two-sided logit methodology. The third essay performs a parallel analysis on the 2007 Army ROTC branch (occupation) assignments. Because Army ROTC assigns branches to

cadets in a way similar to the Air Force Academy's AFSC classification process, this essay also employs the two-sided logit methodology.

RGSD-275

Retention of Military Physicians: The Differential Effects of Practice Opportunities Across the Three Services. Benjamin F. Mundell. 2010

This dissertation looks at the link between practice opportunities and physician retention. Data on physicians who entered the Army, Air Force, or Navy and became fully qualified – finishing post-medical school training – between June 1996 and June 2009 are used to explore this question. Two other factors that are commonly believed to be correlated with retention – whether a physician pursues a military or civilian residency and deployment history – are also examined. Physicians are a vital part of a well functioning military health system and therefore the accession and retention of military physicians who have the skills necessary for caring for wounded soldiers is especially important. Most agree that increasing wages for military physicians would increase retention. What is not well understood is the link between increased practice opportunities and retentions. This dissertation suggests that such a link does exist. Additionally, it appears that the effects attributed to residency type – civilian or military – are less significant than the results reported in other studies on physician retention. Physicians, as a group, face less deployment than other military career fields and yet deployments early in a physician's career are negatively correlated with retention. Deployments later in a physician's career are positively correlated with retention and likely the result of a preference for deployments and military service.

REPRINTS

RP-1392

Medicare Facts and Figures Chartbook. Andrew Hackbarth, Dana P. Goldman, Mary E. Vaiana. 2010

California has the largest number of Medicare beneficiaries of any state — 4.5 million enrollees — and as the population ages the percentage of Californians covered by Medicare will continue to rise. It is projected that by 2030, California's entire elderly population — those 65 and over — will be more than double what it was in 2000. This profile provides a factual framework to help consumer advocates, health care providers, and policymakers better understand California's Medicare population and inform their efforts to design programs and policies that meet beneficiaries' needs.Key findings include:Medicare reimbursement for care delivered to California beneficiaries is higher than the national average — about $600 more per beneficiary in 2006. In 2004 and 2005, total annual medical payments per Medicare beneficiary in California averaged $11,326, of which $1,330 (11 percent) came out of the beneficiaries' own pockets.A large percentage of Medicare beneficiaries suffer from multiple chronic illnesses. In 2005, 79 percent reported having two or more chronic conditions, and 37 percent reported four or more.Reprinted with permission from California Health Care Almanac. © 2010 California Healthcare Foundation.

http://www.rand.org/pubs/reprints/RP1392/

RP-1409

Information Technology, Organization, and Productivity in the Public Sector: Evidence from Police Departments. Luis Garicano, Paul Heaton. 2010

We examine the relationship between information technology (IT),productivity, and organization using a new panel data set of policedepartments that covers 1987–2003. When considered alone, increasesin IT are not associated with

reductions in crime rates, increases inclearance rates, or other productivity measures, and computing technologythat increases reported crime actually generates the appearanceof lower productivity. These results persist across various samples,specifications, and IT measures. IT investments are, however,linked to improved productivity when they are complemented withparticular organizational and management practices, such as thoseassociated with the Compstat program. Reprinted with permission from Journal of Labor Economics, Vol. 28, No. 1, January 2010, pp. 167–201. Copyright © 2010 University of Chicago Press.

http://www.rand.org/pubs/reprints/RP1409/

RP-1411

The Progression of Digital Publishing: Innovation and the E-volution of E-books. John Warren. 2010

E-books are beginning to emerge from their incunabula stage. While some may think of an e-book as just an electronic image of a paper product, others have used the electronic format to broaden the spectrum of publishing in the digital age. This paper examines three innovative examples that demonstrate the potential and challenges of electronic publications. The first is an online resource providing information on the U.S. health care system, descriptions of policy proposals, and an interactive microsimulation model that estimates the effects of commonly proposed policy changes. The second example is a digital novel utilizing text, sound, images, and gaming in storytelling. The third is a survey of efforts to create digital textbooks with online study resources. Each case study provides insight into the possible future of the e-book. Posted here with permission from The International Journal of the Book, Volume 7, Number 4, pp. 37–53. Copyright © 2010 Common Ground Publishing.

http://www.rand.org/pubs/reprints/RP1411/

RP-1412

Air Power. Karl P. Mueller. 2010

This encyclopedia article surveys the subject of air power as an area of research in international security studies. It addresses the evolution of military air power and classical theories about its use, the strategic employment of air power for coercion, air power in counterinsurgency warfare, legal and moral issues in air warfare, and the relationship between air and space power. The article includes a bibliography of significant works and useful on-line resources for students and scholars in the field. Posted with permission from The International Studies Encyclopedia, Vol. I, edited by Robert A. Denemark, April 2010, pp. 47–65. Copyright 2010 Wiley-Blackwell Publishing.

http://www.rand.org/pubs/reprints/RP1412/

RP-1413

Military Transformation? Which Transformation, and What Lies Ahead?. Paul K. Davis. 2010

This paper discusses military transformation across the eight years of the George W. Bush administration, particularly those in which Donald Rumsfeld was secretary of defense. The chapter begins with the 1990s for context and ends with thoughts on what lies ahead (2010 and beyond). Most of the paper describes the transformation associated with, e.g., precision weapons, information technology, and capabilities-based planning under uncertainty. Later portions of the paper discuss the “rebalancing of the portfolio” that became necessary in dealing with counterinsurgency and other complex forms of warfare. The paper ends by touching briefly on what lies ahead: the need for yet another round of dramatic changes.Posted here with permission from The George W. Bush Defense Program: Policy, Strategy, and War, edited by Stephen J. Cimbala, Chapter 2, May 2010. Copyright © 2010 Potomac Books, Inc., www. po tomacbooksinc.com

http://www.rand.org/pubs/reprints/RP1413/

RP-1416-EDU

Teacher Pay for Performance: Experimental Evidence from the Project on Incentives in Teaching. Matthew G. Springer, Dale Ballou, Laura S. Hamilton, Vi-Nhuan Le, J. R. Lockwood, Daniel F. McCaffrey, Matthew Pepper, Brian M. Stecher. 2010

The Project on Incentives in Teaching (POINT) was a three-year study conducted in the Metropolitan Nashville School System from 2006–2007 through 2008–2009, in which middle school mathematics teachers voluntarily participated in a controlled experiment to assess the effect of financial rewards for teachers whose students showed unusually large gains on standardized tests. The experiment was intended to test the notion that rewarding teachers for improved scores would cause scores to rise. It was up to participating teachers to decide what, if anything, they needed to do to raise student performance—e.g., participate in more professional development, seek coaching, collaborate with other teachers, or simply reflect on their practices. Thus, POINT was focused on the notion that the absence of appropriate incentives is a significant problem in American education and that correcting the incentive structure would, in and of itself, constitute an effective intervention that improved student outcomes. This document describes the design and implementation of POINT and details the study's main finding: By and large, students of teachers randomly assigned to the treatment group (eligible for bonuses) did not outperform students whose teachers were assigned to the control group (not eligible for bonuses). The authors discuss the validity of their findings and conclude with a discussion of their implications for education policy. Posted here with permission from the National Center on Performance Incentives led by Vanderbilt University. Copyright 2010 Vanderbilt University.

http://www.rand.org/pubs/reprints/RP1416/

RP-1422

Paradigm-Level Issues in M&S: Historical Lessons and Current Challenges. Paul K. Davis. 2010

The paper discusses alternative ways to think about the modeling endeavor; the importance of including qualitative factors (i.e., “soft factors”) despite critics who think that doing so reduces rigor; the fundamental necessity of worrying seriously about uncertainty from the outset, including the kinds of uncertainty present in complex adaptive systems; and about implications for design of models. The paper's admonitions would be straightforward except that they fly in the face of common organizational practice, which is to avoid soft factors, ignore uncertainty by obsessing on standard cases, and use models ill-designed for serious uncertaintyanalysis. Posted with permission from I/ITSEC Fellows Series at I/ITSEC 2010, November 30, 2010, Orlando Florida. I/ITSEC is the Interservice/Industry Training, Simulation and Education Conference (I/ITSEC). The paper was presented as the author was honored as an Inaugural I/ITSEC Fellow.

http://www.rand.org/pubs/reprints/RP1422/

RP-1423

System Trials to Demonstrate Mileage-Based Road Use Charges. Paul Sorensen, with Martin Wachs, Liisa Ecola. 2010

Increasing vehicle fuel economy and the likely adoption of alternative fuel vehicles in the coming decades dim prospects for continued reliance on gasoline and diesel excise taxes to fund highway and bridge maintenance, expansion, and completion. Road use charges based on vehicle miles of travel (VMT fees) are viewed by many as a promising replacement for fuel taxes; their revenue yield would be unaffected by fuel economy or fuel type, the fees could be structured to help address additional transportation goals (e.g., reducing recurrent traffic congestion, harmful emissions, and excessive road wear), the system could provide detailed travel data to support improved transportation planning and operations, and the in-vehicle metering equipment could serve as a platform for additional driver services. Yet transitioning from fuel taxes to VMT fees would be a complex undertaking, with many technical, institutional, and political uncertainties to be resolved. To prepare

for such a transition, it could be helpful to conduct an extensive set of system trials. The goal in this study is to explore options for scoping and organizing such trials. Policymakers interested in staging trials with the aim of examining and refining concepts for implementing a VMT-fee system would need to consider such questions as: how large the trials should be and how long they should last; how much it would cost to conduct the trials; whether the trials should be conducted in all states or just a few; whether the trials should involve trucks, passenger cars, or both; what types of pricing policies the trials should examine; what technical, institutional, and user acceptance issues should be probed; and who should oversee, manage, and conduct the trials. To gain insight into such questions and identify the factors likely to influence the success of trials, the research team solicited the thoughts and perspectives of representative stakeholders and subject matter experts through an extensive set of guided interviews followed by a one-day workshop. Based on participant responses and supporting research, it is possible to outline several approaches for funding, organizing, structuring, managing, and conducting a set of VMT-fee system trials. The trials could be complemented by parallel efforts in the areas of planning and policy guidance, analytic studies, technical research and development, and public education and outreach. Posted here with permission from NCHRP, Web-only document 161: System Trials to Demonstrate Mileage-Based Road Use Charges. Copyright © 2010 National Academy of Sciences.

http://www.rand.org/pubs/reprints/RP1423/

TECHNICAL REPORTS

TR-562/1-HLTH

Require Individuals to Obtain Coverage. Alison H. DeCristofaro. 2010

The RAND Corporation's COMPARE Initiative provides information and tools to help policymakers, the media, and other interested parties understand, design, and evaluate health policies. The COMPARE website presents a range of policy options that allows the user to explore the effects of commonly proposed health care reforms.This document explores how requiring individuals to obtain health insurance (an individual mandate) would affect health system performance along nine dimensions. An individual mandate would increase the number of people with coverage by 9 to 34 million, depending on the policy's design. Newly insured individuals would have improved patient experience and increased life expectancy. There is little evidence about how an individual mandate would affect waste; it would have no effect on spending, consumer financial risk, the reliability of receiving recommended care, or system capacity. Implementing an individual mandate would be challenging because it is difficult to determine compliance and enforce penalties for noncompliance.

http://www.rand.org/pubs/technical_reports/TR562.1/

TR-562/2-HLTH

Require Employers to Offer Coverage. Alison H. DeCristofaro. 2010

The RAND Corporation's COMPARE Initiative provides information and tools to help policymakers, the media, and other interested parties understand, design, and evaluate health policies. The COMPARE website presents a range of policy options that allows the user to explore the effects of commonly proposed health care reforms. This document explores how requiring employers to offer health insurance (an employer mandate) would affect health system performance along

nine dimensions. An employer mandate would increase the number of people with coverage by 1.8 to 3.4 million; the newly insured would have better health, as measured by life expectancy. No studies directly analyze how an employer mandate would affect patient experience; it would have no effect on spending, consumer financial risk, waste, the reliability of receiving recommended care, or system capacity. An employer mandate would be moderately challenging to implement primarily because of the need to monitor and enforce compliance.

http://www.rand.org/pubs/technical_reports/TR562.2/

TR-562/20-HLTH

Increase the Use of "Bundled" Payment Approaches. John Bertko, Rachel Effros. 2010

The RAND Corporation's COMPARE Initiative provides information and tools to help policymakers, the media, and other interested parties understand, design, and evaluate health policies. The COMPARE website presents a range of policy options that allows the user to explore the effects of commonly proposed health care reforms.This document explores how increased use of bundled payment approaches would affect health system performance along nine dimensions. Bundled payment approaches have the potential to reduce spending, consumer financial risk, and waste. Evidence is mixed regarding how these approaches would affect health. There is no good evidence about the effects of bundled payments on reliability of care or patient experience. Bundled payment approaches are not applicable to coverage or health system capacity. Implementing bundled payment approaches would require fundamental changes in the way that health care providers bill and are paid for services.

http://www.rand.org/pubs/technical_reports/TR562.20/

TR-562/3-HLTH

Ease Medicaid/SCHIP Eligibility Rules. Rachel Effros. 2010

The RAND Corporation's COMPARE Initiative provides information and tools to help policymakers, the media, and other interested parties understand, design, and evaluate health policies. The COMPARE website presents a range of policy options that allows the user to explore the effects of commonly proposed health care reforms. This document explores how expanding Medicaid/SCHIP eligibility would affect health system performance along nine dimensions. Expansion would substantially reduce consumer financial risk for those newly insured and would increase coverage by 6 to 26 percent. Expanded coverage should improve the health of some groups, as measured by life expectancy. The effect of Medicaid/SCHIP expansion on waste or patient experience is uncertain. Expansion would have no discernible effect on overall health care spending but would increase government spending. Expansion is unlikely to affect the reliability of care or health system capacity. Expanding Medicaid/SCHIP eligibility would be relatively simple because the administrative infrastructure already exists.

http://www.rand.org/pubs/technical_reports/TR562.3/

TR-562/7-HLTH

Modify Federal Tax Code to Create Incentives for Individuals to Obtain Coverage. Elizabeth A. McGlynn. 2010

The RAND Corporation's COMPARE Initiative provides information and tools to help policymakers, the media, and other interested parties understand, design, and evaluate health policies. The COMPARE website presents a range of policy options that allows the user to explore the effects of commonly proposed health care reforms.This document explores how a refundable tax credit to offset the cost of health insurance premiums would affect health system performance along nine dimensions. A refundable tax credit would produce a slight gain in health as measured by life expectancy; 2.3 to 10 million people would become newly insured under this policy change. It is uncertain how the policy would affect waste or patient experience. Refundable tax credits would

have no discernable effect on total health care spending, overall consumer financial risk, reliability of care, or health system capacity. Implementing refundable tax credits would be relatively easy.

http://www.rand.org/pubs/technical_reports/TR562.7/

TR-567-BL

Enabling long-term access to scientific, technical and medical data collections. Jeff Rothenberg, Stijn Hoorens. 2010

In recent decades, online access to large, high quality data collections has led to a new, deeper level of sharing and analysis, potentially accelerating and improving the quality of scientific research. These online datasets are becoming imperative at all stages of the research process, particularly in scientific, technical and medical (STM) disciplines. Since libraries have a traditional responsibility to guarantee the availability of the output of scholarly research, they have a potentially important role to play infacilitating long-term access to these resources. Yet, the role of a national library in the realm of STM data remains unclear. This document presents the results of a scoping study that addresses the potential role of the British Library (BL) in facilitating access to relevant datasets in the biosciences and environmental science. The aim of this study is to assist the BL in developing an appropriate strategy that would enable it to establish a role for itself in the intake, curation, archiving, and preservation of STM reference datasets, in order to provide access to these datasets for research purposes. The focus of this study is to explore a range of alternative strategies for the BL, which might be different for different types of databases or for data supporting different research fields or disciplines.

http://www.rand.org/pubs/technical_reports/TR567/

TR-575-1-SFK

An Outcome Evaluation of the SFK Success for Kids Program. Nicole Maestas, Sarah J. Gaillot. 2010

This report presents results from a multisite, quantitative evaluation of the international Success for Kids (SFK) after-school program. The program seeks to build resilience in children by teaching them to access inner resources and build positive connections with others. The SFK program is unlike most after-school programs both in its focus on spiritual development and in its emphasis on outcomes related to resilience rather than academics. The authors found that the program had beneficial effects on adaptive skills, behavioral problems, overexternalization of problems, and school problems, and the effects persisted at 12-week follow-up. Interestingly, the program positively affected school-related outcomes, even though SFK is not an academic intervention. Specifically, it improved reported study skills and reduced reported learning problems and attention problems. Overall, a major strength of the program appears to be its careful attention to uniformity of program delivery—in particular, its standardized curriculum, use of experienced teachers, and formal teacher-training program.

http://www.rand.org/pubs/technical_reports/TR575-1/

TR-664-RE

Security, At What Cost? Quantifying people's trade-offs across liberty, privacy and security. Neil Robinson, Dimitris Potoglou, Chong Woo Kim, Peter Burge, Richard Warnes. 2010

The heightened security environment in the United Kingdom today is resplendent with examples of government policy that must strike a delicate balance between strengthening security without jeopardising public liberties and personal privacy. The introduction of national identity cards and biometric passports, the expansion of the DNA database, and cross-departmental sharing of information raise a number of privacy issues. Civil liberties may be suspended by the exercise of stop and search powers by the police or detention of suspects prior to a trial. Much of the current privacy vs. security debate occurs at an emotional level with little evidence informing the argument. This report outlines the results of a stated prefer-

ence discrete choice modelling study that sought to objectively understand the real privacy, liberty and security trade-offs of individuals so that policy makers can be better informed about individuals true preferences in this domain. Three real-life case studies were investigated where these factors come into play; applying for a passport; travel on the national rail network and attendance at a major public event such as the opening ceremony of the Olympics. A panel of internet users demographically weighted to the UK population were asked to choose amongst different alternatives for each of the scenarios. The data was analysed and individuals were found to be willing to pay for advanced CCTV cameras with facial recognition technology, X-Ray machines & body scanners and various forms of security personnel. Socio-demographic segments in the sample also became evident.

TR-673-EC

Towards a Digital Europe, Serving Its Citizens: The EUReGOV Synthesis Report. Constantijn van Oranje-Nassau, R. Weehuizen. 2010

Mobility of citizens within European Member States and their participation with public authorities through access to government information and services across Europe is valuable in itself. These also support the realisation of a number of other important European policy goals, particularly that of stimulating the internal market and all its associated benefits. However, in practice many barriers to cross-border service provision and pan-European access remain. The digital provision of public services, eGovernment, can play an important role in resolving this, due to its ability to reduce the geographical constraints of service provision and to enable interoperability of different administrative and bureaucratic systems of Member States. The stimulation of the development of pan-European eGovernment Services (PEGS) are thus important objectives, and this report compiles and draws lessons from the various outputs of the EUReGOV project, which studied the development of PEGS in 2010 and beyond. In addition, it draws on parallel projects assessing the security aspects PEGS (Securegov) and the evaluation of various EU instruments to support the development of PEGS, such as the eTEN programme. In essence, the report is a comprehensive study of the phenomenon of PEGS. It provides insights into what PEGS are and how they evolve; what their impacts are on the organisation of government services and on the relations between government, citizens and businesses; how PEGS development, readiness and impact can be assessed and measured; and finally what possible policy measures could be taken to support the effective development and roll out of PEGS.

