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INTRODUCTION

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

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

INDEX SECTION

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

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

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

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

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

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

A
United States Army

A/OSD
United States Army and the Office of the Secretary of Defense

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

AETNA
Aetna, Inc.

AF
United States Air Force

ASAI
American Society of Anesthesiologists

ASPE
Office of the Assistant Secretary for Planning and Evaluation

AUS
Australia

BJA
Bureau of Justice Assistance

BLC
Betsy Lehman Center

BMGF
Bill and Melinda Gates Foundation

CFAT
College for All Texans Foundation

CFGNH
New Haven Promise

CHSWC
California Commission on Health and Safety and Workers’ Compensation

CMEPP
Center for Middle East Public Policy

CMHSA
California Mental Health Services Authority (CalMHSA)

CMS
Centers for Medicare and Medicaid Services

COHF
Colorado Health Foundation

CSM
City of Santa Monica and Santa-Monica-Malibu Unified School District

CSMC
Cedars-Sinai Medical Center

DARPA
Defense Advanced Research Projects Agency

DEFRA
Department for Environment, Food, and Rural Affairs

DEIES
Institute of Education Sciences, U.S. Department of Education

DFT
UK Department for Transport

DH
UK Department of Health, England

DHHS
Department of Health and Human Services

DHHSNCH
DHHS Office of the National Coordinator for Health

DIR
California Department of Industrial Relations/Division of Workers’ Compensation
DOEL
Delaware Office of Early Learning

DOL
U.S. Department of Labor

DOS
U.S. Department of State

DTRA
Defense Threat Reduction Agency

WMD
Weapons of Mass Destruction

DWP
Department of Work and Pensions

DWP
Department of Water and Power

EC
European Commission Directorate General-Justice and Fundamental Rights

EP
European Parliament

EPIM
European Programme for Integration and Migration

GECO
General Electric Company

HBI
Homeboy Industries

IBO
International Baccalaureate Organization

ICJ
RAND Institute for Civil Justice

IFMO
Institute for Mobility Research

JNI
Juniper Networks

JPMCF
JP Morgan Chase & Co.

KRG
Kurdistan Regional Government

LACPD
Los Angeles County Probation Department

ME
Sponsored by Microsoft Europe

MM
Prepared for Mott MacDonald

MOJ
Ministry of Justice

MPS
Israel Ministry of Public Security

MTF
McCormick Tribune Foundation

NAVY
United States Navy

NIDA
National Institute on Drug Abuse

NIH/NIA
National Institute of Health/National Institute On Aging

NIJ
National Institute of Justice

NIMSP
National Institute on Money in State Politics

NL
New Leaders

NRPA
National Recreation and Park Association

NYSHF
New York State Health Foundation
OFCOM
Prepared for Ofcom

ONDCP
Office of National Drug Control Policy

OSD
Office of the Secretary of Defense

OSI
Open Society Foundations

PI
Pfizer Pharmaceuticals Ltd.

PNC
PNC Bank

PRGS
Pardee RAND Graduate School

RC
RAND Corporation

RCN
Research Council of Norway

RE
RAND Europe

REC
State of New Mexico, Children Youth and Families Department

RF
Rockefeller Foundation

SANI
Sandoz Inc.

SDS
Sentry Data Systems

SFSC
Superior Court of California, County of San Francisco

SGC
Structural Geonomics Consortium

SOCOM
U.S. Special Operations Command

SOY-NIA
State of Yucatan and the National Institute on Aging

SRF
Smith Richardson Foundation

TEDF
Elizabeth Dole Foundation

TII
TRACE International, Inc.

UCLA
University of California, Los Angeles

UNHF
United Health Foundation

USCG
United States Coast Guard

USSOCOM
United States Special Operations Command

WF
The Wallace Foundation

WFHF
William and Flora Hewlett Foundation

WODC
Research and Documentation Centre (Wetenschappelijk Onderzoek- en Documentatiecentrum WODC)

WRF
Water Research Foundation

WT
Wellcome Trust

WT
Wekkcine Trust

WWP
Wounded Warrior Project
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Evaluating the California Mental Health Services Authority's Stigma and Discrimination Reduction Initiative: Year 1 Findings

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Strategies for Private-Sector Development and Civil-Service Reform in the Kurdistan Region—Iraq: Arabic-language version

MG-1117/2-1-KRG
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What Has the Suicide Prevention Initiative Done So Far? Year 1 Findings
   RB-9727-CMHSA

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RR-556-CMEPP

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RR-174-OSD
ABSTRACTS

CONFERENCE PROCEEDINGS

CF-317


This report summarizes the discussions at a seminar organized and hosted by the RAND Corporation at which a group of acting and former senior government and law enforcement officials, practitioners, and experts examined domestic intelligence operations and information sharing as these relate to terrorist threats. Topics discussed include changes in the direction and scope of the threat; the differences in the focus of local, state, and federal agencies; the need for better communication among law enforcement and intelligence agencies; the role of Joint Terrorism Task Forces; the shortcomings of fusion centers; the political sensitivity of collecting domestic intelligence; and the consequences of reductions in counterterrorism funding on the level of risk the American people will accept.

CF-322-CCEG


Recent decades have witnessed a notable trend in corporate compliance and governance oversight. Many companies have made considerable progress in strengthening their corporate compliance programs. That progress has been achieved, in part, in response to the Federal Sentencing Guidelines. In the wake of policy developments, compliance programs, and the chief ethics and compliance officers who helm them, have gained in visibility and prominence. The voice of the compliance officer is increasingly being heard at board and C-suite levels, in part as the tactical head of an empowered compliance effort and also as a focal point for building an ethical culture within the corporation. With these developments in mind, RAND convened a symposium on May 28, 2014, entitled “Transforming Compliance: Emerging Paradigms for Boards, Management, Compliance Officers, and Government.” The objective was to stimulate a forward-looking conversation about compliance as a field, factors that are likely to contribute to its transformational change, and practical implications for key stakeholder groups. Several of the participants presented white papers on selected transformational pressures now affecting the compliance field. The following session of the symposium involved a moderated discussion on the emerging paradigm for compliance programs of the future and the broad implications that can be gleaned from transformative factors now operating on the field. The final session was a moderated discussion of related concerns and next steps from the varied perspectives of boards, executives, chief ethics and compliance officers, and policymakers. These proceedings summarize the discussions and include the white papers.

CF-323-BEFI


Video compilation of the 2014 Behavioral Finance (BeFi) Forum in Washington, D.C., a daylong event that included a series of topical panels on curated presentations of academic research followed by discussion by leading researchers, practitioners, and policymakers.

CF-325-CCRMC


Since the Terrorism Risk Insurance Act (TRIA) was last reauthorized in 2007, terrorism insurance has remained widely available and the price has
fallen. However, challenges remain from both a social and an insurance point of view. Roughly 40 percent of policyholders still do not purchase terrorism coverage, and uncertainty remains regarding how much coverage would be available without TRIA. What is more, the program is set to expire on December 31, 2014, and it is unclear whether the improvements in the market since TRIA was first passed in 2002 can be sustained without it. On June 10, 2014, a conference was convened in Washington, D.C., to present findings of recent RAND research and to address additional facets of this complex issue, including the pros and cons of proposed modifications to TRIA. This conference brought together stakeholders to not only discuss the varying implications of TRIA’s expiration, modification, and extension, but also to frame how it is debated in the halls of Congress and across the country.

CF-326


On July 24, 2014, the RAND Corporation hosted a national summit on leveraging technology to enable victims of crime to more quickly and effectively obtain the help they need. The summit brought together technical experts, victim service providers, and other key stakeholders to identify requirements, capabilities, and strategies to create a mutually reinforcing technological ecosystem for victims of crime. This document summarizes discussions and observations made by the summit attendees. The document also highlights challenges, research questions, and possible solutions to use technology to improve various aspects of victim services.

CF-327-PRGS


Video of the 8th Annual LA Policy Symposium, which was held on April 4, 2014. Now in its eighth year, the LA Policy Symposium is an event jointly hosted by Pardee RAND Graduate School (PRGS), University of California Los Angeles (UCLA), University of Southern California (USC), Pepperdine University, and Claremont Graduate University. The core mission of the symposium is to bring together the best minds in the region to address the toughest policy problems through debate and collaboration. The theme for this year's event was "The Power of Innovation to Drive Inclusive Growth."

CORPORATE PUBLICATIONS

CP-1 (2014)


RAND’s research and analysis address issues that affect families and communities around the world, including security, health, education, sustainability, technology, growth, and development. RAND’s 2014 Annual Report describes the many ways in which RAND develops solutions to public policy challenges to help make people around the world safer and more secure, healthier and more prosperous.

CP-22 (4/14)


The cover story describes ways to factor climate change—and the uncertainty surrounding it—in to water management plans, using the Colorado River Basin and the Sierra Nevada as case studies and recommending greater conservation, efficiency, and surface water storage. The first additional feature story examines the burdens borne by military caregivers, contrasting the experience of those caring for veterans of the recent conflicts in Afghanistan and Iraq with that of those caring for veterans of the pre-9/11 era. The second looks at the history of joint aircraft programs, conclud-
The voices in Public Square comment on the employment difficulties that a unified Korea would face, the threat of Salafi-jihadism, Syria's worsening conditions, Ukraine's uncertain integration with the EU, Franco-U.S. relations, the limits of nutrition education, and Walmart's support for the fair treatment of agricultural workers.

The cover story describes the growing black markets for cybercrime and explains how private companies, defense contractors, and law enforcement and other government agencies could rise to this challenge. Another feature highlights research on medical innovation, listing ten ways that policymakers could encourage innovators to focus on products that curb health spending while also boosting health. A "Window on the World" graphic maps the effectiveness of U.S. security cooperation efforts around the globe, while a "Numbers in the News" entry details the potential costs of allowing the Terrorism Risk Insurance Act to expire. The voices in Public Square comment on the growth of telehealth, a strategic approach to homeland security, care for dementia, exchanging prisoners with the Taliban, investing in Africa, and the unrest in Ukraine, Syria, and Iraq. Guest speakers present "barrier-breaking stories" and "breathtaking medical frontiers."

TESTIMONY

CT-403
The Extremist Threat to the U.S. Homeland. Seth G. Jones. 2014


CT-404
Preparing for the Possibility of a North Korean Collapse. Bruce W. Bennett. 2014


CT-406

Testimony presented before the Senate Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on February 26, 2014

CT-407
Evidence on Home Visiting and Suggestions for Implementing Evidence-Based Home Visiting Through MIECHV. M. Rebecca Kilburn. 2014

Testimony presented before the House Ways and Means Committee, Subcommittee on Human Resources on April 2, 2014.

CT-407/1

Document submitted on April 16, 2014 as an addendum to testimony presented before the House Ways and Means Committee, Subcommittee on Human Resources on April 2, 2014.

CT-408
Counterterrorism and the Role of Special Operations Forces. Seth G. Jones. 2014

Testimony presented before the House Foreign Affairs Committee, Subcommittee on Terrorism, Non-Proliferation, and Trade on April 8, 2014.
Expanding the Use of Telehealth: Promise and Potential Pitfalls. Ateev Mehrotra. 2014

Testimony presented before the House Energy and Commerce Committee, Subcommittee on Health on May 1, 2014.

Expanding the Use of Telehealth: Promise and Potential Pitfalls: Addendum. Ateev Mehrotra. 2014

Document submitted on June 5, 2014 as an addendum to testimony presented before the House Energy and Commerce Committee, Subcommittee on Health on May 1, 2014.


Testimony submitted before the Senate Homeland Security and Governmental Affairs Committee on June 4, 2014.


Testimony presented before the House Homeland Security Committee on June 18, 2014.


Document submitted on July 11, 2014 as an addendum to testimony presented before the House Homeland Security Committee on June 18, 2014.


Document submitted on July 18, 2014 as an addendum to testimony presented before the House Homeland Security Committee, Subcommittee on Oversight and Management Efficiency on June 20, 2014.

Risks and Mitigation Options Regarding Use of Foreign Components in U.S. Launch Vehicles. Yool Kim. 2014

Testimony presented before a joint hearing of the Senate Armed Services Committee, Subcommittee on Strategic Forces and Senate Commerce, Science, and Transportation Committee on July 16, 2014.


Testimony presented before the House Homeland Security Committee, Subcommittee on Counterterrorism and Intelligence on July 24, 2014.


Testimony presented before the House Science, Space, and Technology Committee, Subcommittee on Research and Technology and Subcommittee on Oversight on July 31, 2014.


Document submitted on September 18, 2014 as an addendum to testimony presented before the House Science, Space, and Technology Committee, Subcommittee on Research and Technology and Subcommittee on Oversight on July 31, 2014.

The Effectiveness of China's Industrial Poli-
cies in Commercial Aviation Manufacturing. Keith Crane. 2014


CT-417
Catastrophic Risk in California: Are Homeowners and Communities Prepared?. Lloyd Dixon. 2014

Testimony presented before the California State Senate Committee on Insurance on May 14, 2014.

CT-418
Defeating the Islamic State in Iraq. Ben Connable. 2014

Testimony presented before the Senate Foreign Relations Committee on September 17, 2014.

CT-419

Testimony presented before the House Financial Services Committee on November 13, 2014.

CT-420
The Role of Maritime and Air Power in DoD’s Third Offset Strategy. David Ochmanek. 2014

Testimony presented before the House Armed Services Committee, Subcommittee on Seapower and Projection Forces on December 2, 2014.

CT-421
Hidden Heroes: Caregivers to America’s Ill, Injured, and Wounded Service Members and Veterans. Rajeev Ramchand. 2014

Testimony presented before the House Veterans’ Affairs Committee, Subcommittee on Health on December 3, 2014.

DOCUMENTED BRIEFINGS

DB-573-OSD

The practice of stop-loss retains soldiers who are scheduled to end their voluntary terms of active service during an impending or ongoing deployment. Because stop-loss keeps soldiers in their units, it generally fills deployment needs in the least amount of time possible and minimizes the budgetary impact of added recruitment, training, and personnel reassignment. However, the benefits of stop-loss come at an undeniable price in the form of direct and indirect costs to the Army and individual soldiers. When the Office of the Secretary of Defense began reexamining the Army’s stop-loss policy, it put forth a set of potential alternatives. This briefing documents the detailed manpower flow simulations used to address each of these proposed alternative policies, focusing on their quantitative effects on deployed-unit fill, personnel stability, and individual deployment tempo for the active enlisted force. The analysis compared the options for two military occupational specialties that have very different representations in the force: 11B (infantryman) and 92Y (unit supply specialist). The same tests were also performed on the force as a whole, using a composite, or mix, of specialties. To enrich the discussion of the effects of a new stop-loss policy, the study also considered—in combination with limited changes in accession—brigade combat team cycle lengths and the number of units being rotated into theaters. Early results supported the policy review process, and the decision to suspend stop-loss for the active Army was consistent with the study’s findings. The ultimate utility of this research is in describing and documenting these considerations in view of their likely value if and when stop-loss is considered in the future.

EXTERNAL PUBLICATIONS

EP-50425
Perceived Social Support Mediates Anxiety and Depressive Symptom Changes Following Primary Care Intervention. Halina J. Dour, Joshua F. Wiley, Peter Roy-Byrne. 2014

BACKGROUND: The current study tested whether perceived social support serves as a me-
mediator of anxiety and depressive symptom change following evidence-based anxiety treatment in the primary care setting. Gender, age, and race were tested as moderators. METHODS: Data were obtained from 1004 adult patients (age M = 43, SD = 13; 71% female; 56% White, 20% Hispanic, 12% Black) who participated in a randomized effectiveness trial (coordinated anxiety learning and management [CALM] study) comparing evidence-based intervention (cognitive-behavioral therapy and/or psychopharmacology) to usual care in the primary care setting. Patients were assessed with a battery of questionnaires at baseline, as well as at 6, 12, and 18 months following baseline. Measures utilized in the mediation analyses included the Abbreviated Medical Outcomes (MOS) Social Support Survey, the Brief Symptom Index (BSI)–Somatic and Anxiety subscales, and the Patient Health Questionnaire (PHQ-9). RESULTS: There was a mediating effect over time of perceived social support on symptom change following treatment, with stronger effects for 18-month depression than anxiety. None of the mediating pathways were moderated by gender, age, or race. CONCLUSIONS: Perceived social support may be central to anxiety and depressive symptom changes over time with evidence-based intervention in the primary care setting. These findings possibly have important implications for development of anxiety interventions.

EP-50427

OBJECTIVE: To evaluate the effect of the Chiranjeevi Yojana and Maternal and Neonatal Health Programme, a public–private partnership to improve maternal and neonatal health in Gujarat, India. METHODS: A household survey (n = 5597 households) was conducted in Gujarat to collect retrospective data on births within the preceding 5 years. In an observational study using a difference-in-differences design, the relationship between the Chiranjeevi Yojana and maternal and neonatal health outcomes were examined. In multivariate regressions, individual
and household characteristics as well as district and year fixed effects were controlled for. Data from the most recent District Level Household and Facility Survey (DLHS-3) wave conducted in Gujarat (n = 6484 households) were used in parallel analyses. **FINDINGS:** Between 2005 and 2010, the programme was not associated with a statistically significant change in the probability of institutional delivery (2.42 percentage points; 95% confidence interval, CI: 5.90 to 10.74) or of birth-related complications (6.16 percentage points; 95% CI: 2.63 to 14.95). Estimates using DLHS-3 data were similar. Analyses of household expenditures indicated that mean household expenditure for private-sector deliveries had either not fallen or had fallen very little under the programme. **CONCLUSION:** The programme appears to have had no significant impact on institutional delivery rates or maternal health outcomes. The absence of estimated reductions in household spending for private-sector deliveries deserves further study.

**EP-50428**

Predictors of Treatment Response to Brief Behavioral Treatment of Insomnia (BBTI) in Older Adults. Wendy M. Troxel, Tyler S. Conrad, Anne Germain. 2014

**STUDY OBJECTIVES:** The extant literature on predictors of treatment response to behavioral treatments for insomnia is equivocal and limited in scope. The current study examined demographic, clinical, and sleep characteristics as predictors of clinically significant treatment response to brief behavioral treatment of insomnia (BBTI) in older adults with insomnia. **METHODS:** Thirty-nine older adults with insomnia (67% females, mean age: 72.54 years) were randomized to BBTI treatment. Treatment outcomes were defined according to 2 criteria: (1) defined as change in Pittsburgh Sleep Quality Index (PSQI) score ≥ 3 points or increase in sleep diary sleep efficiency ≥ 10%; or (2) remission, defined as absence of a clinical diagnosis of insomnia according to standard diagnostic criteria. Logistic regression examined whether baseline demographic, clinical, or sleep characteristics predicted treatment outcomes at 1 month follow-up. **RESULTS:** Demographic variables did not predict treatment outcomes for either criterion. Higher anxiety, depression, poorer sleep quality, and longer polysomnography (PSG)-assessed sleep latency predicted greater likelihood of response at follow-up (p < 0.05). Longer sleep duration at baseline (measured by sleep diary and PSG) predicted greater likelihood of the remission at follow-up (p < 0.05). **CONCLUSION:** Patients with insomnia who have greater distress at baseline or prolonged sleep latency are more likely to show positive response to BBTI. In contrast, short sleepers at baseline are less likely to have resolution of insomnia diagnosis following BBTI, perhaps due to the sleep restriction component of the treatment. Identifying the characteristics that predict positive BBTI treatment outcomes can facilitate personalized behavioral treatments to improve outcomes.

**EP-50429**


An important shift in terminology has occurred in emergency preparedness, and the concept of community resilience has become ubiquitous. Although enhancing community resilience is broader than preparedness, and emphasizes a distinct set of activities and participants, the terms are often used interchangeably. The implications of this shift have not been fully explored. This commentary describes the potential promise and pitfalls of the concept of community resilience and recommends strategies to overcome its limitations. We believe that resilience has the power to dramatically change this field in immense, positive ways, but some important challenges such as confusion about definitions and lack of accountability must first be overcome.

**EP-50430**

Primary Care Providers' Initial Treatment Deci-
OBJECTIVE: Adolescent depression is a serious and undertreated public health problem. Nonetheless, pediatric primary care providers (PCPs) may have low rates of antidepressant prescribing due to structural and training barriers. This study examined the impact of symptom severity and provider characteristics on initial depression treatment decisions in a setting with fewer structural barriers, an integrated behavioral health network. METHODS: A cross-sectional survey was administered to 58 PCPs within a large pediatric practice network. PCP reports of initial treatment decisions were compared in response to 2 vignettes describing depressed adolescents with either moderate or severe symptoms. PCP depression knowledge, attitudes toward addressing psychosocial concerns, demographics, and practice characteristics were measured. RESULTS: Few PCPs (25% for moderate, 32% for severe) recommended an antidepressant. Compared with treatment recommendations for moderate depression, severe depression was associated with a greater likelihood of child psychiatry referral (odds ratio [OR], 5.50; 95% confidence interval [CI], 2.47-12.2; p < .001). Depression severity did not affect the likelihood of antidepressant recommendation (OR, 1.58 [95% CI, 0.80-3.11]; p = .19). Antidepressants were more likely to be recommended by PCPs with greater depression knowledge (OR, 1.72 [95% CI, 1.14-2.59]; p = .009) and access to an on-site mental health provider (OR, 5.13 [95% CI, 1.24-21.2]; p = .02) and less likely to be recommended by PCPs who reported higher provider burden when addressing psychosocial concerns (OR, 0.85 [95% CI, 0.75-0.98]; p = .02). CONCLUSION: PCPs infrequently recommended antidepressants for adolescents, regardless of depression severity. Continued PCP support through experiential training, accounting for provider burden when addressing psychosocial concerns, and co-management with mental health providers may increase PCPs' antidepressant prescribing.

EP-50431

Many physician practices will face a set of critical decisions in the coming years that may contribute to the ultimate success or failure of the ACA. In particular, small primary care practices must weigh the opportunity to absorb patients newly insured under the ACA against the financial and regulatory risks of doing so.

EP-50433
Managing Manifest Diseases, but Not Health Risks, Saved PepsiCo Money Over Seven Years. John P. Caloyeras, Hangsheng Liu, Ellen Exum. 2014

Workplace wellness programs are increasingly popular. Employers expect them to improve employee health and well-being, lower medical costs, increase productivity, and reduce absenteeism. To test whether such expectations are warranted, we evaluated the cost impact of the lifestyle and disease management components of PepsiCo's wellness program, Healthy Living. We found that seven years of continuous participation in one or both components was associated with an average reduction of $30 in health care cost per member per month. When we looked at each component individually, we found that the disease management component was associated with lower costs and that the lifestyle management component was not. We estimate disease management to reduce health care costs by $136 per member per month, driven by a 29 percent reduction in hospital admissions. Workplace wellness programs may reduce health risks, delay or avoid the onset of chronic diseases, and lower health care costs for employees with manifest chronic disease. But employers and policy makers should not take for granted that the lifestyle management component of such programs can reduce health care costs or even lead to net savings.
Modelling Long-Distance Travel in Great Britain. Charlene Rohr, Andrew Daly, Bhanu Patruni. 2014

Trips longer than 50 mi account for less than one-fortieth of all trips but nearly one-third of all distance traveled within Great Britain. Because of the small proportion of all travel that they form, long-distance trips may not be adequately represented in national databases and models. However, because they account for a substantial proportion of total distance traveled, particularly on motorways and rail, these trips are important for transport policy and have a substantial impact on congestion. Moreover, study of existing data indicates that travelers’ behavior in long-distance journeys differs substantially from that in routine journeys. Not only is the set of available modes different, but the profile of travelers is also substantially different, with income playing an important role in both travel frequency and mode choice. In addition, model responsiveness and values of time vary significantly with journey length. For these reasons, treatment of the specific properties of long-distance travel is essential for appraising the impact of transport policy aimed at this market, such as high-speed rail, highway construction and management policies, and policies directed toward domestic air travel. This paper describes the development of a model to address these policy issues. The specific aim of the modeling work is to provide empirical evidence on the relative importance of mode, destination, and frequency responses for long-distance travel models. The models that have been developed form the basis for a forecasting model that can be used for the appraisal of a wide range of transport policy aimed at long-distance journeys.

US Military Primary Care: Problems, Solutions, and Implications for Civilian Medicine. Benjamin F. Mundell, Mark W. Friedberg, Christine Eibner. 2014

The US Military Health System (MHS), which is responsible for providing care to active and retired members of the military and their dependents, faces challenges in delivering cost-effective, high-quality primary care while maintaining a provider workforce capable of meeting both peacetime and wartime needs. The MHS has implemented workforce management strategies to address these challenges, including “medical home” teams for primary care and other strategies that expand the roles of nonphysician providers such as physician assistants, nurse practitioners, and medical technicians. Because these workforce strategies have been implemented relatively recently, there is limited evidence of their effectiveness. If they prove successful, they could serve as a model for the civilian sector. However, because the MHS model features a broad mix of provider types, changes to civilian scope-of-practice regulations for nonphysician providers would be necessary before the civilian provider mix could replicate that of the MHS.