TR-688-EES

An Analysis of the Labor Markets for Anesthesiology. Lindsay Daugherty, Raquel Fonseca, Krishna B. Kumar, Pierre-Carl Michaud. 2010

The roughly 40,000 anesthesiologists (ANs) and anesthesiology residents and 39,000 licensed certified registered nurse anesthetists (CRNAs) and student CRNAs in the United States provide most anesthesiology services. Shortages in this critical area of health care can lead to problems in the provision of health services. The authors' surveys of ANs, CRNAs, and anesthesiology directors included questions about employer types, work hours, earnings, types of anesthesia provision, and technology adoption and preferences. They found a great deal of heterogeneity in work arrangements, clear urban/rural differences in the labor markets for anesthesiology, and even more-pronounced regional differences. In addition to the survey, demand-based and econometric analyses were conducted. The authors conclude that shortage of ANs and CRNAs is highly likely at the national level, with the survey approach providing hints of such a shortage and the economic analysis providing stronger confirmation. Finally, the authors examine the evolution of AN and CRNA labor markets up to 2020 under various scenarios.

http://www.rand.org/pubs/technical_reports/TR688/

TR-690-MOD/NL

Strengths and Weaknesses of the Netherlands Armed Forces: A Strategic Survey. Matt Bassford, Kristin Weed, Samir Puri, Gregory Falconer, Anais Reding. 2010

The Netherlands Ministry of Defence (NL MOD) commissioned RAND Europe to identify the strengths and weaknesses of the Netherlands armed forces, asking RAND to focus on recent deployments of the Netherlands armed forces relative to the deployments of other countries' armed forces. This study is therefore not a root and branch consideration of the Netherlands armed forces, but a comparative study of several different armed forces to illustrate contrasts and similarities with those of the Netherlands. This study was conducted within the context of the NL MOD's Future Policy Survey, which is a review of the Netherlands' future defence ambition, required capabilities and associated levels of defence expenditure. The Future Policy Survey was delivered to the Netherlands Parliament in April 2010. The overarching aim of the Dutch Future Policy Survey is to provide greater insight into how to exploit and enhance the potential contribution of the Netherlands armed forces.

http://www.rand.org/pubs/technical_reports/TR690/

TR-714-MITSURI

Japanese Science and Technology Capacity: Expert Opinions and Recommendations. Anny Wong, Douglas Yeung, Silvia Montoya, Sarah Olmstead, Aviva Litovitz, Lisa Klautzer, Sarah Kups, Alison Raab Labonte. 2010

The Japanese government places great emphasis on ensuring the country's vitality in science and technology (S&T) and remaining at the forefront of global science. It is in this spirit that Japan uses its five-year basic S&T plans, the first of which was introduced in 1996, to guide research and development (R&D) promotion. This report summarizes the views of 55 leading researchers in the United States, the European Union, Switzerland, and Russia regarding the competitiveness of Japanese research in 25 fields in the life sciences, environmental science, information and communication technology, and nanotechnology and materials science. Their responses cover several topics, including how the quality of research in Japan in these fields ranks against the world's leaders, strengths and weaknesses in the Japanese research and education system, and suggestions of approaches, models, and mechanisms to increase excellence in Japanese research in these 25 fields and in expanding Japan's S&T capacity in general.

http://www.rand.org/pubs/technical_reports/TR714/

TR-717-DFT

Cost Damping in Travel Demand Models: Report of a study for the Department for Transport. Andrew Daly. 2010

Cost Damping is a feature in some travel demand models by which the marginal disutility of cost (and, possibly, of time) declines as journey lengths increase. It is present in many models in practical use in the UK and the Department for Transport sought recommendations for the advice it issues to local planners in the 'WebTAG' system: www.dft.gov.uk/webtag.The report makes a review of UK and limited international practice, a significant part of it due to RAND Europe, and discusses the advantages, disadvantages and theoretical backgrounds of the methods that are used, which can be reduced to eight principal model formulations, each in turn belonging to one of four essentially different types. Evidence of the importance of Cost Damping in practice is assessed. Tests of the model formulations are proposed, including a novel 'kilometrage' test, and a number of the model forms used in practice are found to be unsatisfactory with respect to one or other of these tests. The use of distance as a variable in the models is found to be unsatisfactory. The report goes on to show that microeconomic theory gives little insight into the appropriate forms of Cost Damping.Finally, a small number of Cost Damping mechanisms are recommended as being acceptable for use in practical modelling.

http://www.rand.org/pubs/technical_reports/TR717/

TR-732-EPA

An Assessment of the U.S. Environmental Protection Agency's National Environmental Performance Track Program. Scott Hassell, Noreen Clancy, Nicholas Burger, Christopher Nelson, Rena Rudavsky, Sarah Olmstead. 2010

This report addresses the conceptual basis of the National Environmental Performance Track program, a voluntary program run by the U.S. Environmental Protection Agency between 2000 and 2009; its program design; and its implementation. Performance Track sought to improve the quality of the environment by encouraging facilities to recognize and improve all aspects of their environmental performance and by providing a range of benefits, including broad-based recognition, regulatory benefits, and a more open and collaborative relationship between facilities and their regulators. While Performance Track's concepts, design, and implementation had mixed success, the significant environmental challenges that the United States faces require that EPA continue to seek out new approaches that can complement and enhance traditional regulatory approaches. The authors recommend that EPA continue to experiment with voluntary programs, designing tightly focused ones; promote information sharing and networking among regulated entities; strive for complete, clear, and understandable program concepts, designs, and expectations; protect the EPA brand; independently evaluate key program elements; continue to try to change corporate culture to benefit the environment; and identify new ways to independently validate environmental performance.

http://www.rand.org/pubs/technical_reports/TR732/

TR-734-A

Security Cooperation Organizations in the Country Team: Options for Success. Terrence K. Kelly, Jefferson P. Marquis, Cathryn Quantic Thurston, Jennifer D. P. Moroney, Charlotte Lynch. 2010

Security assistance (SA) and security cooperation (SC) are interrelated missions that rely on military staff located in U.S. embassies in partner countries. Security assistance falls under the purview of the U.S. Department of State, while security cooperation (which in the broadest sense includes SA) is the domain of the U.S. Defense Department. This means that funds, authorities, and personnel from both departments must work together to design, plan, and execute SA and SC programs that further U.S. interests abroad. In stable countries, current structures can accomplish SA and SC objectives, although in most cases there is room for improvement. However, in countries that are threatened by insecurity or instability, actions may be required that are not easily accomplished under current systems. This report examines three options for improving current approaches to security cooperation. The options range from relatively minor changes in current practices to those that require new policies, procedures, organizations, and authorities.

http://www.rand.org/pubs/technical_reports/TR734/

TR-738-DH

International benchmarking of healthcare quality: A review of the literature. Ellen Nolte. 2010

There is growing interest in the systematic assessment and international benchmarking of quality of care provided in different healthcare systems, and major work is under way to support this process through the development and validation of quality indicators that can be used internationally. Recognising that cross-national data comparison remains a challenge, there is now a considerable body of data that allow for comparisons of healthcare quality in selected areas of care. The report includes a description of existing indicators that could be used to compare healthcare quality in different countries, along with a discussion of specific problems in making comparisons at this level of detail. This is illustrated with case studies of two measures widely used for international comparisons: avoidable mortality and cancer survival. These show both the potential power of cross-national comparisons and some of the difficulties in drawing valid interpretations from the data.The

report focuses on the three quality domains identified as important by the NHS Next Stage Review High Quality Care for All, namely effectiveness of care, patient safety and patient experience. It is however important to recognise that access is an important additional component of quality which may be a key determinant of differences in outcome between different countries. Thus comparing quality across countries is only a first step to then assess the causes underlying those differences and determining what actions may be appropriate to take to improve health outcomes.

http://www.rand.org/pubs/technical_reports/TR738/

TR-743-MRC

Strengthening Research Portfolio Evaluation at the Medical Research Council: Developing a survey for the collection of information about research outputs. Sharif Ismail, Jan Tiessen, Steven Wooding. 2010

The Medical Research Council (MRC) wished to better understand the wider impact of MRC research output on society and the economy. The MRC wanted to: compare the strengths of different types of funding and areas of research; identify the good news stories and successes it can learn from. As an initial step in this process RAND Europe: (1) examined the range of output and outcome information MRCalready collected; and (2) to used that analysis to suggest how data collection could be improved. This report outlines the approach taken to the second part of this exercise and focuses on the development of a new survey instrument to support the MRC's data collection approach. Readers should bear in mind that some later stages of survey development and implementation were conducted exclusively by the MRC and are not reported here.

http://www.rand.org/pubs/technical_reports/TR743/

TR-744-AF

The Air Force Officer Qualifying Test: Validity, Fairness, and Bias. Chaitra M. Hardison, Carra S. Sims, Eunice C. Wong. 2010

The Air Force has long recognized the importance of selecting the most qualified officers possible. For more than 60 years, it has relied on the Air Force Officer Qualifying Test (AFOQT) as one measure of those qualifications. A variety of concerns have been raised about whether the AFOQT is biased, too expensive, or even valid for predicting officer success. The authors conducted a literature search to answer these concerns. They conclude that the AFOQT is a good selection test that predicts important Air Force outcomes and is not biased against minorities or women. The Air Force would not benefit by replacing the AFOQT with the SAT primarily because it would still have to administer subtests that measure specific aptitudes and knowledge needed for predicting pilot and combat systems officer success. However, other valid selection tools, such as personality tests, could be used to complement the AFOQT.

http://www.rand.org/pubs/technical_reports/TR744/

TR-746-LACPD

Los Angeles County Juvenile Justice Crime Prevention Act: Fiscal Year 2007–2008 Report. Terry Fain, Susan Turner, Greg Ridgeway. 2010

In 2000, the California State Legislature passed what is now known as the Juvenile Justice Crime Prevention Act (JJCPA). This effort was designed to provide a stable funding source to counties for juvenile programs that have been proven effective in curbing crime among juvenile probationers and young at-risk offenders. The Corrections Standards Authority (CSA), which administers the program's funding, is required to submit annual reports to the legislature measuring JJCPA's success. The legislation identified six specific outcome measures to be included in annual reports from each of the JJCPA programs: (1) successful completion of probation, (2) arrests, (3) probation violations, (4) incarcerations, (5) successful completion of restitution, and (6) successful completion of community service. Each county can also supply supplemental outcomes to measure locally identified service needs. JJCPA programs are now in their fifth year of funding. This report summa-

rizes the fiscal year 2007–2008 findings reported to CSA, as well as additional program information gathered by the Los Angeles County Probation Department, based on its oversight and monitoring of program implementation and outcomes.

TR-750-DOJ

National Evaluation of Safe Start Promising Approaches: Assessing Program Implementation. Dana Schultz, Lisa H. Jaycox, Laura J. Hickman, Anita Chandra, Dionne Barnes-Proby, Joie Acosta, Alice Beckman, Taria Francois, Lauren Honess-Morreale. 2010

Children's exposure to violence (CEV)—including direct child maltreatment, witnessing domestic violence, and witnessing community and school violence—can have serious consequences, including a variety of psychiatric disorders and behavioral problems, such as posttraumatic stress disorder, depression, and anxiety. Fortunately, research has shown that interventions for CEV can substantially improve children's chances of future social and psychological well-being. Safe Start Promising Approaches (SSPA) was the second phase of a planned four-phase initiative focusing on preventing and reducing the impact of CEV, sponsored by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). OJJDP selected 15 program sites across the country that proposed a range of intervention approaches, focused on multiple types of violence, included variations in ages and age-appropriate practices, and would be implemented in different settings. Each site participated in a national evaluation, conducted by the RAND Corporation. The evaluation design involved three components: a process evaluation, an evaluation of training, and an outcomes evaluation. This report presents the results of the first two evaluations. It describes the program and community settings, interventions, and implementations of the 15 SSPA programs for the first two years of implementation (through March 2009), as well as the training evaluation results.

http://www.rand.org/pubs/technical_reports/TR750/

TR-754-AF

Reflecting Warfighter Needs in Air Force Programs: Prototype Analysis. Paul K. Davis, Richard Hillestad, Duncan Long, Paul Dreyer, Brandon T. Dues. 2010

A concern within the Air Force is that headquarters-level program decisions sometimes fail to give sufficient priority to requests important to meeting warfighter needs. This technical report documents a phase-one effort to develop new methods to help ensure that warfighter needs are adequately represented as the Air Force manages its programs and budget. Drawing on previous RAND work on capabilities-based planning and portfolio management, the authors outline a method that considers measures of combat effectiveness, as well as cost-effectiveness from multiple perspectives, to compare composite options—that is, options involving multiple platforms and capabilities—for accomplishing a given mission. The authors illustrate the method by applying it to the mission of close air support, using notional data.

http://www.rand.org/pubs/technical_reports/TR754/

TR-755-EC

Understanding illicit drug markets, supply-reduction efforts, and drug-related crime in the European Union. Beau Kilmer, Stijn Hoorens. 2010

The European Drugs Strategy concentrates on demand reduction and supply reduction through international cooperation and research, information and evaluation. However, efforts to provide insight in the different aspects of Europe's illicit drug problems have largely focused on indicators developed to assess demand-side strategies. The development of measures capturing dimensions of the supply of different illicit substances is an emerging field in the EU. To advance these efforts, the European Commission DG Justice, Freedom and Security commissioned a study to recommend indicators for improving the understanding of illicit drug markets, supply reduction efforts, and drug-related crime in the EU. In this study we reviewed literature and RAND's previ-

ous work in this area, and we gathered insights from European experts and policymakers. Based on these insights and a conceptual framework for thinking about drug markets, we develop a number of immediate-term, near-term, and long-term recommendations. These recommendations will improve both Member States' and the European Commission's ability to monitor drug markets and drug-related crime as well as initiate analyses regarding the effectiveness of supply reduction strategies.

http://www.rand.org/pubs/technical_reports/TR755/

TR-759-AF

Targeting the Occupational Skill Pairings Needed in New Air Force Colonels. S. Craig Moore, Brent Thomas, Raymond E. Conley. 2010

Many colonel jobs need officers with a substantial background in more than one area (say, intelligence officers with expertise in political-military affairs or bomber pilots with experience in system acquisition), many can accept officers with different occupational backgrounds, many need officers with prior experience as colonels, and some are important for developing or testing officers with especially good prospects of becoming generals. Prior research targeted mixes of promotions that could help the Air Force sustain and assign inventories of generals consistent with requirements at each general-officer grade. Here, the authors develop and apply a flow model that recommends sizes for numerous skill pairings' pyramids of colonels, consistent with colonel jobs' needs and with targets for new general officers. The model also recommends annual numbers of new colonels with each occupational pairing and illustrates alignments between positions and each pyramid's colonels. Among other objectives, it aims to ensure that enough officers with the right occupational backgrounds will be available when job vacancies arise, that no more new colonels than necessary bring paired skills, and that the mix of colonels be as similar as possible to a reference (e.g., prior) mix. The method estimates the percentages of new colonels needed with each primary skill and paired skill, reflecting both preferred and less-demanding, or marginal, parameters.

http://www.rand.org/pubs/technical_reports/TR759/

TR-764-OSD

Bridging the Gap: Developing a Tool to Support Local Civilian and Military Disaster Preparedness. Melinda Moore, Michael A. Wermuth, Laura Werber Castaneda, Anita Chandra, Darcy Noricks, Adam C. Resnick, Carolyn Chu, James J. Burks. 2010

U.S. policymakers have stepped up systematic disaster preparedness efforts sharply since the terrorist attacks of September 11, 2001, including the creation of the U.S. Department of Homeland Security and a plethora of federal initiatives. Against a backdrop of natural disasters that occur each year in the United States and heightened concern about pandemic influenza, there is an emerging national consensus that the best path is an all-hazards approach to disaster preparedness planning and that effective local planning is critical. Military installations and their civilian counterparts—local government and local healthcare providers, especially the U.S. Department of Veterans Affairs—can strengthen local-level disaster preparedness planning. This is an interim report for the first phase of a larger study aiming to develop a planning support tool for local military and civilian planners. It describes current policies and programs—especially those with nationwide application—for domestic emergency preparedness, risk analysis, and capabilities-based planning. It also describes results from interviews with local military and civilian planners at five selected sites to help understand how local preparedness planning currently operates and identify the needs of local planners. Collectively, these form the basis for a proposed tool, for which the framework is described in this report. The next phase of the study will include development and field testing of a proof-of-concept prototype of the tool.

http://www.rand.org/pubs/technical_reports/TR764/

TR-767-1-EC

Policy options for Radio Frequency Identification (RFID) application in healthcare; a prospective view: Final report (D5). Constantijn van Oranje-Nassau, Rebecca Schindler, Anna-Marie Vilamovska, Maarten Botterman. 2010

This report reviews the state of play of European markets and applications of Radio Frequency Identification technology (RFID) in healthcare in Europe. Based on the current situation the report presents three scenarios for 2020, to describe futures in which the technology and health care sectors develop in different ways. The scenarios were discussed in expert workshops to derive issues that need to be addressed by future policies of the European Union and other stakeholders. The market assessment is based on a review of literature and an analysis of proprietary market data. The chapter on the state of RFID applications in Health in Europe summarises the results of a literature review, an online Delphi survey, expert interviews and seven cases studies in Europe and the US. The policy analysis is based on the outcomes of a scenario gaming workshop with experts from academia, industry, healthcare providers, policymakers and representatives of patient organisations.

http://www.rand.org/pubs/technical_reports/TR767-1/

TR-767-EC

Policy options for Radio Frequency Identification (RFID) application in healthcare; a prospective view: Final report (D5). Constantijn van Oranje-Nassau, Rebecca Schindler, Maarten Botterman. 2010

This report reviews the state of play of European markets and applications of Radio Frequency Identification technology (RFID) in healthcare in Europe. Based on the current situation the report presents three scenarios for 2020, to describe futures in which the technology and health care sectors develop in different ways. The scenarios were discussed in expert workshops to derive issues that need to be addressed by future policies of the European Union and other stakeholders. The market assessment is based on a review of literature and an analysis of proprietary market data. The chapter on the state of RFID applications in Health in Europe summarises the results of a literature review, an online Delphi survey, expert interviews and seven cases studies in Europe and the US. The policy analysis is based on the outcomes of a scenario gaming workshop with experts from academia, industry, healthcare providers, policymakers and representatives of patient organisations.

TR-772-ALCWF/CFP

Toolkit for Adapting Cognitive Behavioral Intervention for Trauma in Schools (CBITS) or Supporting Students Exposed to Trauma (SSET) for Implementation with Youth in Foster Care. Dana Schultz, Dionne Barnes-Proby, Anita Chandra, Lisa H. Jaycox, Erin Maher, Peter Pecora. 2010

CBITS was developed for use by school-based mental health professionals for any student with symptoms of distress following exposure to trauma. SSET was adapted from CBITS for use by any school personnel with the time and interest to work with students affected by trauma. The purpose of this toolkit is to assist school-based mental health professionals, school personnel, and child welfare social workers in adapting these interventions for use with youth aged 10–15 who are in foster care. The authors note that delivering a school-based mental health program to youth in foster care has many challenges, including collaboration between the child welfare and education systems, confidentiality and information sharing policies regarding youth in foster care, and identification of these youth. The toolkit was designed to help understand these challenges and provide strategies for addressing them. The toolkit has three parts: a background section, an overview of CBITS and SSET, and a step-by-step guide to implementing and adapting CBITS/SSET for youth in foster care.

http://www.rand.org/pubs/technical_reports/TR772/

TR-777-WFHF

The Impact of Air Quality on Hospital Spending. John A. Romley, Andrew Hackbarth, Dana P. Goldman. 2010

Air pollution is harmful to human health, but little is known about the costs of pollution-related health care. If such care imposes a significant burden on insurance companies and employers, they would have substantial stakes in improving air quality. Reduced medical spending could also benefit public programs such as Medicare and Medicaid. This study estimated the amount of medical spending by private health insurers and public purchasers, such as Medicare, that is related to air pollution. Specifically, the authors determined how much failing to meet air quality standards cost various purchasers of hospital care in California over 2005–2007. The results indicate that substantial reductions in hospital spending can be achieved through reductions in air pollution.

http://www.rand.org/pubs/technical_reports/TR777/

TR-779-EC

The European Alcohol and Health Forum: First Monitoring Progress Report. Claire Celia, Stephanie Diepeveen, Tom Ling. 2010

The European Alcohol and Health Forum was launched in June 2007 following the adoption by the European Commission in October 2006 of the EU strategy to reduce alcohol-related harm. It began as a stakeholder platform of 50 founding members from production and sales organisations, media and advertising organisations, NGOs that work to limit alcohol-related harm, research organisations, professional bodies and others. Membership of the Forum is voluntary and members are expected to commit formally and publicly to concrete actions to reduce alcohol-related harm. These concrete actions are referred to as 'commitments'. Each commitment must be put in writing in a standardised commitment form, which also includes monitoring information. Such information includes details of the objectives of the commitments, resources allocated to them and outputs produced, as well as dissemination of the results of the commitments alongside other information.

http://www.rand.org/pubs/technical_reports/TR779/

TR-782-AF

An Analysis of the Populations of the Air Force's Medical and Professional Officer Corps. Edward G. Keating, Hugh G. Massey, Judith D. Mele, Benjamin F. Mundell. 2010

Since the advent of the all-volunteer force, one of the foremost personnel challenges of the U.S. Air Force has been recruiting and retaining an adequate number of medical and professional officers in the Air Force's seven medical and professional officer corps: the Biomedical Sciences Corps (BSC), the Chaplain Corps, the Dental Corps, the Judge Advocate General (JAG) Corps (attorneys), the Medical Corps (physicians), the Medical Service Corps (MSC), and the Nurse Corps. For each of these corps, there are highly similar jobs in the private sector, so attracting and retaining these corps' officers is a constant challenge. This report analyzes all seven Air Force medical and professional officer corps and their relative statuses with regard to end strengths, accession levels, promotion flow, and attrition since the late 1970s. The authors find that recent accession and retention trends have been most adverse in the Air Force's Nurse Corps, while the MSC and the JAG Corps appear to have the most stable populations.

http://www.rand.org/pubs/technical_reports/TR782/

TR-786-NIJ

Tracking Inmates and Locating Staff with Active Radio-Frequency Identification (RFID): Early Lessons Learned in One U.S. Correctional Facility. Laura J. Hickman, Lois M. Davis, Edward Wells, Mel Eisman. 2010

The lessons identified in this report pertain to the issues for a correctional facility to take into account when considering whether to deploy an active radio-frequency identification (RFID) system within the institution. Because the experience of U.S. correctional institutions with RFID is still fairly

limited, this report represents an early look at the experiences of one of the few facilities that have invested in active RFID for use in tracking inmates and locating staff. It provides important information and insights on issues to consider in the conceptualization, design, and installation of an active RFID system in a correctional setting.

http://www.rand.org/pubs/technical_reports/TR786/

TR-792-DH

Funding intensive care--approaches in systems using diagnosis-related groups. Stefanie Ettelt, Ellen Nolte. 2010

This report reviews approaches to funding intensive care in health systems that use activity-based payment mechanisms based on diagnosis-related groups (DRGs) to reimburse hospital care in Australia (Victoria), Denmark, France, Germany, Italy, Spain, Sweden and the United States (Medicare). The report aims to inform the current debate about options for funding intensive care services for adults, children and newborns in England. Mechanisms of funding intensive care services tend to fall into three broad categories: (1) those that fund intensive care through DRGs as part of one episode of hospital care only (US Medicare, Germany, selected regions in Sweden and Italy; (2) those that use DRGs in combination with co-payments (Victoria, France); and (3) those that exclude intensive care from DRG funding and use an alternative form of payment, for example global budgets (Spain) or per diems (South Australia). The review suggests that there is no obvious example of “best practice” or dominant approach used by a majority of systems. Each approach has advantages and disadvantages, particularly in relation to the financial risk involved in providing intensive care. While the risk of underfunding intensive care may be highest in systems that apply DRGs to the entire episode of hospital care, including intensive care, concerns about potential underfunding were voiced in all systems reviewed here. Arrangements for additional funding in the form of co-payments or surcharges may reduce the risk of underfunding. However, these approaches also face the difficulty of determining the appropriate level of (additional) payment and balancing the incentive effect arising from higher payment.