Development and Preliminary Validation of the Patient Perceptions of Integrated Care Survey. Sara J. Singer, Mark W. Friedberg, Mathew V. Kiang. 2014

The HCAHPS Survey obtains hospital patients’ experiences using four modes: Mail Only, Phone Only, Mixed (mail/phone follow-up), and Touch-Tone (push-button) Interactive Voice Response with option to transfer to live interviewer (TT-IVR/Phone). A new randomized experiment examines two less expensive modes: Web/Mail (mail invitation to participate by Web or request a mail survey) and Speech-Enabled IVR (SE-IVR/Phone; speaking to a voice recognition system; optional transfer to an interviewer). Web/Mail had a 12% response rate (vs. 32% for Mail Only and 33% for SE-IVR/Phone); Web/Mail respondents were more educated and less often Black than Mail Only respondents. SE-IVR/Phone respondents (who usually switched to an interviewer) were less often older than 75 years, more often English-preferring, and reported better care than Mail Only respondents. Concerns regarding inconsistencies across implementations, low adherence to primary modes, or low response rate may limit the applicability of the

BACKGROUND: The Patient-Centered Medical Home (PCMH), a popular model for primary care reorganization, includes several structural capabilities intended to enhance quality of care. The extent to which different types of primary care practices have adopted these capabilities has not been previously studied. OBJECTIVE: To measure the prevalence of recommended structural capabilities among primary care practices and to determine whether prevalence varies among practices of different size (number of physicians) and administrative affiliation with networks of practices. DESIGN: Cross-sectional analysis. PARTICIPANTS: One physician chosen at random from each of 412 primary care practices in Massachusetts was surveyed about practice capabilities during 2007. Practice size and network affiliation were obtained from an existing database. MEASUREMENTS: Presence of 13 structural capabilities representing 4 domains relevant to quality: patient assistance and reminders, culture of quality, enhanced access, and electronic health records (EHRs). MAIN RESULTS: Three hundred eight (75%) physicians responded, representing practices with a median size of 4 physicians (range 2–74). Among these practices, 64% were affiliated with 1 of 9 networks. The prevalence of surveyed capabilities ranged from 24% to 88%. Larger practice size was associated with higher prevalence for 9 of the 13 capabilities spanning all 4 domains (P < .05). Network affiliation was associated with higher prevalence of 5 capabilities (P < .05) in 3 domains. Associations were not substantively altered by statistical adjustment for other practice characteristics. CONCLUSIONS: Larger and network-affiliated primary care practices are more likely than smaller, non-affiliated practices to have adopted several recommended capabilities. In order to achieve PCMH designation, smaller non-affiliated practices may require the greatest investments.


IMPORTANCE: The patient-centered medical home is advocated to reduce health care costs and improve the quality of care. OBJECTIVE: To evaluate the effects of the pilot program of a multipayer patient-centered medical home on health care utilization and quality. DESIGN: An interrupted time series design with propensity score-matched comparison practices, including multipayer claims data from 2 years before (October 1, 2006–September 30, 2008) and 2 years after (October 1, 2008–September 30, 2010) the launch of the pilot program. Uptake of the intervention was measured with audit data from the National Committee for Quality Assurance patient-centered medical home recognition process. SETTING: Five independent primary care practices and 3 private insurers in the Rhode Island Chronic Care Sustainability Initiative. PARTICIPANTS: Patients in 5 pilot and 34 comparison practices. INTERVENTIONS: Financial support, care managers, and technical assistance for quality improvement and practice transformation. MAIN OUTCOMES AND MEASURES: Hospital admissions, emergency department visits, and 6 process measures of quality of care (3 for diabetes mellitus and 3 for colon, breast, and cervical cancer screening). RESULTS: The mean National Committee for Quality Assurance recognition scores of the pilot practices increased from 42 to 90 points of a possible 100 points. The pilot and comparison practices had statistically indistinguishable baseline patient characteristics and practice patterns, except for higher numbers of attributed member months per year in the pilot practices (31 130 per practice vs 14 779, P = .01) and lower rates of cervical cancer screening in the comparison practices. Although estimates of the emergency department visits and
inpatient admissions of patients in the pilot practices trended toward lower utilization, the only significant difference was a lower rate of ambulatory care sensitive emergency department visits in the pilot practices. The Chronic Care Sustainability Initiative pilot program was associated with a reduction in ambulatory care sensitive emergency department visits of approximately 0.8 per 1000 member months or approximately 11.6% compared with the baseline rate of 6.9 for emergency department visits per 1000 member months (P = .002). No significant improvements were found in any of the quality measures. CONCLUSION and RELEVANCE: After 2 years, a pilot program of a patient-centered medical home was associated with substantial improvements in medical home recognition scores and a significant reduction in ambulatory care sensitive emergency department visits. Although not achieving significance, there were downward trends in emergency department visits and inpatient admissions.

EP-50439
Defining and Measuring Integrated Patient Care: Promoting the Next Frontier in Health Care Delivery. Sara J. Singer, Jako Burgers, Mark W. Friedberg. 2014

Integration of care is emerging as a central challenge of health care delivery, particularly for patients with multiple, complex chronic conditions. The authors argue that the concept of “integrated patient care” would benefit from further clarification regarding (a) the object of integration and (b) its essential components, particularly when constructing measures. To address these issues, the authors propose a definition of integrated patient care that distinguishes it from integrated delivery organizations, acknowledging that integrated organizational structures and processes may fail to produce integrated patient care. The definition emphasizes patients’ central role as active participants in managing their own health by including patient centeredness as a key element of integrated patient care. Measures based on the proposed definition will enable empirical assessment of the potential relationships between the integration of organizations, the integration of patient care, and patient outcomes, providing valuable guidance to health systems reformers.

EP-50440
Does Affiliation of Physician Groups with One Another Produce Higher Quality Primary Care?. Mark W. Friedberg, Kathryn L. Coltin, Steven D. Pearson. 2014

PURPOSE: Recent reports have emphasized the importance of delivery systems in improving health care quality. However, few prior studies have assessed differences in primary care quality between physician groups that differ in size and organizational configuration. We examined whether larger physician group size and affiliation with networks of multiple groups are associated with higher quality of care. METHODS: We conducted a cross-sectional observational analysis of 132 physician groups (including 4,358 physicians) who delivered primary care services in Massachusetts in 2002. We compared physician groups on performance scores for 12 Health Plan Employer Data and Information Set (HEDIS) measures reflecting processes of adult primary care. RESULTS: Network-affiliated physician groups had higher performance scores than non-affiliated groups for 10 of the 12 HEDIS measures (p &lt; .05). There was no consistent relationship between group size and performance scores. Multivariable models including group size, network affiliation, and health plan showed that network-affiliated groups had higher performance scores than non-affiliated groups on 8 of the 12 HEDIS measures (p &lt; .05), and larger group size was not associated with higher performance scores. Adjusted differences in the performance scores of network-affiliated and non-affiliated groups ranged from 2% to 15%. For 4 HEDIS measures related to diabetes care, performance score differences between network-affiliated and non-affiliated groups were most apparent among the smallest groups. CONCLUSIONS: Physician group affiliation with networks of multiple groups was associated with higher quality, and for measures of diabetes care the quality advantage of network-affiliation was most evident among smaller physician groups.

The medical home (also known as patient-centered medical home or advanced medical home) is a composite policy construct representing a set of interventions intended to revitalize primary care practices and improve patient care. As an idealized vision, the medical home has gained the support of stakeholders including employers, health professional societies, health plans, not-for-profit entities, and government agencies. Expectations of the medical home include improvements in healthcare quality, patient experience, provider work-life satisfaction, costs of care, and increased recruitment of medical students into primary care careers. However, multiple definitions of the medical home exist, and the degree to which some oft-quoted examples of "medical home" successes match these definitions is unclear. Scant evidence currently supports the effectiveness of practice-level medical home interventions for improving quality and reducing costs, but demonstration projects are only recently under way. Carefully specifying the exact components of "medical home" interventions-and interpreting their results in the context of these specifications-will help build a coherent body of evidence to guide the revitalization of primary care.

Satisfied to Death: A Spurious Result?. Mark W. Friedberg, Dana Gelb Safran, Eric C. Schneider. 2014

This letter suggests several methodological reasons why patients who have higher patient experience scores may also have greater hospitalization rates, total expenditures, and mortality.

Reporting Hospitals Antibiotic Timing in Pneumonia: Adverse Consequences for Patients?. Mark W. Friedberg, Ateev Mehrotra, Jeffrey A. Linder. 2014

OBJECTIVE: To determine whether publicly reporting hospital scores on antibiotic timing in pneumonia (percentage of patients with pneumonia receiving antibiotics within 4 hours) has led to unintended adverse consequences for patients. STUDY DESIGN: Retrospective analyses of 13,042 emergency department (ED) visits by adult patients with respiratory symptoms in the National Hospital Ambulatory Medical Care Survey, 2001-2005. METHODS: Rates of pneumonia diagnosis, antibiotic use, and waiting times to see a physician were compared before and after public reporting, using a nationally representative hospital sample. These outcomes also were compared between hospitals with different antibiotic timing scores. RESULTS: There were no differences in rates of pneumonia diagnosis (10% vs 11% of all ED visits, \( P = .72 \)) or antibiotic administration (34% vs 35%, \( P = .21 \)) before and after antibiotic timing score reporting. Mean waiting times to be seen by a physician increased similarly for patients with and without respiratory symptoms (11-minute vs 6-minute increase, respectively; \( P = .29 \)). After adjustment for confounders, hospitals with higher 2005 antibiotic timing scores had shorter mean waiting times for all patients, but there were no significant score-related trends for rates of pneumonia diagnosis or antibiotic use. CONCLUSION: Despite concerns, public reporting of hospital antibiotic timing scores has not led to increased pneumonia diagnosis, antibiotic use, or a change in patient prioritization.


BACKGROUND: Incentives offered by the U.S. government have spurred marked increases in use of health information technology (IT). PURPOSE: To update previous reviews and examine recent evidence that relates health IT functionalities prescribed in meaningful use regulations to key aspects of health care. DATA SOURCES: English-language articles in PubMed from January 2010 to August 2013. STUDY SELECTION: 236 studies, including pre–post and time-series
designs and clinical trials that related the use of health IT to quality, safety, or efficiency. DATA EXTRATION: Two independent reviewers extracted data on functionality, study outcomes, and context. DATA SYNTHESIS: Fifty-seven percent of the 236 studies evaluated clinical decision support and computerized provider order entry, whereas other meaningful use functionalities were rarely evaluated. Fifty-six percent of studies reported uniformly positive results, and an additional 21% reported mixed-positive effects. Reporting of context and implementation details was poor, and 61% of studies did not report any contextual details beyond basic information. LIMITATION: Potential for publication bias, and evaluated health IT systems and outcomes were heterogeneous and incompletely described. CONCLUSION: Strong evidence supports the use of clinical decision support and computerized provider order entry. However, insufficient reporting of implementation and context of use makes it impossible to determine why some health IT implementations are successful and others are not. The most important improvement that can be made in health IT evaluations is increased reporting of the effects of implementation and context.

EP-50445


BACKGROUND: Concerns about patient safety have arisen with growing documentation of the extent and nature of harm. Yet there are no robust and meaningful data that can be used internationally to assess the extent of the problem and considerable methodological difficulties. PURPOSE: This article describes a project undertaken as part of the Organization for Economic Cooperation and Development (OECD) Quality Indicator Project, which aimed at developing an initial set of patient safety indicators. METHODS: Patient safety indicators from OECD countries were identified and then rated against three principal criteria: importance to patient safety, scientific soundness, and potential feasibility. Although some countries are developing multi-source monitoring systems, these are not yet mature enough for international exchange. This project reviewed routine data collections as a starting point. RESULTS: Of an initial set of 59 candidate indicators identified, 21 were selected which cover known areas of harm to patients. CONCLUSIONS: This project is an important initial step towards defining a usable set of patient safety indicators that will allow comparisons to be made internationally and will support mutual learning and quality improvement in health care. Measures of harm should be complemented over time with measures of effective improvement factors.

EP-50446

Strengthening Hospital Nursing. Peter Buerhaus, Jack Needleman, Soeren Mattke. 2014

Hospitals, nurses, the media, Congress, and the private sector are increasingly concerned about shortages of registered nurses (RNs) and the impact on safety and quality of patient care. Findings from a growing number of studies provide evidence of a relationship between hospital nurse staffing and adverse outcomes experienced by medical and surgical patients. These findings have policy implications for strengthening the nursing profession, monitoring the quality of hospital care associated with nursing, and improving the relationship between hospitals and the nursing profession.

EP-50447


In a recently concluded Medicare demonstration, Community Nursing Organizations (CNOs) received capitated payment to provide a subset of Medicare services through a nursing case management delivery system. Demonstration participation was voluntary, both for CNOs and recruited beneficiaries, raising several challenging issues associated with selection. We investigate provider and beneficiary selection, as well as Medicare costs, using multiple evaluation methodologies. We find that CNO enrollment is associated with
increased payment by Medicare for CNO-covered services. Results showing CNO enrollees to be more costly to Medicare for non-CNO services are consistent with cost shifting, but could also be accounted for by biased provider selection into the demonstration.

EP-50448

Reporting Quality of Nursing Home Care to Consumers: The Maryland Experience. Soeren Mattke, Karen Reilly, Enrique Martinez-Vidal. 2014

OBJECTIVE: To design and implement a reporting system for quality of long-term care to empower consumers and to create incentives for quality improvement. To identify a model to approach this technically and politically difficult task. APPROACH: Establishment of a credible and transparent decision process using a public forum. Development of the system based on: (1) review of the literature and existing systems, and discussions with stakeholders about strengths and weaknesses; (2) focus on consumer preferences in the design; and (3) responsiveness to industry concerns in the implementation. LESSONS LEARNED: None of the existing systems appeared to be a suitable model. We decided to develop an entirely new system based on three key design principles that allowed us to tailor the system to consumer needs: (1) designing a decision tool rather than a database; (2) summarizing rather than simplifying information; and (3) accounting for the target audience in the creative execution. Industry concerns focused on the burden of the system, the potential for errors, and the possible communication of a negative impression of the industry. As methodological and data limitations prevented us from resolving those concerns, we addressed them by using cautionary language in the presentation and by making a commitment to incorporate improvements in the future. All stakeholders regarded the final design as an acceptable compromise. CONCLUSIONS: Despite its potentially controversial nature and many methodological challenges, the system has been well received by both the public and the industry. We attribute this success to two key factors: a collaborative decision process, in which all critical design and execution choices were laid out explicitly and debated with stakeholders in a public forum, and realism and honesty regarding the limitations of the system.

EP-50449

. Laura Lambie, Soeren Mattke, Vin McLaughlin. 2014

BACKGROUND: Cardiovascular (CV) diseases are major causes of morbidity and death in adults in the world. Major differences have been reported in the management strategies and the outcome of CV diseases within and between countries. To better understand and address these differences, there is a need for quantitative information on patient management, outcome, and prognosis. OBJECTIVE: This article describes the development of a set of quality indicators for cardiac care and summarizes work undertaken by the Cardiac Care Panel of the OECD Health Care Quality Indicators Project. METHODS: A list of 61 potential indicators was identified through a literature search, review of national measurement systems, and nomination from countries participating in the project. The Cardiac Care Panel then used a modified Delphi process developed originally by RAND to select indicators. Panel members individually rated each indicator on a scale of 1–9 for scientific soundness and importance. All indicators receiving scores of 7 or more for both importance and soundness were included in the final set. RESULTS: Seventeen cardiac indicators were selected for the final set of indicators from the following areas: acute coronary syndromes, cardiac interventions, secondary prevention, and congestive heart failure. CONCLUSIONS: The final set of 17 indicators selected by the Cardiac Care Panel constitutes a comprehensive set of measures for the most relevant domains of CV care. Nevertheless, gaps remain in the area of primary prevention and in particular in areas with rapidly changing technology and improving treatment options.

EP-50450

Selecting Indicators for the Quality of Diabetes Care at the Health Systems Level in OECD Countries. Antonio Nicolucci, Sheldon Greenfield,
Soeren Mattke. 2014

PURPOSE: In the context of the Organization for Economic Cooperation and Development (OECD) Quality Indicators Project, a set of quality indicators for diabetes care was developed, to be used for benchmarking the performance of health care systems. BACKGROUND: Diabetes complications markedly reduce quality and length of life and are also responsible for enormous health care costs. A large body of evidence has shown that several effective treatments and practices may substantially reduce this burden. However, a marked variability has been documented in preventive and therapeutic approaches, thus suggesting that the level of diabetes care currently delivered may not produce the possible health-related gains. METHODS: Existing quality indicators have been reviewed, with particular attention to the work done by the National Diabetes Quality Improvement Alliance (NDQIA) in the US. All the measures identified were evaluated for their importance, scientific soundness, and feasibility. In addition, the panel members selected new distal outcome measures. These measures are currently not used in provider comparisons, but they could reveal valuable insight into the differential performance of health systems. RESULTS: Four process and two proximal outcome measures were selected among those endorsed by the NDQIA. In addition, three new long-term outcome measures have been proposed to gain insight into whether and to what degree differences in the processes and intermediate outcomes that are captured by the established measures translate into better outcomes for patients. CONCLUSIONS: The measures selected can contribute to policymakers' and researchers' understanding of differences in the quality of diabetes care between health systems. Further work is required to assess the availability of reliable and comparable data across OECD countries.

EP-50452

PURPOSE: This article describes a project undertaken as part of the Organization for Economic Co-operation and Development (OECD)'s Healthcare Quality Indicator (HCQI) Project, which aimed to develop a set of quality indicators representing the domains of primary care, prevention and health promotion, and which could be used to assess the performance of primary care systems. METHODS: Existing quality indicators from...
around the world were mapped to an organizing framework which related primary care, prevention, and health promotion. The indicators were judged against the US Institute of Medicine’s assessment criteria of importance and scientific soundness, and only those which met these criteria and were likely to be feasible were included. An initial large set of indicators was reduced by the primary care expert panel using a modified Delphi process.

RESULTS: A set of 27 indicators was produced. Six of them were related to health promotion, covering health-related behaviours that are typically targeted by health education and outreach campaigns, 13 to preventive care with a focus on prenatal care and immunizations and eight to primary clinical care mainly addressing activities related to risk reduction. The indicators selected placed a strong emphasis on the public health aspects of primary care. CONCLUSIONS: This project represents an important but preliminary step towards a set of measures to evaluate and compare primary care quality. Further work is required to assess the operational feasibility of the indicators and the validity of any benchmarking data drawn from international comparisons. A conceptual framework needs to be developed that comprehensively captures the complex construct of primary care as a basis for the selection of additional indicators.

EP-50454
Application of Patient Safety Indicators Internationally: A Pilot Study Among Seven Countries. Saskia K Subramanian, Niek S. Klazinga. 2014

OBJECTIVE: To explore the potential for international comparison of patient safety as part of the Health Care Quality Indicators project of the Organization for Economic Co-operation and Development (OECD) by evaluating patient safety indicators originally published by the US Agency for Healthcare Research and Quality (AHRQ). DESIGN: A retrospective cross-sectional study. SETTING: Acute care hospitals in the USA, UK, Sweden, Spain, Germany, Canada and Australia in 2004 and 2005/2006. DATA SOURCES: Routine hospitalization-related administrative data from seven countries were analyzed. Using algorithms adapted to the diagnosis and procedure coding systems in place in each country, authorities in each of the participating countries reported summaries of the distribution of hospital-level and overall (national) rates for each AHRQ Patient Safety Indicator to the OECD project secretariat. RESULTS: Each country’s vector of national indicator rates and the vector of American patient safety indicators rates published by AHRQ (and re-estimated as part of this study) were highly

EP-50453

OBJECTIVE: To identify quality measures for international benchmarking of mental health care that assess important processes and outcomes of care, are scientifically sound, and are feasible to construct from preexisting data. DESIGN: An international expert panel employed a consensus development process to select important, sound, and feasible measures based on a framework that balances these priorities with the additional goal of assessing the breadth of mental health care across key dimensions. PARTICIPANTS: Six countries and one international organization nominated seven panelists consisting of mental health administrators, clinicians, and services researchers with expertise in quality of care, epidemiology, public health, and public policy. MEASURES: Measures with a final median score of at least 7.0 for both importance and soundness, and data availability rated as ‘possible’ or better in at least half of participating countries, were included in the final set. Measures with median scores ≤3.0 or data availability rated as ‘unlikely’ were excluded. Measures with intermediate scores were subject to further discussion by the panel, leading to their adoption or rejection on a case-by-case basis. RESULTS: From an initial set of 134 candidate measures, the panel identified 12 measures that achieved moderate to high scores on desired attributes. CONCLUSIONS: Although limited, the proposed measure set provides a starting point for international benchmarking of mental health care. It addresses known quality problems and achieves some breadth across diverse dimensions of mental health care.
correlated (0.821–0.966). However, there was substantial systematic variation in rates across countries. CONCLUSIONS: This pilot study reveals that AHRQ Patient Safety Indicators can be applied to international hospital data. However, the analyses suggest that certain indicators (e.g. ‘birth trauma’, ‘complications of anesthesia’) may be too unreliable for international comparisons. Data quality varies across countries; undercoding may be a systematic problem in some countries. Efforts at international harmonization of hospital discharge data sets as well as improved accuracy of documentation should facilitate future comparative analyses of routine databases.

EP-50455
Untangling Practice Redesign from Disease Management: How Do We Best Care for the Chronically Ill?. Katie Coleman, Soeren Mattke, Patrick J. Perrault. 2014

In the past 10 years, a wide spectrum of chronic care improvement interventions has been tried and evaluated to improve health outcomes and reduce costs for chronically ill individuals. On one end of the spectrum are disease-management interventions—often organized by commercial vendors—that work with patients but do little to engage medical practice. On the other end are quality-improvement efforts aimed at redesigning the organization and delivery of primary care and better supporting patient self-management. This qualitative review finds that carve-out disease-management interventions that target only patients may be less effective than those that also work to redesign care delivery. Imprecise nomenclature and poor study design methodology limit quantitative analysis. More innovation and research are needed to understand how disease-management components can be more meaningfully embedded within practice to improve patient care.

EP-50468
A regression model for risk difference estimation in population-based case-control studies clarifies gender differences in lung cancer risk of smokers and never smokers. Sara de Matteis, Maria Teresa Landi. 2014

BACKGROUND: Additive risk models are necessary for understanding the joint effects of exposures on individual and population disease risk. Yet technical challenges have limited the consideration of additive risk models in case–control studies. METHODS: Using a flexible risk regression model that allows additive and multiplicative components to estimate absolute risks and risk differences, we report a new analysis of data from the population-based case–control Environment And Genetics in Lung cancer Etiology study, conducted in Northern Italy between 2002–2005. The analysis provides estimates of the gender-specific absolute risk (cumulative risk) for non-smoking- and smoking-associated lung cancer, adjusted for demographic, occupational, and smoking history variables. RESULTS: In the multiple-variable lexipit regression, the adjusted 3-year absolute risk of lung cancer in never smokers was 4.6 per 100,000 persons higher in women than men. However, the absolute increase in 3-year risk of lung cancer for every 10 additional pack-years smoked was less for women than men, 13.6 versus 52.9 per 100,000 persons. CONCLUSIONS: In a Northern Italian population, the absolute risk of lung cancer among never smokers is higher in women than
men but among smokers is lower in women than men. Lexpit regression is a novel approach to additive-multiplicative risk modeling that can contribute to clearer interpretation of population-based case–control studies.

**EP-50469**  
Creating constituencies for long-term, radical change. 2014

Climate change presents a global, long-term policy challenge. This essay will argue that long-term emissions reduction goals currently proposed before Congress at best only highlight the magnitude of the climate change challenge, without contributing much to a solution. The robust decision making approach suggests that a different framework for long-term climate policy may prove more effective. Rather than emphasize long-term goals, Congress might focus on shaping the options available to its successors.

**EP-50470**  
Fertility desires and intentions and the relationship to consistent condom use and provider communication regarding childbearing among HIV clients in Uganda. Rhoda K. Wanyenze. 2014

Family planning services emphasize prevention of unplanned pregnancies, but rarely account for the childbearing desires of HIV clients. We examined the correlates of fertility desires and intentions among 767 HIV clients (34% male) starting antiretrovirals in Uganda. Half of participants had a primary sex partner. Among those with a desire (31%) or intention (24%) for having a child in the near future, 60% had not discussed this with providers. Over one quarter (27%) were told by their provider that they should not bear a child because of their HIV status. In regression analysis, male gender, younger age, higher CD4, having fewer children, and having a primary partner were associated with fertility desires and intentions; having been told by provider not to have a child was associated with intentions but not desires. Among participants with a primary partner, consistent condom use was greater among those with no fertility intentions, as was receipt of advise about family planning, while HIV disclosure to partner was greater among those with intentions. Partner HIV status was not associated with fertility desires or intentions. These findings highlight the need for reproductive health programs for HIV clients to incorporate safer conception counseling and improve communication regarding childbearing.