http://www.rand.org/pubs/technical_reports/TR792/

TR-793-A

A Funding Allocation Methodology for War Reserve Secondary Items. Kenneth J. Girardini, Carol E. Fan, Candice Miller. 2010

Army units must be ready to deploy rapidly in the event of a contingency. Army Prepositioned Stock (APS) is designed to relieve the initial strain on the supply chain by reducing early airlift requirements and by meeting contingency demands until the production base can respond. The sustainment stock portion of APS is called war reserve secondary items (WRSI). Historically, WRSI requirements have been under-resourced, yet no methodology has existed by which to prioritize WRSI requirements. As part of an ongoing process for determining WRSI around the world, the Army asked RAND to use empirical demand data for a quick-turn analysis to prioritize item-level spending on WRSI for a northeast Asia (NEA) contingency with a planning-based deployment schedule. This document describes the methodology used to develop the resource allocation and forward positioning recommendations for the use of $467 million for WRSI. The authors describe how the input data was developed; explain the resource allocation methodology, focusing on the computation of benefit functions using the demand forecasts, item characteristics, and estimates of an item's readiness contribution; and describe two solutions for prioritization. One of these solutions was the basis for FY 2008 spending on WRSI for a NEA scenario.

http://www.rand.org/pubs/technical_reports/TR793/

TR-795-NAO

Tackling problem drug use. Jonathan Cave, Priscillia Hunt, Sharif Ismail, Ruth Levitt, Rosalie Liccardo Pacula, Lila Rabinovich, Jennifer Rubin, Kristin Weed, Beau Kilmer. 2010

The National Audit Office (NAO) is conducting a value-for-money study on the UK Government's 2008 drug strategy, Drugs: protecting families and communities ('the Strategy'). The NAO study, Tackling Problem Drug Use, focuses in particular on local delivery authorities' capacity and capability to effectively tackle problem drug use (PDU) through delivery of local services. To inform the NAO's value-for-money study, RAND Europe performed a literature review on problem drug use and reviewed the evidence base, both literature and data, underpinning the Strategy. One of the key findings is the narrower focus in the UK on most significant harms may be useful, but also carries risks and drawbacks discussed in detail in the report. In addition, we find the Strategy draws on robust evidence in the area of drug treatment and drug-related crime; however, other topics would benefit from further context or detail, and in places it is difficult to relate the evidence base to implications for intervention and delivery of services.

http://www.rand.org/pubs/technical_reports/TR795/

TR-799-DOL

Physician Cost Profiling—Reliability and Risk of Misclassification: Detailed Methodology and Sensitivity Analyses. John L. Adams, Ateev Mehrotra, J. William Thomas, Elizabeth A. McGlynn. 2010

This technical report describes the methods and sensitivity analyses used by the authors in an article published in the New England Journal of Medicine. Purchasers are experimenting with a variety of approaches to control health care costs, including limiting network contracts to lower-cost physicians and offering patients differential copayments to encourage them to visit "high-performance" (i.e., higher-quality, lower-cost) physicians. These approaches require a method for analyzing physicians' costs and a classification system for determining which physicians have lower relative costs. There has been little analysis of the reliability of such methods. Reliability is determined by three factors: the number of observations, the variation between physicians in their use of resources, and random variation in the scores. A study of claims data from four Massachusetts health plans demonstrates that, according to the current methods of physician cost profiling, the majority of physicians did not have cost profiles that met common reliability thresholds and, importantly, reliability varied significantly by specialty. Low reliability results in a substantial chance that a given physician will be misclassified as lower-cost when he or she is not, or vice versa. Such findings raise concerns about the use of cost profiling tools and the utility of their results.

http://www.rand.org/pubs/technical_reports/TR799/

TR-803-COMMASS

Feasibility and Design Options for a Potential Entity to Research the Comparative Effectiveness of Medical Treatments. Peter S. Hussey, Emily M. Gillen, Elizabeth A. McGlynn. 2010

In 2008, the Massachusetts state legislature mandated an examination of the feasibility of the state's participation in establishing a comparative effectiveness center (CEC) and requested recommendations for the entity's design. "Comparative effectiveness" research involves the direct comparative assessment of the efficacy and cost-effectiveness of health care interventions and strategies. The center's findings would guide purchasing and payment decisions related to medical procedures, devices, drugs, and biologics by public- and private-sector organizations. The state has several options in terms of its approach to comparative effectiveness research. It could establish an interstate CEC that synthesizes existing findings for regional decisionmakers, it could establish an interstate CEC that supports new research, it could join an existing CEC, it could join the Drug Effectiveness Review Project and the Medicare Evidence-Based Decisions Project and also establish a regional center, or it could elect not to establish a CEC at all. An exploration of the options and the types of research that could be sponsored reveals that all of the options are potentially feasible, but the legislature's decision with regard to design must consider the level of prioriti-

zation of comparative effectiveness research relative to other approaches to improving health care quality and reducing spending growth.

http://www.rand.org/pubs/technical_reports/TR803/

TR-804-IPO

Intellectual Property and Developing Countries: A review of the literature. Emmanuel Hassan, Ohid Yaqub, Stephanie Diepeveen. 2010

This report examines the impact of intellectual property rights in developing countries, in the context of the World Trade Organization's Agreement on Trade-Related Intellectual Property Rights (TRIPS) and the development of TRIPS-plus standards.

http://www.rand.org/pubs/technical_reports/TR804/

TR-810-DHHS

Policy Implications of the Use of Retail Clinics. Robin M. Weinick, Craig Evan Pollack, Michael P. Fisher, Emily M. Gillen, Ateev Mehrotra. 2010

Retail clinics, located within larger retail stores, treat a limited number of acute conditions and offer a small set of preventive services. Although there are nearly 1,200 such clinics in the United States, a great deal about their utilization, relationships with other parts of the health care system, and quality of care remains unknown. The federal government has taken only limited action regarding retail clinics, and little evidence exists about the potential costs and benefits of integrating retail clinics into federal programs and initiatives. Through a literature review, semistructured interviews, and a panel of experts, the authors show that retail clinics have established a niche in the health care system based on their convenience and customer service. Levels of patient satisfaction and of the quality and appropriateness of care appear comparable to those of other provider types. However, we know little about the effects of retail clinic use on preventive services, care coordination, and care continuity. As clinics begin to expand into other areas of care, including chronic disease management, and as the number of patients with insurance increases and the shortage of primary care physicians continues, answering outstanding questions about retail clinics' role in the health care system will become even more important. These changes will create new opportunities for health policy to influence both how retail clinics function and the ways in which their care is integrated with that of other providers.

http://www.rand.org/pubs/technical_reports/TR810/

TR-811-MFH

A Prototype Interactive Mapping Tool to Target Low Health Literacy in Missouri. Laurie T. Martin, Allen Fremont, Alexandria Felton, Teague Ruder, Chloe E. Bird, Lisa Miyashiro, Mark Hanson, Nicole Lurie. 2010

An estimated 36 percent of American adults have health literacy levels rated at “basic or below,” indicating that they have difficulty obtaining, processing, and understanding basic health information and services. To help healthcare decision-makers in Missouri identify neighborhood-level “hotspots” of suboptimal health or healthcare that may be due to low health literacy, RAND developed a prototype interactive web-based mapping tool. This builds on earlier RAND work to develop a predictive model of health literacy and estimate levels of health literacy in small geographic areas (e.g., census tracts). The interactive mapping tool allows stakeholders to select the level of geography (e.g., census tract, county), obtain information for and map specific regions of interest, select the characteristics to be mapped (i.e., estimates of community-level health literacy, health outcomes and care quality, neighborhood sociodemographic characteristics, and neighborhood health services data), and generate tables and reports on the regions and characteristics of interest. Housed on a dedicated RAND website, the mapping tool makes it possible for a range of stakeholders, from health plans to community organizations, to access and use the tool to help address healthcare disparities in their communities. This report describes the tool and includes a User's Guide and Case Study.

http://www.rand.org/pubs/technical_reports/TR811/

TR-816-CUAHRC

Assessing the impact of arts and humanities research at the University of Cambridge. Ruth Levitt, Claire Celia, Stephanie Diepeveen, Siobhan Ni Chonaill, Lila Rabinovich, Jan Tiessen. 2010

This project for the University of Cambridge and the Arts and Humanities Research Council (AHRC) assesses the impacts of arts and humanities research at the University of Cambridge. Evidence from interviews, a survey of research staff and detailed case studies indicates that these disciplines already have a broad range of impacts. Many of these can be observed and described, while others are harder to define. This existing level of impact by the arts and humanities merits its wider recognition, though continued efforts by the University and the AHRC remain worthwhile to ensure that it is maintained and, where possible, increased.The study used and adapted the 'Payback Framework', which other universities can use to assess arts and humanities research impact. Benefits of research include: Academic impacts: knowledge creation that increases understanding, challenges existing understanding or establishes new research trends; also the creation of resources for further research. Policy impacts: research that informs new or revised policies (local, national or international), such as school curricula or professional guidelines, or that influences policy makers to make informed decisions. Impacts on practice: changes in professional behaviour such as shifts in legal interpretation and judgements, informed by research. Wider societal and economic impacts: public knowledge creation, preservation of heritage including objects, buildings and languages at risk, leisure and entertainment such as editions of literary works, theatrical productions; economic impacts such income from fees and grants, revenues from publications and exhibitions; and by training productive individuals whose activities are commercially competitive.

http://www.rand.org/pubs/technical_reports/TR816/

TR-820-DSOC

Understanding and Reducing Off-Duty Vehicle Crashes Among Military Personnel. Liisa Ecola, Rebecca L. Collins, Elisa Eiseman. 2010

The authors review traffic safety in the United States, with specific reference to military personnel, focusing on safety interventions and attempts to change driver behavior and decisions. Overall, driving has become safer over the last 20 years: A variety of factors seem to have contributed to this increased safety—better vehicle safety features, better road safety features, decreases in teenage drunk driving, more seat belt use, and at least recently, fewer vehicle miles traveled. In contrast, motorcycle riding, a topic of particular interest to the military, is becoming more dangerous. The main difference between the military and civilian population is the proportion of military crash fatalities on motorcycles—the U.S. rate is currently about 15 percent of fatalities, while in some military branches the rate is on average 35–40 percent. This review shows that the following safety interventions tend to help in the reduction of vehicle crashes and that some in particular may be useful in the military setting: (1) better enforcement of underage drinking laws and continuation of alcohol deglamorization campaigns (DoD regulations exist, but underage drinking seems to be relatively common); (2) high-visibility enforcement techniques for sobriety checkpoints; (3) high-visibility enforcement techniques for seat belt use; (4) adoption of a lower blood alcohol concentration level (such as 0.05) for motorcyclists, since the evidence shows that motorcyclists' ability to drive safely begins declining at lower levels than those for car drivers; (5) screening—perhaps as part of military medical assessment—and brief intervention with a trained counselor for at-risk drinkers, since they are at higher risk for drinking and driving; (6) media campaigns that are paired with community activities that also emphasize driver safety, such as workshops or fairs and with enforcement of driving regulations, and targeted at the drivers at highest risk (men in their teens and

early 20s); (7) requirements that motorcyclists be licensed and own their vehicles.
http://www.rand.org/pubs/technical_reports/TR820/

TR-821-CFSB

Priorities for Investments in Children and Families in Caddo and Bossier Parishes: Application of a Unique Framework for Identifying Priorities. M. Rebecca Kilburn, Shannon I. Maloney. 2010

In Louisiana, the Community Foundation of Shreveport-Bossier pools funds from sources in Caddo and Bossier Parishes, manages the funds, and allocates the funding within the two-parish region. (The City of Shreveport is in Caddo Parish; the city of Bossier City is in Bossier Parish.) In 2008, the foundation selected education, health, and poverty as priority areas for its investments in children and families, and it asked the RAND Corporation to assist the community in identifying priority strategies within these three focus areas. RAND researchers developed a unique framework based on the intersection of needs, assets, and best practices. Applying this framework to the Shreveport-Bossier community, they identified health care providers, public school teachers, and Barksdale Air Force Base as strong assets that can help the community address three high-need areas: infant health, child maltreatment, and educational attainment. The “Needs-Assets-Best Practices” framework developed to assist the Shreveport-Bossier community can be applied in many other settings; this document can be viewed as a case study of the application of the framework.
http://www.rand.org/pubs/technical_reports/TR821/

TR-824-ICJ

Is Better Patient Safety Associated with Less Malpractice Activity? Evidence from California. Michael D. Greenberg, Amelia M. Haviland, J. Scott Ashwood, Regan Main. 2010

In principle, efforts to improve patient safety, if they are successful, should lead to reductions in claims of medical malpractice. In practice, however, this has not yet been systematically demonstrated to be so. The authors of this report examined the relationship between safety outcomes in hospitals and malpractice claiming against providers, using administrative data and measures for California from 2001 to 2005. They found that decreases in the county-level frequency of adverse safety outcomes were positively and significantly associated with decreases in the volume of malpractice claims, as captured by records from four of the largest malpractice insurers in the state. This result suggests that policy options that improve patient safety may offer a new avenue for reducing malpractice pressure on physicians, at the same time that they improve clinical outcomes.
http://www.rand.org/pubs/technical_reports/TR824/

TR-825-DOL

Establishing State Health Insurance Exchanges: Implications for Health Insurance Enrollment, Spending, and Small Businesses. Christine Eibner, Federico Girosi, Carter C. Price, Amado Cordova, Peter S. Hussey, Alice Beckman, Elizabeth A. McGlynn. 2010

The RAND Corporation's Comprehensive Assessment of Reform Efforts microsimulation model was used to analyze the effects of the Patient Protection and Affordable Care Act (PPACA) on employers and enrollees in employer-sponsored health insurance, with a focus on small businesses and businesses offering coverage through health insurance exchanges. Outcomes assessed include the proportion of nonelderly Americans with insurance coverage, the number of employers offering health insurance, premium prices, total employer spending, and total government spending relative to what would have been observed without the policy change. The microsimulation predicts that PPACA will increase insurance offer rates among small businesses from 53 to 77 percent for firms with ten or fewer workers, from 71 to 90 percent for firms with 11 to 25 workers, and from 90 percent to nearly 100 percent for firms with 26 to 100 workers. Simultaneously, the uninsurance rate in the United States would fall from 19 to 6 percent of the nonelderly population. The increase in employer offer rates is driven by

workers' demand for insurance, which increases due to an individual mandate requiring all people to obtain insurance policies. Employer penalties incentivizing businesses to offer coverage do not have a meaningful impact on outcomes. The model further predicts that approximately 60 percent of businesses will offer coverage through the health insurance exchanges after the reform. Under baseline assumptions, a total of 68 million people will enroll in the exchanges, of whom 35 million will receive exchange-based coverage from an employer.

http://www.rand.org/pubs/technical_reports/TR825/

TR-826-DREW

Chronic Kidney Disease—A Quiet Revolution in Nephrology: Six Case Studies. Richard A. Rettig, Roberto B. Vargas, Keith C. Norris, Allen R. Nissenson. 2010

Examines changes in nephrology as it evolves from a focus on end-stage renal disease (ESRD) to the treatment of earlier stages of chronic kidney disease (CKD). Once patients reach ESRD, treatments are limited to kidney transplantation and dialysis. However, the progression of earlier stages of CKD can be slowed, halted, or reversed when treated. Data from 15 clinics focusing on CKD are examined, with the focus on six case studies. Clinics are still establishing best-practice models, and reimbursement remains a challenge. Recommendations also include widespread education for primary care physicians on how to interpret levels of kidney function and on referral of patients with decreased kidney function to nephrologists before ESRD is reached.

http://www.rand.org/pubs/technical_reports/TR826/

TR-827-OSD

An Analysis of the Incidence of Recruiter Irregularities. Beth J. Asch, Paul Heaton. 2010

The authors examine the prevalence and consequences of irregularities by military recruiters. Recruiter irregularities are uncommon—using the services' data for tracking allegations between 2007–2009, the authors document about 1 allegation per 1,000 applicants. Between 1 to 3 percent of the recruiter workforce is involved in substantiated allegations in a given year, with concealment or falsification representing the most common form of irregularity. Exploring Army contract data, the authors compare the characteristics of those signing contracts at the end of the recruiting month—when recruiters are under the greatest pressure to meet their monthly recruiting quotas—with those signed earlier in the month. Recruiters appear less likely to carefully screen recruits and more likely to sign marginal applicants at the end of the contract month, leading to some negative outcomes among these enlistees. While undesirable behavior on the part of applicants and/or recruiters appears more prevalent at the end of the recruiting month, patterns in contracts across the course of the recruiting month also suggest the incidence of unreported irregularities is likely to be low.

http://www.rand.org/pubs/technical_reports/TR827/

TR-830-DH

International variation in the usage of medicines: A review of the literature. Ellen Nolte, Jennifer Newbould, Annalijn Conklin. 2010

The report reviews the published and grey literature on international variation in the use of medicines in six areas (osteoporosis, atypical anti-psychotics, dementia, rheumatoid arthritis, cardiovascular disease/lipid-regulating drugs (statins), and hepatitis C).We identify three broad groups of determinants of international variation in medicines use: (1) Macro- or system level factors: Differences in reimbursement policies, and the role of health technology assessment, were highlighted as a likely driving force of international variation in almost all areas of medicines use reviewed. A related aspect is patient co-payment, which is likely to play an important role in the United States in particular. The extent to which cost-sharing policies impact on overall use of medicines in international comparison remains unclear. (2) Service organisation and delivery: Dif-

ferences in access to specialists are a likely driver of international variation in areas such as atypical anti-psychotics, dementia, and rheumatic arthritis, with for example access to and availability of relevant specialists identified as acting as a crucial bottleneck for accessing treatment for dementia and rheumatoid arthritis. (3) Clinical practice: Studies highlighted the role of variation in the use and ascertainment methods for mental disorders; differences in the use of clinical or practice guidelines; differences in prescribing patterns; and reluctance among clinicians in some countries to take up newer medicines. Each of these factors is likely to play a role in explaining international variation in medicines use, but their relative importance will vary depending on the disease area in question and the system context.

http://www.rand.org/pubs/technical_reports/TR830/

TR-832-LACPD

Los Angeles County Juvenile Justice Crime Prevention Act: Fiscal Year 2008–2009 Report. Terry Fain, Susan Turner, Greg Ridgeway. 2010

In 2000, the California State Legislature passed what is now known as the Juvenile Justice Crime Prevention Act (JJCPA). This effort was designed to provide a stable funding source to counties for juvenile programs that have been proven effective in curbing crime among juvenile probationers and young at-risk offenders. The Corrections Standards Authority (CSA), which administers the program's funding, is required to submit annual reports to the legislature measuring JJCPA's success. The legislation identified six specific outcome measures to be included in annual reports from each of the JJCPA programs: (1) successful completion of probation, (2) arrests, (3) probation violations, (4) incarcerations, (5) successful completion of restitution, and (6) successful completion of community service. Each county can also supply supplemental outcomes to measure locally identified service needs. JJCPA programs are now in their ninth year of funding. This report summarizes the fiscal year 2008–2009 findings reported to CSA, as well as additional program information gathered by the Los Angeles County Probation Department, based on its oversight and monitoring of program implementation and outcomes.

http://www.rand.org/pubs/technical_reports/TR832/

TR-834-ATSC

Evaluation of the Arkansas Tobacco Settlement Program: Progress During 2008 and 2009. Dana Schultz, Shannah Tharp-Taylor, Tamara Dubowitz, Hao Yu, Susan L. Lovejoy, Andrea Phillips, John Engberg. 2010

The Tobacco Settlement Proceeds Act, a referendum passed by Arkansans in the November 2000 election, invests Arkansas' share of the tobacco Master Settlement Agreement funds in seven health-related programs. RAND was contracted to perform a comprehensive evaluation of the progress of the seven programs in fulfilling their missions, as well as the effects of the programs on smoking and other health-related outcomes. This report discusses the Arkansas Tobacco Settlement Commission's activities and its responses to recommendations by RAND in the earlier evaluation reports and documents continued activity and progress by the seven funded programs for 2008 and 2009. The report evaluates the progress of each of the funded programs, including assessing progress in achieving programmatic goals and tracking the programs' activities and indicators. It also updates trends in outcome measures developed to monitor the effects of the funded programs on smoking and other health-related outcomes. Finally, it provides both program-specific and statewide recommendations for future program activities and funding, including ongoing strategic planning, developing evaluation measures, collaboration with other programs, and sustaining funding and growth.

http://www.rand.org/pubs/technical_reports/TR834/

TR-836-MCIA

Assessing Living Conditions in Iraq's Anbar Province in 2009. Audra K. Grant, Martin C. Libicki. 2010

The local population is the center of gravity in counterinsurgency, and the first step toward winning the population is to understand it. To acquire more knowledge regarding the lives of the people in Iraq's Anbar Province, once one of the most violent areas in the country, RAND carried out surveys of living conditions in the province in 2008 and 2009, conducting face-to-face interviews with a random sample of 1,200 heads of Anbari households. This report summarizes the findings of the May–June 2009 survey. Building on a 2004 survey developed by the United Nations Development Programme and the 2008 RAND instrument, the 2009 survey included questions about security and the effects of war, public infrastructure, demographics, employment, income and standards of living, education, and housing. The findings reveal that many improvements have occurred since 2004 and 2008. However, the data also expose both the extent to which Anbari households have suffered from the effects of war and the lack of improvement in certain areas (notably, public infrastructure). The results should foster greater understanding of current conditions in al-Anbar and help identify areas on which to focus future assistance.

http://www.rand.org/pubs/technical_reports/TR836/

TR-837-DHS

Measuring the Effectiveness of Border Security Between Ports-of-Entry. Henry H. Willis, Joel B. Predd, Paul K. Davis, Wayne P. Brown. 2010

Strategic planning is necessary if the U.S. Department of Homeland Security (DHS) is to carry out its border-security missions effectively and efficiently. As part of that, DHS leadership must define concrete and sensible objectives and measures of success. These can be used to assess results along the way, to guide allocation of resources, and to inform programming and budgeting for future capabilities and functions. This report offers research and recommendations on ways to measure the overall efforts of the national border-security enterprise between ports of entry. To be meaningful, the set of measures for effectiveness of border security should be sound, reliable, useful, and general. Three DHS missions appear to currently be of special interest to DHS leadership because they are especially problematic: illegal drug control, counterterrorism, and illegal migration. The report recommends measuring performance of three fundamental functions that border-security efforts contribute to achieving national policy objectives: interdiction, deterrence, and exploiting networked intelligence. If the steps described here are taken, DHS and its components will be in a better position to discuss past performance and to provide reasoned justifications for future allocation of resources. Further, they will be able to relate their efforts to those of other agencies in pursuit of national objectives.

http://www.rand.org/pubs/technical_reports/TR837/

TR-842-OSD

Achieving Strong Teamwork Practices in Hospital Labor and Delivery Units. Donna O. Farley, Melony E. Sorbero, Susan L. Lovejoy, Mary Salisbury. 2010

A RAND study of teamwork-improvement initiatives in hospital labor and delivery (L&D) units was designed to document and learn from the experiences and outcomes of five L&D units as they implemented improvements in their teamwork practices over a one-year period. The study had two objectives: (1) better understand the conditions and actions required for hospital L&D units to achieve effective and sustainable teamwork practices, and (2) assess the extent to which successful adoption of teamwork practices may influence the experiences of L&D staff and patient outcomes. Substantial progress is possible in one year of implementing teamwork practices, which can improve proximal outcomes, such as staff knowledge and perceptions. More than a year of implementation effort is required to achieve a high level of performance on teamwork practices. Two dynamics might be involved in later years of implementation: (1) momentum from the first year might continue into later years, such that subsequent implementation might reinforce continued improve-

ment, and (2) it might not be possible to sustain high intensity in implementation beyond the first year. The study results reinforce the importance of developing and implementing a well-crafted strategy by training staff in the L&D units, working consistently with staff to introduce practices, and providing coaching on effective use of practices. The study identified some key factors required by any given strategy for teamwork improvement, but it did not point to a standard template for implementation. This result implies that there may not be one fixed "intervention" that could be tested in comparative-control studies to develop further evidence for teamwork practices.

http://www.rand.org/pubs/technical_reports/TR842/

TR-844-NAVY

Evaluating the Desirability of Navy F/A-18E/F Service Life Extension Programs (SLEPs). Edward G. Keating, Irv Blickstein, Michael Boito, Jess Chandler, Deborah Peetz. 2010

As Navy aircraft age, leaders must decide whether to modify and upgrade the aging systems or replace them. The Navy wants to make such aging-aircraft management decisions in an objective and analytical manner that provides the most military efficacy to the department for a given level of spending. While the F/A-18E/F is relatively new, preliminary planning has begun as to the feasibility and desirability of a service life extension program (SLEP) on the aircraft. This report sets forth a methodology to compare the value of doing an E/F SLEP to the alternative of buying replacement Joint Strike Fighters (JSFs). The report presents ranges of parameter values that favor versus oppose undertaking E/F SLEPs.

http://www.rand.org/pubs/technical_reports/TR844/

TR-847-BF

Framework for assessing, improving and enhancing health service planning. Mihaly Fazekas, Stefanie Ettelt, Jennifer Newbould, Ellen Nolte. 2010

Healthcare planning forms a key instrument for decision makers to influence and direct health service provision, a function which is likely to become more important in the light of increasingly complex challenges that demand innovative solutions. How this is achieved best and in what circumstances remains however uncertain, given the variety of approaches adopted in different settings. This report aims to contribute to policy learning across countries from the diversity of healthcare planning approaches in Europe and elsewhere through developing and validating a framework for assessing, improving and enhancing healthcare planning. It identifies a set of criteria within three broad themes: "Vision", "Governance" and "Intelligence", which were then tested empirically through an in-depth analysis of four countries, using a case study approach: Germany, Austria, Canada (Ontario) and New Zealand.The analysis provides important insights into how different systems approach healthcare planning, identifying common challenges, but also differences highlighting the very contextual nature within which healthcare planning as an instrument to directing health service provision sits. It will be important to understand the role and power of actors as powerful stakeholder interests are likely to undermine effective planning if there are no mechanisms in place that allow for consensus building and establish lines of accountability for implementation. Broad political goals, such as ensuring economic sustainability, have to be considered and weighed against the goals of healthcare planning. The framework developed presents a first step towards developing a tool for assessing.

http://www.rand.org/pubs/technical_reports/TR847/

TR-849-LRA

Navigating the Road to Recovery: Assessment of the Coordination, Communication, and Financing of the Disaster Case Management Pilot in Louisiana. Joie Acosta, Anita Chandra, Kevin Carter Feeney. 2010

Disaster case management services provide relief to people after disaster by connecting them

with services needed to facilitate recovery. In 2009, individuals heavily affected by Hurricanes Katrina and Rita were still in need of social services. The Federal Emergency Management Agency (FEMA) provided funding to the Louisiana Recovery Authority to implement the Disaster Case Management Pilot (DCMP) in order to fill gaps in service provision that still remained after earlier case management programs ended. It focused on people still living in FEMA temporary housing units in April 2009. For future programs, Louisiana should revise the procurement process and develop guidance for handling disaster case management grant dollars with particular attention to financial aspects. For future national programs, FEMA should consider how to best track vulnerable clients,including using predisaster data; create a web-based knowledge center at program inception to provide centralized program information on an ongoing basis; create financial templates flexible enough to accommodate for state variation; consider how to best design a support system that can streamline intake and triage of cases; and target investments to maintain an ongoinginfrastructure to support disaster case management. The authors recommend that federal and state governments review the systems used to identify and locate residents in need of disaster case management because these systems performed poorly in the DCMP, making it difficult to appropriately plan. The “stop and start” of recovery initiatives led to serious discontinuities in client recovery; the authors also recommend that a single, longer-term recovery initiative that seamlessly acknowledges the stages of human recovery is merited.

http://www.rand.org/pubs/technical_reports/TR849/

TR-850-BF

Involving the public in healthcare policy: An update of the research evidence and proposed evaluation framework. Annalijn Conklin, Zoe Slote Morris, Ellen Nolte. 2010

Public involvement has been advocated as a means to enhance the responsiveness of healthcare systems. Yet despite its obvious appeal, the concept has remained poorly defined and its rationale and objectives are rarely specified when applied to the healthcare sector. This report aims to update existing work on both the conceptual and the empirical evidence for public involvement in healthcare policy. We draw on a comprehensive review of the published literature, supplemented by exploratory observations from selected public involvement initiatives in different health system contexts.Despite a growing literature base, the concept of “public involvement” remains poorly defined although as a complex and multidimensional phenomenon a call for simple clarification of the concept may not be desirable. Public involvement practice varies by underlying rationale, public motivation to become involved, and specific mechanisms and their relationship to wider social processes. We propose to interpret the term “involvement” as a descriptive umbrella term for the spectrum of processes and activities that bring the public into the decision-making process as it has the benefit of providing a fuller picture of potential involvement, which is independent of normative assumptions.Sound empirical evidence of the outcomes of public involvement activities in healthcare remains underdeveloped. We find evidence for the developmental role of public involvement while the evidence for instrumental benefits of public involvement initiatives is less well documented. Yet overly focusing on outcomes of public involvement risks missing the normative argument that involving the public in the process may be seen to be of intrinsic value in itself.

http://www.rand.org/pubs/technical_reports/TR850/

TR-853

Analyzing the Operation of Performance-Based Accountability Systems for Public Services. Frank Camm, Brian M. Stecher. 2010

Empirical evidence of the effects of performance-based public management is scarce. This report describes a framework used to organize available empirical information on one form of performance-based management, a performance-based accountability system (PBAS). Such a system identi-

fies individuals or organizations that must change their behavior for the performance of an activity to improve, chooses an implicit or explicit incentive structure to motivate these organizations or individuals to change, and then chooses performance measures tailored to inform the incentive structure appropriately. The study focused on systems in the child-care, education, health-care, public health emergency preparedness, and transportation sectors, mainly in the United States. Analysts could use this framework to seek empirical information in other sectors and other parts of the world. Additional empirical information could help refine existing PBASs and, more broadly, improve decisions on where to initiate new PBASs, how to implement them, and then how to design, manage, and refine them over time.

http://www.rand.org/pubs/technical_reports/TR853/

TR-855/1-MOD/FR

Le concept de communication stratégique de l'OTAN et sa pertinence pour la France. Anais Reding, Kristin Weed, Jeremy J. Ghez. 2010

The report on NATO's Strategic Communications concept and its relevance for France was commissioned by the French Ministry of Defence. It was based on a literature review and key informant semi-structured interviews carried out at NATO, in France and in the US between March and June 2010. The report has two contributions. First, it explains that the concept developed as a result of NATO's difficulty in gaining the support o f the Afghan population, including due to the information technology revolution's effect on communications. The study then clarifies the concept's definition, its objectives, enabling conditions, scope and terminology; its resources; and its implications for NATO's command structure. Second, the study assesses the concept's relevance for France. It found that the President's office, the Elysée, already carries out a strategy for communications. Nonetheless various French officers, civil servants and experts believe France could improve the strategic impact of its communications in crisis situations. The research therefore argues the concept is indeed relevant to France, but in crisis situations. It then explores the way in which the concept could be implemented in France and appropriately resourced. It also discusses some of the limitations to the concept and the issues that reside around its terminology.

http://www.rand.org/pubs/technical_reports/TR855.1/

TR-855/2-MOD/FR

NATO's Strategic Communications concept and its relevance for France. Anais Reding, Kristin Weed, Jeremy J. Ghez. 2010

The report on NATO's Strategic Communications concept and its relevance for France was commissioned by the French Ministry of Defence. It was based on a literature review and key informant semi-structured interviews carried out at NATO, in France and in the US between March and June 2010. The report has two contributions. First, it explains that the concept developed as a result of NATO's difficulty in gaining the support o f the Afghan population, including due to the information technology revolution's effect on communications. The study then clarifies the concept's definition, its objectives, enabling conditions, scope and terminology; its resources; and its implications for NATO's command structure. Second, the study assesses the concept's relevance for France. It found that the President's office, the Elysée, already carries out a strategy for communications. Nonetheless various French officers, civil servants and experts believe France could improve the strategic impact of its communications in crisis situations. The research therefore argues the concept is indeed relevant to France, but in crisis situations. It then explores the way in which the concept could be implemented in France and appropriately resourced. It also discusses some of the limitations to the concept and the issues that reside around its terminology.

http://www.rand.org/pubs/technical_reports/TR855.2/

TR-857-PTI

Federal Financial and Economic Literacy Education Programs, 2009. Angela A. Hung, Kata Mihaly, Joanne K. Yoong. 2010

Financial literacy—the ability to use knowledge and skills to manage financial resources effectively for a lifetime of financial well-being—is becoming more and more important as individuals and families become increasingly responsible for their own long-term financial well-being. Financial and economic literacy education programs have been shown to increase financial literacy and capability. Many federal agencies and departments have long-standing financial education programs, and, in recent years, steps have been taken to increase coordination of such efforts. In late 2009, a survey was conducted of 21 federal agencies, who reported offering a total of 56 financial and economic literacy education programs. In this report, the authors analyze the survey data, describing each program's purpose, content, delivery formats, target audience, and evaluation goals and method. The authors conclude with recommendations for future evaluations, emphasizing the need for a standardized definition of what constitutes a financial and economic literacy education program and for a standardized method of evaluating such programs across agencies.

http://www.rand.org/pubs/technical_reports/TR857/

TR-859-AF

The Economics of Air Force Medical Service Readiness. John C. Graser, Daniel Blum, Kevin Brancato, James J. Burks, Edward W. Chan, Nancy Nicosia, Michael J. Neumann, Hans V. Ritschard, Benjamin F. Mundell. 2010

The prime mission of the Air Force Medical Service (AFMS), like those of the medical departments of its sister services, is to provide medical care during wartime. AFMS currently runs three successful in-theater hospitals that treat severely injured or wounded U.S. personnel from all four services. But this wartime mission depends on capabilities built at home, as critical-care specialists maintain their technical proficiency, as much as peacetime opportunities allow, by meeting health-care needs of DoD beneficiaries at home. These patients have ranged from young, healthy active-duty personnel to aging retirees, historically presenting a broad range of injuries and illnesses for treatment. However, between the demands of deployments creating gaps in staff at home and changes in care plans, some beneficiaries now seek care in the civilian sector. In addition, several AFMS hospitals stateside have been closed, converted to clinics, or combined with those of other services for various reasons. All is problematic for two reasons: First, inpatient workloads in particular represent the best opportunities for critical care providers to prepare for their wartime missions. AFMS will need to increase these opportunities, perhaps working with other services, the Department of Veterans Affairs, or civilian hospitals. Second, AFMS's funding depends, in part, on the workload performed, but current measurement methods do not necessarily do a good job of accounting for the work AFMS practitioners accomplish outside their home stations. Some imminent changes may help resolve this situation, but AFMS should pursue opportunities to create additional workload for its medical personnel and to increase its budgets.

http://www.rand.org/pubs/technical_reports/TR859/

TR-863-MMS

Estimating Reliability and Misclassification in Physician Profiling. John L. Adams, Ateev Mehrotra, Elizabeth A. McGlynn. 2010

This technical report explains the relationship between reliability measurement and misclassification for physician quality and cost measures in health care. It provides details and a practical method to calculate reliability and misclassification from the data typically available to health plans. This report builds on other RAND work on reliability and misclassification and has two main goals. First, it can serve as a tutorial for measuring reliability and misclassification. Second, it will describe the likelihood of misclassification in a situation not addressed in our prior work in which

physicians are categorized using statistical testing. For any newly proposed system, the methods presented here should enable an evaluator to calculate the reliabilities and, consequently, the misclassification probabilities. It is our hope that knowing these misclassification probabilities will increase transparency about profiling methods and stimulate an informed debate about the costs and benefits of alternative profiling systems. The appendixes provide more technical detail on how to measure reliability with related program code as well as a set of lookup tables that can be used to obtain the rate of misclassification associated with a reliability estimate under various scenarios.

http://www.rand.org/pubs/technical_reports/TR863/

TR-864-OSD

Developing a Defense Sector Assessment Rating Tool. Agnes Gereben Schaefer, Lynn E. Davis, Ely Ratner, Molly Dunigan, Jeremiah Goulka, Heather Peterson, K. Jack Riley. 2010

Although the U.S. government spends billions of dollars annually on foreign assistance, there is no comprehensive tool to assist policymakers in assessing the state of a country's defense sector, to provide them with a systematic way of determining a country's capabilities to achieve various internal security goals, or to monitor the success of defense sector reform programs over time. In response, a RAND team developed the Defense Sector Assessment Rating Tool (DSART), which consists of six assessments to qualitatively and quantitatively determine the state of a country's defense sector, its institutions and processes, and its capacity to carry out operations for counterterrorism and counterinsurgency, counternarcotics, border and maritime security, counterpiracy, and postconflict stabilization. The DSART could be used to assess a country's current capabilities and then, over time, its progress. In addition, it could be used by countries other than the United States to assess their own defense sector capabilities or those of countries to which they are providing assistance. While the DSART is now ready for use, U.S. goals for defense sector reform may evolve, so the DSART is designed with a flexible architecture that can be adapted to a changing security environment.

http://www.rand.org/pubs/technical_reports/TR864/

TR-872-ICJ

Asbestos Bankruptcy Trusts: An Overview of Trust Structure and Activity with Detailed Reports on the Largest Trusts. Lloyd Dixon, Geoffrey McGovern, Amy Coombe. 2010

This report describes the creation, organization, governance, and operation of asbestos personal-injury trusts and compiles publicly available information on the assets, outlays, claim-approval criteria, and governing boards of the 26 largest trusts. The authors find that claim payments by the 26 largest trusts totaled at least $10.9 billion through 2008. While legislative and judicial reforms have made it increasingly difficult to obtain compensation for nonmalignant diseases in the tort system, the trust system remains a source of compensation for such injuries. The authors find that the median trust is able to pay 25 percent of the value it assigns to a claim and that trust transaction costs appear favorable to those in the tort system. The publicly available data on asbestos bankruptcy trusts provide an informative overview of trust practices and activity; however, they are limited in many important ways. Perhaps the most important limitation is the inability to link payments across trusts to the same individual. The ability to understand the trusts' effect on total claimant compensation from the trusts and the tort system combined and the compensation paid by solvent defendants will depend, to a large extent, on whether solvent defendants, trusts, and plaintiffs' attorneys are willing to release individual compensation information on a confidential basis for research purposes.

http://www.rand.org/pubs/technical_reports/TR872/

TR-881-OSD

Options for Filling Vacant Officer Positions. Roland J. Yardley, Harry J. Thie, M. Wade Markel, Thomas Manacapilli, Joseph Jenkins. 2010

The U.S. military services and the combatant commands have reported vacancies in funded officer billets, a situation that can have adverse effects on organizational performance and mission readiness. At the same time, evolution in the capabilities of the enlisted force and in the nature of military work may have given rise to opportunities to fill these billets with personnel other than officers.To better understand how to match the Department of Defense's changing workforce with its evolving manpower needs, the authors examine opportunities to enhance or maintain personnel fill rates through alternative mixes of military manpower, especially increased use of enlisted personnel, warrant officers, and limited-duty officers. This report discusses how the enlisted force has evolved, reviews current manpower policy, proposes a framework and criteria for considering the conversion of positions currently designated for officers for performance by others, and applies proposed criteria to six specific positions to illustrate the process.The authors conclude that the Department of Defense may indeed have opportunities to better leverage the experience, education, and capability of enlisted personnel, warrant officers, and limited-duty officers in some billets now designated for officers. However, new and revised guidance is required.

http://www.rand.org/pubs/technical_reports/TR881/

TR-882-WF

Hours of Opportunity, Volume 3: Profiles of Five Cities Improving After-School Programs Through a Systems Approach. Jennifer Sloan McCombs, Susan J. Bodilly, Nate Orr, Ethan Scherer, Louay Constant, Daniel Gershwin. 2010

High-quality out-of-school-time (OST) programs have a positive effect on youth development, but many cities have found it difficult to address the challenges of expanding and improving the quality of programs offered to underserved and high-need students. In response, The Wallace Foundation sponsored an initiative to help five cities increase collaboration, access, quality, information sharing, and sustainability in their OST systems. The third in this three-volume series presents in-depth case studies of the five Wallace Foundation grant cities: Providence, Boston, New York City, Chicago, and Washington, D.C. A review of the history of the grant in each city, the role played by the local context in which it was implemented, the initiative's progress toward a range of goals, and enablers and challenges to implementation reveals both lessons learned and best practices for the OST field. For example, strong interagency coordination and mayoral involvement, gaining stakeholder buy-in, a comprehensive approach to training and professional development, and shared goals were all associated with the more successful OST improvement efforts. However, all the cities faced challenges in implementing their respective initiatives, including staff turnover at the agency and program levels, funding constraints, obstacles to coordination, and issues related to data entry and tracking student outcomes.

http://www.rand.org/pubs/technical_reports/TR882/

TR-888-EC

Study on “eGovernment scenarios for 2020 and the preparation of the 2015 Action Plan”: Final report (D5). Rebecca Schindler, Maarten Botterman, Robbert Fisher. 2010

The objective of this study has been to collect and analyse high quality inputs relevant for contributing to the elaboration of Europe's eGovernment strategy for 2010-2015 (eGovernment 2015 Action Plan). Study results have provided concrete input to the 2015 Action Plan in terms of assessing objectives and validated priorities and proposing policy actions in support of policy priorities formulated by EU Ministers in Malmö, Sweden in 2009.The Executive Summary (Deliverable 5) summarises our analysis and presents key inputs relevant to the development of the eGovernment 2015 Action Plan. It presents the evidence validating political priorities, identifies trends and clarifies user demand, reviews real practice application, and establishes the extent to which current policies and instruments can contribute to the delivery of current political priorities.

http://www.rand.org/pubs/technical_reports/TR888/

TR-896-CEA

Earthquake Insurance and Disaster Assistance: The Effect of Catastrophe Obligation Guarantees on Federal Disaster-Assistance Expenditures in California. Tom LaTourrette, James N. Dertouzos, Christina E. Steiner, Noreen Clancy. 2010

In an effort to increase the availability and affordability of insurance for catastrophic events, the Catastrophe Obligation Guarantee Act was introduced in Congress in 2009. One of the arguments in support of this provision is that it lowers insurer costs, which lowers premium rates, increases the number of residents who buy catastrophe insurance, decreases the uninsured loss in disasters, and, ultimately, decreases federal disaster-assistance spending. The California Earthquake Authority, a state-managed catastrophe-insurance program that would qualify for the loan guarantees, sought an estimate of the potential magnitude of this effect for earthquakes in California. As part of the analysis, the report examines the price elasticity for earthquake insurance and relationships between earthquake-insurance coverage and loss compensation. We find that catastrophe obligation guarantees would reduce federal disaster-assistance costs by $3 million to $7 million for every $10 billion in total earthquake loss. Our findings show that changes in insurance coverage would have to be dramatic to have an appreciable impact on uninsured loss and disaster assistance. This result suggests that other avenues for increasing earthquake-insurance coverage, including offering new earthquake-insurance products that provide more-attractive options for consumers, might warrant consideration.

http://www.rand.org/pubs/technical_reports/TR896/

TR-907-AF

Adding Value to Air Force Management Through Building Partnerships Assessment. Jefferson P. Marquis, Joe Hogler, Jennifer D. P. Moroney, Michael J. Neumann, Christopher Paul, John E. Peters, Gregory F. Treverton, Anny Wong. 2010