**EP-50471**  
Impact of daily assessments in distress and PTSD symptoms in trauma-exposed women. Debra L. Kaysen, Kristen P. Lindgren. 2014

As more advanced methodologies are developed for symptom assessment in traumatic stress studies, it is important to examine how these methodologies can exacerbate distress or contribute to symptoms among study participants. Using a sample of 202 female college students, we examined the changes in posttraumatic stress disorder (PTSD) symptoms and general psychological symptomatology among groups of trauma-exposed and non-trauma-exposed women randomly assigned to complete 30 days of daily monitoring of traumatic symptoms and substance use behaviors using personal digital assistants (PDAs). These two groups were compared with a trauma-exposed sample of women who did not complete daily monitoring assessments and only completed pre- and post-monitoring online assessments. While trauma-exposed participants in the monitoring group reported more distress from the daily assessments than those in the monitoring group with no history of trauma, this distress level was relatively low. Online surveys delivered pre- and post-monitoring showed a similar pattern. Trauma-exposed participants in monitoring and no-monitoring groups reported a decrease in general psychological symptoms over the 30 days; however, monitoring participants reported increased levels of PTSD severity over time. Closer examination revealed the observed changes were relatively moderate. Participants expressed benefits and risks regarding study participation supporting the findings that repeated assessments of traumatic symptoms using personal handheld devices may lead to small increases in distress and PTSD symptoms, but that these approaches may be generally well tolerated.
School programs and characteristics and their influence on student BMI: findings from Healthy Passages. Marc N. Elliott. 2014

BACKGROUND: Little is known about the contribution of school contextual factors to individual student body mass index (BMI). We set out to determine if school characteristics/resources: (1) are associated with student BMI; (2) explain racial/ethnic disparities in student BMI; and (3) explain school-level differences in student BMI. METHODS: Using gender-stratified multi-level modeling strategies we examined the association of school characteristics/resources and individual BMI in 4,387 5th graders in the Healthy Passages Longitudinal Study of Adolescent Health. Additionally, we examined the association of race/ethnicity and individual BMI as well as the between-school variance in BMI before and after adding individual and school characteristics to test for attenuation. RESULTS: The school-level median household income, but not physical activity or nutrition resources, was inversely associated with female BMI ($\beta = -0.12$, CI: $-0.21, -0.02$). Neither school demographics nor physical activity/nutrition resources were predictive of individual BMI in males. In Black females, school characteristics attenuated the association of race/ethnicity and BMI. Individual student characteristics—not school characteristics/resources—reduced the between-school variation in BMI in males by nearly one-third and eliminated it in females. CONCLUSIONS: In this cohort of 5th graders, school SES was inversely associated with female BMI while school characteristics and resources largely explained Black/White disparities in female weight status. Between-school differences in average student weight status were largely explained by the composition of the student body not by school characteristics or programming.

The ground has shifted in US health care. With President Obama's reelection in November 2012, the Affordable Care Act is here to stay, and tens of millions of Americans soon will gain access to health insurance. Numerous experiments are underway to better organize and coordinate care at the levels of the individual practice, the "medical neighborhood," and the larger health system. Underlying these activities is a fundamental switch from a reactive care system oriented toward sickness (in which individual providers were paid for discrete elements of care) to a proactive care system oriented toward wellness, where teams and systems share accountability for the health of individual patients and populations. How can internal medicine graduate medical education (GME) help meet this challenge? This article presents the evidence-based recommendations and opinions of selected leaders in general internal medicine based on iterative conversations before, during, and after the 2011 Society of General Internal Medicine (SGIM) Education Summit. Recognizing that today's physician training programs may not adequately prepare physicians for tomorrow's models of health care delivery, there have been many calls over the past decade for medical education reform. As we consider the future of US health reform, it is clear we need to address at least 3 interdependent problems. We must (1) improve quality, (2) drive out waste, and (3) expand the notion of health care to include the social determinants of health that account for 70% of the burden of disease. These problems require us to reconsider the formation of tomorrow's workforce. Our article focuses on the specific implications of US health reform for internal medicine GME. We describe the required competencies that will allow tomorrow's comprehensive primary care internist to thrive in a proactive US care system. We then propose 3 recommendations for reforming internal medicine GME training to foster that vision.

Training tomorrow's comprehensive primary care internists: a way forward for internal medicine education. Mark W. Friedberg. 2014

The Affordable Care Act may increase the number of people getting tested for HIV by nearly 500,000 by 2017. Zachary Wagner, Yanyu Wu. 2014
People are much less likely to engage in risky sexual behavior if they know that they are HIV-positive. Unfortunately, more than 18 percent of people living with HIV/AIDS in the United States are unaware of their HIV status, and about half of new HIV infections are transmitted from that "HIV unaware" population. For these reasons, HIV testing is at the forefront of HIV prevention strategies in the United States. The Affordable Care Act (ACA) may support these strategies, since gaining coverage increases the likelihood of being tested for HIV. We modeled the impact of the ACA on HIV testing, diagnoses, and awareness of being HIV-positive, assuming that only the eighteen states (and the District of Columbia) that had committed to expand Medicaid as of July 2013 did expand the program. We found that the ACA will result in an additional 466,153 people's being tested for HIV and 2,598 new diagnoses of HIV by 2017. Among people living with HIV/AIDS who gain insurance through the ACA, the share of the HIV unaware will decline by 22 percent. The impact on both HIV testing and new diagnoses would be nearly 30 percent larger if all fifty states expanded Medicaid. Policy makers should consider such epidemiological benefits when analyzing insurance expansion policies.

EP-50482

HIV care providers emphasize the importance of the Ryan White Program for access to and quality of care. Timothy Juday. 2014

With the implementation of the Affordable Care Act (ACA) under way, some policy makers have questioned the continued relevance of the Ryan White HIV/AIDS Program as a safety net for people living with HIV/AIDS. We surveyed HIV care providers to understand the role of the Ryan White Program and to identify concerns regarding the ACA implementation. We also addressed whether the program is still relevant after ACA implementation and, if so, what elements should be retained. We found that providers consider the Ryan White Program to be critical in facilitating high-quality care for people living with HIV/AIDS. Most of the providers highlighted the program’s support for providing medical and nonmedical case management as especially valuable and important to the entire continuum of care and for all patient subpopulations. Whether care is supplied by the Ryan White Program, Medicaid, or other means, our findings suggest that case management services will remain critical in treating HIV/AIDS as the health care landscape continues to evolve.

EP-50483

Implementing Psychological First-Aid Training for Medical Reserve Corps Volunteers. Anita Chandra, Jee Kim, Huibrie C. Peters. 2014

OBJECTIVE: We assessed the feasibility and impact on knowledge, attitudes, and reported practices of psychological first-aid (PFA) training in a sample of Medical Reserve Corps members. Data have been limited on the uptake of PFA training in surge responders (eg, MRC) who are critical to community response. METHODS: Our mixed-methods approach involved self-administered pre- and post-training surveys and within-training focus group discussions of 76 MRC members attending a PFA training and train-the-trainer workshop. Listen, protect, connect (a PFA model for lay persons) focuses on listening and understanding both verbal and nonverbal cues; protecting the individual by determining realistic ways to help while providing reassurance; and connecting the individual with resources in the community. RESULTS: From pre- to post-training, perceived confidence and capability in using PFA after an emergency or disaster increased from 71% to 90% (P < .01), but no significant increase was found in PFA-related knowledge. Qualitative analyses suggest that knowledge and intentions to use PFA increased with training. Brief training was feasible, and while results were modest, the PFA training resulted in greater reported confidence and perceived capability in addressing postdisaster needs. CONCLUSION: PFA training is a promising approach to improve surge responder confidence and competency in addressing postdisaster needs.

EP-50484

Preparedness of Americans for the Affordable
Care Act. Silvia Helena Barcellos, Amelie Wuppermann, Katherine Grace Carman. 2014

This paper investigates whether individuals are sufficiently informed to make reasonable choices in the health insurance exchanges established by the Affordable Care Act (ACA). We document knowledge of health reform, health insurance literacy, and expected changes in healthcare using a nationally representative survey of the US population in the 5 wk before the introduction of the exchanges, with special attention to subgroups most likely to be affected by the ACA. Results suggest that a substantial share of the population is unprepared to navigate the new exchanges. One-half of the respondents did not know about the exchanges, and 42% could not correctly describe a deductible. Those earning 100–250% of federal poverty level (FPL) correctly answered, on average, 4 out of 11 questions about health reform and 4.6 out of 7 questions about health insurance. This compares with 6.1 and 5.9 correct answers, respectively, for those in the top income category (400% of FPL or more). Even after controlling for potential confounders, a low-income person is 31% less likely to score above the median on ACA knowledge questions, and 54% less likely to score above the median on health insurance knowledge than a person in the top income category. Uninsured respondents scored lower on health insurance knowledge, but their knowledge of ACA is similar to the overall population. We propose that simplified options, decision aids, and health insurance product design to address the limited understanding of health insurance contracts will be crucial for ACA's success. Contains supporting information online at http://www.pnas.org/lookup/suppl/doi:10.1073/pnas.1320488111/-/DCSupplemental.

EP-50485


At both the government and grassroots levels, China seems to be taking seriously feedback and criticism of certain Chinese policies that negatively affect the lives and interests of Africans to a greater extent than in the past. This article seeks to highlight China's evolving approach to the continent. While it is true that growing tensions and contradictions have challenged China's growing presence in Africa, China has by no means been a passive actor in the face of change. To the contrary, it has addressed many of these problems through subtle policy adjustments based on feedback from African governments and its people.

EP-50488

The Academic Impact of Enrollment in International Baccalaureate Diploma Programs: A Case Study of Chicago Public Schools. Anna Rosefsky Saavedra. 2014

BACKGROUND: In schools accredited as "IB World Schools" by the International Baccalaureate Organization (IBO), teachers use IB curriculum and pedagogy to teach a range of courses that are intended to prepare IB-enrolled students for college. Over the past 18 years, the number of U.S. schools that implement IB programs has increased nearly tenfold, from 133 in 1994 to 1,390 in 2013. Despite the IB program's rapid expansion, little is known about whether IB enrollment causally improves students' academic outcomes, including their high school academic achievement, probability of high school graduation and/or subsequent probability of college enrollment. PURPOSE: This study examines whether enrollment in the IB Diploma Program increases students' academic achievement as measured by their composite ACT college admissions examination scores, probability of high school graduation, and probability of college enrollment, and whether the estimates differ by gender. SETTING, POPULATION, & DATA: This study uses data on the demographic characteristics, IB enrollment status, ACT scores, high school graduation status and college enrollment status of 20,422 students attending 13 Chicago Public Schools (CPS) high schools from 2002-2008. Data sources include the CPS and the National Student Clearinghouse. RESEARCH DESIGN: The analytic strategy is to first assume students are selected into the IB Diploma Program based on their observed characteristics, and then to use a propensity score ap-
approach to estimate the impact of IB enrollment on three measures of students’ academic success. The second step, following Rosenbaum (2002), is to test the sensitivity of the estimates to different levels of selection bias. RESULTS: This study shows that IB enrollment increases students’ academic achievement, probability of high school graduation and probability of college enrollment. Though selection bias may contribute to overstating the propensity score estimates, the conclusion from the sensitivity analyses is that it is unlikely that this internal-validity challenge negates the principal finding. All estimates are greater for boys than for girls. Calculations demonstrate that the IB Diploma Program is a cost-effective way to increase high school graduation rates. CONCLUSIONS: The results are valuable for three reasons. First, they provide valuable information with which to make decisions about future investments in IB. Second, they contribute to knowledge of the means through which to improve high school education for disadvantaged urban youth. Finally, the results suggest that IB enrollment is especially beneficial for boys, for whom the probability of graduating from high school and enrolling in college—in CPS and at the national level—is substantially less than for girls.

EP-50489

Review of America’s Poor and the Great Recession, by Kristin S. Seefeldt and John D. Graham, Bloomington and Indianapolis: Indiana University Press, 2013, 158 pp., $21.00, paperback. While U.S. absolute poverty has increased sharply since the start of the Great Recession, it was, despite historic ups and downs, at roughly the same level in 2007 as in 1980. Wholesale reform of American antipoverty programs is unlikely in the near future. Until the day comes when grand poverty bargains can be struck, this book has much to say in current policy debates.

EP-50490

OBJECTIVE: This study provided national estimates of perceptions of behavioral health care services among patients of the Veterans Health Administration (VHA) with a diagnosis of bipolar I disorder, major depression, posttraumatic stress disorder, schizophrenia, or substance use disorder. METHODS: A stratified random sample of 6,190 patients completed telephone interviews from November 2008 through August 2009. Patients (N=5,185) who reported receiving VHA behavioral health care in the prior 12 months were asked about their need for housing and employment services, timeliness and recovery orientation of their care, satisfaction with care, and perceived improvement. RESULTS: Half of patients reported always receiving routine appointments as soon as requested, and 42% were highly satisfied with their VHA mental health care. Approximately 74% of patients reported being helped by the treatment they received, yet only 32% reported that their symptoms had improved. After controlling for covariates, the analyses showed that patients with a substance use disorder reported lower satisfaction with care and perceived their treatment to be less helpful compared with patients without a substance use disorder. CONCLUSIONS: Although matched sample comparison data were not available, the results showed that overall patient perceptions of VHA mental health care were favorable, but there was significant room for improvement across all areas of assessment. A majority reported being helped by treatment, but few reported symptom improvement. Variations in perceptions among patients with different disorders suggest the potential importance of psychiatric diagnosis, particularly substance use disorder, in assessing patient perceptions of care.

EP-50491
IMPACT - Integrative Medicine Primary Care Trial: Protocol for a Comparative Effectiveness Study of the Clinical and Cost Outcomes of an Integrative Primary Care Clinic Model. Patricia M. Herman, Sally E. Dodds, Melanie D. Logue. 2014
BACKGROUND: Integrative medicine (IM) is a patient-centered, healing-oriented clinical paradigm that explicitly includes all appropriate therapeutic approaches whether they originate in conventional or complementary medicine (CM). While there is some evidence for the clinical and cost-effectiveness of IM practice models, the existing evidence base for IM depends largely on studies of individual CM therapies. This may in part be due to the methodological challenges inherent in evaluating a complex intervention (i.e., many interacting components applied flexibly and with tailoring) such as IM.

METHODS/DESIGN: This study will use a combination of observational quantitative and qualitative methods to rigorously measure the health and healthcare utilization outcomes of the University of Arizona Integrative Health Center (UAIHC), an IM adult primary care clinic in Phoenix, Arizona. There are four groups of study participants. The primary group consists of clinic patients for whom clinical and cost outcomes will be tracked indicating the impact of the UAIHC clinic (n = 500). In addition to comparing outcomes pre/post clinic enrollment, where possible, these outcomes will be compared to those of two matched control groups, and for some self-report measures, to regional and national data. The second and third study groups consist of clinic patients (n = 180) and clinic personnel (n = 15-20) from whom fidelity data (i.e., data indicating the extent to which the IM practice model was implemented as planned) will be collected. These data will be analyzed to determine the exact nature of the intervention as implemented and to provide covariates to the outcomes analyses as the clinic evolves. The fourth group is made up of patients (n = 8) whose path through the clinic will be studied in detail using qualitative (periodic semi-structured interviews) methods. These data will be used to develop hypotheses regarding how the clinic works. DISCUSSION: The US healthcare system needs new models of care that are more patient-centered and empower patients to make positive lifestyle changes. These models have the potential to reduce the burden of chronic disease, lower the cost of healthcare, and offer a sustainable financial paradigm for our nation. This protocol has been designed to test whether the UAIHC can achieve this potential.

EP-50492


BACKGROUND: Healthcare systems and their primary care practices are redesigning to achieve goals identified in Patient-Centered Medical Home (PCMH) models such as Veterans Affairs (VA)'s Patient Aligned Care Teams (PACT). Implementation of these models, however, requires major transformation. Evidence-Based Quality Improvement (EBQI) is a multi-level approach for supporting organizational change and innovation spread. OBJECTIVE: To describe EBQI as an approach for promoting VA's PACT and to assess initial implementation of planned EBQI elements. DESIGN: Descriptive. PARTICIPANTS: Regional and local interdisciplinary clinical leaders, patient representatives, Quality Council Coordinators, practicing primary care clinicians and staff, and researchers from six demonstration site practices in three local healthcare systems in one VA region. INTERVENTION: EBQI promotes bottom-up local innovation and spread within top-down organizational priorities. EBQI innovations are supported by a research-clinical partnership, use continuous quality improvement methods, and are developed in regional demonstration sites. APPROACH: We developed a logic model for EBQI for PACT (EBQI-PACT) with inputs, outputs, and expected outcomes. We describe implementation of logic model outputs over 18 months, using qualitative data from 84 key stakeholders (104 interviews from two waves) and review of study documents. RESULTS: Nearly all implementation elements of the EBQI-PACT logic model were fully or partially implemented. Elements not fully achieved included patient engagement in Quality Councils (4/6) and consistent local primary care practice interdisciplinary leadership (4/6). Fourteen of 15 regionally approved innovation projects have been completed, three have undergone initial spread,
five are prepared to spread, and two have completed toolkits that have been pretested in two to three sites and are now ready for external spread.

DISCUSSION: EBQI-PACT has been feasible to implement in three participating healthcare systems in one VA region. Further development of methods for engaging patients in care design and for promoting interdisciplinary leadership is needed.

EP-50493

BACKGROUND: Funders of health research increasingly seek to understand how best to allocate resources in order to achieve maximum value from their funding. We built an international consortium and developed a multinational case study approach to assess benefits arising from health research. We used that to facilitate analysis of factors in the production of research that might be associated with translating research findings into wider impacts, and the complexities involved.

METHODS: We built on the Payback Framework and expanded its application through conducting co-ordinated case studies on the payback from cardiovascular and stroke research in Australia, Canada and the United Kingdom. We selected a stratified random sample of projects from leading medical research funders. We devised a series of innovative steps to: minimize the effect of researcher bias; rate the level of impacts identified in the case studies; and interrogate case study narratives to identify factors that correlated with achieving high or low levels of impact. RESULTS: Twenty-nine detailed case studies produced many and diverse impacts. Over the 15 to 20 years examined, basic biomedical research has a greater impact than clinical research in terms of academic impacts such as knowledge production and research capacity building. Clinical research has greater levels of wider impact on health policies, practice, and generating health gains. There was no correlation between knowledge production and wider impacts. We identified various factors associated with high impact. Interaction between researchers and practitioners and the public is associated with achieving high academic impact and translation into wider impacts, as is basic research conducted with a clinical focus. Strategic thinking by clinical researchers, in terms of thinking through pathways by which research could potentially be translated into practice, is associated with high wider impact. Finally, we identified the complexity of factors behind research translation that can arise in a single case. CONCLUSIONS: We can systematically assess research impacts and use the findings to promote translation. Research funders can justify funding research of diverse types, but they should not assume academic impacts are proxies for wider impacts. They should encourage researchers to consider pathways towards impact and engage potential research users in research processes.

EP-50494

In 2008, the then Chief Medical Officer commissioned Baroness Deech to chair an Independent Working Group looking at the position and participation of women in the medical profession. We update and extend the Deech report to cover academic medicine in the UK, and demonstrate that although women are equally represented in medicine, they are under-represented in academic medicine.

EP-50495
Older Depressed Latinos' Experiences with Primary Care Visits for Personal, Emotional And/Or Mental Health Problems: A Qualitative Analysis. Adriana Izquierdo, Catherine A. Sarkisian, Gery W. Ryan. 2014

OBJECTIVE: To describe salient experiences with a primary care visit (eg, the context leading up to the visit, the experience and/or outcomes of that visit) for emotional, personal and/or mental
health problems older Latinos with a history of depression and recent depressive symptoms and/or antidepressant medication use reported 10 years after enrollment into a randomized controlled trial of quality-improvement for depression in primary care. DESIGN: Secondary analysis of existing qualitative data from the second stage of the continuation study of Partners in Care (PIC). PARTICIPANTS: Latino ethnicity, aged ≥50 years, recent depressive symptoms and/or antidepressant medication use, and a recent primary care visit for mental health problems. Of 280 second-stage participants, 47 were eligible. Both stages of the continuation study included participants from the PIC parent study control and 2 intervention groups, and all had a history of depression. METHODS: Data analyzed by a multidisciplinary team using grounded theory methodology. RESULTS: Five themes were identified: beliefs about the nature of depression; prior experiences with mental health disorders/treatments; sociocultural context (eg, social relationships, caregiving, the media); clinic-related features (eg, accessibility of providers, staff continuity, amount of visit time); and provider attributes (eg, interpersonal skills, holistic care approach). CONCLUSIONS: Findings emphasize the importance of key features for shaping the context leading up to primary care visits for help-seeking for mental health problems, and the experience and/or outcomes of those visits, among older depressed Latinos at long-term follow-up, and may help tailor chronic depression care for the clinical management of this vulnerable population.

EP-50496
Prevalence of Mental Health Problems Among Iraq and Afghanistan Veterans Who Have and Have Not Received VA Services. Christine Anne Vaughan, Terry L. Schell, Terri Tanielian. 2014

OBJECTIVE: Roughly half of veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) have not received services from the Veterans Health Administration (VHA). This study assessed probable post-traumatic stress disorder (PTSD) and depression among OEF/OIF veterans by receipt of VHA services. METHODS: In 2010 a mixed-mode survey assessing symptoms and VHA services utilization was fielded in a random sample of 913 New York State OEF/OIF veterans. RESULTS: Probable PTSD and depression were roughly three times more common among veterans who had received VHA services (N=537) (PTSD, 23%; depression, 21%) than those who had not (N=376) (PTSD, 6%; depression, 8%). CONCLUSIONS: Studies of veterans receiving VHA services likely overstate the prevalence of mental health problems among the broader OEF/OIF veteran population. However, many veterans with mental health problems are not receiving VHA services. Policies that improve outreach to this population may improve health outcomes.

EP-50497

Health disparities in minority populations are well recognized. Hispanics and Latinos constitute the largest ethnic minority group in the United States; a significant proportion receives their care via a safety net. The prevalence of diabetes mellitus and comorbid depression is high among this group, but the uptake of evidence-based collaborative depression care management has been suboptimal. The study design and baseline characteristics of the enrolled sample in the Diabetes-Depression Care-management Adoption Trial (DCAT) establishes a quasi-experimental comparative effectiveness research clinical trial aimed at accelerating the adoption of collaborative depression care in safety net clinics. Conducted in collaboration with the Los Angeles County Department of Health Services at eight county-operated clinics. DCAT has enrolled 1,406 low-income, predominantly Hispanic/Latino patients with diabetes to test a translational model of depression care management. This three-group study compares
usual care with a collaborative care team support model and a technology-facilitated depression care model that provides automated telephonic depression screening and monitoring tailored to patient conditions and preferences. Call results are integrated into a diabetes disease management registry that delivers provider notifications, generates tasks, and issues critical alerts. All subjects receive comprehensive assessments at baseline, 6, 12, and 18 months by independent English-Spanish bilingual interviewers. Study outcomes include depression outcomes, treatment adherence, satisfaction, acceptance of assessment and monitoring technology, social and economic stress reduction, diabetes self-care management, health care utilization, and care management model cost and cost-effectiveness comparisons. DCAT’s goal is to optimize depression screening, treatment, follow-up, outcomes, and cost savings to reduce health disparities.

EP-50498

Until November 2012, no modern jurisdiction had removed the prohibition on the commercial production, distribution, and sale of marijuana for nonmedical purposes—not even the Netherlands. Government agencies in Colorado and Washington are now charged with granting production and processing licenses and developing regulations for legal marijuana, and other states and countries may follow. Our goal is not to address whether marijuana legalization is a good or bad idea but, rather, to help policymakers understand the decisions they face and some lessons learned from research on public health approaches to regulating alcohol and tobacco over the past century.

EP-50499
Demographic and Predeparture Factors Associated with Drinking and Alcohol-Related Consequences for College Students Completing Study Abroad Experiences. Eric R. Pedersen, Jessica R. Skidmore, Giovanni Aresi. 2014

OBJECTIVE: Study abroad students are at-risk for increased and problematic drinking behavior. As few efforts have been made to examine this at-risk population, we predicted drinking and alcohol-related consequences abroad from predeparture and site-specific factors. PARTICIPANTS: The sample consisted of 339 students completing study abroad programs. METHOD: Participants filled out online measures at predeparture, abroad, and at post-return. RESULTS: We found drinking and consequences abroad were predicted by a number of factors including demographics (e.g., younger age, male sex, Greek affiliation, White ethnicity), student factors (e.g. low GPA, major area of study), study abroad site factors (e.g., apartment living abroad, study in Europe), predeparture levels of drinking and consequences, sensation seeking, and goals related to social gathering. CONCLUSIONS: Findings can be used to inform campus policies for admission to study abroad programs as well as assist in the development of interventions targeted toward preventing risk for students during abroad experiences.

EP-50500
Does Group Cognitive–behavioral Therapy Module Type Moderate Depression Symptom Changes in Substance Abuse Treatment Clients?. Susan M. Paddock, Sarah B. Hunter, Thomas J. Leininger. 2014

Little is known about the effect of group therapy treatment modules on symptom change during treatment and on outcomes post-treatment. Secondary analyses of depressive symptoms collected from two group therapy studies conducted in substance use treatment settings were examined (n = 132 and n = 44). Change in PHQ-9 scores was modeled using longitudinal growth modeling combined with random effects modeling of session effects, with time-in-treatment interacted with module theme to test moderation. In both studies, depressive symptoms significantly decreased during the active treatment phase. Symptom reductions were not significantly moderated by module theme in the larger study. However, the smaller pilot study’s results suggest future examination of module effects is warranted, given the data are
compatible with differential reductions in reported symptoms being associated with attending People-themed module sessions versus Thoughts-themed sessions.

**EP-50501**


**PURPOSE:** To identify the risk and protective factors for cigarette smoking and future intentions among racially/ethnically diverse preadolescent children. **METHODS:** We analyzed data from 5,119 fifth-grade children and their parents living in three U.S. metropolitan areas. Using the multivariate logistic regression models, we examined how cigarette smoking and intentions to smoke within 1 year are associated with (1) number of friends who smoke, (2) parental disapproval of smoking, (3) parental communication about not smoking, (4) performance in school, and (5) educational aspirations. **RESULTS:** Twenty-nine percent of the children were black, 44% were Hispanic, 22% were white, and 5% were of another race/ethnicity. Mean age was 11.1 years. The prevalence of ever smoking a cigarette among black, Hispanic, and white children was 9.8%, 5.6%, and 4.9%, respectively. In adjusted analyses, children were more likely to have smoked a cigarette if their friends smoked (adjusted odds ratio [aOR] 5.1, 95% confidence interval [CI] 3.8–6.9), they frequently had trouble with schoolwork (aOR 2.1, 95% CI 1.5–3.1), or their parents were not college graduates (aOR 2.0, 95% CI 1.2–3.5 for high school graduate). They were less likely to have smoked cigarettes if their parents disapproved of smoking (aOR .3, 95% CI .1–.6). Parental communication (aOR .1, 95% CI .0–.6) and disapproval (aOR .2, 95% CI .1–.7) had protective associations for future intentions among children who had ever and had never smoked, respectively. **CONCLUSIONS:** Fifth-graders share many of the same risk factors for smoking identified in older adolescents, some of which are modifiable. Antismoking policies and programs should be designed for preadolescents as well as adolescents, and campaigns targeting parents should place greater emphasis on communication and expressed disapproval of smoking.

**EP-50502**

The Role of Early-Life Educational Quality and Literacy in Explaining Racial Disparities in Cognition in Late Life. Shannon Sisco, Alden L. Gross, Regina A. Shih. 2014

**OBJECTIVES:** Racial disparities in late-life cognition persist even after accounting for educational attainment. We examined whether early-life educational quality and literacy in later life help explain these disparities. **METHOD:** We used longitudinal data from the Washington Heights-Inwood Columbia Aging Project (WHICAP). Educational quality (percent white students; urban/rural school; combined grades in classroom) was operationalized using canonical correlation analysis. Late-life literacy (reading comprehension and ability, writing) was operationalized using confirmatory factor analysis. We examined whether these factors attenuated race-related differences in late-life cognition. **RESULTS:** The sample consisted of 1,679 U.S.-born, non-Hispanic, community-living adults aged 65–102 (71% black, 29% white; 70% women). Accounting for educational quality and literacy reduced disparities by 29% for general cognitive functioning, 26% for memory, and 32% for executive functioning but did not predict differences in rate of cognitive change. **DISCUSSION:** Early-life educational quality and literacy in late life explain a substantial portion of race-related disparities in late-life cognitive function.

**EP-50503**


Awareness of the impact of disasters globally on mental health is increasing. Known difficulties in preparing communities for disasters and a lack of focus on relationship building and organizational capacity in preparedness and response have led to a greater policy focus on community resilience as a key public health approach to disaster response. In this article, the authors describe how an approach to community engagement for im-
proving mental health services, disaster recovery, and preparedness from a community resiliency perspective emerged from their work in applying a partnered, participatory research framework, iteratively, in Los Angeles County and the City of New Orleans.

EP-50504
Impact of HIV antiretroviral therapy on depression and mental health among clients with HIV in Uganda. 2014

OBJECTIVE: With wide-reaching harmful effects of depression, and the absence of psychiatric treatment in most HIV care programs in sub-Saharan Africa, we examined the effects of antiretroviral therapy (ART) on depression and other mental health indicators. METHODS: 602 patients (302 non-ART, 300 ART) were followed for the first 12 months of HIV care in Uganda, with assessments at entry into care and Months 6 and 12. Mental health was assessed with measures of depression, hopelessness, and internalized HIV stigma; physical health functioning was assessed as an explanatory variable. RESULTS: Thirteen percent had clinical depression, 57% had elevated depressive symptoms, and CD4 cell count was negatively correlated with measures of depression at baseline. Significant reductions in elevated depressive symptoms (time: odds ratio [95% confidence interval] = 0.53 [0.43–0.64]) and hopelessness (time: \( \beta = -0.12, p < .001 \)) were observed in both the ART and non-ART groups, but the drop in depression was greater among ART patients in intention-to-treat multivariate analysis (ART &times; time: \( p < .001 \)). When added to the regression models, change in physical health functioning predicted positive longitudinal change on measures of depression, hopelessness, and internalized stigma (all \( p \) values < .001), yet ART status remained a significant independent predictor of each (ART &times; time: \( p \) values ranged from < .05 to < .001). Most mental health benefits of ART were experienced in the first 6 months of care. CONCLUSIONS: These findings demonstrate the mental health benefits of HIV care and ART. However, in some people, mental health problems persist once physical health is stabilized, in which case mental health treatment may be needed.

EP-50505
You’ve shown the program model is effective: now what?. 2014

Rigorous tests of theory-based programs require faithful implementation. Otherwise, lack of results might be attributable to faulty program delivery, faulty theory, or both. However, once the evidence indicates the model works and merits broader dissemination, implementation issues do not fade away. How can developers enhance the likelihood that the program will be delivered as designed and thus get results close to what was possible under controlled conditions? How can they address program weaknesses without undermining conceptual integrity? What role can they play in making the program visible and attractive to institutional adopters? This chapter uses field experience from a theory-based program, Project ALERT, to suggest possible strategies for enhancing program attractiveness to potential adopters and users, facilitating program fidelity while maintaining room for adaptation and taking a program to scale.

EP-50506
HIV prevalence and demographic determinants of unprotected anal sex and HIV testing among men who have sex with men in Beirut, Lebanon. Johnny Tohme, Matthew Hoover. 2014

The limited epidemiological data in Lebanon suggest that HIV incident cases are predominantly among men who have sex with men (MSM). We assessed the prevalence of HIV and demographic correlates of condom use and HIV testing among MSM in Beirut. Respondent-driven sampling was used to recruit 213 participants for completion of a behavioral survey and an optional free rapid HIV test. Multivariate regression analysis was used to examine demographic correlates of unprotected anal sex and any history of HIV testing. Nearly half (47%) were under age 25 years and 67% self-identified as gay. Nearly two-thirds (64%) reported any unprotected anal intercourse (UAI) with men
in the prior 3 months, including 23% who had unprotected anal intercourse with men whose HIV status was positive or unknown (UAIPU) to the participant. Three men (1.5% of 198 participants tested) were HIV-positive; 62% had any history of HIV testing prior to the study and testing was less common among those engaging in UAIPU compared to others (33% vs. 71%). In regression analysis, men in a relationship had higher odds of having UAI but lower odds of UAIPU and any university education was associated with having UAI; those with any prior history of HIV testing were more likely to be in a relationship and have any university education. HIV prevention efforts for MSM need to account for the influence of relationship dynamics and promotion of testing needs to target high-risk MSM.

EP-50507
Public acceptability of population-level interventions to reduce alcohol consumption: a discrete choice experiment. Peter Burge. 2014

Public acceptability influences policy action, but the most acceptable policies are not always the most effective. This discrete choice experiment provides a novel investigation of the acceptability of different interventions to reduce alcohol consumption and the effect of information on expected effectiveness, using a UK general population sample of 1202 adults. Policy options included high, medium and low intensity versions of: Minimum Unit Pricing (MUP) for alcohol; reducing numbers of alcohol retail outlets; and regulating alcohol advertising. Outcomes of interventions were predicted for: alcohol-related crimes; alcohol-related hospital admissions; and heavy drinkers. First, the models obtained were used to predict preferences if expected outcomes of interventions were not taken into account. In such models around half of participants or more were predicted to prefer the status quo over implementing outlet reductions or higher intensity MUP. Second, preferences were predicted when information on expected outcomes was considered, with most participants now choosing any given intervention over the status quo. Acceptability of MUP interventions increased by the greatest extent: from 43% to 63% preferring MUP of £1 to the status quo. Respondents’ own drinking behaviour also influenced preferences, with around 90% of non-drinkers being predicted to choose all interventions over the status quo, and with more moderate than heavy drinkers favouring a given policy over the status quo. Importantly, the study findings suggest public acceptability of alcohol interventions is dependent on both the nature of the policy and its expected effectiveness. Policy-makers struggling to mobilise support for hitherto unpopular but promising policies should consider giving greater prominence to their expected outcomes.

EP-50508
Youth exposure to alcohol advertising on television in the UK, the Netherlands and Germany. Eleanor Winpenny. 2014

BACKGROUND: Exposure of young people to alcohol advertising is a risk factor for underage drinking. This study assessed youth exposure to television alcohol advertising in the UK, the Netherlands and Germany, from December 2010 to May 2011. METHODS: A negative binomial regression model predicted number of alcohol advertisements from the proportion of the television viewer-ship in each age group. This allowed comparison of alcohol advertisement incidence for each youth age category relative to an adult reference category. RESULTS: In the UK, those aged 10–15 years were significantly more exposed to alcohol advertisements per viewing hour than adults aged ≥25 years [incidence rate ratio (IRR) = 1.11; 95% confidence interval (95% CI): 1.06, 1.18; P < 0.01]; in the Netherlands, those aged 13–19 years were more exposed per viewing hour than adults aged ≥ 20 years (IRR = 1.29; 95% CI: 1.19, 1.39; P < 0.01). Conversely, in Germany, those aged 10–15 years were less exposed to alcohol advertisements than adults aged ≥25 years (IRR = 0.79; 95% CI: 0.73, 0.85; P < 0.01). In each country, young children (aged 4–9 years in the UK and Germany, 6–12 years in the Netherlands) were less exposed than adults. CONCLUSION: Adolescents in the UK and the Netherlands, but not Germany, had higher exposure to television
alcohol advertising relative to adults than would be expected from their television viewing. Further work across a wider range of countries is needed to understand the relationship between national policies and youth exposure to alcohol advertising on television.

**EP-50509**


We assess whether black-white disparities in commitments to prison or diversions to treatment for drug offenders in California can be explained by differences in the characteristics of criminal cases and whether case characteristics are weighted differently by race. We also examine whether the influence of case characteristics changed after California implemented a mandatory prison diversion program for eligible drug offenders. Our results show that black-white disparities in prison commitments are fully explained by criminal case characteristics, but a significant share of the differences in treatment diversions remains unexplained. The unexplained racial disparity in treatment diversions did not change after California implemented mandatory prison diversion for eligible drug offenders. These findings suggest that case characteristics play a larger role in explaining prison commitments for drug offenders than the discretion of prosecutors and judges. Diversion to treatment appears to be driven more by the discretion of court officials, and racial disparities remain prominent.

**EP-50510**

A prescription is not enough: improving public health with health literacy. Jennifer Cabe, Laurie T. Martin. 2014

This article focuses on the use—and the lack of use—of health literacy within efforts to address public health in the United States. While a growing body of evidence strongly suggests that health literacy can be effective in public health when explicitly addressed, the concept and associated best practices of health literacy do not seem to be consistently or universally used within public health organizations. As a result, the effectiveness of state, local, tribal, and territorial public health efforts is reduced and public health suffers. Successfully integrating the best practices and knowledge of health literacy into public health practice is likely the most significant opportunity that currently exists to improve individual, community, and public health.

**EP-50511**

Economic shocks, federalism and redistribution: exploring the future of Europe through a comparison of the evolution of student financial aid in the United States and the European Union. 2014

This chapter explores the potential mechanisms through which the Europe of Knowledge extends the boundaries of European integration by concentrating on the evolution of a policy domain which is not commonly attributed to European competency, namely redistributive mechanisms in the higher education domain.

**EP-50512**

Bring the world to California. Richard Edelstein, Cecile Hoareau McGrath. 2014

This article argues that California colleges and universities should make a concerted effort to work together to attract more foreign students by forming education hubs. The authors argue that such "EdHubs" can relieve the intense pressure on schools' budgets by enrolling more higher-paying out-of-state students, while schools in the same geographic regions can share the burden of supporting such students, particularly with investment from local industry. The authors argue that schools that work together can increase their capacity to educate more students, particularly in science, technology, engineering, and mathematics, thereby increasing opportunities not just for foreign students but Californians as well.

**EP-50513**

Effectiveness of multisystemic therapy for minority youth: outcomes over 8 years in Los Angeles County. Sarah Michal Greathouse. 2014

Previous research on Multisystemic Therapy© (MST), an intensive family and community-based treatment for juvenile offenders between 12 and 18 years of age, has been based
on small samples that have included very few Hispanic youth. This paper examines juvenile justice outcomes and costs for 757 MST participants and 380 comparison group youth over an 8-year period in Los Angeles County. More than 90% of youth were either Hispanic or Black. Hispanic MST participants had significantly more positive outcomes on three of six juvenile justice measures, compared to Hispanic comparison youth. Black MST participants did not show more positive outcomes than Black comparison youth.

EP-50514
Costs and benefits of treating maternal depression. Tara A. Lavelle, Dana Schultz. 2014

An estimated 15 million mothers with young children in the U.S. suffer from depression. Untreated maternal depression has serious consequences for the mother’s long-term health and for her child’s development and functioning. It can also be costly, driving up health care use, reducing employment, and creating the need for early childhood interventions. Treatments for depression, usually combining medication and psychotherapy, have been proven effective in the general population, but there is limited evidence for how much they help mothers and for their cost-effectiveness. Stronger evidence about what works in treating maternal depression, and the value of alternative treatment options, could inform best practices and improve the lives of millions of mothers and children.

EP-50515
Disproportionate-share hospital payment reductions may threaten the financial stability of safety-net hospitals. Anna C. Davis, Jack Needleman. 2014

Safety-net hospitals rely on disproportionate-share hospital (DSH) payments to help cover uncompensated care costs and underpayments by Medicaid (known as Medicaid shortfalls). The Affordable Care Act (ACA) anticipates that insurance expansion will increase safety-net hospitals’ revenues and will reduce DSH payments accordingly. We examined the impact of the ACA’s Medicaid DSH reductions on California public hospitals’ financial stability by estimating how total DSH costs (uncompensated care costs and Medicaid shortfalls) will change as a result of insurance expansion and the offsetting DSH reductions. Decreases in uncompensated care costs resulting from the ACA insurance expansion may not match the act’s DSH reductions because of the high number of people who will remain uninsured, low Medicaid reimbursement rates, and medical cost inflation. Taking these three factors into account, we estimate that California public hospitals’ total DSH costs will increase from $2.044 billion in 2010 to $2.363–$2.503 billion in 2019, with unmet DSH costs of $1.381–$1.537 billion.

EP-50516

OBJECTIVES: We conducted a review of the peer-reviewed literature since 2003 to catalogue reported methods of stakeholder engagement in comparative effectiveness research and patient-centered outcomes research. METHODS AND RESULTS: We worked with stakeholders before, during and after the review was conducted to: define the primary and key research questions; conduct the literature search; screen titles, abstracts and articles; abstract data from the articles; and analyze the data. The literature search yielded 2,062 abstracts. The review was conducted on 70 articles that reported on stakeholder engagement in individual research projects or programs. FINDINGS: Reports of stakeholder engagement are highly variable in content and quality. We found frequent engagement with patients, modestly frequent engagement with clinicians, and infrequent engagement with stakeholders in other key decision-making groups across the healthcare system. Stakeholder engagement was more common in earlier (prioritization) than in later (implementation and dissemination) stages of research. The roles and activities of stakeholders were highly variable across research and program reports. RECOMMENDATIONS: To improve on the quality and content of reporting, we developed a 7-Item Stakeholder Engagement Reporting Questionnaire. We recommend three directions for future
research: 1) descriptive research on stakeholder-engagement in research; 2) evaluative research on the impact of stakeholder engagement on the relevance, transparency and adoption of research; and 3) development and validation of tools that can be used to support stakeholder engagement in future work.

EP-50517
Safety of vaccines used for routine immunization in the United States. Courtney A. Gidengil. 2014

OBJECTIVES: To conduct a systematic review of the literature on the safety of vaccines recommended for routine immunization of children, adolescents, and adults in the United States as of 2011. REVIEW METHODS: We reviewed the methodology of the 2011 Institute of Medicine (IOM) consensus report "Adverse Effects of Vaccines: Evidence and Causality" and accepted their findings. We augmented their work with new studies and additional vaccines. We were unable to pool results; we rated the overall strength of evidence (SOE) as high, moderate, low, or insufficient. RESULTS: A total of 20,478 titles were identified; after title, abstract, and full-text review, 166 studies were accepted for abstraction. The vast majority of studies either did not investigate or could not identify risk factors for adverse events (AEs) associated with vaccination. Similarly, the severity of AEs was inconsistently reported, as was information that would make independent severity determination possible. SOE was high for the following associations in nonpregnant adults: seasonal influenza vaccine and arthralgia, myalgia, malaise, fever, pain at injection site; 2009 monovalent H1N1 vaccine and Guillain-Barré syndrome (GBS); and a lack of association between influenza and pneumococcal vaccines and cardiovascular events in the elderly. Risk of GBS was estimated at 1.6 excess cases per million persons vaccinated. SOE was high for the following associations in children and adolescents: measles, mumps, rubella (MMR) vaccine and febrile seizures in children under age 5; lack of association between MMR vaccine and autism spectrum disorders; and varicella vaccine and disseminated Oka strain varicella zoster virus with associated complications (i.e., meningitis, encephalitis) in individuals with demonstrated immunodeficiencies. There is moderate SOE that vaccines against rotavirus are associated with intussusception in children; risk was estimated as 1 to 5 cases per 100,000 vaccine doses, depending on brand. Moderate-strength evidence exists regarding human papillomavirus vaccine and a lack of association with onset of juvenile rheumatoid arthritis, type 1 diabetes, and GBS. Moderate-strength evidence shows no association between inactivated influenza vaccine and serious AEs in pregnant women. Evidence was insufficient to make conclusions regarding whether several routinely recommended vaccines are associated with serious conditions such as multiple sclerosis, transverse myelitis, and acute disseminated encephalomyelitis. CONCLUSIONS: There is evidence that some vaccines are associated with serious adverse events; however, these events are extremely rare and must be weighed against the protective benefits that vaccines provide. Careful consideration should be given to the investigation of research gaps, including patient risk factors that may be associated with AEs; however, important factors must be taken into account when determining whether studies are warranted, including the severity and frequency of the AE being studied and the challenges of conducting sufficiently powered studies when investigating rare events.

EP-50519
Registered nurses are delaying retirement, a shift that has contributed to recent growth in the nurse workforce. Peter Buerhaus, Douglas Staiger. 2014

The size of the registered nurse (RN) workforce has surpassed forecasts from a decade ago, growing to 2.7 million in 2012 instead of peaking at 2.2 million. Much of the difference is the result of a surge in new nursing graduates. However, the size of the RN workforce is particularly sensitive to changes in retirement age, given the large number of baby-boomer RNs now in the workforce. We found that in the period 1969–90, for a given number of RNs working at age fifty, 47 percent were still working at age sixty-two and 9 percent were work-
ing at age 69. In contrast, in the period 1991–2012 the proportions were 74 percent at age 62 and 24 percent at age 69. This trend, which largely pre-dates the recent recession, extended nursing careers by 2.5 years after age fifty and increased the 2012 RN workforce by 136,000 people. Because many RNs tend to shift out of hospital settings as they age, employers seeking RNs for nonhospital roles may welcome (and seek to capitalize on) the growing numbers of experienced RNs potentially able to fill these positions.

EP-50520
Examining the role of patient experience surveys in measuring health care quality. Marc N. Elliott. 2014

Patient care experience surveys evaluate the degree to which care is patient-centered. This article reviews the literature on the association between patient experiences and other measures of health care quality. Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization. Patient experience measures that are collected using psychometrically sound instruments, employing recommended sample sizes and adjustment procedures, and implemented according to standard protocols are intrinsically meaningful and are appropriate complements for clinical process and outcome measures in public reporting and pay-for-performance programs.

EP-50521
Fluid intake in Mexican adults: a cross-sectional study. 2014

INTRODUCTION: An adequate hydration is critical for a series of body functions, including proper regulation of core body temperature, elimination of waste metabolites by the kidney and maintenance of normal physical and cognitive functions. Some institutions have set recommendations for adequate intake of water, but these recommendations vary widely. OBJECTIVE: To estimate the usual daily consumption of fluids (water and all other beverages) by a selective sample of Mexican population. METHODS: Cross-sectional sample of 1,492 male and female adults between 18-65 years of age, drawn from 16 cities throughout Mexico. Self-reported fluid intake data collected over a 7-day consecutive period, recording intake of water, milk and derivatives, hot beverages, sugar sweetened beverages (SSB), alcoholic beverages and others. RESULTS: We found that 87.5% of adult males and 65.4% of adult females reported drinking below their recommended daily fluid intake (3 L for males and 2 L for females), and in 80% of the population SSB, not including hot beverages or milk and derivatives, accounted for a larger amount and proportion of fluid intake than plain water. Sixty-five percent of adult males and 66% of adult females consumed more than 10% of their estimated daily caloric intake from fluids. Fluid intake did not differ significantly by gender, but showed a declining trend with age. CONCLUSION: Our findings may have important implications for policy recommendations, as part of comprehensive strategies to promote the adoption of healthy life styles, in this case, promoting consumption of plain water while discouraging excessive consumption of caloric beverages.

EP-50522

Suicide is a health concern among individuals with schizophrenia. A telehealth system for monitoring suicidal patients with schizophrenia was developed using the Health Buddy©. The existing dialogues were improved using an expert panel; the new dialogues were tested in 10 consumers with schizophrenia and a history of suicidal behavior. Using qualitative editing, several themes emerged: (1) Certain topics elicited strong emotional responses; (2) There were concerns with confidentiality; (3) Some content was too vague and (4) There were problems with vocabu-
lary and wording. The process yielded information for improving the intervention and demonstrated that the approach is feasible in this population.

EP-50523

Bundled payment fails to gain a foothold in California: the experience of the IHA bundled payment demonstration. David De Vries. 2014

To determine whether bundled payment could be an effective payment model for California, the Integrated Healthcare Association convened a group of stakeholders (health plans, hospitals, ambulatory surgery centers, physician organizations, and vendors) to develop, through a consensus process, the methods and means of implementing bundled payment. In spite of a high level of enthusiasm and effort, the pilot did not succeed in its goal to implement bundled payment for orthopedic procedures across multiple payers and hospital-physician partners. An evaluation of the pilot documented a number of barriers, such as administrative burden, state regulatory uncertainty, and disagreements about bundle definition and assumption of risk. Ultimately, few contracts were signed, which resulted in insufficient volume to test hypotheses about the impact of bundled payment on quality and costs. Although bundled payment failed to gain a foothold in California, the evaluation provides lessons for future bundled payment initiatives.

EP-50524

Providing smoking cessation programs to homeless youth: the perspective of service providers. Joan S. Tucker. 2014

There is almost no information available on cigarette smoking among homeless youth, whether they are currently receiving services for smoking cessation, and how to best help them quit. This paper presents data collected from a series of semi-structured telephone interviews with service providers from 23 shelters and drop-in centers serving homeless youth in Los Angeles County about their current smoking cessation programming, interest in providing smoking cessation services to their clients, potential barriers to providing this service, and ways to overcome these barriers. Results indicated that 84% of facilities did not offer smoking cessation services, although nearly all (91%) were interested in doing so. Barriers to implementing formal smoking cessation programs on site included lack of resources (e.g., money, personnel) to support the programs, staff training, and concern that smoking cessation may not be a high priority for homeless youth themselves. Overall, service providers seemed to prefer a less intensive smoking cessation program that could be delivered at their site by existing staff. Data from this formative needs assessment will be useful for developing and evaluating a smoking cessation treatment that could be integrated into the busy, complex environment that characterizes agencies that serve homeless youth.

EP-50525


BACKGROUND: The health and healthcare of sexual minorities have recently been identified as priorities for health research and policy. OBJECTIVE: To compare the health and healthcare experiences of sexual minorities with heterosexual people of the same gender, adjusting for age, race/ethnicity, and socioeconomic status. DESIGN: Multivariate analyses of observational data from the 2009/2010 English General Practice Patient Survey. PARTICIPANTS: The survey was mailed to 5.56 million randomly sampled adults registered with a National Health Service general practice (representing 99 % of England’s adult population). In all, 2,169,718 people responded (39 % response rate), including 27,497 people who described themselves as gay, lesbian, or bisexual. MAIN MEASURES: Two measures of health status (fair/poor overall self-rated health and self-reported presence of a longstanding psychological condition) and four measures of poor patient experiences (no trust or confidence in the doctor, poor/very poor doctor communication, poor/very poor nurse communication, fairly/very dissatisfied with care overall). KEY RESULTS; Sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than heterosexual coun-
terparts (age-adjusted for 5.2 % heterosexual, 10.9 % gay, 15.0 % bisexual for men; 6.0 % heterosexual, 12.3 % lesbian and 18.8 % bisexual for women; p<0.001 for each). Sexual minorities were also more likely to report fair/ poor health (adjusted 19.6 % heterosexual, 21.8 % gay, 26.4 % bisexual for men; 20.5 % heterosexual, 24.9 % lesbian and 31.6 % bisexual for women; p<0.001 for each). Adjusted for sociodemographic characteristics and health status, sexual minorities were about one and one-half times more likely than heterosexual people to report unfavorable experiences with each of four aspects of primary care. Little of the overall disparity reflected concentration of sexual minorities in low-performing practices. CONCLUSIONS: Sexual minorities suffer both poorer health and worse healthcare experiences. Efforts should be made to recognize the needs and improve the experiences of sexual minorities. Examining patient experience disparities by sexual orientation can inform such efforts.