Confronting an era of persistent global conflict with stable or declining defense resources, the United States needs partners to augment their own security-related capabilities and capacity. The U.S. Air Force has worked for many years with allies and friendly nations to build strong and enduring partnerships, reinforce other nations' capacities both to defend themselves and to work in coalitions, and ensure U.S. access to foreign territories for operational purposes. The activities conducted by the Air Force range from training, equipping, and exercising with others to holding bilateral talks, workshops, and conferences and providing education. Yet, it is often challenging to specify how much and in what ways these activities have contributed to U.S. policy objectives. This report builds on prior RAND research that developed a conceptual framework for assessing the Air Force's security cooperation efforts. In this follow-up study, researchers worked with Air Force leaders to better understand and attempt to overcome certain obstacles to the implementation of RAND's proposed framework. This report presents the results of surveys of and focus groups with a variety of Air Force leaders on security cooperation assessment. It presents a refined framework, based on these results, that focuses on four questions—Why assess? What to assess? How to assess? Who should assess?—and provides examples of how the framework could be applied to two example Air Force programs, the Operator Engagement Talks and the Military Personnel Exchange Program. The authors conclude with a discussion of problems identified and recommend a four-part strategy for establishing a new, integrated approach to Air Force security cooperation assessment.

http://www.rand.org/pubs/technical_reports/TR907/

TR-908-SSA

Research Designs for Estimating Induced Entry into the SSDI Program Resulting from a Benefit Offset. Nicole Maestas, Kathleen J. Mullen, Gema Zamarro. 2010

The U.S. Social Security Disability Insurance (SSDI) program provides income replacement to individuals who are largely unable to work because

of a long-lasting health condition. Applicants must demonstrate that they did not perform substantial gainful activity (SGA) for at least five months after disability onset; once enrolled in the program, the first dollar earned above the SGA threshold results in suspension of benefits, following a Trial Work Period. Recent legislative reforms have been oriented around the idea that many SSDI recipients could potentially work if offered targeted employment support services. Under the Ticket to Work Incentive and Work Incentives Improvement Act, Congress directed the Social Security Administration to study the effects of a “benefit offset” policy, under which the SSDI benefit would be reduced by $1 for every $2 of earnings above the SGA threshold. Such a policy could affect program entry, as it might induce some individuals to apply for SSDI benefits who choose not to under the current policy. This report describes two research design options for estimating such induced entry effects: one that uses stated preferences and one that uses past policy changes in a simple structural framework. The authors detail both design options and compare them according to five criteria: internal validity, external validity, flexibility, cost, and speed.

http://www.rand.org/pubs/technical_reports/TR908/

TR-914-DCDMH

Behavioral Health in the District of Columbia: Assessing Need and Evaluating the Public System of Care. Carole Roan Gresenz, Janice C. Blanchard, Justin William Timbie, Joie Acosta, Craig Evan Pollack, Teague Ruder, Brendan Saloner, Rhondee Benjamin-Johnson, Robin M. Weinick, David M. Adamson, Brionna Hair. 2010

This report summarizes findings from a study of the public behavioral health care system in the District of Columbia, including the prevalence of mental health disorders and substance use, the organization and financing of public behavioral health services, utilization of public behavioral health services, and priorities for improvement. The authors' analyses found that prevalence of mental health conditions resembles patterns nationally, among both adults and youth. Substance use disorders are more prevalent among adults and comparatively lower for the youth population, compared to national patterns. Potentially 60 percent of adults and 72 percent of adolescents enrolled in Medicaid managed care may have unmet need for depression services. Based on claims data, 45 percent of children and 41 percent of adults enrolled in Mental Health Rehabilitation Services programs have gaps in care that exceed six months during a 12-month period. Participants in focus groups and stakeholder interviews highlighted such challenges as gaps in care and difficulties in coordination of care for particular populations and services. High-level priorities include reducing unmet need for public mental health care, tracking and coordinating care, improving the availability and accessibility of substance use treatment services, and upgrading the data infrastructure.

http://www.rand.org/pubs/technical_reports/TR914/

TR-917-CAP

Incorporating Student Performance Measures into Teacher Evaluation Systems. Jennifer L. Steele, Laura S. Hamilton, Brian M. Stecher. 2010

Many existing teacher evaluation and reward systems do not capture variation in teachers' ability to improve student performance on standardized tests. Improved access to longitudinal data systems that link teachers to students facilitates the development of systems that incorporate student achievement gains into teacher evaluations. However, two important challenges remain: generating valid estimates of teachers' contributions to student learning and including teachers who do not teach subjects or grades that are tested annually.In their analysis of the systems of three districts and two states that have begun or are planning to incorporate measures of student performance into their teacher evaluations, the authors examine how the five profiled systems are addressing assessment quality, evaluating teachers in nontested subjects and grades, and assigning teachers responsibility for particular students.

The authors also examine what is and is not known about the quality of various student performance measures used by school systems and offer recommendations to policymakers about approaches to consider when incorporating student achievement measures into teacher evaluation systems.

http://www.rand.org/pubs/technical_reports/TR917/

TR-918-ISEC

Toward a Comparison of DNA Profiling and Databases in the United States and England. Jeremiah Goulka, Carl Matthies, Emma Disley, Paul Steinberg. 2010

Many senior U.S. law enforcement officials believe that the English criminal justice system has capitalized more fully on the crime-fighting potential of forensic DNA evidence than the U.S. criminal justice system. They contend that the English system is much faster at testing DNA samples and at uploading the test results into its forensic DNA database and that the English national DNA database provides more database hits that might help law enforcement solve and prevent crimes. Members of the RAND Center on Quality Policing (CQP) asked RAND researchers to explore the forensic DNA analysis systems in England and the United States to find out whether these perceptions are accurate. This report presents CQP's best efforts to undertake this comparative analysis, which was severely hampered by a lack of data on the U.S. and English forensic DNA systems and the unwillingness of some U.S. agencies to share their data. The authors make use of the limited available information to undertake comparisons of the two systems, highlighting the limitations of these comparisons. Additionally, they discuss broader issues that arose during the course of the analysis as to the appropriate metrics that should be used for comparison and the contextual factors that they think should be taken into account in any international comparison of DNA database systems.

http://www.rand.org/pubs/technical_reports/TR918/

WORKING PAPER BRIEFS

WB-106

What Influences New Hires to Save for Retirement?. Robert Clark, Melinda Morrill. 2010

Many people who start new jobs fail to enroll in employer-offered retirement saving programs, even when the employer offers to match their contributions. It is not clear why they do not take advantage of these plans or what can be done to change that behavior. Researchers are studying the behavior of new hires at six large employers to identify the factors that influence the choice to start saving for retirement. They have found that employees are responsive to employer match incentives in optional plans but with gaps by gender, age, and income group. Automatic saving plans have the highest participation rates and no such gaps.

http://www.rand.org/pubs/working_briefs/WB106/

WB-107

How Much Do People Know About Social Security?. Mathew Greenwald, Arie Kapteyn, Olivia S. Mitchell, Lisa Schneider. 2010

This study surveyed thousands of Americans about their knowledge of retirement planning in general and Social Security in particular. It found that most Americans feel ill prepared for retirement and have a very low level of understanding of how the Social Security system works, when they should start claiming, and how much they are likely to receive in benefits. Respondents expressed a high level of trust in the Social Security Administration and would like more guidance from the agency on how to improve their retirement planning.

http://www.rand.org/pubs/working_briefs/WB107/

WB-108

Does the Social Security Statement Improve Americans' Knowledge of Their Retirement Benefits?. Andrew G. Biggs. 2010

The Social Security statement is sent annually to each working American age 25 and over. The statement includes information regarding the Social Security program, a record of the individual's covered earnings and contributions to the program, and an estimate of the individual's future retirement benefits. Given the complexity of the Social Security benefit formula, the statement represents the best (and, perhaps, only) estimate of the benefits that an American will receive. However, little research has been conducted on how effectively the statement has improved Americans' knowledge of their benefits. Using data from the Health and Retirement Study (HRS), a federally funded survey of older Americans, this brief assesses how well people who are one or two years from claiming benefits are able to predict what they will receive from Social Security. The analysis relies on the fact that HRS respondents are interviewed in biennial waves from 1994 to 2008; the survey contains data for many individuals on both their expected benefits and the actual benefits they received. Because the Social Security Administration began mailing the statements to near-retirees in 1995, investigators could compare errors in predicting benefits for individuals before and after universal distribution of the statement. The study finds that the accuracy with which near-retirees predict future benefits did not improve following the distribution of statements in 1995.
http://www.rand.org/pubs/working_briefs/WB108/

WB-109

Is Social Security Claiming Influenced by How Information Is Framed?. Jeffrey R. Brown, Olivia S. Mitchell, Arie Kapteyn. 2010

Americans can begin claiming social security benefits between ages 62 and 70. However, the age chosen to begin claiming affects the amount of money received. Researchers studied whether the way in which benefit information is framed influences someone's choice of claiming age. They found that those who read about options in terms of a breakeven point ("You will come out ahead only if you live to age y") chose earlier claiming ages, and those whose benefits were described in terms of gains rather than losses ("Delaying claiming for one year will increase your benefit by $d") induced waiting.
http://www.rand.org/pubs/working_briefs/WB109/

WORKING PAPERS

WR-240/21-LAFANS

The Los Angeles Family and Neighborhood Survey, Wave 2: Household Questionnaires. Anne R. Pebley, Christine E. Peterson, Narayan Sastry, Karen Yuhas. 2010

The Los Angeles Family and Neighborhood Survey (L.A.FANS) is a longitudinal study of families in Los Angeles County and of the neighborhoods in which they live. L.A.FANS was originally designed to answer key research and policy questions in three areas: the effects of neighborhoods and families on children's development; the effects of welfare reform at the neighborhood level; and the process of residential mobility and neighborhood change. L.A.FANS also provides a data set for studying other important social, economic, and policy issues, including: adult health and health disparities, immigrant well-being, social ties and neighborhood interaction, marriage patterns, ethnic identity, family survival strategies, family dynamics, health insurance coverage, and self-reported vs. measured health status. The first wave (L.A.FANS-1), which was fielded between April 2000 and January 2002, interviewed adults and children living in 3,085 households in a diverse stratified probability sample of 65 neighborhoods throughout Los Angeles County. In Wave 2 of L.A.FANS, the authors attempted to reinterview in person all primary respondents from Wave 1 who were residing in Los Angeles County, whether or not they continued to live in their Wave 1 neighborhoods. In addition, they interviewed a sample of individuals who moved into each sampled neighborhood between Waves 1 and 2. Fieldwork for the second wave of L.A.FANS took place between August 2006 and December 2008.

WR-391-ASPE

Assessment of Pay-for-Performance Options for Medicare Physician Services: Final Report. Melony E. Sorbero, Cheryl L. Damberg, Rebecca Shaw, Stephanie S. Teleki, Susan L. Lovejoy, Alison H. DeCristofaro, Jacob W. Dembosky, Cynthia R. Schuster. 2010

In recent years, pay-for-performance (P4P) programs have been developed as a strategy for driving improvements in the quality and cost-efficiency of health care. The Centers for Medicare & Medicaid Services (CMS), is actively considering P4P for Medicare physician services, viewing this policy strategy as one way to increase physician responsibility for efficiently providing high quality care to beneficiaries of the Medicare program. With an interest in learning more about P4P programs targeted at physicians, the Assistant Secretary for Planning and Evaluation (ASPE), within the U.S. Department of Health and Human Services, contracted with the RAND Corporation to help in its assessment of whether P4P can be effectively implemented in the Medicare physician service delivery and payment environment. This report presents the results of this study, including a review what is known about P4P and the empirical evidence about its effectiveness, a description of the characteristics of current P4P programs, lessons learned from currently operating P4P programs about how to design and implement these programs, key P4P program design components and an assessment of the options for each component, a framework for guiding the development of a P4P program, the challenges CMS can expect to face in designing and implementing a P4P program for Medicare physician services, as well as steps that CMS could take to prepare for building and supporting a national P4P program for physician services.

WR-637-1-EMKF

Is Employer-Based Health Insurance A Barrier To Entrepreneurship?. Robert W. Fairlie, Kanika Kapur, Susan M. Gates. 2010

The focus on employer-provided health insurance in the United States may restrict business creation. The authors address the limited research on the topic of “entrepreneurship lock” by using recent panel data from matched Current Population Surveys. They use difference-indifference models to estimate the interaction between having a spouse with employer-based health insurance and potential demand for health care. They find evidence of a larger negative effect of health insurance demand on business creation for those without spousal coverage than for those with spousal coverage. They also take a new approach in the literature to examine the question of whether employer-based health insurance discourages business creation by exploiting the discontinuity created at age 65 through the qualification for Medicare. Using a novel procedure of identifying age in months from matched monthly CPS data, they compare the probability of business ownership among male workers in the months just before turning age 65 and in the months just after turning age 65. They find that business ownership rates increase from just under age 65 to just over age 65, whereas they find no change in business ownership rates from just before to just after for other ages 55-75. They also do not find evidence from the previous literature and additional estimates that other confounding factors such as retirement, partial retirement, social security and pension eligibility are responsible for the increase in business ownership in the month individuals turn 65. Their estimates provide some evidence that "entrepreneurship lock" exists, which raises concerns that the bundling of health insurance and employment may create an inefficient level of business creation.

WR-642

Cobertura del Sistema Privado de Capitalización en Chile, Colombia y México. Emma Aguila, Orazio P. Attanasio, Ximena Quintanilla. 2010

Este estudio compara las diferencias de cobertura en los sistemas de pensiones de capitalización individual en tres países de Latinoamérica. En Chile, Colombia y México, aún cuando cada uno de ellos tiene sistema de pensiones de contribuciones definidas, hay diferencias significativas en el diseño e incentivos de cada sistema que pueden afectar la participación de los individuos en

el mismo. El presente estudio examina la cobertura del sistema de pensiones comparando el diseño de los sistemas, el desempeño económico y la estructura del mercado laboral de cada país. Se consideraron las diferentes trayectorias macroeconómicas y las estructuras de los mercados laborales de cada país, especialmente las relativas al sector laboral informal. Adicionalmente, utilizamos micro-datos para examinar cómo las características personales y del hogar afectan la participación en el sistema de pensiones. En el caso de Colombia, sólo se llevan a cabo estimaciones de corte transversal, mientras que para Chile y México los datos longitudinales permiten controlar la heterogeneidad no observada. Nuestro estudio revela que las bajas tasas de cobertura de cada sistema de pensiones está estrechamente relacionada con los ciclos económicos y la falta de contribuciones obligatorias al sistema por los trabajadores independientes. Encontramos que los hombres, jefes de familia, con un mayor número de miembros en el hogar, casados y con mayores niveles educativos tiene una mayor probabilidad de contribuir al sistema. Asimismo, las mujeres con altos niveles de educación tienen más probabilidad de contribuir al sistema de pensiones.This paper compares the differences of individual coverage in the fully-funded social security systems of three Latin American countries. Chile, Columbia, and Mexico each have defined contributions social security systems, yet there are significant differences in system design and incentive that may affect individuals' participation. Here, we examine social security coverage by comparing the system design, economic performance, and labor market structure of each country. The authors consider the different macroeconomic paths and labor markets structures of each country, especially those regarding the informal labor sector. Micro-data is also used to examine how personal and household characteristics affect the social security system participation. For Colombia, only cross-section estimations are carried out, while panel data for Chile and Mexico allows control for unobserved heterogeneity. Their study reveals the low coverage rates of each social security system is strongly related to economic cycles and the lack of compulsory contributions to the system by self-employed workers. They find a higher probability to contribute to the system for men, head of households, higher number of household members, married, and higher levels of education. Also, females with high levels of education are more likely to contribute to the social security system.

WR-709-ICJ

Judicial Expenditures and Litigation Access: Evidence from Auto Injuries. Paul Heaton, Eric Helland. 2010

Despite claims of a judicial funding crisis, there exists little direct evidence linking judicial budgets to court utilization. Using data on thousands of auto injuries covering a 15-year period, the authors measure the relationship between state-level court expenditures and the propensity of injured parties to pursue litigation. Controlling for state and plaintiff characteristics and accounting for the potential endogeneity of expenditures, they show that expenditures increase litigation access, with their preferred estimates indicating that a 10% budget increase increases litigation rates by 3%. Consistent with litigation models in which high litigation costs undermine the threat posture of plaintiffs, increases in court resources also augment payments to injured parties.

WR-714-1

Asking for Help: Survey And Experimental Evidence on Financial Advice and Behavior Change. Angela A. Hung, Joanne K. Yoong. 2010

When do individuals actually improve their financial behavior in response to advice? Using survey data from current defined-contribution plan holders in the RAND American Life Panel (a probability sample of US households), the authors find little evidence of improved DC plan behaviors due to advice, although they cannot rule out problems of reverse causality and selection. To complement the analysis of survey data, they design and implement a hypothetical choice experiment in which ALP respondents are asked to perform a portfolio allocation task, with or without advice.

Their results show that unsolicited advice has no effect on investment behavior, in terms of behavioral outcomes. However, individuals who actively solicit advice ultimately improve performance, in spite of negative selection on financial ability. One interesting implication for policymakers is that expanding access to advice can have positive effects (particularly for the less financially literate); however, more extensive compulsory programs of financial counseling may be ultimately ineffective.

WR-720-1

Declining Return Migration from the United States to Mexico in the late-2000s Recession. Michael S. Rendall, Peter Brownell, Sarah Kups. 2010

Researchers in the U.S. and Mexico have variously asserted that return migration from the U.S. to Mexico has increased substantially, remained unchanged, or declined slightly in response to the 2007-2009 U.S. recession and global financial crisis. The present study addresses this debate using microdata through mid-2009 from a large-scale, quarterly Mexican household survey, the National Survey of Occupation and Employment (ENOE), after first validating the ENOE against return migration estimates from a specialist demographic survey, the 2006 National Survey of Demographic Dynamics (ENADID). No evidence of increased return migration is found. Statistically significant declines in return migration, however, are found between the immediately prerecession 2006/07 year and the 2008/09 recession year, and between the fourth quarter of 2007 and the fourth quarter of 2008 when the global financial crisis had just been triggered.

WR-723

Unequal Giving: Monetary Gifts to Children Across Countries and Over Time. Julie Zissimopoulos, James P. Smith. 2010

Money parents give their adult children may be important for the financing of a child's education or a first home, relaxing binding credit constraints or responding to a transitory income shock. Financial transfers however, may extend economic disparities across generations if the wealthy transfer considerable resources to their children while middle class and poor households do not. In this paper, the authors first examine annual gifts of money from parents to adult children in the United States and ten European countries using the 2004 waves of the Health and Retirement Study (HRS) and Survey of Health, Ageing and Retirement in Europe (SHARE). Second, utilizing the long panel of the HRS, the authors study the long-run behavior of parental monetary giving to children across families and within a family. This paper found that in all countries, some parents gave money to children, many did not, the amount was low, about 500 Euros annually per child, and varied by parental socio-economic status and public social expenditures. In the short-term parents in the U.S. gave money to a child to compensate for low earnings or satisfy an immediate need such as schooling. Over sixteen years, parents gave an average of about $38,000 to all their children, five percent gave over $140,000 and gave persistently. With time, the amount of money children in the same family received became more equal and a child's level of education was one of the few remaining sources of differences in money given to children. Overall, the annual amount of money parents gave adult children in any country was not enough to affect the distribution of resources within or between families in the next generation although the timing of transfers for schooling or housing may have a significant impact on an individual child. Annual parental transfers for college age children in school in the U.S. were substantially higher than average transfers to all children. The effect of parental transfers for higher education on intergenerational mobility in the U.S. will depend in part upon whether this financing is essential in the schooling decision.

WR-724

Gain and Loss: Marriage and Wealth Changes Over Time. Julie Zissimopoulos. 2010

Family composition has changed dramatically over the past 25 years. Divorce rates increased and remarriage rates declined. While considerable research established a link between marriage and

earnings, far less is empirically understood about the effect of marriage on wealth although wealth is an important measure for older individuals because it represents resources available for consumption in retirement. This research employs eight waves of panel data from the Health and Retirement Study to study the relationship between wealth changes and marital status among individuals over age 50. It advances understanding of the relationship by first, incorporating measures of current and lifetime earnings, mortality risk and other characteristics that vary by marital status into models of wealth change; second, measuring the magnitude of wealth loss and gain associated with divorce, widowing and remarriage and third, estimating wealth change before and after marital status change so the change in wealth change is not the result of individuals entering or leaving the household and other sources of unobserved differences are removed from estimates of the effect of marriage on wealth. The results suggest no differences in wealth change over time among individuals that remain married, divorced, widowed, never married and partnered over 7 years. In the short-run there are substantial wealth changes associated with marital status changes. Divorce at older ages is costly, remarriage is wealth enhancing and people appear to change their savings in response to changes in marital status.

WR-725

Liquidity Constraints, Household Wealth, and Self-Employment: The Case of Older Workers. Julie Zissimopoulos, Lynn A. Karoly, Qian Gu. 2010

Evidence of liquidity constraints affecting entrepreneurship includes increasing rates of business formation with increases in household wealth and no relationship between the likelihood of business formation and wealth at high wealth levels. Using longitudinal data from the Health and Retirement Study on workers over age 50 and employing probit regressions with a non-linear specification of household wealth and liquid wealth, the authors find the relationship between wealth and business formation is consistent with this pattern. The paper also finds that wealth matters more for the formation of businesses requiring high starting capital. Employing the availability of a lump-sum distribution option (LSO) of an employer-provided pension plan as a new proxy for liquidity, the results show that workers with an LSO are more likely than workers with a pension and without an LSO to transition into self-employment. This provides further evidence of the existence and importance of liquidity constraints.