EP-50526
Middle school student attitudes about school drinking fountains and water intake. Laura M. Bogart. 2014

OBJECTIVE: To describe middle school student attitudes about school drinking fountains, investigate whether such attitudes are associated with intentions to drink water at school, and determine how intentions relate to overall water intake. METHODS: Students (n = 3211) in 9 California middle schools completed surveys between 2009 and 2011. We used multivariate linear regression, adjusting for school sociodemographic characteristics, to examine how attitudes about fountains (5-point scale; higher scores indicating more positive attitudes) were associated with intentions to drink water at school, and how intentions to drink water at school were related to overall water intake. RESULTS: Mean age of students was 12.3 (SD = 0.7) years; 75% were Latino, 89% low income, and 39% foreign born. Fifty-two percent reported lower than recommended overall water intake (<3 glasses/day), and 30% reported that they were unlikely or extremely unlikely to drink water at school. Fifty-nine percent reported that school fountains were unclean, 48% that fountain water does not taste good, 33% that fountains could make them sick, 31% that it was not okay to drink from fountains, and 24% that fountain water is contaminated. In adjusted analyses, attitudes about school drinking fountains were related to intentions to drink water at school (β = 0.41; P < .001); intentions to drink water at school were also associated with overall water intake (β = 0.20; P < .001). CONCLUSIONS: Students have negative attitudes about school fountains. To increase overall water intake, it may be important to promote and improve drinking water sources not only at school but also at home and in other community environments.

EP-50527
University R&D funding strategies in a changing federal funding environment. Krishna B. Kumar. 2014

This paper evaluates how changes in US National Institutes of Health (NIH) funding levels affected US universities’ total biomedical R&D efforts, over a period of dramatic change in the federal funding environment. Instrumental variables estimation reveals that during the NIH budget doubling period (1998–2003), each federal dollar that US universities received spurred an additional $0.26 in research support from non-federal sources, with stronger complementarity found among historically less-research-intensive institutions. However, in the more competitive post-doubling environment (2006 onwards), the more research-intensive PhD-granting universities substituted funding from non-federal sources to maintain stable levels of R&D expenditures. In contrast, at non-PhD-granting and historically less-research-intensive institutions, total R&D funding and expenditures declined overall with reduced availability of federal funds. However, the effect of successful federal applications on subsequent non-federal investment remained significant and positive for this latter group, suggesting federal R&D funding may play an important signaling role.

EP-50528
Distance to store, food prices, and obesity in urban food deserts. Deborah A. Cohen. 2014

BACKGROUND: Lack of access to healthy foods may explain why residents of low-income neighborhoods and African Americans in the U.S. have high rates of obesity. The findings on where people shop and how that may influence health are mixed. However, multiple policy initiatives are underway to increase access in communities that currently lack healthy options. Few studies have simultaneously measured obesity, distance, and prices of the store used for primary food shopping. PURPOSE: To examine the relationship among distance to store, food prices, and obesity. METHODS: The Pittsburgh Hill/Homewood Research on Eating, Shopping, and Health study conducted baseline interviews with 1,372 households between May and December 2011 in two low-income, majority African American neighborhoods without a supermarket. Audits of 16 stores where participants reported doing their major food shopping were conducted. Data were analyzed between February 2012 and February 2013. RESULTS: Distance to store and prices were positively associated with obesity (p<0.05). When distance to store and food prices were jointly modeled, only prices remained significant (p<0.01), with higher prices predicting a lower likelihood of obesity. Although low- and high-price stores did not differ in availability, they significantly differed in their display and marketing of junk foods relative to healthy foods. CONCLUSIONS: Placing supermarkets in food deserts to improve access may not be as important as simultaneously offering better prices for healthy foods relative to junk foods, actively marketing healthy foods, and enabling consumers to resist the influence of junk food marketing.

EP-50529

With the establishment of the Millennium Development Goals (MDGs) in 2000, the volume of global research and development (R&D) investments for poverty-related and neglected infectious diseases (PRNIDs) has shown a marked increase. Not only have the MDGs attracted funding from new sources, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Stop TB, but also increased funding from existing donors, such as those countries belonging to the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD). Many sub-Saharan African countries are, however, still heavily dependent on external funding for research and international development assistance for health services. In 2012, the European & Developing Countries Clinical Trials Partnership (EDCTP) commissioned a study to conduct a landscape analysis of health research and national funding commitments for PRNIDs in sub-Saharan Africa. The overall aim of this exercise was to review the current state of sub-Saharan African health research, the funding landscape and research capacity in the field of HIV/AIDS, tuberculosis (TB), malaria, neglected infectious diseases (NIDs), and health systems/operational research. The study also aimed to identify how these research activities and capacities relate to the mission of EDCTP. The study comprised a combination of desk-based research and fieldwork.

EP-50530

Stereotypes prevail: many Europeans still opt for a vocational educational pathway as second choice when deciding about a future career. Despite being high on European and national policy agendas for more than a decade, and despite all efforts made, VET is no more attractive in most countries today than it was some years ago. Building on a system approach, and drawing on quantitative and qualitative analysis, this research paper explores how several drivers affect the attractiveness of IVET. Endogenous drivers having impact on IVET systems and outcomes are relevant, but context also matters. IVET outcomes need to be communicated in the right way to highlight the attractiveness of this educational path to young
people. A total of 10 case studies of policy initiatives from six countries are analysed to see what works, and why, in different national contexts.

EP-50531
Examining the value of inpatient nurse staffing: an assessment of quality and patient care costs. David I. Auerbach. 2014

BACKGROUND: Inpatient quality deficits have important implications for the health and well-being of patients. They also have important financial implications for payers and hospitals by leading to longer lengths of stay and higher intensity of treatment. Many of these costly quality deficits are particularly sensitive to nursing care. OBJECTIVE: To assess the effect of nurse staffing on quality of care and inpatient care costs. DESIGN: Longitudinal analysis using hospital nurse staffing data and the Healthcare Cost and Utilization Project State Inpatient Databases from 2008 through 2011. SUBJECTS: Hospital discharges from California, Nevada, and Maryland (n=18,474,860). METHODS: A longitudinal, hospital-fixed effect model was estimated to assess the effect of nurse staffing levels and skill mix on patient care costs, length of stay, and adverse events, adjusting for patient clinical and demographic characteristics. RESULTS: Increases in nurse staffing levels were associated with reductions in nursing-sensitive adverse events and length of stay, but did not lead to increases in patient care costs. Changing skill mix by increasing the number of registered nurses, as a proportion of licensed nursing staff, led to reductions in costs. CONCLUSIONS: The study findings provide support for the value of inpatient nurse staffing as it contributes to improvements in inpatient care; increases in staff number and skill mix can lead to improved quality and reduced length of stay at no additional cost.

EP-50532
Medical mistrust is related to lower longitudinal medication adherence among African-American males with HIV. Laura M. Bogart. 2014

African-Americans living with HIV show worse health behaviors (e.g. medication adherence) and outcomes (e.g. viral suppression) than do their White counterparts. In a 6-month longitudinal study, we investigated whether medical mistrust among African-American males with HIV (214 enrolled, 140 with longitudinal data) predicted lower electronically monitored antiretroviral medication adherence. General medical mistrust (e.g. suspicion toward providers), but not racism-related mistrust (e.g. belief that providers treat African-Americans poorly due to race), predicted lower continuous medication adherence over time (b = -.08, standard error = .04, p = .03). Medical mistrust may contribute to poor health outcomes. Intervention efforts that address mistrust may improve adherence among African-Americans with HIV.

EP-50533
Community-partnered collaboration to build an integrated palliative care clinic: the view from urology. Karl Lorenz. 2014

BACKGROUND: We partnered with patients, families, and palliative care clinicians to develop an integrated urology–palliative care clinic for patients with metastatic cancer. We assessed clinician satisfaction with a multidisciplinary palliative care clinic model. METHODS: We conducted semi-structured interviews with 18 clinicians who practice in our integrated clinic. We analyzed transcripts using a multistage, cutting-and-sorting technique in an inductive approach based on grounded theory analysis. Finally, we administered a validated physician job satisfaction survey. RESULTS: Clinicians found that referring a patient to palliative care in the urology clinic was feasible and appropriate. Patients were receptive to supportive care, and clinicians perceived that quality of care improved following the intervention. CONCLUSION: An integrated, patient-centered model for individuals with advanced urologic malignancies is feasible and well received by practitioners.

EP-50534
Social network effects of nonlifesaving early-stage breast cancer detection on mammography rates. Andrew M. Parker. 2014

OBJECTIVES: We estimated the effect of
anecdotes of early-stage, screen-detected cancer for which screening was not lifesaving on the demand for mammography. METHODS: We constructed an agent-based model of mammography decisions, in which 10,000 agents that represent women aged 40 to 100 years were linked together on a social network, which was parameterized with a survey of 716 women conducted through the RAND American Life Panel. Our model represents a population in equilibrium, with demographics reflecting the current US population based on the most recent available census data. RESULTS: The aggregate effect of women learning about 1 category of cancers—those that would be detected but would not be lethal in the absence of screening—was a 13.8 percentage point increase in annual screening rates. CONCLUSIONS: Anecdotes of detection of early-stage cancers relayed through social networks may substantially increase demand for a screening test even when the detection through screening was nonlifesaving. (Am J Public Health. Published online ahead of print October 16, 2014: e1–e6. doi:10.2105/AJPH.2014.302153)

EP-50535
Medical malpractice reform: noneconomic damages caps reduced payments 15 percent, with varied effects by specialty. Eric Helland. 2014

The impact of medical malpractice reforms on the average size of malpractice payments in specific physician specialties is unknown and subject to debate. We analyzed a national sample of malpractice claims for the period 1985-2010, merged with information on state liability reforms, to estimate the impact of state noneconomic damages caps on average malpractice payment size for physicians overall and for ten different specialty categories. We then compared how the effects differed according to the restrictiveness of the cap ($250,000 versus $500,000). We found that, overall, noneconomic damages caps reduced average payments by $42,980 (15 percent), compared to having no cap at all. A more restrictive $250,000 cap reduced average payments by $59,331 (20 percent), and a less restrictive $500,000 cap had no significant effect, compared to no cap at all. The effect of the caps overall varied according to specialty, with the largest impact being on claims involving pediatricians and the smallest on claims involving surgical subspecialties and ophthalmologists.

EP-50536

The present study examines the long-term recidivism patterns of a group of unauthorized immigrants identified to be at high risk of recidivism. Using a sample of 517 male unauthorized immigrants, we used three measures of recidivism to assess 9-year rearrest differences between unauthorized immigrants who have and who have not been previously removed from the United States. Results indicate that prior removal was a significant risk marker for recidivism, with previously removed immigrants showing a higher likelihood of rearrest, a greater frequency of rearrest, and a more rapid time-to-first rearrest. While the present study does not establish whether previous removal is a consistent indicator of high recidivism, it suggests that this group of unauthorized immigrants may be worthy of review and policy consideration. Much potential value for law enforcement lies in the sharing of federal immigration records with academics to further study the outcomes of unauthorized immigrants.

EP-50537
Assessing the effects of medical marijuana laws on marijuana use: the devil is in the details. David Powell. 2014

This paper sheds light on previous inconsistencies identified in the literature regarding the relationship between medical marijuana laws (MMLs) and recreational marijuana use by closely examining the importance of policy dimensions (registration requirements, home cultivation, dispensaries) and the timing of when particular policy dimensions are enacted. Using data from our own legal analysis of state MMLs, we evaluate which fea-
tures are associated with adult and youth recreational and heavy use by linking these policy variables to data from the Treatment Episode Data Set (TEDS) and National Longitudinal Survey of Youth (NLSY97). We employ differences-in-differences techniques, controlling for state and year fixed effects, allowing us to exploit within-state policy changes. We find that while simple dichotomous indicators of MML laws are not positively associated with marijuana use or abuse, such measures hide the positive influence legal dispensaries have on adult and youth use, particularly heavy use. Sensitivity analyses that help address issues of policy endogeneity and actual implementation of dispensaries support our main conclusion that not all MML laws are the same. Dimensions of these policies, in particular legal protection of dispensaries, can lead to greater recreational marijuana use and abuse among adults and those under the legal age of 21 relative to MMLs without this supply source.

EP-50538
Relations of behavioral autonomy to health outcomes among emerging adults with and without type 1 diabetes. Kerry A. Reynolds. 2014

OBJECTIVE: To examine the relation of behavioral autonomy to psychological, behavioral, and physical health among emerging adults with and without type 1 diabetes. METHODS: High school seniors with (n = 118) and without type 1 diabetes (n = 122) completed online questionnaires for three consecutive years. Behavioral autonomy, psychological health, risk behaviors, and diabetes outcomes were assessed. Regression analyses were conducted to predict Time 2 and 3 outcomes, controlling for Time 1 outcomes. RESULTS: There were no group differences in behavioral autonomy. Behavioral autonomy predicted better psychological health but only for emerging adults without diabetes. Behavioral autonomy was related to increased risk behavior for both groups. Behavioral autonomy was unrelated to self-care but predicted better glycemic control for females. CONCLUSIONS: Behavioral autonomy may be beneficial for psychological health, but is related to increased risk behavior. The implications of behavioral autonomy for emerging adults with type 1 diabetes require careful consideration.

EP-50539
Predicting child development knowledge and engagement of Moroccan parents. Rita Karam. 2014

A growing body of empirical evidence points to a child’s earliest years as a critical period for developing the foundation for later learning. Yet neither parents nor public policy in the Middle East and North Africa actively support such development. We developed, tested, and administered a survey to a small number of parents of children aged six years and under in Casablanca, Morocco in 2013 to assess parents’ child development knowledge and how they view their role as teachers of their young children. We used multiple regression models to predict parental knowledge and parental engagement in learning activities with their sons and separately with their daughters. Results indicate that nearly half of parents believe that brain development does not begin until after a child’s first year of life. Consistent with these beliefs, parents report engaging in learning activities with their young children less frequently than Western parents; they also relate that they would be unlikely to enroll their young children in high quality child care programs, even if cost were not a factor. Parents who indicated feeling a high level of individual control over life events were less knowledgeable about child development. Those who believe that God controls life events were both more knowledgeable and reported more engagement in learning activities. Parents who reported turning to professional sources for information on child development were likelier to engage in learning activities. The general view that teaching and learning in the first years are unimportant may help to explain the poor academic performance of Moroccan children later in life relative to those of children from other nations with similar economic status. Education of the public regarding the importance of early-years development could help inform parents and policymakers. Services that might be offered to reinforce this message are discussed.

BACKGROUND: War-related trauma, posttraumatic stress disorder (PTSD), depression and suicide are common in US military members. Often, those affected do not seek treatment due to stigma and barriers to care. When care is sought, it often fails to meet quality standards. A randomized trial is assessing whether collaborative primary care improves quality and outcomes of PTSD and depression care in the US military health system.

OBJECTIVE: The aim of this study is to describe the design and sample for a randomized effectiveness trial of collaborative care for PTSD and depression in military members attending primary care.

METHODS: The STEPS-UP Trial (STepped Enhancement of PTSD Services Using Primary Care) is a 6 installation (18 clinic) randomized effectiveness trial in the US military health system.

Study rationale, design, enrollment and sample characteristics are summarized. FINDINGS: Military members attending primary care with suspected PTSD, depression or both were referred to care management and were recruited for the trial (2592) and 1041 gave permission to contact for research participation. Of those, 666 (64%) met eligibility criteria, completed baseline assessments, and were randomized to 12 months of usual collaborative primary care versus STEPS-UP collaborative care. Implementation was locally managed for usual collaborative care and centrally managed for STEPS-UP. Research reassessments occurred at 3-, 6-, and 12-months. Baseline characteristics were similar across the two intervention groups.

CONCLUSIONS: STEPS-UP will be the first large scale randomized effectiveness trial completed in the US military health system, assessing how an implementation model affects collaborative care impact on mental health outcomes. It promises lessons for health system change.

Despite the documented importance of parental engagement in early learning, little is known about how parents in the Middle East and North Africa understand child development. To inform the literature, a small-scale study involving four focus groups was conducted with parents of children aged six years and under living in Casablanca. The purpose of this study was to explore parents' understanding of and support for their children's early development. Results reveal that parents see a vital role for themselves in their children's upbringing as supporters and nurturers, but little role as teachers. Across different education and income levels, parents in this small-scale qualitative study believe that children's experiences in their first years of life do not affect their longer-term intellectual development or school success and see little value in early intellectual stimulation or formal preschool education. Our results suggest that parents need to understand their role as their child's first educators. Also, it is essential that parents are taught how to promote their children's early cognitive development without undermining their nurturing roles.

The purpose of this study was to examine biological and behavioral explanations for gender differences in leukocyte telomere length (LTL), a biomarker of cell aging that has been hypothesized to contribute to women's greater longevity. Data are from a subsample (n = 851) of the Multi-Ethnic Study of Atherosclerosis, a population-based study of women and men aged 45 to 84. Mediation models were used to examine study hypotheses. We found that women had longer LTL than men, but the gender difference was smaller at older ages. Gender differences in smoking and processed meat consumption partially mediated gender differences in telomere length, whereas gender differences in estradiol, total testosterone,
oxidative stress, and body mass index did not. Neither behavioral nor biological factors explained why the gender difference in LTL was smaller at older ages. Longitudinal studies are needed to assess gender differences in the rate of change in LTL over time; to identify the biological, behavioral, and psychosocial factors that contribute to these differences throughout the life course; and to determine whether gender differences in LTL explain the gender gap in longevity.

EP-50543
Cost-effectiveness of CT screening in the National Lung Screening Trial. Ilana F. Gareen, Samir S. Soneji. 2014

BACKGROUND: The National Lung Screening Trial (NLST) showed that screening with low-dose computed tomography (CT) as compared with chest radiography reduced lung-cancer mortality. We examined the cost-effectiveness of screening with low-dose CT in the NLST. METHODS: We estimated mean life-years, quality-adjusted life-years (QALYs), costs per person, and incremental cost-effectiveness ratios (ICERs) for three alternative strategies: screening with low-dose CT, screening with radiography, and no screening. Estimations of life-years were based on the number of observed deaths that occurred during the trial and the projected survival of persons who were alive at the end of the trial. Quality adjustments were derived from a subgroup of participants who were selected to complete quality-of-life surveys. Costs were based on utilization rates and Medicare reimbursements. We also performed analyses of subgroups defined according to age, sex, smoking history, and risk of lung cancer and performed sensitivity analyses based on several assumptions. RESULTS: As compared with no screening, screening with low-dose CT cost an additional $1,631 per person (95% confidence interval [CI], 1,557 to 1,709) and provided an additional 0.0316 life-years per person (95% CI, 0.0154 to 0.0478) and 0.0201 QALYs per person (95% CI, 0.0088 to 0.0314). The corresponding ICERs were $52,000 per life-year gained (95% CI, 34,000 to 106,000) and $81,000 per QALY gained (95% CI, 52,000 to 186,000). However, the ICERs varied widely in subgroup and sensitivity analyses. CONCLUSIONS: We estimated that screening for lung cancer with low-dose CT would cost $81,000 per QALY gained, but we also determined that modest changes in our assumptions would greatly alter this figure. The determination of whether screening outside the trial will be cost-effective will depend on how screening is implemented.

EP-50544
Healthy food access for urban food desert residents: examination of the food environment, food purchasing practices, diet and BMI. Shannon N. Zenk. 2014

OBJECTIVE: To provide a richer understanding of food access and purchasing practices among US urban food desert residents and their association with diet and BMI. DESIGN: Data on food purchasing practices, dietary intake, height and weight from the primary food shopper in randomly selected households (n = 1372) were collected. Audits of all neighbourhood food stores (n = 24) and the most-frequented stores outside the neighbourhood (n = 16) were conducted. Aspects of food access and purchasing practices and relationships among them were examined and tests of their associations with dietary quality and BMI were conducted. SETTING: Two low-income, predominantly African-American neighbourhoods with limited access to healthy food in Pittsburgh, PA, USA. SUBJECTS: Household food shoppers. RESULTS: Only one neighbourhood outlet sold fresh produce; nearly all respondents did major food shopping outside the neighbourhood. Although the nearest full-service supermarket was an average of 2.6 km from their home, respondents shopped an average of 6.0 km from home. The average trip was by car, took approximately 2 h for the round trip, and occurred two to four times per month. Respondents spent approximately $US 37 per person per week on food. Those who made longer trips had access to cars, shopped less often and spent less money per person. Those who travelled further when they shopped had higher BMI, but most residents already shopped where healthy foods were available, and physical distance from full-service supermarkets was unre-
lated to weight or dietary quality. CONCLUSIONS: Improved access to healthy foods is the target of current policies meant to improve health. However, distance to the closest supermarket might not be as important as previously thought, and thus policy and interventions that focus merely on improving access may not be effective.

EP-50545
Regular physical activity has differential association with reduced obesity among diverse youth in the United States. Jan Wallander, Marc N. Elliott. 2014

This study examined whether daily or almost daily lower-intensity physical activity was associated with reduced obesity, among 4,824 African American, Hispanic, and White youth assessed in 5th and 7th grades. Regular lower-intensity physical activity was associated with reduced obesity only among Hispanic and White males and only in 7th grade, and not among youth in 5th grade, females, or African American males or females. Findings from this study suggest that the reduced obesity risk generally attributed to physical activity may not be consistent across racial/ethnic and gender groups of early adolescents.

EP-50546
Organisational interventions to reduce length of stay in hospital: a rapid evidence assessment. Sarah Ball. 2014

BACKGROUND: Available evidence on effective interventions to reduce length of stay in hospital is wide-ranging and complex, with underlying factors including those acting at the health system, organisational and patient levels, and the interface between these. There is a need to better understand the diverse literature on reducing the length of hospital stay. OBJECTIVES: This study sought to (i) describe the nature of interventions that have been used to reduce length of stay in acute care hospitals; (ii) identify the factors that are known to influence length of stay; and (iii) assess the impact of interventions on patient outcomes, service outcomes and costs. DATA SOURCES: We searched MEDLINE (Ovid), EMBASE, the Health Management Information Consortium and System for Information on Grey Literature in Europe for the period January 1995 to January 2013 with no limitation of publication type. METHODS: We conducted a rapid evidence synthesis of the peer-reviewed literature on organisational interventions set in or initiated from acute hospitals. We considered evidence published between 2003 and 2013. Data were analysed drawing on the principles of narrative synthesis. We also carried out interviews with eight NHS managers and clinical leads in four sites in England. RESULTS: A total of 53 studies met our inclusion criteria, including 19 systematic reviews and 34 primary studies. Although the overall evidence base was varied and frequently lacked a robust study design, we identified a range of interventions that showed potential to reduce length of stay. These were multidisciplinary team working, for example some forms of organised stroke care; improved discharge planning; early supported discharge programmes; and care pathways. Nursing-led inpatient units were associated with improved outcomes but, if anything, increased length of stay. Factors influencing the impact of interventions on length of stay included contextual factors and the population targeted. The evidence was mixed with regard to the extent to which interventions seeking to reduce length of stay were associated with cost savings. LIMITATIONS: We only considered assessments of interventions which provided a quantitative estimate of the impact of the given organisational intervention on length of hospital stay. There was a general lack of robust evidence and poor reporting, weakening the conclusions that can be drawn from the review. CONCLUSIONS: The design and implementation of an intervention seeking to reduce (directly or indirectly) the length of stay in hospital should be informed by local context and needs. This involves understanding how the intervention is seeking to change processes and behaviours that are anticipated, based on the available evidence, to achieve desired outcomes (‘theory of change’). It will also involve assessing the organisational structures and processes that will need to be put in place to ensure that staff who are expected to deliver the intervention are appro-
appropriately prepared and supported. With regard to future research, greater attention should be given to the theoretical underpinning of the design, implementation and evaluation of interventions or programmes. There is a need for further research using appropriate methodology to assess the effectiveness of different types of interventions in different settings. Different evaluation approaches may be useful, and closer relationships between researchers and NHS organisations would enable more formative evaluation. Full economic costing should be undertaken where possible, including considering the cost implications for the wider local health economy.