WR-726

Labor Market and Immigration Behavior of Middle-Aged and Elderly Mexicans. Emma Aguila, Julie Zissimopoulos. 2010

This study analyzed the retirement behavior of Mexicans with migration spells to the United States that returned to Mexico and non-migrants. The analysis is based on rich panel data from the Mexican Health and Aging Study (MHAS). Approximately 9 percent of MHAS respondents age 50 and older reported having lived or worked in the United States. These return migrants were more likely to be working at older ages than non-migrants. Consistent with much of the prior research on retirement in the United States and other developed countries, Mexican non-migrants and return migrants were responsive to institutional incentives. Both groups were more likely to retire if they had publicly provided health insurance and pensions. In addition, receipt of U.S. Social Security benefits increased retirement rates among return migrants. Return migrants were more likely to report being in poor health and this also increased the likelihood of retiring. The 2004 draft of an Agreement on Social Security would coordinate benefits across United States and Mexico boundaries to protect the benefits of persons who have worked in foreign countries. The agreement would likely increase the number of authorized and unauthorized Mexican workers and family member eligible for Social Security benefits. The responsiveness of current, older Mexican return migrants to pension benefits, suggests that an agreement would affect the retirement behavior of Mexican migrants.

WR-727

Indian Entrepreneurial Success in the United States, Canada and the United Kingdom. Robert W. Fairlie, Harry Krashinsky, Julie Zissimopoulos, Krishna B. Kumar. 2010

Indian immigrants in the United States and other wealthy countries are successful in entrepreneurship. Using census data from the three largest developed countries in the world receiving Indian immigrants—the United States, United Kingdom and Canada—the authors examine the performance of Indian entrepreneurs and the causes of their success. In the United States, Indian entrepreneurs have average business income that is substantially higher than the national average and is higher than any other immigrant group. High levels of education among Indian immigrants in the United States are responsible for nearly half of the higher level of entrepreneurial earnings while industry differences explain an additional 10 percent. In Canada, Indian entrepreneurs have average earnings slightly below the national average but they are more likely to hire employees, as are their counterparts in the United States and United Kingdom. The Indian educational advantage is smaller in Canada and the United Kingdom contributing less to their entrepreneurial success.

WR-729

National Independence, Women's Political Participation, and Life Expectancy in Norway. Jenna Nobles, Ryan Andrew Brown, Ralph C. Catalano. 2010

This study investigates the role of national independence and women's political participation on population health using historical lifespan data from Norway. The authors use time-series methods to analyze data measuring the actual length of time lived by Norwegian birth cohorts spanning a 61 year period surrounding the political emancipation of Norway from Sweden in 1905 and the establishment of a Norwegian monarchy in 1906. The use of a discrete, historical event improves their ability to interpret the population health effects of national independence and women's political participation as causal. They find a large and significant positive effect on the lifespan of Norwegian females born in the 1906 cohort. Interestingly, the effect does not extend to all living females during the Norwegian drive toward sovereignty. They conclude that the beneficial effects were likely conferred through intrauterine biological transfers and/or neonatal investments specific to the first year of life.

WR-730

Program Take-Up Among CalWORKs Leavers: Medi-Cal, Food Stamps, and the EITC: An Evaluation of Participation in Work-Support Programs by CalWORKs Leavers. Jacob Alex Klerman, Amy G. Cox, V. Joseph Hotz, Charles Mullin, John Karl Scholz. 2010

This report is one of two from a research study commissioned from RAND by the Welfare Policy Research Project's advisory board on behalf of the State of California. Welfare reform of the mid-1990s was intended to encourage recipients to leave cash assistance while continuing their participation in other work-support programs, in particular, the Food Stamp, Medi- Cal, and Earned Income Tax Credit (EITC) programs. Early reports suggested that participation in, or “take-up” of, such programs was low. In response, WPRP issued a Request for Proposals (RFP), “Employed Former Recipients' Use of Income Support Programs,” to study the use of Food Stamps, Medi-Cal, and the federal EITC among Californians who left cash assistance. The RFP focused on people who left cash aid with paid employment and who remained eligible for one or more of the three programs.

WR-732

Informing, Enrolling, and Reenrolling CalWORKs Leavers in Food Stamps and Medi-Cal. Jacob Alex Klerman, Amy G. Cox. 2010

The federal 1996 welfare reforms were intended to move cash aid recipients into the workforce, while maintaining a set of "work supports", including Medicaid and Food Stamps. Given that those programs had primarily focused on non-working

cash aid recipients and the large flow of people off the welfare roles in the mid-1990s, reorienting those programs to their new goals of serving the working poor would be a challenge. This paper considers how those changes were implemented in California.

WR-734

The Effect of the UI Wage Replacement Rate on Reemployment Wages: A Dynamic Discrete Time Hazard Model with Unobserved Heterogeneity. Zafar Nazarov. 2010

This study estimates the effect of the UI (Unemployment Insurance) wage replacement rate on reemployment wages using the sample of men in the 1996 and 2001 Surveys of Income and Program Participation. It models employment search behavior in a dynamic discrete time hazard setting with three possible outcomes: finding a full-time job, finding a part-time job, or staying unemployed (continuing the job search). It finds that reemployment wages, particularly part-time wages, decrease with the UI wage replacement rate. Furthermore, the wage replacement rate depresses the prospect of finding full-time work while increasing the prospect of finding part-time work.

WR-735-MFH

Estimating and Mapping Health Literacy in the State of Missouri. Nicole Lurie, Laurie T. Martin, Teague Ruder, Jose J. Escarce, Bonnie Ghosh-Dastidar, Dan Sherman, Chloe E. Bird, Allen Fremont. 2010

Health literacy refers to literacy within a health context and is defined as the “degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”. Findings from the 2003 National Assessment of Adult Literacy (NAAL) paint a grim picture of health literacy in America. About a third (36%) of adults have limited health literacy and find it difficult to calculate the appropriate dose of an over-the-counter medication for a child or comprehend a consent form. Of these approximately 80 million adults with limited health literacy, 31 million have difficulty understanding directions for taking medicine. National, state and local stakeholders seeking to improve health and health care increasingly recognize that low health literacy contributes to poor health and gaps in care. Yet, resources to screen individuals for low health literacy are limited, and individually-tailored interventions may not be feasible or affordable in the long run. This paper offers an alternative population-based approach to identify geographic areas with a high concentration of individuals with low health literacy (i.e., ‘hot spots') where interventions aimed at low health literacy populations might be most effective in improving health and health care quality. To facilitate efforts to identify hot spots of low health literacy, the authors developed predictive models using data from the 2003 National Assessment of Adult Literacy (NAAL), an in-person assessment of English language literacy among a nationally representative sample of U.S. adults age 18 and over. They estimated mean health literacy scores as well as the probability of being classified by the NAAL as having ‘above basic' health literacy (i.e., health literacy in the ‘intermediate' or ‘proficient' range). Using these models and information about the demographic makeup of census areas (public use microdata areas (PUMAs) and census tracts), they generated estimates of health literacy for each geographic area. They then mapped the results to identify ‘hot spots' of low health literacy across Missouri.

WR-737-DHHS

Understanding Community Resilience in the Context of National Health Security: A Literature Review. Anita Chandra, Joie Acosta, Lisa S. Meredith, Katherine Sanches, Stefanie Stern, Lori Uscher-Pines, Malcolm V. Williams, Douglas Yeung. 2010

Building community resilience, or the capability to rebound from a disaster is a cornerstone of public health emergency preparedness. Recent regional meetings with stakeholders to develop the National Health Security Strategy (NHSS) revealed that questions remain unanswered as to how to develop and measure a community's resilience in the face of manmade and natural threats. To date,

we have many theoretical models articulating factors that contribute to community resilience such as community cohesion and the ability to marshal resources quickly, but we have less empirical evidence about what constitutes the integral components of resiliency. Despite a limited evidence base, enhanced resilience is considered critical to mitigating vulnerabilities, reducing negative health consequences, and rapidly restoring community functioning. According to the Homeland Security Presidential Directive-21 (HSPD-21), resilience is essential to limiting the need for prolonged assistance post disaster. In order to improve resilience, Bruneau (2003) argues that communities must build capabilities that are characterized by robustness (the ability to withstand stress), redundancy (resource diversity), and rapidity (the ability to mobilize resources quickly). These efforts ensure that communities (and especially those with resource poor neighborhoods) will have the ability during an event to respond quickly, even when critical parts of the community are severely impacted, and to return to normal functioning with little delay. Despite an understanding that community resilience is critical, the stakeholders responsible for ensuring national health security (both government and non-governmental organizations) do not have a working definition or a clear understanding of how to measure resilience for health security. Further, we have limited information about key strategies to enhance resilience. This literature review synthesizes the existing evidence base on resilience to identify drivers for health-related emergency planning. The review lays a foundation for upcoming analyses that will provide a working definition of community resilience, identify activities for building resilience, and offer associated metrics. These activities and metrics will be integrated into the NHSS implementation plan.

http://www.rand.org/pubs/working_papers/WR737/

WR-738

Neighborhood Archetypes for Population Health Research: Is There No Place Like Home?. Margaret M. Weden, Chloe E. Bird, Jose J. Escarce, Nicole Lurie. 2010

The principal objective of this study is to characterize the places in which people live by factors associated with physical and mental wellbeing. The authors demonstrate a new approach that employs neighborhood measures such as social environment, built environment, commuting and migration, and demographics and household composition to classify neighborhoods into archetypes. The number of neighborhood archetypes, their defining attributes, and their change/stability between 1990 and 2000 is analyzed using latent class analysis applied to a rich array of data sources. In both years, six archetypes of U.S. neighborhoods are differentiated which occur at prevalence from 13% to 20%: Mobile single-household, urbanites; Low SES, rural; Poor, urban, minority; Low SES, urban, minority commuters; High SES, foreign born, new home owners; and Middle-class suburban/exurban families. Findings show that neighborhoods have remained notably constant between 1990 and 2000, with 76.4% of the neighborhoods categorized as the same archetype ten years later. The approach to defining neighborhood archetypes translates the theoretical aspects of research on neighborhoods and health into a measurement typology that can be employed in applied research questions such as public health surveillance and planning and which can be replicated and extended for use in other historical, geographical, and substantive applications.

WR-739-NLNS

Preliminary Findings from the New Leaders for New Schools Evaluation. Francisco Martorell, Paul Heaton, Susan M. Gates, Laura S. Hamilton. 2010

Effective school leadership is widely seen as a key determinant of student achievement, yet it remains unclear what constitutes an effective principal. To address the need to develop new principals to lead urban schools, the New Leaders for New Schools organization was established with the goal of ensuring high academic achievement for all students by attracting, preparing, and supporting leaders for urban public schools. This working

paper presents preliminary findings on the impact of attending a school led by a K-8 school led by a New Leader. Using longitudinal student-level data collected from the six cities in which New Leaders had placed principals by the 2007-08 school year, the authors attempt to estimate the effect of attending a school led by a New Leader using panel data methods to mitigate biases from nonrandom sorting of students and principals to schools. The estimates suggest that there is a positive association between achievement and having a New Leader in his or her second (or higher) year of tenure, while there is a small negative relationship between achievement and attending a school led by a first-year New Leader.

WR-740

Identifying the Effects of Unjustified Confidence versus Overconfidence: Lessons Learned from Two Analytic Methods. Andrew M. Parker, Eric R. Stone. 2010

One of the most common findings in behavioral decision research is that people often have unrealistic beliefs about how much they know, but only recently have researchers begun to examine the consequences of these unrealistic beliefs. Unfortunately, examination of this issue is complicated by the use of different ways of characterizing unrealistic beliefs about one's knowledge. This paper examines the implications of two common measures – labeled overconfidence and unjustified confidence – showing how and where they can lead to different conclusions when used for prediction. The authors first consider conceptual, measurement, and analytic issues distinguishing these measures. Next, they provide a set of simulations designed to elucidate when these two different methods of characterizing unrealistic beliefs about one's knowledge will lead to different conclusions. Finally, they illustrate the main findings from the simulations with three empirical examples drawn from our own data. The results highlight the need for clarity in the match between research question and measurement strategy.

WR-741

What Can We Learn from (and about) Global Aging?. Arie Kapteyn. 2010

Although aging is a global phenomenon, there are large differences across countries in both the speed of aging and the current state they are in. Furthermore countries adopt vastly different policies. This creates a natural laboratory that scientists can use to understand how policies affect outcomes. This paper discusses under what circumstances data from different countries can be used for inference about policy effects. Although currently comparable health and retirement data are being collected in some 25 countries, the use of such data requires careful modeling of differences in institutions and in response styles across countries.

WR-742

The Role of Education in Preparing Graduates for the Labor Market in the GCC Countries. Lynn A. Karoly. 2010

In the 21st century knowledge economy, education plays an increasingly important role in preparing new labor market entrants for the workforce and providing skill upgrading throughout the working career. The vital role of education is propelled by the rapid pace of technological change, as well as the interdependent, global economy, forces that together demand a workforce with the capacity for leadership, problem solving, and collaboration and communication in a wide range of economic sectors. Within this context, the education and workforce development systems are critical for supporting human capital development throughout the life course. This paper reviews these broader trends regarding the role of education in the labor market and then considers the implications for education in the countries of Gulf Cooperation Council (GCC), namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates. Where data are available, the paper examines patterns of educational attainment overall in these countries, evidence of the quality of the education systems and the graduates they

produce, and the labor market benefits of higher educational attainment. It also assesses gender differences, where possible, in each of these indicators of interest. The paper concludes by enumerating several key challenges facing the Gulf countries in promoting strong education systems and well functioning labor markets to meet the labor force needs in the private and public sectors in the 21st century global economy.

WR-743

Using Matched Survey and Administrative Data to Estimate Eligibility for the Medicare Part D Low Income Subsidy Program. Erik Meijer, Lynn A. Karoly, Pierre-Carl Michaud. 2010

The 2003 Medicare Prescription Drug Improvement and Modernization Act added a new prescription drug benefit to the Medicare program known as Part D (prescription drug coverage), as well as the Low-Income Subsidy (LIS) program to provide "extra help" with premiums, deductibles, and copayments for Medicare Part D beneficiaries with low income and limited assets. In this paper, the authors report on the use of matched survey and administrative data to estimate the size of the LIS-eligible population as of 2006. In particular, they employ individual-level data from the Survey of Income and Program Participation (SIPP) and the Health and Retirement Study (HRS) to cover the potentially LIS-eligible noninstitutionalized and institutionalized populations of all ages. The survey data are matched to Social Security Administration (SSA) administrative data to improve on potentially error-ridden survey measures of income components (e.g., earnings and beneficiary payments from Supplemental Security Income and Old Age, Survivors, and Disability Insurance) and program participation (e.g., participation in Medicare or a Medicaid/Medicare Savings program). The administrative data include the Master Beneficiary Record/Payment History Update System, the Master Earnings File, and the Supplemental Security Record. The survey data are the source of information on asset components, as well as the income components (e.g., private pensions) and individual characteristics (e.g., health status) not covered in the administrative data. Their baseline estimate, based on the matched data, is that about 12 million individuals were potentially eligible for the LIS as of 2006. A sensitivity analysis indicates that the use of administrative data has a relatively small effect on the estimates but does suggest that measurement error is important to account for. The estimate of the size of the LIS-eligible population is more sensitive to the relative weight they place on the two survey data sources, rather than the choice of methods we apply to either data source.

WR-744-ONS

How do the public value different outcomes of social care? Estimation of preference weights for ASCOT. Peter Burge, Dimitris Potoglou, Chong Woo Kim, Stephane Hess. 2010

This RAND Europe Working Paper is part of the Measuring Outcomes for Public Service Users (MOPSU) project funded by the UK Treasury under the Invest to Save programme and led by the Office for National Statistics (ONS). The preference study was undertaken as part of the personal social services element of the project, which is led by the Personal Social Services Research Unit (PSSRU), with the objective that the measures of social care outcomes will reflect the relative importance of the domains (e.g. food and nutrition, accommodation) and levels of these domains, rather than an assumption that all domains, and improvements between levels within those domains, are of equal importance. This Working Paper establishes preference weights for the Adult Social Care Outcomes Toolkit (ASCOT) measures of social care outcomes, and examines whether the use of 4-level domains improves the sensitivity of the measure at lower levels of need than 3-level domains.

WR-745-CHSWC

How Effective are Employer Return to Work Programs?. Christopher F. McLaren, Robert T. Reville, Seth A. Seabury. 2010

Reducing the recovery time for workers who are injured or disabled by a workplace accident is a key policy goal. This has motivated the promotion of employer-based return to work programs, despite a lack of systematic evidence on the effectiveness of such programs. The authors combine data on duration of time out of work for workers' compensation claimants with information on employer return to work programs to estimate the impact of the programs on time out of work. Discrete-time hazard estimates suggest that the workers in a program return approximately 1.4 times sooner compared to workers injured at a firm without a program. This corresponds to a reduction of between 3-4 weeks in median duration of time to return to work for all workers in our sample. The effect is stronger for men than for women, likely due to occupational differences between the two groups, and are robust across different specifications. Back-of-the-envelope calculations suggest that these programs are cost effective for large employers. More work is needed to determine whether these programs could be adopted successfully by smaller firms.

WR-746-WB

Toolkit on tackling error, fraud and corruption in social protection programs. Christian van Stolk, Emil D Tesliuc. 2010

The World Bank commissioned RAND Europe to write a toolkit to assist in the assessment of interventions used to tackle error, fraud and corruption (EFC) in the social protection programmes of client countries. This report is aimed at assisting government officials who seek to improve EF&C control in their social protection programmes and World Bank staff in assessing EF&C control in client countries. It is a discussion piece that informs the wider debate on ensuring the integrity of social protection programmes. The toolkit builds on a report that RAND Europe undertook on fraud and error controls in social security systems of eight OECD countries for the UK National Audit Office (NAO) and is based on three recent missions that the World Bank and contractors have undertaken in the social security systems of the Ukraine, the Kyrgyz Republic and Bangladesh. The focus of the toolkit is particularly focused on fraud and error in social protection programmes and to a smaller degree on corruption. This report contains the written materials for a diagnostic toolkit aimed at the assessment of the mechanisms for combating EFC. It contains five substantive sections: an introduction; a discussion on building a framework to combat EFC; examples of effective instruments used to combat EFC; a section on how to set up a diagnostic missions; and examples from missions so far. The document is organised along a set of questions that an evaluator of EFC in social protection programmes might consider.

WR-749-IMHA

Piloting the RAISS tool in the Canadian Context. Steven Wooding, Tony Starkey. 2010

This report, prepared for and funded by the Institute of Musculoskeletal Health and Arthritis (IMHA), describes the localisation and trialling of the RAND/ARC Impact Scoring System (RAISS) tool in the Canadian context. The RAISS tool was originally developed with the UK Arthritis Research Campaign. In the current pilot for IMHA, the localised survey, where the language had been adjusted for the Canadian respondents, was trialled with a pilot population of 13 team grant recipients, demonstrating that the tool could be localised to the Canadian context and that it could be used to collect data easily and effectively from researchers. The RAISS tool is designed to be used across a portfolio of work. This means that the tool is designed to provide a strategic overview of a funder's grants, rather than a detailed assessment of each and every grant surveyed. This means that trade-offs have to be made in terms of: timeliness, accuracy and completeness; the quantification of the extent of the impact; and the attribution and the links between research and impact.

WR-751-AHRQ

Improving Hospital Inpatient Nursing Care: A Case Study of One Hospital's Intervention to Improve the Patient's Care Experience. Denise D. Quigley, Shelley H. Wiseman, Donna O. Farley. 2010

Describes how one large urban hospital that used an iterative, six-step quality improvement (QI) process to successfully change the way its registered nurses, nursing assistants, and other nursing staff provided emotional support to the hospital's adult, medical and surgical inpatients.

WR-752-AHRQ

Adverse Event Reporting Practices by U.S. Hospitals: Survey Results from 2005 and 2009. Donna O. Farley, Amelia M. Haviland, Ann C. Haas, Chau Pham. 2010

In 2000, the U.S. Congress mandated the Agency for Healthcare Research and Quality (AHRQ) to take a leadership role in helping health care providers reduce medical errors and improve patient safety. In September 2002, AHRQ contracted with RAND to serve as the patient safety evaluation center for this initiative. The evaluation center was responsible for performing a four-year formative evaluation of AHRQ's patient safety activities, and providing regular feedback to support the continuing improvement of the initiative over the evaluation period. As part of this contract, RAND administered the Adverse Event Reporting System Survey (AERS) that was developed by AHRQ in 2003 through a contract with Westat. This report presents the results of the administrations of the AERS survey in 2005 and 2009. These two sets of survey data provide measurable information that documents need and highlights priorities for improvements in the internal adverse event reporting systems and practices of U.S. hospitals. These survey results also establish baseline data for use in future monitoring of improvement progress, as AHRQ implements the Patient Safety Organization program established by the Patient Safety and Quality Improvement Act of 2005 (S. 544) enacted by the U.S. Congress.

WR-754

Legalization and the Economic Status of Immigrants. Silvia Helena Barcellos. 2010

This paper investigates the impact of legalization on the economic outcomes of the legalized population. It uses a natural experiment caused by the 1986 Immigration Reform and Control Act (IRCA) which gave amnesty for undocumented immigrants who could prove continuous residence in the U.S. after January 1, 1982. The arbitrary cutoff date on the eligibility criteria causes a discontinuity in the relationship between the year of immigration and the probability of being legal. This paper uses this discontinuity to identify the causal impacts of legalization on immigrants' outcomes. Regression discontinuity and difference-in-differences estimates show that immigrants eligible for the policy have a significantly higher probability of being naturalized citizens than those who were not. Legalization is also found to have a positive and significant effect on wages, a negative effect on the probability of working in a traditionally illegal occupation, and no significant effect on geographical mobility. The analysis for different demographic groups confirms such conclusions and shows that the estimated effects of legalization are larger for low-educated Latin American immigrants, the group that was disproportionably affected by the policy.

WR-755

The Dynamics of Immigration and Wages. Silvia Helena Barcellos. 2010

There is considerable debate in the literature about the effects of immigration on workers' labor market outcomes. This paper presents a new approach to the analysis of the relationship between immigration and wages based on a panel vector autoregression (VAR). The VAR analysis of a panel of US states shows that immigration does not have a significant effect on wages or internal migration. By contrast, wages do affect immigration: a 10 percent increase in wages causes up to a 20 percent increase in immigrant inflow. The effect is strongest for low-skill immigrants while it is small and insignificant for high-skill immigrants.

WR-756

Child Gender and Parental Investments in India: Are Boys and Girls Treated Differently?. Silvia Helena Barcellos, Leandro Carvalho, Adriana Lleras-Muney. 2010

There is considerable debate in the literature as to whether boys and girls are treated differently in India. But son-biased stopping rules imply that previous estimates are likely to be biased. The authors propose a novel identification strategy to properly identify the effects of child gender on parental investments. Using data from a time use survey they document gender differences in child-care time which have not been studied before in developing countries. They find that boys receive on average 10% more time than girls. They are also more likely to be breastfed for longer, given vaccinations and vitamin supplementation.

WR-757

Prevalence, Natural History, Diagnosis, and Treatment of Food Allergy: A Systematic Review of the Evidence. Jennifer J. Schneider Chafen, Sydne Newberry, Marc Riedl, Dena M. Bravata, Margaret Maglione, Marika Suttorp, Vandana Sundaram, Neil M. Paige, Ali Towfigh, Benjamin J. Hulley, Paul G. Shekelle. 2010

Food allergies have significant deleterious effects on family economics, social interactions, school and work attendance, and health-related quality of life. However, currently licensed treatments target only the symptoms of reactions and anaphylaxis, not the allergies themselves. Food allergies are heterogeneous in terms of both their underlying pathophysiology (eg, mediated via both IgE and non-IgE immunologic pathways) and their clinic manifestations (ranging from mild rashes to life-threatening anaphylaxis). The literature on food allergies lacks a clear consensus regarding the most effective diagnostic and management approaches to even the most common conditions. Under contract from the National Institute of Allergy and Infectious Diseases (NIAID) and in support of ongoing work to produce clinical practice guidelines, the authors reviewed the available evidence on the prevalence, diagnosis, management, and prevention of food allergies. This review presents their findings for the most common allergenic foods: cow's milk, hen's egg, peanut or tree nut, and shellfish or fish, which account for more than 50% of all allergies to food.

WR-757-1

Prevalence, Natural History, Diagnosis, and Treatment of Food Allergy: A Systematic Review of the Evidence. Jennifer J. Schneider Chafen, Sydne Newberry, Marc Riedl, Dena M. Bravata, Margaret Maglione, Marika Suttorp, Vandana Sundaram, Neil M. Paige, Ali Towfigh, Benjamin J. Hulley, Paul G. Shekelle. 2010

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WR-758

Financial Constraints, Endogenous Educational Choices and Self-Selection of Migrants. Juliano Assuncao, Leandro Carvalho. 2010

The Roy model predicts that migrants will be disproportionately drawn from the lower half of the educational distribution of the sending country if the sending country has a higher return to schooling. However, Mexican immigrants in the U.S. tend to be disproportionately drawn from the middle of the distribution. This paper argues that financial constraints may explain why. It studies migrants' selectivity when agents that face credit constraints make joint decisions about how much

to invest in education and whether to migrate. The results show that financial constraints can explain the intermediate selection of migrants observed in the data.

WR-759

Poverty and Time Preference. Leandro Carvalho. 2010

This paper estimates the time preference of poor households in rural Mexico. It uses data from a program that randomly assigned communities to treatment and control and paid transfers to poor households in treatment communities. The randomization implies that differences in consumption between control and treatment households are due to the program. A buffer-stock model predicts how the response of consumption to transfers depends on the discount factor. It estimates this parameter by matching simulated to sample treatment effects on consumption. The estimates being very low, it concludes that poor households are very impatient or a richer model is needed.

WR-760

Not Making the Transition to College: School, Work, and Opportunities in the Lives of Contemporary American Youth. Robert Bozick, Stefanie DeLuca. 2010

This paper analyzes the motives for not attending college among a nationally representative sample of high school sophomores in 2002 who had not enrolled in college by the spring of 2006 (N = 2,690). It uses a latent class modeling approach to identify five classes of non-enrollees: those who are oriented toward work that does not require a college degree (18.3 percent), those who cannot afford college and/or need to support their families (27.6 percent), those who face multiple disadvantages (7.1 percent), those who do not enroll for other reasons (43.5 percent), and those who join the armed forces (3.5 percent). Adopting a social agency perspective that highlights individual decision making, it finds support for the hypothesis that the motives of these youth are guided by their orientations toward school, their orientations toward work, the educational context of their neighborhood, and their local labor market opportunities. It finds that in contrast to their peers who went on to two-year colleges and those who did not go to college for economic reasons, workdriven non-enrollees were more likely as high school students to hold paid jobs and expect to hold a blue collar job at age 30. These youth do not appear to be constrained by academic or economic barriers. Economically-constrained non-enrollees, on the other hand, have relatively low investments in paid work while in high school and expect to hold white collar jobs at age 30, but face both academic and economic constraints.

WR-762

What Explains the Gender Gap in Financial Literacy? The Role of Household Decision-Making. Raquel Fonseca, Kathleen J. Mullen, Gema Zamarro, Julie Zissimopoulos. 2010

Research has shown that financial illiteracy is widespread among women, and that many women are unfamiliar with even the most basic economic concepts needed to make saving and investment decisions. This gender gap in financial literacy may contribute to the differential levels of retirement preparedness between women and men. However, little is known about the determinants of the gender gap in financial literacy. Using data from the RAND American Life Panel, the authors examined potential explanations for the gender gap including the role of marriage and division of financial decision-making among couples. They found that differences in the demographic characteristics of women and men did not explain much of the financial literacy gap, whereas education, income and current and past marital status reduced the observed gap by around 25%. Oaxaca decomposition revealed the great majority of the gender gap in financial literacy is not explained by differences in covariates - characteristics of men and women - but due to coefficients, or how literacy is produced. They did not find strong support for specialization in financial decision-making within couples by gender. Instead, they found that decision-making within couples was sensitive to the relative education level of spouses for both women and men.

WR-763-RC

Cost of Marijuana Prohibition on the California Criminal Justice System. Jonathan P. Caulkins. 2010

This paper estimates the current cost of enforcing marijuana laws in California, both in total and for those 21 and over, and contrast these estimates with those of Gieringer (2009) and Miron (2005, 2010). The primary method is simply combining official estimates of numbers of activities (e.g., arrests) with unit cost estimates from the literature. The estimates are rough since unit costs are rarely marijuana- or even California-specific. Nevertheless, the calculations suggest that total costs probably do not much exceed $300 million, with perhaps one-fifth of those costs associated with defendants under the age of 21. These estimates are far below the roughly $1B in savings some predict from marijuana legalization in California, and it is worth noting that savings – in the sense of reduced spending – could be smaller than current enforcement costs if freed resources are reallocated to enforcement against other crimes, rather than being "rebated" to the taxpayer.

WR-764-RC

Estimated Cost of Production for Legalized Cannabis. Jonathan P. Caulkins. 2010

This paper tries to estimate post-legalization production costs for indoor and outdoor cannabis cultivation as well as parallel estimates for processing costs. Commercial production for general use is not legal anywhere. Hence, this is an exercise in inference based on imperfect analogs supplemented by spare and unsatisfactory data of uncertain provenance. While some parameters are well grounded, many come from the gray literature and/or conversations with others making similar estimates, marijuana growers, and farmers of conventional goods. Hence, this exercise should be taken with more than a few grains of salt. Nevertheless, to the extent that the results are even approximately correct, they suggest that wholesale prices after legalization could be dramatically lower than they are today, quite possibly a full order of magnitude lower than are current prices.

WR-765-RC

Potential for Legal Marijuana Sales in California to Supply Rest of U.S.. Brittany M. Bond, Jonathan P. Caulkins. 2010

The authors use four data sets (two from law enforcement, two from user reports) to estimate that the current price gradient for marijuana in the United States is $300 - $1000 per pound per thousand miles, with $450 being perhaps the best guess. They take this as a measure of the cost of smuggling marijuana through parts of the US interior where marijuana is illegal. They combine this gradient with estimates of post-legalization production costs in California to project the proportion of the lower 48 states for which taxed, legally produced sinsemilla would undercut current sinsemilla prices. This analysis suggests that: (1) legalization of marijuana in California would put downward pressure on sinsemilla prices throughout most of the country and (2) the number of past-year marijuana users outside of California who would find buying taxed California sinsemilla to be cheaper than their current source is roughly six times the number of marijuana users who live in California, so, under the right conditions, “exports” might generate significant excise tax revenue for California.
http://www.rand.org/pubs/working_papers/WR765/

WR-766-RC

Smuggling and Excise Tax Evasion for Legalized Marijuana: Lessons from Other Excise Taxes. Jonathan P. Caulkins, Eric Morris, Rhajiv Ratnatunga. 2010

This paper explores three lines of evidence that may shed light on whether marijuana excise tax revenue could be threatened by black market sales and smuggling: (1) Comparing the Ammiano Bill's proposed $50 per ounce tax to various other current and proposed excise taxes on a variety of metrics, (2) Placing a $50 per ounce tax in the context of cross-sectional state-level data relating tobacco smuggling to tobacco excise taxes, and (3) Comparing the tax to current marijuana prices on a per pound basis. This exercise suggests that: (a) As compared with other familiar excise taxes,

a $50 per ounce excise tax on marijuana is either very high or truly unprecedented depending on the metric employed, (b) California should expect at least some degree of tax evasion; it is hard to see why evasion would be less of an issue than it is with cigarettes, (c) California should not rule out the possibility that tax evasion would wipe out essentially all of the potential revenues from a $50 per ounce excise tax.

WR-767-RC

Estimating the Non-Price Effects of Legalization on Cannabis Consumption. Robert J. MacCoun. 2010

Neither theory nor the available evidence provide a basis for confident predictions of the "non-price" effect of legalization of cannabis on use. But the theory and cases reviewed here suggest that cannabis legalization would plausibly lead to increases in consumption, even without significant price drops. Correctly identifying causal impact is difficult in each of these cases, but if we attribute the largest estimated effects exclusively to the policies, then the Dutch experience suggests a temporary increase of around 35 percent in past-month prevalence. The Alaska and South Australian experiences and the change in the drinking age suggest smaller effects, but these were presumably less dramatic changes than the Dutch experience. Taken together, they suggest that the "non-price" impact on consumption might be on the order of a 35 percent increase in past-month use. Estimates in the range of 5 to 50 percent seem plausible; the available evidence provides no basis for anticipating non-price effects larger than 50 percent.

WR-768-RC

What Can We Learn from the Dutch Cannabis Coffeeshop Experience?. Robert J. MacCoun. 2010

In 1976 the Netherlands adopted a formal written policy of non-enforcement for violations involving possession or sale of up to 30 grams of cannabis. In the US, the "gateway theory" is usually seen as an argument for being tough on cannabis, but surprisingly, the notion of a gateway effect was part of the impetus for allowing coffeeshops to sell small quantities. Rather than seeing an inexorable psychophamacological link between marijuana and hard drugs, the Dutch hypothesized that the link was sociological, and they sought a way to "separate the markets" to keep soft drug users out of contact with hard drug addicts and dealers. The Dutch experience is challenging to characterize, because it is a moving target. The Dutch policy continues to evolve in response to internal and external political pressures as well as the nation's inherently pragmatic "learning by doing" orientation to drug problems. The purpose of this paper is to see what California can learn about potential policy options and outcomes by drawing on the Dutch experience.

WR-769-RC

Examining the Impact of Marijuana Legalization on Harms Associated with Marijuana Use. Rosalie Liccardo Pacula. 2010

This paper provides suggestive, but not definitive, evidence of the potential budgetary effect to the state of California of an increase in marijuana use associated with legalization for marijuana on health care costs. Estimates are focused on scientifically established health harms for which data is readily available, including the number of dependent users, treatment costs, emergency room visits, and hospitalizations. The exercise shows that the rise in health care expenditures associated with scientifically established health harms known to be associated with use are likely to be small relative to the expected revenue and cost-savings associated with reductions in criminal justice savings. However, the human effects, as measured in terms of lost lives (to car fatalities) and dependence are not estimated to be small. Importantly, the potentially most significant health care costs for California taxpayers would come out of areas where the science has not reached a consensus, namely the causal effects of marijuana on psychoses, schizophrenia, and drugged driving. As the scientific literature regarding these health harms in particular develops further and reaches a con-

sensus regarding the causal impact of marijuana use on the development, progression, and treatment of specific problems, our knowledge of the actual health care expenditure associated with marijuana use will be more precise and a better cost-benefit calculation may be made.

WR-770-RC

Examining the Impact of Marijuana Legalization on Marijuana Consumption: Insights from the Economics Literature. Rosalie Liccardo Pacula. 2010

A central question in the debate regarding the legalization of marijuana in California is whether consumption would rise and by how much. This report reviews the economics literature which provides insights regarding how consumption might change and why. A key finding of the review is that the current state of the literature is limited, having not yet fully explored how average consumption among existing users will change in response to changes in price and legal risks. However, information regarding the prevalence of marijuana, both in terms of new users as well as regular users, is available. A review of this literature is considered in terms of the responsiveness of marijuana initiation, regular use and heavy use to changes in the price of marijuana, enforcement risk, decriminalization and other legal risks. From this review it is clear that total consumption will rise in response to legalization due to increases in the number of new users, increases in the number of regular and heavy users, and probable increases in the duration in which marijuana is consumed for average users.

WR-771-RC

Marijuana Legalization: What Can Be Learned from Other Countries?. Peter H. Reuter. 2010

In recent decades, a number of other countries have implemented changes in law that significantly reduce the extent of criminalization of marijuana use. Only in Australia and the Netherlands have there been any changes on the criminalization of the supply side and in neither of those countries is it legal to both produce and sell the drug. Thus what is being contemplated in California breaks new territory for any Western nation with a well developed marijuana market. The relaxations so far, with the exception of the Netherlands, have not been very great i.e. have not much changed the legal risks faced by a user of marijuana. Thus it is perhaps not surprising that the changes in prevalence of use have not been substantial. This paper provides a brief review of the changes that have been tried in other countries with an emphasis on the nature of the changes and how they have been implemented.

WR-773

A Theory of Socioeconomic Disparities in Health Over the Life Cycle. Titus Galama, Hans van Kippersluis. 2010

Understanding of the substantial disparity in health between low and high socioeconomic status (SES) groups is hampered by the lack of a sufficiently comprehensive theoretical framework to interpret empirical facts and to predict yet untested relations. The authors present a life-cycle model that incorporates multiple mechanisms explaining (jointly) a large part of the observed disparities in health by SES. In their model, lifestyle factors, working conditions, retirement, living conditions and curative care are mechanisms through which SES, health and mortality are related. Their model predicts a widening and possibly a subsequent narrowing with age of the gradient in health by SES.

WR-774

Health Outcomes and Socio-Economic Status Among the Elderly in China: Evidence from the CHARLS Pilot. John Strauss, Xiaoyan Lei, Albert Park, Yan Shen, James P. Smith, Zhe Yang, Yaohui Zhao. 2010

This paper is concerned with measuring health outcomes among the elderly in Zhejiang and Gansu provinces, China, and examining the relationships between different dimensions of health status and measures of socio-economic status (SES). The authors use the China Health and Retirement Longitudinal Study (CHARLS) pilot data

to document health conditions among the elderly in Gansu and Zhejiang provinces, where the survey was fielded. They use a very rich set of health indicators that include both self-reported measures and biomarkers. They also examine correlations between these health outcomes and two important indicators of socioeconomic status (SES): education and log of per capita expenditure (log pce), their preferred measure of household resources. While there exists a very large literature that examines the relationships between SES and health measures, little has been done on Chinese data to see whether correlations reported in many other countries are replicated in China, particularly so for the aged. In general education tends to be positively correlated with better health outcomes, as it is in other countries. However, unmeasured community influences turn out to be highly important, much more so than one usually finds in other countries. While it is not yet clear which aspects of communities matter and why they matter, they set up an agenda for future research on this topic. They also find a large degree of under-diagnosis of hypertension, a major health problems that afflicts the aged. This implies that the current health system is not well prepared to address the rapid aging of the Chinese population, at least not in Gansu and Zhejiang.

WR-777-DCDMH

Guide to the Behavioral Health Care System in the District of Columbia. Joie Acosta, Janice C. Blanchard, Craig Evan Pollack, Rhondee Benjamin-Johnson, David M. Adamson, Carole Roan Gresenz, Brendan Saloner. 2010

This working paper offers a detailed description of the public behavioral health care system in the District of Columbia. It is a companion to RAND Report TR-914-DCDMH, which provides an evaluation of behavioral health care need and the public behavioral health care systemin the District.

WR-779-WB

Provider Incentives in Social Protection and Health: A selection of case studies from OECD countries. Christian van Stolk, Gardar Bjornsson, Simo Goshev. 2010

The Human Development Chief Economist's Office (the Office) at the World Bank is supporting analytical work on the linkages between governance, service delivery and human development outcomes. The Office commissioned RAND Europe to look more closely at the use of provider incentives in the health and social protection policy areas in Organisation for Economic Cooperation and Development (OECD) countries with a view on learning lessons for developing countries.

WR-780-UFLA

The Signaling Value of a High School Diploma. Francisco Martorell, Damon Clark. 2010

Although economists acknowledge that various indicators of educational attainment (e.g., highest grade completed, credentials earned) might serve as signals of a worker's productivity, the practical importance of education-based signaling is not clear. In this paper the authors estimate the signaling value of a high school diploma, the most commonly held credential in the U.S. To do so, they compare the earnings of workers that barely passed and barely failed high school exit exams, standardized tests that, in some states, students must pass to earn a high school diploma. Since these groups should, on average, look the same to firms (the only difference being that "barely passers" have a diploma while "barely failers" do not), this earnings comparison should identify the signaling value of the diploma. Using linked administrative data on earnings and education from two states that use high school exit exams (Florida and Texas), they estimate that a diploma has little effect on earnings. For both states, they can reject that individuals with a diploma earn eight percent more than otherwise-identical individuals without one; combining the state-specific estimates, they can reject signaling values larger than five or six percent. While these confidence intervals include economically important signaling values, they exclude both the raw earnings difference between workers with and without a diploma and the regression-adjusted estimates reported in the previous literature.

WR-781-MEDPAC

Site Visits to Selected Institutions With Innovations In Residency Training. Kristina M. Cordasco, Barbara O. Wynn. 2010

MedPAC commissioned RAND to engage in site visits of four institutions with graduate medical education innovations in ambulatory settings. Conducting visits to Internal Medicine and Family Medicine programs at four institutions, the authors investigated facilitators, barriers and enablers to fostering and sustaining innovations in ambulatory training and encouraging resident physicians to choose primary care careers. Several innovation foci emerged from their site visits, including: transforming practices into Patient-Centered Medical Homes (PCMHs); developing IT resources; working in multidisciplinary teams; improving patient-provider continuity; separating inpatient and outpatient clinical activities; working in community-based settings; implementing curricula for teaching quality improvement methods and delivering high-quality chronic disease care; exposing residents to community issues and community-based resources; working in systems encouraging high-performance and efficiency; and redesigning inpatient teaching units. Further, they found several factors to be critical enablers to innovations in ambulatory training. These factors include leadership, finances, institutional needs and structure, and ACGME accreditation factors.

WR-782

Individuals' Uncertainty about Future Social Security Benefits and Portfolio Choice. Adeline Delavande, Susann Rohwedder. 2010

Little is known about the degree to which individuals are uncertain about their future Social Security benefits, how this varies within the U.S. population, and whether this uncertainty influences financial decisions related to retirement planning. To illuminate these issues, the authors present empirical evidence from the Health and Retirement Study Internet Survey and document systematic variation in respondents' uncertainty about their future Social Security benefits by individual characteristics. They find that respondents with higher levels of uncertainty about future benefits hold a smaller share of their wealth in stocks.

WR-784

Attrition and Health in Ageing Studies: Evidence from ELSA and HRS. James Banks, Alastair Muriel, James P. Smith. 2010

In this paper the authors present results of an investigation into observable characteristics associated with attrition in ELSA and the HRS, with a particular focus on whether attrition is systematically related to health outcomes and socioeconomic status (SES). Investigating the links between health and SES is one of the primary goals of the ELSA and HRS, so attrition correlated with these outcomes is a critical concern. They explored some possible reasons for these differences. Survey maturity, mobility, respondent burden, interviewer quality, and differing sampling methods all fail to account for the gap. Differential respondent incentives may play some role, but the impact of respondent incentive is difficult to test. Apparently, cultural differences between the US and Europe population in agreeing to participate and remain in scientific surveys are a more likely explanation.

WR-785

Financial Decision Making and Cognition in a Family Context. James P. Smith, John J. McArdle, Robert J. Willis. 2010

In this paper, the authors studied the association of cognitive traits and in particular numeracy of both spouses on financial outcomes of the family. They found significant effects, particularly for numeracy for financial and non-financial respondents alike, but much larger effects for the financial decision maker in the family. They also examined who makes these financial decisions in the family and why. Once again, cognitive traits such as numeracy were an important component of that decision with larger effects of numeracy for husbands compared to wives.