**EP-50547**

*Estimating the consumptive use costs of shale natural gas extraction on Pennsylvania roadways.* Constantine Samaras. 2014

The development of natural gas resources in the Marcellus Shale formation has progressed rapidly in the last several years, particularly in the Commonwealth of Pennsylvania. These activities require many heavy truck trips for equipment and materials, which can damage state and local roads that were not designed for high volumes of heavy truck traffic. For state transportation agencies, one measure of costs of shale gas development is the potential degradation of roadways resulting from shale gas development. This technical note provides a first-order estimate of roadway consumptive use costs of additional heavy truck traffic on Pennsylvania state-maintained roadways from Marcellus Shale natural gas development in 2011, estimated at about $13,000-$23,000 per well for all state roadway types, or $5,000-$10,000 per well if state roads with the lowest traffic volumes are excluded. This initial estimate of costs is based on data on the distribution of well activity and roadway type in Pennsylvania, estimates for the number of heavy truck trips to construct and operate a single well, the corresponding equivalent single-axle loadings, and estimates of roadway life and reconstruction costs by roadway maintenance class in Pennsylvania.

**EP-50548**

*The effects of mental health symptoms and marijuana expectancies on marijuana use and consequences among at-risk adolescents.* Jeremy N. V. Miles. 2014

Based on expectancy theory, adolescents at risk for mental health symptoms, such as those involved in the juvenile court system, may use marijuana due to the belief that use will attenuate anxiety and depressive symptoms. In a diverse sample of youth involved in the Santa Barbara Teen Court system (N = 193), we examined the association between mental health symptoms and marijuana expectancies on marijuana use and consequences. In general, stronger positive expectancies and weaker negative expectancies were both associated with increased marijuana use. Youth who reported more symptoms of both anxiety and depression, and stronger positive expectancies for marijuana also reported more consequences. We found that youth experiencing the greatest level of consequences from marijuana were those who reported more depressive symptoms and stronger positive expectancies for marijuana. Findings suggest that these symptoms, combined with strong positive expectancies about marijuana's effects, have implications for consequences among at-risk youth.

**EP-50549**

*How can schools help youth increase physical activity? an economic analysis comparing school-based programs.* 2014

**OBJECTIVE:** For optimal health, physical activity should be an integral and routine part of daily life. Youth spend a significant amount of time at school yet rarely achieve the recommended 60 min of moderate and vigorous physical activity in physical education (PE) classes or recess. This study assessed the following types of school-based opportunities to improve physical activity for youth: after-school programs, before-school programs, PE classes, extended-day PE, and short physical activity breaks during the school day. **METHOD:** An economic analysis conducted in 2013 compared school-based approaches to increasing physical activity. Analysis factors in-
cluded costs, reach, effects on physical activity gains, cost-effectiveness, and other potentially augmenting benefits. RESULTS: Two programs were significantly superior in terms of reach and cost per student: (1) extending the school day with mandatory PE participation and (2) offering short (10-minute) physical activity breaks during regular classroom hours. After-school program costs per student are high and the programs have a smaller reach, but they offer benefits (such as childcare) that may justify their higher costs. Before-school programs did not appear feasible. CONCLUSION: Incorporating short physical activity breaks into the existing school day would be a cost-effective way to increase school-based activity. This type of program is inexpensive and has broad reach. Inserting activity breaks throughout the day is appropriate, especially when youth are otherwise largely sedentary.

EP-50550

Engagement in HIV prevention advocacy associated with increased consistent condom use among HIV clients in Uganda. 2014

We examined whether engagement in prevention advocacy among HIV clients is associated with their own condom use and HIV care adherence. Longitudinal data merged from three studies in Uganda produced a sample of 1,882 participants who were administered assessments at baseline and months 6 and 12. The measure of prevention advocacy was the mean of two Likert scale items assessing encouragement of others to (1) use condoms, and (2) get HIV tested. In regression analyses controlling for demographics and known correlates of the dependent variables, increased prevention advocacy from baseline to month 12 was significantly associated with increased consistent condom use and marginally associated with increased antiretroviral adherence and clinic attendance. These results suggest that empowering HIV clients to engage in prevention advocacy with others may benefit their own HIV protective behaviors and should be promoted as a component to interventions targeting positive living among people living with HIV.

The relationship between influenza vaccination habits and location of vaccination. Andrew W. Mulcahy. 2014

OBJECTIVE: Although use of non-medical settings for vaccination such as retail pharmacies has grown in recent years, little is known about how various settings are used by individuals with different vaccination habits. We aimed to assess the relationship between repeated, annual influenza vaccination and location of vaccination. STUDY DESIGN: We conducted a cross-sectional survey of 4,040 adults in 2010. METHODS: We fielded a nationally representative survey using an online research panel operated by Knowledge Networks. The completion rate among sampled panelists was 73%. RESULTS: 39% of adults reported that they have never received a seasonal influenza vaccination. Compared to those who were usually or always vaccinated from year to year, those who sometimes or rarely received influenza vaccinations were significantly more likely to be vaccinated in a medical setting in 2009–2010. CONCLUSIONS: Results indicate that while medical settings are the dominant location for vaccination overall, they play an especially critical role in serving adults who do not regularly receive vaccinations. By exploring vaccination habits, we can more appropriately choose among interventions designed to encourage the initiation vs. maintenance of desired behaviors.

EP-50551

Integrating the use of patient-reported outcomes for both clinical practice and performance measurement: views of experts from 3 countries. John Z. Ayanian. 2014

POLICY POINTS: * The patient-reported outcome (PRO) is a standardized method for measuring patients’ views of their health status. Our international study showed that experts in clinical practice and performance measurement supported the integrated collection of PRO data for use in both clinical care and performance measurement. * The measurement of PROs to support patient-provider decisions and the use of PRO performance measures to evaluate health care providers have developed both separately
and in parallel. * The use of PROs would benefit from a shared vision by health care providers, purchasers of care, and patients regarding the aims and purposes of the various applications; and the establishment of trust among stakeholders concerning the prudent use of PRO performance measures. CONTEXT: Patient-reported outcomes (PROs) can play an important role in patient-centered health care by focusing on the patient’s health goals guiding therapeutic decisions. When aggregated, PROs also can be used for other purposes, including comparative effectiveness research, practice improvement, assessment of the performance of clinicians and organizations, and as a metric for value-based payments. The feasibility of integrating the use of PROs for these various purposes on a wide scale has not yet been demonstrated. Our study was conducted to inform policymakers of prudent next steps for implementing PROs in clinical practice and performance measurement programs in order to maximize their impact on the quality of health care. METHODS: We conducted a qualitative study, interviewing 58 experts and leaders from 37 organizations (response rate: 88%) in the United States, England, and the Netherlands. Respondents included clinical practitioners (n = 30), measure developers (n = 11), and leaders of performance measurement programs (n = 17). We used a qualitative content analysis to assess current strategies for applying PROs in clinical practice and performance measurement and to identify barriers to and facilitators of further implementation. FINDINGS: The use of PROs in clinical practice and for performance measurement has developed both separately and in parallel. Experts across the stakeholder spectrum support the collection of PRO data in an integrated manner that would enable using the data for these distinct purposes. We identified 2 main concerns about the feasibility for integrated use of PRO data: the complexity of establishing routine data collection and the tension among stakeholders when using PRO data for different purposes. These contrasting stakeholder views suggested varying interests among clinicians, measure developers, and purchasers of care. CONCLUSIONS: Data collection approaches that support the use of PROs in health care are underdeveloped, need better integration with clinical care, and must be tailored to the characteristics of the health care system. Enabling the sustainable use of PROs will require a shared vision of clinical professionals, purchasers, and patients, with a prudent selection of the steps in implementing PROs that will maximize their impact on the quality of health care.

EP-50553
Paying for telemedicine. David I. Auerbach. 2014

Telemedicine offers the potential for better care, lower costs, and increased convenience. Expanding existing fee-for-service payment models to include telemedicine may lead to its overuse. Already there are many skeptics among payers and providers regarding this method of payment. The greatest potential for effective and efficient use of telemedicine services lies in the use of emerging payment models.

EP-50554

This study assesses the likely impacts of implementing the online provisions of the revised Energy Related Products Labelling Directive. It is foreseen in the revised Directive that these provisions be implemented using a Delegated Act. The study makes clear recommendations as to how the act should be framed and provides the necessary supporting analysis and evidence for its conclusions.

EP-50555

OBJECTIVE: Anxiety is linked to a number of medical conditions, yet few studies have examined how symptom severity relates to medical comorbidity. PURPOSE: The current study assessed associations between severity of anxiety and de-
pression and the presence of medical conditions in adults diagnosed with anxiety disorders. Method: Nine-hundred eighty-nine patients diagnosed with panic, generalized anxiety, social anxiety, and posttraumatic stress disorders reported on the severity of anxiety and depressive symptoms and on diagnoses of 11 medical conditions. RESULTS: Severity of anxiety and depressive symptoms was strongly associated with having more medical conditions over and above control variables, and the association was as strong as that between BMI and disease. Odds of having asthma, heart disease, back problems, ulcer, migraine headache and eyesight difficulties also increased as anxiety and depressive symptom severity increased. Anxiety symptoms were independently associated with ulcer, whereas depressive symptoms were independently associated with heart disease, migraine, and eyesight difficulties. CONCLUSIONS: These findings add to a growing body of research linking anxiety disorders with physical health problems and indicate that anxiety and depressive symptoms deserve greater attention in their association with disease.

EP-50556
Education and coronary Heart disease risk: potential mechanisms such as literacy, perceived constraints, and depressive symptoms. Chanelle J. Howe. 2014

OBJECTIVE: Education is inversely associated with coronary heart disease (CHD) risk; however the mechanisms are poorly understood. The study objectives were to evaluate the extent to which rarely measured factors (literacy, time preference, sense of control) and more commonly measured factors (income, depressive symptomatology, body mass index) in the education-CHD literature explain the associations between education and CHD risk. METHOD: The study sample included 346 participants, aged 38 to 47 years (59.5% women), of the New England Family Study birth cohort. Ten-year CHD risk was calculated using the validated Framingham risk algorithm that utilizes diabetes, smoking, blood pressure, total cholesterol, high-density lipoprotein cholesterol, age, and gender. Multivariable regression and mediation analyses were performed. RESULTS: Regression analyses adjusting for age, race/ethnicity, and childhood confounders (e.g., parental socioeconomic status, intelligence) demonstrated that relative to those with greater than or equal to college education, men and women with less than high school had 73.7% (95% confidence interval [CI; 29.5, 133.0]) and 48.2% (95% CI [17.5, 86.8]) higher 10-year CHD risk, respectively. Mediation analyses demonstrated significant indirect effects for reading comprehension in women (7.2%; 95% CI [0.7, 19.4]) and men (7.2%; 95% CI [0.8, 19.1]), and depressive symptoms (11.8%; 95% CI [2.5, 26.6]) and perceived constraint (6.7%, 95% CI [0.7, 19.1]) in women. CONCLUSIONS: Evidence suggested that reading comprehension in women and men, and depressive symptoms and perceived constraint in women, may mediate some of the association between education and CHD risk. If these mediated effects are interpreted causally, interventions targeting reading, depressive symptoms, and perceived constraint could reduce educational inequalities in CHD.

EP-50557
The role of gender in moderating treatment outcome in collaborative care for anxiety. Ann M. Cheney, John Fortney. 2014

OBJECTIVE: The aim of this study was to test whether gender moderates intervention effects in the Coordinated Anxiety Learning and Management (CALM) intervention, a 12-month, randomized controlled trial of a collaborative care intervention for anxiety disorders (panic disorder, generalized anxiety disorder, posttraumatic stress disorder, and social anxiety disorder) in 17 primary care clinics in California, Washington, and Arkansas. METHODS: Participants (N=1,004) completed measures of symptoms (Brief Symptom Inventory [BSI]) and functioning (mental and physical health components of the 12-Item Short Form [MCS and PCS] and Healthy Days, Restricted Activity Days Scale) at baseline, six, 12, and 18 months. Data on dose, engagement, and beliefs about psychotherapy were collected for patients in the collaborative care group. RESULTS: Gender moderated the relationship between treatment
and its outcome on the BSI, MCS, and Healthy Days measures but not on the PCS. Women who received collaborative care showed clinical improvements on the BSI, MHC, and Healthy Days that were significantly different from outcomes for women in usual care. There were no differences for men in collaborative care compared with usual care on any measures. In the intervention group, women compared with men attended more sessions of psychotherapy, completed more modules of therapy, expressed more commitment, and viewed psychotherapy as more helpful. CONCLUSIONS: These findings contribute to the broader literature on treatment heterogeneity, in particular the influence of gender, and may inform personalized care for people seeking anxiety treatment in primary care settings.

EP-50558
Measuring the quality of care provided to women with pelvic organ prolapse. Catherine Bresee, Karyn Elber. 2014

OBJECTIVE: Health care providers are increasingly being evaluated by the quality of care they provide. Our aim was to assess the feasibility of recently developed quality indicators (QIs) for pelvic organ prolapse (POP) and identify possible deficits in care. STUDY DESIGN: A panel ranked 14 QIs based on the RAND appropriateness method assessing screening and diagnosis, pessary management, and surgery for POP. Retrospective chart abstraction was performed after identifying patients with a diagnosis of POP evaluated within a hospital-based multispecialty group using International Classification of Diseases, ninth edition, diagnosis codes. RESULTS: Of 283 patients identified, 98% of those with a new complaint of vaginal bulge had a pelvic examination. The POP was described but not staged in 6% and not documented at all in 25.1%. Among those managed with pessaries, 98% had vaginal examinations at least every 6 months. Forty-nine percent of the patients who had surgery had complete preoperative POP staging. Only 20% of women undergoing apical surgery had documentation of counseling regarding different surgical options, and of the women who underwent a hysterectomy for POP, only 48% had a concomitant vault suspension. Although 71% had documentation about the risk of postoperative stress incontinence, only 14.5% had documented counseling regarding risks of mesh. Only 37% of patients implanted with mesh for POP had documented follow-up at 1 year. An intraoperative cystoscopy was performed in 86% undergoing cystocele repair or apical surgery. CONCLUSION: The quality of care for women with POP can be feasibly measured with QIs. Processes of care were deficient in many areas, and our findings can serve as a basis for quality improvement interventions.

EP-50559
Response error in reporting dental coverage by older Americans in the Health and Retirement Study. Richard J. Manski, Nancy A. Mathiowetz. 2014

The aim of this research was to analyze the inconsistency in responses to survey questions within the Health and Retirement Study (HRS) regarding insurance coverage of dental services. Self-reports of dental coverage in the dental services section were compared with those in the insurance section of the 2002 HRS to identify inconsistent responses. Logistic regression identified characteristics of persons reporting discrepancies and assessed the effect of measurement error on dental coverage coefficient estimates in dental utilization models. In 18% of cases, data reported in the insurance section contradicted data reported in the dental use section of the HRS by those who said insurance at least partially covered (or would have covered) their (hypothetical) dental use. Additional findings included distinct characteristics of persons with potential reporting errors and a downward bias to the regression coefficient for coverage in a dental use model without controls for inconsistent self-reports of coverage. This study offers evidence for the need to validate self-reports of dental insurance coverage among a survey population of older Americans to obtain more accurate estimates of coverage and its impact on dental utilization.

EP-50616
Preventing state transportation agencies for an
uncertain energy future. Thomas Light. 2014

This report examines how the mandate, role, funding, and operations of state departments of transportation (DOTs) will likely be affected by changes in energy supply and demand in the next 30 to 50 years. The report also identifies potential strategies and actions that DOTs can employ to plan and prepare for these effects. In addition, the report describes how robust decision-making techniques can be used to help navigate the potential risks and rewards of different policy and management responses under differing surface transportation energy supply-and-demand scenarios.

EP-51639

This study examines the relationship between US Marine discourse and civil-military public argument. A computer-aided semantic analysis of public record speech from senior Marine officers shows a style of cohesion, marked by future-oriented, inclusive, highly certain language. An appraisal theory discourse analysis of interviews with US Marines conducted during an ethnography of communication shows their talk argues discursively for cohesion. This way of speaking may constrain Marines in public argument, as they repeat ways of talking appropriate within the community, even when situationally inappropriate for civilian audiences.

EP-51640
Strategies for Optimizing Clinic Efficiency in a Community-Based Antiretroviral Treatment Programme in Uganda. Stella Talisuna-Alamo, Glenn Wagner, Joseph Ouma. 2014

We address a critical aspect of antiretroviral therapy (ART) scale-up: poor clinic organization leading to long waiting times and reduced patient retention. Using a before and after study design, time and motion studies and qualitative methods we evaluated the impact of triage and longer clinic appointment intervals (triage) on clinic efficiency in a community-based program in Uganda. We compared time waiting to see and time spent with providers for various patient categories and examined patient and provider satisfaction with the triage. Overall, median time spent at the clinic reduced from 206 to 83 min. Total median time waiting to see providers for stable-ART patients reduced from 102 to 20 min while that for patients undergoing ART preparation reduced 88–37 min. Improved patient flow, patient and provider satisfaction and reduced waiting times allowed for service delivery to more patients using the same staff following the implementation of triage.

EP-51641

BACKGROUND: Underuse of controller therapy among Medicaid-enrolled children is common and leads to more emergency department (ED) visits and hospitalizations. However, there is little evidence about the relationship between medication adherence, outcomes and costs once controller therapy is initiated. OBJECTIVE: This study examined the relationship between adherence to two commonly prescribed anti-inflammatory medications, inhaled corticosteroids (ICS) and leukotriene inhibitors (LI), and healthcare utilization and expenditures among children enrolled in Medicaid and the Children’s Health Insurance Program in Florida and Texas in the US. METHODS: The sample for this retrospective observational study consisted of 18456 children aged 2–18 years diagnosed with asthma, who had been continuously enrolled for 24 months during 2004–7 and were on monotherapy with ICS or LI. State administrative enrolment files were linked to medical claims data. Children were grouped into three adherence categories based on the percentage of days per year they had prescriptions filled (medication possession ratio). Bivariate and multivariable regression analyses that adjusted for the children’s demographic and health characteristics were used
to examine the relationship between adherence and ED visits, hospitalizations, and expenditures. RESULTS: Average adherence was 20% for ICS-treated children and 28% for LI-treated children. Children in the highest adherence category had lower odds of an ED visit than those in the lowest adherence category (p < 0.001). We did not detect a statistically significant relationship between adherence and hospitalizations; however, only 3.7% of children had an asthma-related hospitalization. Overall asthma care expenditures increased with greater medication adherence. CONCLUSIONS: Although greater adherence was associated with lower rates of ED visits, higher medication expenditures outweighed the savings. The overall low adherence rates suggest that quality improvement initiatives should continue to target adherence regardless of the class of medication used. However, low baseline hospitalization rates may leave little opportunity to significantly decrease costs through better disease management, without also decreasing medication costs.

EP-51642

To explore how people living with HIV (PLHIV) and in care encourage others to adopt HIV-protective behaviours, we conducted in-depth interviews with a purposive sample of 40 HIV clinic patients in Kampala, Uganda. Content analysis was used to examine the message content, trigger events, and outcomes of HIV-prevention advocacy events initiated by the HIV clients with members of their social networks. The content themes included encouraging specific behaviours, such as HIV testing and treatment, condom use and non-promiscuity, as well as more general cautionary messages about protecting oneself from HIV infection. Common triggers for bringing up HIV-prevention advocacy information in a discussion or conversation included: wanting to prevent the targeted person from 'falling into the same problems,' wanting to benefit oneself with regard to avoiding re-infection, out of concern that the target would engage in higher-risk behaviour, due to observed changes in the target's health, and to convey information after receiving treatment at the clinic. The participants mostly reported positive or neutral responses to these advocacy events; negative responses were rare. Interventions to empower PLHIV to be agents of change could represent a new frontier for HIV prevention.

EP-51643

In-depth interviews were conducted with 39 very religious people living with HIV (16 had ever and 23 had never discontinued antiretroviral therapy — ART) to assess the role of religion in these treatment decisions and in coping with HIV. Participants who had ever discontinued ART gave reasons such as: teachings and prophecies from religious leaders, and supporting Biblical scriptures all of which led them to feel that God and their faith, not ART, would help them; and testimonies by their &quot;already healed&quot; peers who had stopped ART. Participants who had never discontinued ART gave reasons such as continuous adherence counseling from multiple sources, improvement in physical health as a result of ART, and beliefs that God heals in different ways and that non-adherence is equal to putting God to a test. High religiosity was reported to help participants cope with HIV through engagement in personal and or community protective behaviours, &quot;taking care of other illness&quot;, and reducing worries. When high religiosity among people living with HIV (PHAs) becomes a barrier to ART adherence, the adherence counseling provided can draw on experiences of PHAs with high religiosity who have sustained good adherence to ART and achieved good health outcomes.

EP-51645
Louisiana is in the midst of a land loss crisis that has claimed more than 4800 km$^2$ since the 1930s. Unless aggressive, large-scale action is taken, Louisiana could lose an additional 4500 km$^2$ in the next 50 years, resulting in a projected increase in annual damages from hurricane storm surge flooding of more than $23 billion. Louisiana's 2012 Coastal Master Plan is a long-term plan with clear economic, social, and environmental benefits, such as decreasing potential damages from storm surge by $5.3 billion to $18 billion. Implementation of projects in the master plan should result in no net loss of land after 20 years and an annual net gain of land after 30 years. To develop the plan, the Coastal Protection and Restoration Authority (CPRA) utilized a state-of-the-art systems approach to coastal planning and a science-based decision-making process that resulted in a funding- and resource-constrained plan that makes the greatest progress toward achieving a sustainable coast. A series of integrated, coastwide predictive models were developed to provide data for a new planning tool used to identify the suite of projects that would make the greatest progress toward meeting the master plan objectives while considering uncertainties in future environmental conditions. Recognizing that the success of the plan hinges on stakeholder support, as well as science, the CPRA also implemented a comprehensive outreach plan to obtain input and feedback from key stakeholders and the public. The resulting plan recommends a specific list of restoration and protection projects and has achieved widespread support.

EP-51646


STREAM is a process that transportation agencies can use to identify, assess, shape, and adopt new and emerging technologies to help achieve long-term system performance objectives. The process reflects relevant trends in technologies and their applications and is designed to help transportation agencies anticipate, adapt to, and shape the future.

EP-51647

How to Increase Value and Reduce Waste When Research Priorities Are Set. Iain Chalmers, Michael B. Bracken, Ben Djulbegovic. 2014

The increase in annual global investment in biomedical research—reaching US$240 billion in 2010—has resulted in important health dividends for patients and the public. However, much research does not lead to worthwhile achievements, partly because some studies are done to improve understanding of basic mechanisms that might not have relevance for human health. Additionally, good research ideas often do not yield the anticipated results. As long as the way in which these ideas are prioritised for research is transparent and warranted, these disappointments should not be deemed wasteful; they are simply an inevitable feature of the way science works. However, some sources of waste cannot be justified. In this report, we discuss how avoidable waste can be considered when research priorities are set. We have four recommendations. First, ways to improve the yield from basic research should be investigated. Second, the transparency of processes by which funders prioritise important uncertainties should be increased, making clear how they take account of the needs of potential users of research. Third, investment in additional research should always be preceded by systematic assessment of existing evidence. Fourth, sources of information about research that is in progress should be strengthened and developed and used by researchers. Research funders have primary responsibility for reductions in waste resulting from decisions about what research to do.

EP-51648


BACKGROUND: Studies of whether inpatient mortality in US teaching hospitals rises in July as a result of organizational disruption and relative inexperience of new physicians (July effect) find
small and mixed results, perhaps because study populations primarily include low-risk inpatients whose mortality outcomes are unlikely to exhibit a July effect. METHODS and RESULTS: Using the US Nationwide Inpatient sample, we estimated difference-in-difference models of mortality, percutaneous coronary intervention rates, and bleeding complication rates, for high- and low-risk patients with acute myocardial infarction admitted to 98 teaching-intensive and 1353 non–teaching-intensive hospitals during May and July 2002 to 2008. Among patients in the top quartile of predicted acute myocardial infarction mortality (high risk), adjusted mortality was lower in May than July in teaching-intensive hospitals (18.8% in May, 22.7% in July, P<0.01), but similar in non–teaching-intensive hospitals (22.5% in May, 22.8% in July, P=0.70). Among patients in the lowest three quartiles of predicted acute myocardial infarction mortality (low risk), adjusted mortality was similar in May and July in both teaching-intensive hospitals (2.1% in May, 1.9% in July, P=0.45) and non–teaching-intensive hospitals (2.7% in May, 2.8% in July, P=0.21). Differences in percutaneous coronary intervention and bleeding complication rates could not explain the observed July mortality effect among high risk patients. CONCLUSIONS: High-risk acute myocardial infarction patients experience similar mortality in teaching- and non–teaching-intensive hospitals in July, but lower mortality in teaching-intensive hospitals in May. Low-risk patients experience no such July effect in teaching-intensive hospitals.

EP-51649

The shift from punitive prohibition to legalizing marijuana at the state (or federal) level may produce a net social benefit. However the available evidence suggests we should be cautious in making definitive claims of either net benefits or net costs given the current state of the science. We need a better understanding of the long-term effects of marijuana use on health and mental health, the role of potency and other cannabinoids in influencing health and safety outcomes, the impact of regulated and unregulated markets on prices and youth consumption, and the impact of legalization on the consumption of related goods (alcohol and prescription drugs).

EP-51650
Marijuana Liberalization Policies: Why We Can't Learn Much from Policy Still in Motion. Rosalie Liccardo Pacula, Eric Sevigny. 2014

Much remains unanswered about the potential effects of marijuana liberalization policies because the most relevant questions have yet to be fully considered and addressed. Existing policy experiments have not been used to answer the most important questions, namely are public health harms from marijuana use a function of the person consuming it (age, polysubstance user, or other identifying factor)? Amount consumed? Activities engaged in while under the influence? Method of consumption? Potency? Or duration of use? How responsive is problematic use to changes in price? To answer these questions definitively, researchers need a bit more time and a lot better data.

EP-51651
Cannabis Use and Antisocial Behavior Among Youth. Ioana Popovici, Michael Thomas French, Olena Antonaccio. 2014

Despite the numerous efforts to curb substance use and abuse through legislation and interventions, marijuana consumption continues to be a major social problem, particularly among young adults in the United States. We provide new information on the relationship between cannabis use and antisocial behavior by analyzing a sample of young adults (aged 18–20) from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC). We examine a broad set of cannabis use patterns and multiple dimensions of antisocial behaviors and test the empirical importance of two prominent criminological theories—general strain and social bond—in explaining as-
associations between cannabis use and antisocial behavior. We include important socioeconomic, demographic, health and health behaviors, and contextual information in all regressions to control for confounding factors. Our results imply that cannabis use is positively and significantly related to antisocial behavior among young adults, and general strain and social bond theories cannot fully explain our findings. As expected, the estimated association with antisocial behavior is stronger for more frequent cannabis users.

EP-51652


PURPOSE: The primary goal of this analysis was to examine the influence of depression above and beyond the effects of HIV treatment on work activity and function. METHODS: We combined data from three longitudinal studies of patients starting antiretroviral therapy (ART) and/or entering HIV care in Uganda. Assessments were conducted at baseline and months 6 and 12. The nine-item Patient Health Questionnaire (PHQ-9) was used to assess depressive symptoms, as well as Major (scores &gt;9) and Minor (scores 5-9) Depression status; work functioning was assessed using a subscale of the Medical Outcomes Study HIV Health Survey (MOS-HIV). Multivariate random-effects logistic regression models for longitudinal data were used to examine the impact of treatment on work status and optimal work functioning, with measures of both baseline and change in physical health functioning, cognitive functioning and depression in the models, controlling for baseline demographics, and CD4 cell count. RESULTS: The sample of 1,731 participants consisted of 1,204 starting ART and 527 not yet eligible for ART. At baseline, 35 % were not working, and 37 % had sub-optimal work functioning. Intention-to-treat analyses revealed that those on ART experienced greater improvement in both work outcomes over 12 months relative to non-ART patients, and that baseline and change in physical health functioning, continuous and categorical depression were all independently associated with improvement in both work outcomes, even after accounting for the direct effect of ART. CONCLUSIONS: Improvement in physical and mental health plays a key role in the positive impact of HIV treatment on work activity and function, suggesting potential economic benefits of integrating depression treatment into HIV care.

EP-51653


In anticipation of upcoming health care legislation, the RAND Corporation developed a microsimulation model to forecast the responses of individuals, families and firms to such legislation. The COMPARE (COMPrehensive Assessment of Reform Efforts) microsimulation has been used to estimate the impact of major policy changes in the United States, such as the Affordable Care Act on uninsurance rates, participation in the group and the non-group insurance markets, firms’ insurance offer rates, enrollment in public programs such as Medicaid and CHIP, private insurance premiums and costs to the federal and state governments. The team selected utility maximization to model behaviors, a methodology that is better suited than spreadsheet or econometric models to predict how individuals, households and firms will respond to wholly new insurance options, such as the Health Insurance Marketplace and the Small Business Health Options Program (SHOP) Exchanges created by the Affordable Care Act. Modeling can be done both at the national and at a state-specific levels. In this paper we provide a summary of COMPARE’s basic principles, its nationally representative databases, its utility-maximization behavioral models, and how we have used COMPARE to estimate the consequences of the Affordable Care Act.

EP-51654

The Potential for Pocket Parks to Increase Physical Activity. Deborah A. Cohen, Terry Marsh, Stephanie Williamson. 2014

PURPOSE: To assess the use of new pocket
parks in low-income neighborhoods. DESIGN: The design of the study was a quasi-experimental post-test only comparison. SETTING: Los Angeles, California, was the setting for the study. SUBJECTS: Subjects were park users and residents living within .5 mile of three pocket parks and 15 neighborhood parks. INTERVENTION: The creation of pocket parks. MEASURES: We used the System of Observing Play and Recreation in Communities (SOPARC) tool to measure park use and park-based physical activity, and then surveyed park users and residents about their park use. ANALYSIS: We surveyed 392 and 432 household members within .5 mile of the three pocket parks before and after park construction, respectively, as well as 71 pocket park users, and compared them to 992 neighborhood park users and 342 residents living within .5 mile of other neighborhood parks. We compared pocket park use to playground area use in the larger neighborhood parks. We used descriptive statistics and generalized estimating equations for the analysis. RESULTS: Overall, pocket park use compared favorably in promoting moderate-to-vigorous physical activity with that of existing playground space in nearby parks, and they were cost-effective at $0.73/MET hour (metabolic equivalent hour) gained. Pocket park visitors walked an average of .25 miles to get to a park. CONCLUSION: Pocket parks, when perceived as attractive and safe destinations, may increase physical activity by encouraging families with children to walk there. Additional strategies and programs may be needed to encourage more residents to use these parks.

EP-51655
Partnerships for Parks and Physical Activity. Bianca D. Shulaker, Jennifer W. Isacoff, Deborah A. Cohen. 2014

PURPOSE: Given the need for comprehensive and multidisciplinary active living interventions, this article describes an innovative partnership for park design and evaluation. DESIGN: The Trust for Public Land partnered with the RAND Corporation and the San Francisco Department of Public Health to generate context-sensitive active park design, establish evaluation methods, and build the framework for future collaboration. SETTING: These partners worked together from 2009 to 2012 to design, renovate, and study parks in San Francisco, California. SUBJECTS: The three partnering organizations are the focus of this article. INTERVENTION: The Trust for Public Land's Parks for People-Bay Area Program raised more than $16 million to renovate three San Francisco parks, which served as the intervention for a study that initially brought the three partnering organizations together. MEASURES: The authors, who represent the three partners, collaborated to develop the lessons learned. ANALYSIS: This article is a description and commentary about a partnership that emphasized community involvement and rigorous evaluation. RESULTS: Lessons learned and elements for successful partnerships include collaborating with organizations with differing expertise, deciding upon goals initially, finding a common language, involving local communities, and recognizing the importance and appropriate role of evaluations. CONCLUSION: The model for collaboration and community involvement presented supports and encourages other organizations to use strategic, multidisciplinary partnerships and highlights the importance of evaluation.

EP-51656

OBJECTIVES: Sleep is critical for adolescent health and is influenced by the family environment. In our study, we examined if family structure defined as single- vs 2-parent households affected adolescent sleep. METHODS: Participants were 242 (57% black; 47% boys) healthy adolescents (mean age, 15.7 years). Sleep was measured using self-report and wrist actigraphy over 7 consecutive nights. Outcomes were actigraphy-assessed sleep duration and sleep efficiency (SE) for the full week and weekends and weekdays separately, as well as self-reported sleep-wake problems and variability in bedtimes. Linear regression examined the relationship between family structure and sleep, after adjusting for age, sex, race, body mass index, and depressive symptoms, paren-
tal education, family conflict, and financial strain. Race and sex were examined as potential moderators. RESULTS: After adjusting for covariates, adolescents from single-parent households had poorer SE across the week and shorter sleep duration on weekends. White adolescents from 2-parent households had the fewer sleep-wake problems and lower bedtime variability, whereas black adolescents from single-parent households had the lowest weekend SE. There were no significant differences in family structure sex interactions. CONCLUSION: Our findings are the first to demonstrate that single-parent family structure is an independent correlate of sleep problems in adolescents, and they highlight the moderating role of race.

EP-51657

Medicare continues to implement payment reforms that shift reimbursement from fee-for-service toward episode-based payment, affecting average and marginal payment. We contrast the effects of two reforms for home health agencies. The home health interim payment system in 1997 lowered both types of payment; our conceptual model predicts a decline in the likelihood of use and costs, both of which we find. The home health prospective payment system in 2000 raised average but lowered marginal payment with theoretically ambiguous effects; we find a modest increase in use and costs. We find little substantive effect of either policy on readmissions or mortality.

EP-51659
Brain Drain: Do Economic Conditions "Push" Doctors Out of Developing Countries?. Edward N. Okeke. 2014

Health worker migration is an issue of first order concern in global health policy circles and continues to be the subject of much policy debate. In this paper, we contribute to the discussion by studying the impact of economic conditions on the migration of physicians from developing countries. To our knowledge, this is one of the first papers to do so. A major contribution of this paper is the introduction of a new panel dataset on migration to the US and the UK from 31 sub-Saharan Africa countries. The data spans the period 1975–2004. Using this data, we estimate the impact of changes in economic conditions on physician migration. In our preferred specification that allows for country-specific time trends, we find that a temporary one percentage point decline in GDP per capita increases physician migration in the next period by approximately 3 percent. In our IV models a one percentage point decline in GDP per capita increases physician migration in the next period by between 3.4 and 3.6 percent. Overall, our results suggest a significant effect of developing country economic conditions on physician migration.

EP-51661
Gone to War: Have Deployments Increased Divorces?. Sebastian Negrusa, Brighta Negrusa, James Hosek. 2014

Owing to the armed conflicts in Iraq and Afghanistan, members of the US military have experienced very high rates of deployment overseas. Because military personnel have little to no control over their deployments, the military setting offers a unique opportunity to study the causal effect of major disruptions on marital dissolution. In this paper, we use longitudinal individual-level administrative data from 1999 to 2008 and find that an additional month in deployment increases the divorce hazard of military families, with females being more affected. A standard conceptual framework of marital formation and dissolution predicts a differential effect of these types of shocks depending on the degree to which they are anticipated when a couple gets married. Consistent with this prediction, we find a larger effect for couples married before 9/11, who clearly expected a lower risk of deployment than what they faced post 9/11.

EP-51662
Incentives for Biodefense Countermeasure Development. Jason Matheny, Michael Mair, Andrew W. Mulcahy. 2014
Therapeutics and vaccines are available for only a fraction of biological threats, leaving populations vulnerable to attacks involving biological weapons. Existing U.S. policies to accelerate commercial development of biodefense products have thus far induced insufficient investment by the biopharmaceutical industry. In this article, we examine the technical, regulatory, and market risks associated with countermeasure development and review existing and proposed federal incentives to increase industrial investment. We conclude with several recommendations. To increase industry's engagement in biodefense countermeasure development, Congress should expand BioShield funding, giving HHS the flexibility to fund a portfolio of biodefense countermeasures whose revenues are comparable to those of commercial drugs. Congress should establish tradable priority review vouchers for developers of new countermeasures. A National Academy of Sciences or National Biodefense Science Board should formally evaluate incentive programs and a government-managed "Virtual Pharma," in which HHS contracts separate stages of research, development, and production to individual firms.

EP-51663
Vulnerable Patients' Perceptions of Health Care Quality and Data. Maria Catherine Raven, Colleen C. Gillespie, Rebecca DiBennardo. 2014

BACKGROUND: Little is known about how patients served by safety-net hospitals utilize and respond to hospital quality data. OBJECTIVE: To understand how vulnerable, lower income patients make health care decisions and define quality of care and whether hospital quality data factor into such decisions and definitions. METHODS: Mixed quantitative and qualitative methods were used to gather primary data from patients at an urban, tertiary-care safety-net hospital. The study hospital is a member of the first public hospital system to voluntarily post hospital quality data online for public access. Patients were recruited from outpatient and inpatient clinics. Surveys were used to collect data on participants' sociodemographic characteristics, health literacy, health care experiences, and satisfaction variables. Focus groups were used to explore a representative sample of 24 patients' health care decision making and views of quality. Data from focus group transcripts were iteratively coded and analyzed by the authors. RESULTS: Focus group participants were similar to the broader diverse, low-income clinic population. Participants reported exercising choice in making decisions about where to seek health care. Multiple sources influenced decision-making processes including participants' own beliefs and values, social influences, and prior experiences. Hospital quality data were notably absent as a source of influence in health care decision making for this population largely because participants were unaware of its existence. Participants' views of hospital quality were influenced by the quality and efficiency of services provided (with an emphasis on the doctor-patient relationship) and patient centeredness. When presented with it, patients appreciated the hospital quality data and, with guidance, were interested in incorporating it into health care decision making. CONCLUSIONS: Results suggest directions for optimizing the presentation, content, and availability of hospital quality data. Future research will explore how similar populations form and make choices based on presentation of hospital quality data.

EP-51664

BACKGROUND: Hospital associated infections are major problems, which are increasing in incidence and very costly. However, most research has focused only on measuring consequences associated with the initial hospitalization. We explored the long-term consequences of infections in elderly Medicare patients admitted to an intensive care unit (ICU) and discharged alive, focusing on: sepsis, pneumonia, central-line-associated bloodstream infections (CLABSI), and ventilator-associated pneumonia (VAP); the relationships between the infections and long-term survival and resource utilization; and how resource utilization was related to impending death during the fol-
low up period. METHODS: Clinical data and one year pre- and five years post-index hospitalization Medicare records were examined. Hazard ratios (HR) and healthcare utilization incidence ratios (IR) were estimated from state of the art econometric models. Patient demographics (i.e., age, gender, race and health status) and Medicaid status (i.e., dual eligibility) were controlled for in these models. RESULTS: In 17,537 patients, there were 1,062 sepsis, 1,802 pneumonia, 42 CLABSI and 52 VAP cases. These subjects accounted for 62,554 person-years post discharge. The sepsis and CLABSI cohorts were similar as were the pneumonia and VAP cohorts. Infection was associated with increased mortality (sepsis HR = 1.39, P < 0.01; and pneumonia HR = 1.58, P < 0.01) and the risk persisted throughout the follow-up period. Persons with sepsis and pneumonia experienced higher utilization than controls (e.g., IR for long-term care utilization for those with sepsis ranged from 2.67 to 1.93 in years 1 through 5); and, utilization was partially related to impending death. CONCLUSIONS: The infections had significant and lasting adverse consequences among the elderly. Yet, many of these infections may be preventable. Investments in infection prevention interventions are needed in both community and hospitals settings.

EP-51665

Building design and grounds might contribute to physical activity, and youth spend much of their daylight hours at school. We examined the associations among school building footprints, the size of school grounds, and in-school physical activity of 1566 sixth-grade girls from medium to large middle schools enrolled in the Trial of Activity for Adolescent Girls (TAAG). The school building footprint and the number of active outdoor amenities were associated with physical activity among adolescent girls. On average, the school footprint size accounted for 4% of all light physical activity and 16% of all MET-weight moderate-to-vigorous physical activity (MW-MVPA) during school hours. Active outdoor amenities accounted for 29% of all MW-MVPA during school. School design appears to be associated with physical activity, but it is likely that programming (e.g., physical education, intramurals, club sports), social factors, and school siting are more important determinants of total physical activity.

EP-51666

OBJECTIVE: Physician antipsychotic prescribing behavior may be influenced by comparative effectiveness evidence, regulatory warnings, and formulary and other restrictions on these drugs. This study measured changes in the degree to which physicians are able to customize treatment choices and changes in physician preferences for specific agents after these events. METHODS: The study used 2002–2007 prescribing data from the IMS Health Xponent database and data on physician characteristics from the American Medical Association for a longitudinal cohort of 7,399 physicians. Descriptive and multivariable regression analyses were conducted of the concentration of prescribing (physician-level Herfindahl index) and preferences for and likelihood of prescribing two first-generation antipsychotics and six second-generation antipsychotics. Analyses adjusted for prescribing volume, specialty, demographic characteristics, practice setting, and education. RESULTS: Antipsychotic prescribing was highly concentrated at the physician level, with a mean unadjusted Herfindahl index of .33 in 2002 and .29 in 2007. Psychiatrists reduced the concentration of their prescribing more over time than did other physicians. High-volume psychiatrists had a Herfindahl index that was half that of low-volume physicians in other specialties (.18 versus .36), a difference that remained significant (p < .001) after adjustment for physician characteristics. The share of physicians preferring olanzapine dropped from 29.9% in 2002 to 10.3% in 2007 (p < .001) while the share favoring quetiapine increased
from 9.4% to 44.5% (p<.001). Few physicians (<5%) preferred a first-generation antipsychotic in 2002 or 2007. CONCLUSIONS: Preferences for specific antipsychotics changed dramatically during this period. Although physician prescribing remained heavily concentrated, the concentration decreased over time, particularly among psychiatrists.

EP-5167

BACKGROUND: Depression screening in cardiac patients has been recommended by the American Heart Association, but the best approach remains unclear. OBJECTIVES: To evaluate nurse-administered versions of the Patient Health Questionnaire for depression screening in patients hospitalized for acute coronary syndrome. METHODS: Staff nurses in an urban cardiac care unit administered versions 2, 9, and 10 of the questionnaire to 100 patients with acute coronary syndrome. The Depression Interview and Structured Hamilton was administered by advanced practice nurses blinded to the results of the Patient Health Questionnaire. With the results of the Depression Interview and Structured Hamilton as a criterion, receiver operating characteristic analyses were done for each version of the Patient Health Questionnaire. The Delong method was used for pairwise comparisons. Cutoff scores balancing false-negatives and false-positives were determined by using the Youden Index. RESULTS: Each version of the questionnaire had excellent area-under-the-curve statistics: 91.2%, 92.6%, and 93.4% for versions 2, 9, and 10, respectively. Differences among the 3 versions were not significant. Each version yielded higher symptom scores in depressed patients than in nondepressed patients: version 2 scores, 3.4 vs 0.6, P = .001; version 9 scores, 13 vs 3.4, P < .001; and version 10 scores, 14.5 vs 3.6, P < .001. CONCLUSIONS: For depression screening in hospitalized patients with acute coronary syndrome, the Patient Health Questionnaire 2 is as accurate as longer versions when administered by nurses. Further study is needed to determine if screening with this tool changes clinical decision making or improves outcomes in these patients.

EP-5168

Health professionals spend a great deal of time at meetings. Grand rounds, noon seminars, research meetings, and medical conferences are part of the life of a health professional. At many of these activities, food is available. Although some members of the health professional community have called for changes to the food environment in the community in which they live, they have paid less attention to the quality of food served at hospitals, physician offices, and at conferences.

EP-5169
Measuring Hospital Quality: Can Medicare Data Substitute for All-Payer Data?. Jack Needleman, Peter Buerhaus, Soeren Mattke. 2014

OBJECTIVES: To assess whether adverse outcomes in Medicare patients can be used as a surrogate for measures from all patients in quality-of-care research using administrative datasets. DATA SOURCES: Patient discharge abstracts from state data systems for 799 hospitals in 11 states. National MedPAR discharge data for Medicare patients from 3,357 hospitals. State hospital staffing surveys or financial reports. American Hospital Association Annual Survey. STUDY DESIGN: We calculate rates for 10 adverse patient outcomes, examine the correlation between all-patient and Medicare rates, and conduct negative binomial regressions of counts of adverse outcomes on expected counts, hospital nurse staffing, and other variables to compare results using all-patient and Medicare patient data. DATA COLLECTION/EXTRACTION: Coding rules were established for eight adverse outcomes applicable to medical and surgical patients plus two outcomes applicable only to surgical patients. The presence of these outcomes was coded for 3 samples: all patients in the 11-state sample, Medicare patients in the
11-state sample, and Medicare patients in the national Medicare MedPAR sample. Logistic regression models were used to construct estimates of expected counts of the outcomes for each hospital. Variables for teaching, metropolitan status, and bed size were obtained from the AHA Annual Survey. PRINCIPAL FINDINGS: For medical patients, Medicare rates were consistently higher than all-patient rates, but the two were highly correlated. Results from regression analysis were consistent across the 11-state all-patient, 11-state Medicare, and national Medicare samples. For surgery patients, Medicare rates were generally higher than all-patient rates, but correlations of Medicare and all-patient rates were lower, and regression results less consistent. CONCLUSIONS: Analyses of quality of care for medical patients using Medicare-only and all-patient data are likely to have similar findings. Measures applied to surgery patients must be used with more caution, as those tested only in Medicare patients may not provide results comparable to those from all-patient samples or across different samples of Medicare patients.


BACKGROUND: Deaths due to prescription opioid overdoses have increased dramatically. High-quality guidelines could help clinicians mitigate risks associated with opioid therapy. PURPOSE: To evaluate the quality and content of guidelines on the use of opioids for chronic pain. DATA SOURCES: MEDLINE, National Guideline Clearinghouse, specialty society Web sites, and international guideline clearinghouses (searched in July 2013). STUDY SELECTION: Guidelines published between January 2007 and July 2013 addressing the use of opioids for chronic pain in adults were selected. Guidelines on specific settings, populations, and conditions were excluded. DATA EXTRACTION: Guidelines and associated systematic reviews were evaluated using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument and A Measurement Tool to Assess Systematic Reviews (AMSTAR), respectively, and recommendations for mitigating opioid-related risks were compared. DATA SYNTHESIS: Thirteen guidelines met selection criteria. Overall AGREE II scores were 3.00 to 6.20 (on a scale of 1 to 7). The AMSTAR ratings were poor to fair for 10 guidelines. Two received high AGREE II and AMSTAR scores. Most guidelines recommend that clinicians avoid doses greater than 90 to 200 mg of morphine equivalents per day, have additional knowledge to prescribe methadone, recognize risks of fentanyl patches, titrate cautiously, and reduce doses by at least 25% to 50% when switching opioids. Guidelines also agree that opioid risk assessment tools, written treatment agreements, and urine drug testing can mitigate risks. Most recommendations are supported by observational data or expert consensus. LIMITATION: Exclusion of non–English-language guidelines and reliance on published information. CONCLUSION: Despite limited evidence and variable development methods, recent guidelines on chronic pain agree on several opioid risk mitigation strategies, including upper dosing thresholds; cautions with certain medications; attention to drug–drug and drug–disease interactions; and use of risk assessment tools, treatment agreements, and urine drug testing. Future research should directly examine the effectiveness of opioid risk mitigation strategies.


PURPOSE: An essential aspect of patient-centered outcomes research (PCOR) and comparative effectiveness research (CER) is the integration of patient perspectives and experiences with clinical data to evaluate interventions. Thus, PCOR and CER require capturing patient-reported outcome (PRO) data appropriately to inform research, healthcare delivery, and policy. This initiative's goal was to identify minimum standards for the design and selection of a PRO measure for use in PCOR
and CER. METHODS: We performed a literature review to find existing guidelines for the selection of PRO measures. We also conducted an online survey of the International Society for Quality of Life Research (ISOQOL) membership to solicit input on PRO standards. A standard was designated as "recommended" when >50% respondents endorsed it as "required as a minimum standard." RESULTS: The literature review identified 387 articles. Survey response rate was 120 of 506 ISOQOL members. The respondents had an average of 15 years experience in PRO research, and 89% felt competent or very competent providing feedback. Final recommendations for PRO measure standards included: documentation of the conceptual and measurement model; evidence for reliability, validity (content validity, construct validity, responsiveness); interpretability of scores; quality translation, and acceptable patient and investigator burden. CONCLUSION: The development of these minimum measurement standards is intended to promote the appropriate use of PRO measures to inform PCOR and CER, which in turn can improve the effectiveness and efficiency of healthcare delivery. A next step is to expand these minimum standards to identify best practices for selecting decision-relevant PRO measures.

EP-51672

BACKGROUND: Studies that have combined accelerometers and global positioning systems (GPS) to identify walking have done so in carefully controlled conditions. This study tested algorithms for identifying walking trips from accelerometer and GPS data in free-living conditions. The study also assessed the accuracy of the locations where walking occurred compared with what participants reported in a diary. METHODS: A convenience sample of high school females was recruited (N = 42) in 2007. Participants wore a GPS unit and an accelerometer, and recorded their out-of-school travel for 6 days. Split-sample validation was used to examine agreement in the daily and total number of walking trips with Kappa statistics and count regression models, while agreement in locations visited by walking was examined with geographic information systems. RESULTS: Agreement varied based on the parameters of the algorithm, with algorithms exhibiting moderate to substantial agreement with self-reported daily (Kappa = 0.33–0.48) and weekly (Kappa = 0.41–0.64) walking trips. Comparison of reported locations reached by walking and GPS data suggest that reported locations are accurate. CONCLUSIONS: The use of GPS and accelerometers is promising for assessing the number of walking trips and the walking locations of adolescent females.