WR-786

House Price Volatility and the Housing Ladder. James Banks, Richard Blundell, Zoe Oldfield, James P. Smith. 2010

This paper investigates the effects of housing price risk on housing choices over the life-cycle. Housing price risk can be substantial but, unlike other risky assets which people can avoid, the fact that most people will eventually own their home creates an insurance demand for housing assets early in life. The authors' contribution is to focus on the importance of home ownership and housing wealth as a hedge against future house price risk for individuals moving up the ladder—people living in places with higher housing price risk should own their first home at a younger age, should live in larger homes, and should be less likely to refinance. These predictions are tested and shown to hold using panel data from the United States and Great Britain.

WR-787

Housing Mobility and Downsizing at Older Ages in Britain and the United States. James Banks, Richard Blundell, Zoe Oldfield, James P. Smith. 2010

This paper examines geographic mobility and housing downsizing at older ages in Britain and America. Americans downsize housing much more than the British largely because Americans are much more mobile. The principal reasons for greater mobility among older Americans are two fold: (1) greater spatial distribution of geographic distribution of amenities (such as warm weather) and housing costs and (2) greater institutional rigidities in subsidized British rental housing providing stronger incentives for British renters not to move. This relatively flat British housing consumption with age may have significant implications for the form and amount of consumption smoothing at older ages.

WR-788

Do Risk Disclosures Affect Investment Choice?. Angela A. Hung, Aileen Heinberg, Joanne K. Yoong. 2010

The aim of this study was to understand the potential effects of different information disclosures regarding risk on retirement investing behavior. The authors developed and tested two modifications to the section on investment performance on the prototype DOL Model Comparative Chart, providing additional risk and return information in a clear graphical manner. One modification provided summary risk ratings, while the other provided a visual representation of actual returns series over 10 years. They conducted an experiment using a nationally representative internet survey. All participants were asked to perform the same hypothetical task allocating retirement investments over a range of six possible typical investment fund options. Treatment groups were randomly allocated to receive different representations of the same risk/return information. They also investigated order effects by randomizing the presentation order of the six investment options. Alternative representations of the risk/return information had a statistically significant effect on allocation decisions, but the practical significance is difficult to determine: although different treatment groups chose different allocations across the six investment options, the risk/return characteristics of the resulting portfolios were very similar. Perhaps surprisingly, the effects of the alternative disclosure forms do not seem to vary across individuals with different levels of financial literacy, or across individuals with different levels of risk aversion. Order effects were stronger than the disclosure form effects, but were independent of the risk characteristics of the investment options: the first and last investment options presented tend to receive larger allocations. Furthermore, the order effects do not appear to be offset by providing additional risk/return information. Their results are consistent with findings that summary disclosure forms are popular with consumers and help them feel more confident about their decisions; our results go further in showing that alternative forms do lead to different choices, but that those different choices may not result in practically significant differences in investment outcomes.

WR-790-SSA

Five Steps to Planning Success. Aileen Heinberg, Angela A. Hung, Arie Kapteyn, Annamaria Lusardi, Joanne K. Yoong. 2010

This paper investigates the effectiveness of both videos and narratives in improving people's understanding of five basic concepts in financial planning: (1) compound interest; (2) inflation; (3) risk diversification; (4) tax treatment of retirement savings vehicles; and (5) employer matches of defined contribution savings plans. To that end the authors have administered a quiz about these concepts in the American Life Panel to establish a baseline of what respondents understand about these concepts. Next, in a number of waves, respondents were shown narratives and videos related to the five concepts and the quizzes were administered again. They find significant improvements in understanding of these concepts in comparison with a control group that was not shown any material. They do not find a difference between videos and narratives in terms of effectiveness.

WR-791-SSA

Evaluating Workplace Education for New Hires. Robert Clark, Melinda Morrill. 2010

This project examines how employer-provided financial education for newly hired workers affects participation in retirement savings plans. The investigators partnered with six large employers to explore what financial education is currently offered to new hires. Each employer provided individual data on workers hired in 2008 and 2009. This report assesses the impact of information and delivery methods on participation and contribution rates. Several findings emerge. There is strong evidence that employees respond to match incentives. Therefore, the date when the employer match begins should be an important “teachable moment” for employers to reach out to employees. The investigators found that auto-enroll programs do increase retirement savings plan participation. Moreover, there is little decay in the participation rates over time. However, workers who were automatically enrolled have contribution rates that are concentrated at the default level and therefore many workers who were automatically enrolled are not taking full advantage of the employer match. The researchers also found that opt-in plans have lower enrollment rates for lower-income, younger, and female workers. However, among the employers using an opt-out default there are no significant differences in plan participation between these groups. Finally, there is some suggestive evidence that for workers hired during the time period when the stock market was at its lowest point, plan participation was not only initially lower but is still lower today. The research thus far provides important insights into the role of defaults and information in workers' decisions to participate in voluntary retirement savings plans.
http://www.rand.org/pubs/working_papers/WR791/

WR-792-SSA

What Do People Know About Social Security?. Mathew Greenwald, Arie Kapteyn, Olivia S. Mitchell, Lisa Schneider. 2010

Innumerable studies over the past decade have shown that many people lack the basic knowledge of the Social Security system necessary for making informed decisions about when to retire and claim benefits, a decision which will impact their savings and their overall financial security. Accordingly, the Social Security Administration (SSA) seeks to educate and provide information to individuals to help them better understand their options for claiming benefits, how much they can receive, and the implications for personal retirement and financial planning. To gain benchmark information about how much people know about Social Security and the public's attitudes toward the system overall, this project undertook two surveys in the Spring of 2010: a random-digit-dial telephone survey and an internet survey using the American Life Panel (ALP). This report summarizes survey results as well as significant differences between population subgroups. It finds that, in both surveys, levels of Social Security literacy are low: half of all respondents receive a grade of D or F on a quiz testing knowledge of some basic ele-

ments of Social Security. Nevertheless, expectations for Social Security are high, as many believe benefits should provide more than just enough for basic necessities. Despite lackluster confidence in the solvency of Social Security, especially among younger respondents, it finds an extremely high level of trust in the SSA and a strong desire for the SSA to provide information not only about how the system works, but also about how to prepare for retirement in general.

WR-793-SSA

Framing Effects and Social Security Claiming Behavior. Jeffrey R. Brown, Olivia S. Mitchell, Arie Kapteyn. 2010

Eligible participants in the U.S. Social Security system have the ability to claim benefits anytime between ages 62 and 70, with the level of benefit being actuarially adjusted based on the date of claiming. Delaying claiming beyond the early entitlement age of 62 allows individuals an opportunity to increase expected lifetime utility by providing additional inflation-indexed annuity income at older ages, but the distribution of observed claiming ages is concentrated at the lower end of the relevant age distribution. This project shows that individual intentions with regard to Social Security claiming age are sensitive to the manner in which the early versus late claiming decision is framed. Using an experimental design that alters the manner in which the implications of Social Security benefits are framed, this paper shows that individuals are more likely to delay claiming (i) when later claiming is framed as a gain; (ii) when the value of delay is expressed in terms of consumption rather than in investment terms; and (iii) when the information provides an anchoring point at older, rather than younger, ages. It also finds evidence that the use of a “break-even analysis” has the very strong effect of encouraging individuals to claim early.

WR-794-SSA

Improving the Social Security Statement. Andrew G. Biggs. 2010

The Social Security Statement is sent annually to each individual over age 25. The Statement contains information regarding the Social Security program, the individual's past covered earnings and contributions, and an estimate of the individual's future retirement benefits. Given the complexity of the Social Security benefit formula, the Statement represents the best and perhaps only estimate of the benefits to which an individual may be entitled. Knowledge of benefits is important, as individuals must plan their own retirement saving around their Social Security benefits. However, little research has been conducted regarding how effectively the Statement has improved Americans' knowledge of benefit levels. This paper uses data from the Health and Retirement Study to gauge near-retirees' ability to predict their Social Security retirement benefits both before and after the Statement began universal distribution to all near-retirees in 1995. Results are ambiguous. The initial automatic distribution of the Statement did not appear to produce an immediate increase in knowledge of retirement benefit levels. However, continued receipt over a number of years prior to claiming may have reduced individual errors in predicting benefits. Financial literacy with regard to Social Security benefit levels may be improved through greater research into the contexts in which recipients understand and retain the benefit estimates contained in the Statement.

WR-795-SSA

Better Financial Decision Making among Low-Income and Minority Groups. Peter Tufano, Timothy Flacke, Nicholas W. Maynard. 2010

Doorways to Dreams Fund (D2D) is working to develop and test videogames attractive to low-income and minority adults that will provide training in critical financial skills to improve financial decision-making. During the last year, D2D has conceived, developed and delivered the third and fourth titles in its growing library of financial literacy casual video games: Farm Blitz and Bite Club. In Farm Blitz, players take on the role of a farmer who must harvest crops to generate

earnings, manage debt, save money, and weather unexpected emergencies. Farm Blitz is designed to focus players' attention on how high-interest, short term debt can undermine efforts to build long term savings. Bite Club, which is inspired by one of the most popular casual games of all time, Diner Dash, offers players a simulated game experience in which they face the real-world tension between managing debt payments and current spending needs on the one hand, and saving for the long-term goal of retirement on the other. Players manage a “day club” for vampires and must pay off student and credit card debt, buy club upgrades, and save for retirement one of three retirement outcomes. Like D2D's other financial entertainment titles, Farm Blitz and Bite Club were made with and for low-income adults and evaluation is integrated into the development process. Following development, D2D completed preliminary effectiveness testing with 84 low-income adults across six locations in the US. While only small samples, each game generated a significant increase in financial skills self-confidence and knowledge.

WR-797/2-DNORS

The Displaced New Orleans Residents Survey Questionnaire. Narayan Sastry, Christine E. Peterson. 2010

The Displaced New Orleans Residents Survey (DNORS) is a study of individuals and households that resided in the City of New Orleans, Louisiana, in August 2005, just before Hurricane Katrina struck (on 29 August 2005). Fieldwork for the study was conducted between mid-2009 and mid-2010. The aim of the study was to collect data for analyzing the location, living arrangements, health, and well-being of residents who were displaced by the hurricane. DNORS drew a sample of pre-Katrina dwellings of the city, identified the pre-storm residents of these dwellings, and tracked and interviewed these people wherever they lived at the time of the survey. In particular, DNORS interviewed pre-Katrina residents of New Orleans who had returned to the city as well as residents who had resettled elsewhere.

WR-799-SSA

An Empirical Analysis of 401(k) Loan Defaults. Timothy (Jun) Lu, Olivia S. Mitchell, Stephen P. Utkus. 2010

Many 401(k) pensions allow plan participants access to their pension saving before retirement via a plan loan. This paper investigates the determinants of defaults on such loans, using a rich dataset of over 100,000 participants who terminate employment with a plan loan outstanding. Overall, one in ten plan loans results in a default, and eight of ten workers who leave a job with a plan loan outstanding then default on that loan. Explanations relate to employee characteristics and plan design features: those with little non-retirement wealth, low income, and smaller 401(k) balances, are more likely to default than repay their loans at job termination. Moreover, borrowers with several smaller loans are more likely to default than are participants with a single loan of the same total size, perhaps due to heterogeneity in credit demand or lack of self-control. Local economic conditions have little impact on 401(k) loan defaults during the period analyzed.

WR-800-SSA

The Effect of Providing Peer Information on Retirement Savings Decisions. John Beshears, James J. Choi, David Laibson, Brigitte C. Madrian, Katherine L. Milkman. 2010

The authors conducted a field experiment to evaluate the effect of receiving information about the retirement savings decisions of one's peers. Non-participants and low savers in one firm's 401(k) plan received letters enabling them to enroll or increase their plan contribution rate by returning a simple reply form. Some employees were randomly assigned to receive peer information: a statement about the fraction of their coworker peers who were participating in the plan or a statement about the fraction of their coworker peers who were contributing at least 6% of their salary to the plan. Other employees were randomly assigned to receive no such peer information. They find conflicting evidence on the impact of

peer information. Among nonunionized non-participants, there is some evidence that peer information leads to a small increase in participation. But among unionized non-participants, savings plan enrollment was reduced by peer information. These results highlight the possibilities and limitations of using peer information interventions to influence behavior.

WR-801-SSA

Exploring Alternative Ways to Present Estimated Future Social Security Benefits in the Social Security Statement. Andrew G. Biggs. 2010

The Social Security Statement is sent annually to approximately 150 million Americans over age 25 and represents most individuals' key source of information regarding the Social Security program and the benefits to which they may be entitled. The Statement includes estimates of the future retirement, disability, and survivor benefits that may be payable based on an individual's earnings record. In many cases, of course, the worker will not be eligible to receive the benefits for many years or even decades into the future. Accordingly, it is important to translate these future nominal benefits into values that are useful and understandable to Americans reading the Statement today. At present, projected future benefits are effectively discounted to the present at the rate of nominal wage growth in the economy. This produces a lower value than would be the result of indexing benefits to inflation. This project first evaluates whether current methods produce reasonably accurate projections of future nominal benefits, then consider alternative ways of presenting estimated Social Security benefits to covered workers. Given the declining share of retirement income provided by Social Security and traditional defined benefit pensions, individuals must take a more active role in their retirement saving decisions. The potential for confusion regarding the presentation of estimated Social Security benefits could complicate this process, making it important that Social Security clarify or alter the way nominal benefits are expressed to current users of the Statement.

WR-802-SSA

The Returns to Work for Children Leaving the SSI-Disabled Children Program. Richard V. Burkhauser, Mary C. Daly. 2010

A substantial fraction of children receiving Supplemental Security Income (SSI-child) benefits for disability apply to move directly onto the SSI-adult program without attempting to enter the labor market. Thus, most SSI-children are aging into what is likely to be a permanent life on the SSI-adult program or, in the event of denial of SSI-adult benefits, turning to other forms of social welfare. Once this transition is complete, very few seek employment while receiving SSI-adult or other benefits. This is costly to both the beneficiaries who live their lives at or near the poverty threshold and to taxpayers who are funding the benefits. The cost of providing such a low level of economic well-being to a growing number of young adults has raised concerns among policymakers and resulted in a large scale attempt by the Social Security Administration to support work among these young adults. There are many reasons why the vast majority of youths and young adults with disabilities are not investing in work. This project focuses on documenting evidence with respect to one of these barriers to work, the financial incentives to work for youth aging onto the SSI–adult program. Specifically, it produces a computation algorithm designed to determine the returns to work, including the value of wages and the eventual value of Social Security Disability Insurance benefits once the quarters of coverage requirement is met, for young adults receiving SSI–adult benefits. Using these algorithms it examines the financial incentives/disincentives of working for young adults on the SSI program.

WR-804-SSA

Choices and Information Needs for Workers Leaving the North Carolina State Retirement Plan: Accepting a Lump Sum Payment or Receiving an Annuity at Retirement. Robert Clark, Melinda Morrill. 2010

When a worker who is covered by a defined benefit retirement plan terminates employment prior to retirement, in many cases she may choose to either leave her money in the pension plan or accept a lump sum distribution of pension assets. This choice can have significant long run implications for future retirement income. This project examined all terminations from state and local government employment in North Carolina between 2000 and 2009 for workers who participated in either the North Carolina Teachers' or State Employees' Retirement System (TSERS) or the Local Government Employees' Retirement System (LGERS). The researchers provide evidence on which separating employees accepted a lump sum distribution. For those workers that chose to withdraw their funds, the researchers then investigate the choice of directly accepting the distribution versus having the monies deposited in another retirement account, such as an IRA. Younger workers are more likely to accept lump sums as are those with fewer years of service and lower incomes. In addition, women are more likely to leave their monies in the retirement system than men, and participants in TSERS are more likely to retain their funds in the system compared to those in the LGERS. Workers were significantly less likely to withdraw funds upon separation after a substantial change the method of delivering information was implemented in 2007. The findings of this Quick Turnaround Project provide unique and important information concerning the decisions to accept a lump sum distribution from a defined benefit plan.

WR-805

Technical Detail and Appendices for a Study of Neighborhood Archetypes for Population Health Research. Margaret M. Weden, Chloe E. Bird, Jose J. Escarce, Nicole Lurie. 2010

The principal objective of this study is to characterize the places in which people live by factors associated with physical and mental wellbeing. The authors demonstrate a new approach that employs neighborhood measures such as social environment, built environment, commuting and migration, and demographics and household composition to classify neighborhoods into archetypes. The number of neighborhood archetypes, their defining attributes, and their change/stability between 1990 and 2000 is analyzed using latent class analysis applied to a rich array of data sources. In both years, six archetypes of U.S. neighborhoods are differentiated which occur at prevalence from 13% to 20%: Mobile single-household, urbanites; Low SES, rural; Poor, urban, minority; Low SES, urban, minority commuters; High SES, foreign born, new home owners; and Middle-class suburban/exurban families. Findings show that neighborhoods have remained notably constant between 1990 and 2000, with 76.4% of the neighborhoods categorized as the same archetype ten years later. The approach to defining neighborhood archetypes translates the theoretical aspects of research on neighborhoods and health into a measurement typology that can be employed in applied research questions such as public health surveillance and planning and which can be replicated and extended for use in other historical, geographical, and substantive applications.

WR-809

The Effects of Childhood Health on Adult Health and SES in China. James P. Smith, Yan Shen, John Strauss, Zhe Yang, Yaohui Zhao. 2010

In this paper, the authors model the consequences of childhood health on adult health and socioeconomic status outcomes in China using a new sample of middle aged and older Chinese respondents. Modeled after the American Health and Retirement Survey (HRS), the CHARLS Pilot survey respondents are forty-five years and older in two quite distinct provinces- Zhejiang, a high growth industrialized province on the East Coast and Gansu, a largely agricultural and poor province in the West. Childhood health in CHARLS relies on two measures that proxy for different dimensions of health during the childhood years. The first is a retrospective self-evaluation using a standard five-point scale (excellent, very good, good, fair, or poor) of general state of one's health when one was less than 16 years old. The second

is adult height often thought to be a good measure of levels of nutrition during early childhood and the prenatal period. They relate both these childhood health measures to adult health and SES outcomes during the adult years. They find strong effects of childhood health on adult health outcomes particularly among Chinese women and strong effects on adult BMI particularly for Chinese men.

WR-810

Effects of the Financial Crisis and Great Recession on American Households. Michael Hurd, Susann Rohwedder. 2010

This paper presents evidence from high-frequency data collections dedicated to tracking the effects of the financial crisis and great recession on American households. These data come from surveys that were conducted in the American Life Panel – an Internet survey run by RAND Labor and Population. The first survey was fielded at the beginning of November 2008, immediately following the large declines in the stock market of September and October 2008. The next survey followed three months later in February 2009. Since May 2009 monthly data has been collected on the same households. This paper shows the levels and trends of many of these data which summarize the experience and expectations of households during the recession. It finds that the effects of the recession are widespread: between November 2008 and April 2010 about 39 percent of households had either been unemployed, had negative equity in their house or had been in arrears in their house payments. Reductions in spending were common especially following unemployment. On average expectations about stock market prices and housing prices are pessimistic, particularly long-run expectations. Among workers, expectations about becoming unemployed have recovered somewhat from their low point in May 2009 but still remain high. Overall the data suggest that households are not optimistic about their economic futures.

WR-811

Disability of Older Koreans: Evidence on Prevalence and the Role of Education from Five Data Sets. Jibum Kim, Jinkook Lee. 2010

This paper investigates how educational attainment may affect the prevalence of disability among older Koreans, a population for whom the association between health and education has been little studied. It performs descriptive and logistic regression analysis on five nationally representative data sets, all collected between 2004 and 2006, regarding education and disability among Koreans at least 65 years of age. It finds the relationship between education and disability to be strongest between less than primary school graduates and primary school graduates. Beyond the primary school level, the educational gradient on disability is weak.

WR-813

Maternal Input Choices and Child Cognitive Development: Testing for Reverse Causality. Zafar Nazarov. 2010

This paper assesses whether the results of child achievement tests affect maternal employment and the child-care choices of mothers with prekindergarten children. To test this hypothesis, it first incorporates into Bernal and Keane's (2010) model the mother's imperfect knowledge of the child's cognitive ability endowment and possible mechanisms through which the mother may learn the child's endowment. Then it uses a quasi-structural approach to form approximations to the mother's employment and child-care decision rules and jointly estimate them with the child cognitive development production function and wage equation. Using a sample of single mothers from the NLSY79, it finds evidence that maternal employment and child-care decisions are sensitive to past achievement scores. In particular, a mother whose child has taken the Peabody Picture Vocabulary Test before entering kindergarten and whose child's standardized test score is above a certain threshold intends to use child care more and work more part-time hours immediately after observing the child's performance on the achievement test.

WR-814

Data Sets on Pensions and Health: Data Collection and Sharing for Policy Design. Jinkook Lee. 2010

A growing number of countries are developing or reforming pension and health policies in response to population ageing and to enhance the welfare of their citizens. The adoption of different policies by different countries has resulted in several natural experiments. These offer unusual opportunities to examine the effects of varying policies on health and retirement, individual and family behavior, and well-being. Realizing these opportunities requires harmonized data-collection efforts. An increasing number of countries have agreed to provide data harmonized with the Health and Retirement Study in the United States. This paper discusses these data sets, including their key parameters of pension and health status, research designs, samples, and response rates. It also discusses the opportunities they offer for cross-national studies and their implications for policy evaluation and development.

WR-816

Unconditional Quantile Treatment Effects in the Presence of Covariates. David Powell. 2010

Many economic applications have found quantile models useful when the explanatory variables may have varying impacts throughout the distribution of the outcome variable. Traditional quantile estimators provide conditional quantile treatment effects. Typically, we are interested in unconditional quantiles, characterizing the distribution of the outcome variable for different values of the treatment variables. Conditioning on additional covariates, however, may be necessary for identification of these treatment effects. With conditional quantile models, the inclusion of additional covariates changes the interpretation of the estimates. This paper discusses identification of unconditional quantile treatment effects when it is necessary or simply desirable to condition on covariates. It discusses identification for both exogenous and endogenous treatment variables, which can be discrete or continuous, without functional form assumptions.