EP-51673
Developing an Item Bank and Short Forms That Assess the Impact of Asthma on Quality of Life. Brian D. Stucky, Maria Orlando Edelen, Cathy D. Sherbourne. 2014

The present work describes the process of developing an item bank and short forms that measure the impact of asthma on quality of life (QoL) that avoids confounding QoL with asthma symptomatology and functional impairment. Using a diverse national sample of adults with asthma (N = 2032) we conducted exploratory and confirmatory factor analyses, and item response theory and differential item functioning analyses to develop a 65-item unidimensional item bank and separate short form assessments. A psychometric evaluation of the RAND Impact of Asthma on QoL item bank (RAND-IAQL) suggests that though the concept of asthma impact on QoL is multi-faceted, it may be measured as a single underlying construct. The performance of the bank was then evaluated with a real-data simulated computer adaptive test. From the RAND-IAQL item bank we then developed two short forms consisting of 4 and 12 items (reliability = 0.86 and 0.93, respectively). A real-data simulated computer adaptive test suggests that as few as 4–5 items from the bank are needed to obtain highly precise scores. Preliminary validity results indicate that the RAND-IAQL measures distinguish between levels of asthma control. To measure the impact of asthma on QoL, users of these items may choose from two highly reliable
short forms, computer adaptive test administration, or content-specific subsets of items from the bank tailored to their specific needs.

EP-51674


INTRODUCTION: Primary features of observational public health surveillance instruments are that they are valid, can reliably estimate physical activity behaviors, and are useful across diverse geographic settings and seasons by different users. Previous studies have reported the validity and reliability of Systematic Observation of Play and Recreation in Communities (SOPARC) to estimate park and user characteristics. The purpose of this investigation was to establish the use of SOPARC as a surveillance instrument and to situate the findings from the study in the context of the previous literature. METHODS: We collected data by using SOPARC for more than 3 years in 4 locations: Philadelphia, Pennsylvania; Columbus, Ohio; Chapel Hill/Durham, North Carolina; and Albuquerque, New Mexico during spring, summer, and autumn. RESULTS: We observed a total of 35,990 park users with an overall observer reliability of 94% (range, 85%–99%) conducted on 15% of the observations. We monitored the proportion of park users engaging in moderate-to-vigorous physical activity (MVPA) and found marginal differences in MVPA by both city and season. Park users visited parks significantly more on weekend days than weekdays and visitation rates tended to be lower during summer than spring. CONCLUSION: SOPARC is a highly reliable observation instrument that can be used to collect data across diverse geographic settings and seasons by different users and has potential as a surveillance system.

EP-51676

Nurse-Staffing Levels and the Quality of Care in Hospitals. Jack Needleman, Peter Buerhaus, Soeren Mattke. 2014

BACKGROUND: It is uncertain whether lower levels of staffing by nurses at hospitals are associated with an increased risk that patients will have complications or die. METHODS: We used administrative data from 1997 for 799 hospitals in 11 states (covering 5,075,969 discharges of medical patients and 1,104,659 discharges of surgical patients) to examine the relation between the amount of care provided by nurses at the hospital and patients' outcomes. We conducted regression analyses in which we controlled for patients' risk of adverse outcomes, differences in the nursing care needed for each hospital's patients, and other variables. RESULTS: The mean number of hours of nursing care per patient-day was 11.4, of which 7.8 hours were provided by registered nurses, 1.2 hours by licensed practical nurses, and 2.4 hours by nurses' aides. Among medical patients, a higher proportion of hours of care per day provided by registered nurses and a greater absolute number of hours of care per day provided by registered nurses were associated with a shorter length of stay (P=0.01 and P<0.001, respectively) and lower rates of both urinary tract infections (P<0.001 and P=0.003, respectively) and upper gastrointestinal bleeding (P=0.03 and P=0.007, respectively). A higher proportion of hours of care provided by registered nurses was also associated with lower rates of pneumonia (P=0.001), shock or cardiac arrest (P=0.007), and "failure to
rescue, which was defined as death from pneumonia, shock or cardiac arrest, upper gastrointestinal bleeding, sepsis, or deep venous thrombosis (P=0.05). Among surgical patients, a higher proportion of care provided by registered nurses was associated with lower rates of urinary tract infections (P=0.04), and a greater number of hours of care per day provided by registered nurses was associated with lower rates of "failure to rescue" (P=0.008). We found no associations between increased levels of staffing by registered nurses and the rate of in-hospital death or between increased staffing by licensed practical nurses or nurses' aides and the rate of adverse outcomes. CONCLUSIONS: A higher proportion of hours of nursing care provided by registered nurses and a greater number of hours of care by registered nurses per day are associated with better care for hospitalized patients.

EP-51677

Use of neuroleptic medications is common among elderly patients. Using multivariate models, the authors found that use of antipsychotic medications, age, and disability were strong predictors of developing self-reported Parkinson disease (PD) in the subsequent year among 1992 to 2000 Medicare Current Beneficiary Survey participants. Although more research is needed, these data suggest that 126 Medicare beneficiaries would need to be treated with neuroleptic medications to cause one additional case of self-reported PD.

EP-51678

The objective of this study was to compare and contrast findings regarding the financial savings projections of the disease management (DM) programs of 2 large employers based on different evaluation methods. In particular, this research tests the impact of differences in assumptions on the underlying growth rate of group health costs, exclusions of high-cost conditions and claims, and the length of the baseline period for determined health care costs. A pre-post study design was used. The data for this research came from 2 large employers in the consumer goods industry with comprehensive Health and Productivity Management programs. It contained medical and prescription drug claims and health plan enrollment data as well as program activity data from 2001 to 2005, covering an average yearly sample size of 201,037 members with 12 consecutive months of enrollment. Analyses were done on group-level averages using nominal cost data and were run to reflect the impact of a DM-only intervention. While the trend estimate and length of baseline had the largest effects on estimated program impact, the use of exclusions had an important effect as well. These findings demonstrate the importance of developing and instituting a standardized evaluation methodology. Without increasing consistency in the way evaluators develop their methodologies, it will remain difficult to be able to compare one evaluation to another, or to have faith in the results at hand.

EP-51679
The Effect of Surgical Care Improvement Project (SCIP) Compliance on Surgical Site Infections (SSI). Guido Cataife, Daniel Weinberg, Hui-Hsing Wong. 2014

BACKGROUND: The Surgical Care Improvement Project (SCIP) has developed a set of process compliance measures in an attempt to reduce the incidence of surgical site infections (SSIs). Previous research has been inconclusive on whether compliance with these measures is associated with lower SSI rates. OBJECTIVES: To determine whether hospitals with higher levels of compliance with SCIP measures have lower incidence of SSIs and to identify the measures that are most likely to drive this association. DATA AND METHODS: Analysis of linked SCIP compliance rates and SSIs on 295 hospital groups observed annually over the study period 2007–2010. A hospital group comprises all hospitals sharing
identical categories for location by state, teaching status, bed size, and urban/rural location. We used a generalized linear model regression with logistic link and binomial family to estimate the association between 3 SCIP measures and SSI rates. RESULTS: Hospital groups with higher compliance rates had significantly lower SSI rates for 2 SCIP measures: antibiotic timing and appropriate antibiotic selection. For a hospital group of median characteristics, a 10% improvement in the measure provision of antibiotic 1 hour before intervention led to a 5.3% decrease in the SSI rates (P<0.05). Rural hospitals had effect sizes several times larger than urban hospitals (P<0.05). A third-core measure, Timely Antibiotic Stop, showed no robust association. CONCLUSIONS: This analysis supports a clinically and statistically meaningful relationship between adherence to 2 SCIP measures and SSI rates, supporting the validity of the 2 publicly available healthcare-associated infection metrics.

EP-51680

Increasingly, patient experience surveys are available to provide performance feedback to physician groups. However, limited published literature addresses factors influencing use of these reports for performance improvement. To address this gap, we conducted semistructured interviews with leaders of Massachusetts physician groups. We asked about factors influencing groups' use of performance data and report characteristics. Motivating characteristics included having group leaders who emphasized a positive patient experience and prioritized patient retention; public reporting was not an important motivator for most groups. Full physician panels were perceived as a barrier to use of reports. Performance reports from a statewide public reporting collaborative were not sufficient for the majority of groups, with many seeking external reports. As policy makers create financial incentives to support performance improvement, assisting leaders to articulate the professional case for patient experience and enhancing the content and timing of performance reports may be important.

EP-51681

This study estimates the effects of participation in the Supplemental Nutrition Assistance Program (SNAP) on the risk of food as well as nonfood material hardships experienced by low-income households with children. Data are drawn from the 1996, 2001, and 2004 panels of the Survey of Income and Program Participation (SIPP). We examine the relationship between SNAP and material hardships by modeling jointly the likelihood of household participation in SNAP and the risk of experiencing material hardships using a bivariate probit model. We estimate that SNAP reduces household food insecurity by 12.8 percentage points, reduces the risk that households will fall behind on their nonfood essential expenses, including housing (by 7.2 percentage points) and utilities (by 15.3 percentage points), and reduces the risk of medical hardship (by 8.5 percentage points).

EP-51682

BACKGROUND: Historically, the ability to accurately track healthcare-associated infections (HAIs) was hindered due to a lack of coordination among data sources and shortcomings in individual data sources. OBJECTIVES: This paper presents the results of the evaluation of the HAI data and the monitoring component of the Action Plan, focusing on context (goals), inputs, and processes. RESEARCH DESIGN: We used the Content-Input-Process-Product framework, together with the HAI prevention system framework, to describe the transformative processes associated with data
and monitoring efforts. RESULTS: Six HAI priority conditions in the 2009 Action Plan created a focus for the selection of goals and activities. Key Action Plan decisions included a phased-in data and monitoring approach, commitment to linking the selection of priority HAIs to highly visible national 5-year prevention targets, and the development of a comprehensive HAI database inventory. Remaining challenges relate to data validation, resources, and the opportunity to integrate electronic health and laboratory records with other provider data systems. CONCLUSIONS: The Action Plan's data and monitoring program has developed a sound infrastructure that builds upon technological advances and embodies a firm commitment to prioritization, coordination and alignment, accountability and incentives, stakeholder engagement, and an awareness of the need for predictable resources. With time, and adequate resources, it is likely that the investment in data-related infrastructure during the Action Plan's initial years will reap great rewards.

EP-51683

BACKGROUND: The widespread prevalence and enormous cost of healthcare–associated infections (HAIs) constitute a major public health problem and patient safety concern. OBJECTIVES: In 2009, IMPAQ International and the RAND Corporation initiated an independent, outside evaluation of Health and Human Services' HAI prevention efforts as guided and driven by the Action Plan. The 3-year evaluation, whose findings are presented in this special issue, was intended to assess the outcomes of the US Department of Health and Human Services' (HHS's) past efforts, and also to provide ongoing, formative feedback to Action Plan leadership to guide their efforts. RESEARCH DESIGN: This special issue presents results from the evaluation of the Action Plan, along with related articles intended to examine the issue of HAIs from many angles. RESULTS: To address the national epidemic of HAIs, in 2009 HHS released the HHS National Action Plan to Prevent Healthcare-associated Infections, which was updated and expanded in 2012. The Action Plan established national goals for HAI prevention and identified key actions needed to reduce, prevent, and eventually eliminate the burden posed by HAIs. CONCLUSIONS: Broad lessons learned from the Action Plan evaluation document changes in structures, processes, and outcomes pertinent to eradicating HAIs, and identify lessons that are applicable to other large federal implementation efforts.

EP-51684

In this special issue, we have described results from the IMPAQ-RAND team's formal longitudinal evaluation of HHS's National Action Plan to Prevent Healthcare-associated Infections and have discussed efforts to address healthcare–associated infections (HAIs) at the state, regional, and local levels. In this final article, we take a step back to consider briefly the overall impact of the Action Plan and to describe some possible future directions for addressing HAIs.

EP-51685

BACKGROUND: In response to mounting evidence about skyrocketing morbidity, mortality, and costs associated with healthcare–associated infections (HAIs), in 2009, the US Department of Health and Human Services (HHS) issued the HHS HAI Action Plan to enhance collaboration and coordination and to strengthen the impact of national efforts to address HAIs. To optimize timely understanding of the Action Plan’s approach and outcomes, as well as improve the likely success of this effort, HHS requested an independent longitudinal and formative program evaluation. OBJECTIVES: This article describes the evalua-
tion approach to assessing HHS’s progress and the challenges encountered as HHS attempted to transform the national strategy to HAI elimination. RESEARCH DESIGN: The Context-Input-Process-Product (CIPP) model, a structured-yet-flexible formative and summative evaluation tool, supported the assessment of: (1) the Context in which the Action Plan developed, (2) the Inputs and decisions made about selecting activities for implementation, (3) Processes or implementation of selected activities, and (4) Products and outcomes. MEASURES: A system framework consisting of 4 system functions and 5 system properties. RESULTS: The CIPP evaluation model provides a structure for tracking the components of the program, the relationship between components, and the way in which components change with time. The system framework allows the evaluation team to understand what the Action Plan is doing and how it aims to facilitate change in the healthcare system to address the problem of HAIs. CONCLUSIONS: With coordination and alignment becoming increasingly important among large programs within healthcare and other fields, program evaluations like this can inform the policy community about what works and why, and how future complex large-scale programs should be evaluated.

EP-51718
Peer victimization in fifth grade and health in tenth grade. Marc N. Elliott. 2014

BACKGROUND AND OBJECTIVES: Children who experience bullying, a type of peer victimization, show worse mental and physical health cross-sectionally. Few studies have assessed these relationships longitudinally. We examined longitudinal associations of bullying with mental and physical health from elementary to high school, comparing effects of different bullying histories. METHODS: We analyzed data from 4297 children surveyed at 3 time points (fifth, seventh, and tenth grades) in 3 cities. We used multivariable regressions to test longitudinal associations of bullying with mental and physical health by comparing youth who experienced bullying in both the past and present, experienced bullying in the present only, experienced bullying in the past only, or did not experience bullying. RESULTS: Bullying was associated with worse mental and physical health, greater depression symptoms, and lower self-worth over time. Health was significantly worse for children with both past and present bullying experiences, followed by children with present-only experiences, children with past-only experiences, and children with no experiences. For example, 44.6% of children bullied in both the past and present were at the lowest decile of psychosocial health, compared with 30.7% of those bullied in the present only (P = .005), 12.1% of those bullied in the past only (P < .001), and 6.5% of those who had not been bullied (P < .001). CONCLUSIONS: Both chronic and current bullying are associated with substantially worse health. Clinicians who recognize bullying when it first starts could intervene to reverse the downward health trajectory experienced by youth who are repeated targets.

EP-51719

OBJECTIVE: This review assessed the level of evidence and effectiveness of peer support services delivered by individuals in recovery to those with serious mental illnesses or co-occurring mental and substance use disorders. METHODS: Authors searched PubMed, PsycINFO, Applied Social Sciences Index and Abstracts, Sociological Abstracts, Social Services Abstracts, Published International Literature on Traumatic Stress, the Educational Resources Information Center, and the Cumulative Index to Nursing and Allied Health Literature for outcome studies of peer support services from 1995 through 2012. They found 20 studies across three service types: peers added to traditional services, peers in existing clinical roles, and peers delivering structured curricula. Authors judged the methodological quality of the studies using three levels of evidence (high, moderate, and low). They also described the evidence of service effectiveness. RESULTS: The level of evidence for each type of peer support service was moderate. Many studies had methodological shortcomings, and outcome measures varied. The
effectiveness varied by service type. Across the range of methodological rigor, a majority of studies of two service types—peers added and peers delivering curricula—showed some improvement favoring peers. Compared with professional staff, peers were better able to reduce inpatient use and improve a range of recovery outcomes, although one study found a negative impact. Effectiveness of peers in existing clinical roles was mixed. CONCLUSIONS: Peer support services have demonstrated many notable outcomes. However, studies that better differentiate the contributions of the peer role and are conducted with greater specificity, consistency, and rigor would strengthen the evidence.

EP-51720

Mothers' work hours are likely to affect their time allocation towards activities related to children's diet, activity and well-being. For example, mothers who work more may be more reliant on processed foods, foods prepared away from home and school meal programs for their children's meals. A greater number of work hours may also lead to more unsupervised time for children that may, in turn, allow for an increase in unhealthy behaviors among their children such as snacking and sedentary activities such as TV watching. Using data on a national cohort of children, we examine the relationship between mothers' average weekly work hours during their children's school years on children's dietary and activity behaviors, BMI and obesity in 5th and 8th grade. Our results are consistent with findings from the literature that maternal work hours are positively associated with children's BMI and obesity especially among children with higher socioeconomic status. Unlike previous papers, our detailed data on children's behaviors allow us to speak directly to affected behaviors that may contribute to the increased BMI. We show that children whose mothers work more consume more unhealthy foods (e.g. soda, fast food) and less healthy foods (e.g. fruits, vegetables, milk) and watch more television. Although they report being slightly more physically active, likely due to organized physical activities, the BMI and obesity results suggest that the deterioration in diet and increase in sedentary behaviors dominate.

EP-51723
Good friends, good food ... what more could we want? Assessing the links between social relationships and dietary behaviors. A commentary on Conklin et al.. 2014

This commentary on Conklin, et al, "Social relationships and healthful dietary behaviour: evidence from over-50s in the EPIC cohort, UK (Social Science and Medicine, 2013) explores the contributions made by the article to understanding how spouses and friends influence our food choices, and calls for further research to for investigate more closely the mechanisms underlying this influence.

EP-51724
Surgical site infections following ambulatory surgery procedures. Marguerite L. Barrett, Susan O. Raetzman. 2014

IMPORTANCE: Surgical site infections can result in substantial morbidity following inpatient surgery. Little is known about serious infections following ambulatory surgery. OBJECTIVE: To determine the incidence of clinically significant surgical site infections (CS-SSIs) following low- to moderate-risk ambulatory surgery in patients with low risk for surgical complications. DESIGN, SETTING, AND PARTICIPANTS: Retrospective analysis of ambulatory surgical procedures complicated by CS-SSIs that require a postsurgical acute care visit (defined as subsequent hospitalization or ambulatory surgical visit for infection) using the 2010 Healthcare Cost and Utilization Project State Ambulatory Surgery and State Inpatient Databases for 8 geographically dispersed states (California, Florida, Georgia, Hawaii, Missouri, Nebraska, New York, and Tennessee) representing one-third of the US population. Index cases included 284&thinsp;098 ambulatory surgical procedures (general surgery, orthopedic, neurosurgical, gynecologic, and urologic) in adult patients with low
surgical risk (defined as not seen in past 30 days in acute care, length of stay less than 2 days, no other surgery on the same day, and discharged home and no infection coded on the same day). MAIN OUTCOMES AND MEASURES: Rates of 14- and 30-day postsurgical acute care visits for CS-SSIs following ambulatory surgery. RESULTS: Postsurgical acute care visits for CS-SSIs occurred in 3.09 (95% CI, 2.89-3.30) per 1000 ambulatory surgical procedures at 14 days and 4.84 (95% CI, 4.59-5.10) per 1000 at 30 days. Two-thirds (63.7%) of all visits for CS-SSI occurred within 14 days of the surgery; of those visits, 93.2% (95% CI, 91.3%-94.7%) involved treatment in the inpatient setting. All-cause inpatient or outpatient postsurgical visits, including those for CS-SSIs, following ambulatory surgery occurred in 19.99 (95% CI, 19.48-20.51) per 1000 ambulatory surgical procedures at 14 days and 33.62 (95% CI, 32.96-34.29) per 1000 at 30 days. CONCLUSIONS AND RELEVANCE: Among patients in 8 states undergoing ambulatory surgery, rates of postsurgical visits for CS-SSIs were low relative to all causes; however, they may represent a substantial number of adverse outcomes in aggregate. Thus, these serious infections merit quality improvement efforts to minimize their occurrence.

EP-51725
The role of perceived partner alliance on the efficacy of CBT-I: preliminary findings from the Partner Alliance in Insomnia Research Study (PAIRS). Vincent Deary, Wendy M. Troxel. 2014

Despite cognitive behavioral therapy for insomnia (CBT-I) being effective, barriers to adherence have been documented. Perceived partner alliance has been shown to influence adherence and treatment outcome across a range of other health conditions. The present study examined patients' perceptions regarding the role of their partner in CBT-I and the impact of perceived partner alliance on treatment outcome. Twenty-one patients were interviewed, following CBT-I, to examine the areas where partners were thought to influence the process of CBT-I. The majority of statements made during interviews explicitly mentioned a partner's influence (65%). Additionally, the production of more positive partner statements was associated with better treatment outcome (using the Insomnia Severity Index). The integration of perceived partner alliance into CBT-I is discussed.

EP-51727
Fluid consumption by Mexican women during pregnancy and first semester of lactation. 2014

The objective of this study was to describe daily fluid consumption in a sample of pregnant or lactating adult women. Women between 18 and 45 years of age, residents of Mexico City, stratified by socioeconomic status were asked to register their total fluid intake during 7 consecutive days. A total of 153 pregnant and 155 lactating women were recruited. On average, they drank 2.62 L/day and 2.75 L/day, respectively. Forty-one percent of pregnant women drank less than the recommended 2.3 L/day, and 54% of women drank less than the recommended intake of 2.7 L/day during the first semester of lactation. Plain water contributed to 33% of total fluid intake, and sugar-sweetened beverages (SSB) contributed to 38% of total fluid intake. Up to 50% of pregnant and lactating women drank more than 1 L/day of SSB, which contributed to 632 kcal/day (27.5% of recommended dietary intake) and to 700 kcal/day (28% of recommended dietary intake), respectively. The high rates of overweight and obesity found in Mexican population, particularly among women, should alert us to the consumption of SSB during pregnancy and lactation, as excessive intake of these beverages may increase the risks of obesity, diabetes mellitus, and other chronic disorders.

EP-51728
Early puberty, negative peer influence, and problem behaviors in adolescent girls. Marc N. Elliott. 2014

OBJECTIVE: To determine how early puberty and peer deviance relate to trajectories of aggressive and delinquent behavior in early adolescence and whether these relationships differ by race/ethnicity. METHODS: In this longitudinal study, 2607
Girls from 3 metropolitan areas and their parents were interviewed at ages 11, 13, and 16 years. Girls reported on their age of onset of menarche, best friend's deviant behavior, delinquency, and physical, relational, and nonphysical aggression. Parents provided information on family sociodemographic characteristics and girls' race/ethnicity.

RESULTS: Sixteen percent of girls were classified as early maturers (defined by onset of menarche before age 11 years). Overall, relational and nonphysical aggression increased from age 11 to age 16, whereas delinquency and physical aggression remained stable. Early puberty was associated with elevated delinquency and physical aggression at age 11. The relationship with early puberty diminished over time for physical aggression but not for delinquency. Best friend's deviant behavior was linked with higher levels of all problem behaviors, but the effect lessened over time for most outcomes. Early puberty was associated with a stronger link between best friend's deviance and delinquency, suggesting increased vulnerability to negative peer influences among early-maturing girls. A similar vulnerability was observed for relational and nonphysical aggression among girls in the "other" racial/ethnic minority group only.

CONCLUSIONS: Early puberty and friends' deviance may increase the risk of problem behavior in young adolescent girls. Although many of these associations dissipate over time, early-maturing girls are at risk of persistently higher delinquency and stronger negative peer influences.

EP-51730
Transforming nurse home culture: evidence for practice and policy. Victoria Shier. 2014

The nursing home culture change movement aims to improve resident quality of life and quality of care by emphasizing the deinstitutionalization of nursing home culture and focusing on person-centered care. This article briefly reviews the history of culture change, discusses some of the challenges related to culture change in nursing homes, and overviews the conceptualization and select models of culture change. Building from this background, it critiques current understanding, identifies critical research questions, and notes key issues arising during a workshop that addressed existing and emerging evidence in the field. This review and analysis provide a context for how 9 accompanying papers in this supplemental issue of The Gerontologist fill identified evidence gaps and provide evidence for future practice and policies that aim to transform nursing home culture.

EP-51731
Criminal justice costs of prohibiting marijuana in California. Beau Kilmer. 2014

A common argument for legalizing marijuana is that it would save the criminal justice system time and resources; however, there is a lot of uncertainty about how many resources are dedicated to prohibiting marijuana. For California, the existing estimates range from $200 million to almost $2 billion a year. This chapter assesses these previous efforts and describes a bottom-up approach to estimate the criminal justice costs of prohibiting marijuana in California. Since most legalization proposals keep marijuana illegal for those under 21 (a group that accounts for roughly 45% of all marijuana arrests in California), we only estimate the costs associated with prohibiting marijuana for those 21 and older. This chapter finds that enforcing marijuana prohibition against adults cost the California criminal justice system approximately $150 million in 2010. Since SB 1449 went into effect on January 1, 2011 and eliminated bookings and court cases for those caught with less than one ounce of marijuana, these 2010 figures may overstate the current cost of prohibiting marijuana for adults in California.

EP-51732

In personal network studies, respondents (egos) are asked to report information about members of their personal network (alters); egos respond based on their perceptions. Previous studies of informant accuracy present a varied picture: Some find egos' reporting on their relationships with alters to be accurate; others do not. In our study of people living with HIV/AIDS in Uganda, egos were asked to invite up to four alters named during their
interview to answer questions about their relationship with ego. Using Gower's general coefficient of similarity, we calculated a measure of accuracy both by variable and by alter. Our analysis by variable tends to confirm informant accuracy research, while our analysis by alter adds to the literature by identifying how accurate a particular ego is when discussing an alter and what characteristics might be associated with accuracy or inaccuracy.

EP-51733
Statistical benchmarks for health care provider performance assessment: a comparison of standard approaches to a hierarchical Bayesian histogram-based method. 2014

OBJECTIVE: Examine how widely used statistical benchmarks of health care provider performance compare with histogram-based statistical benchmarks obtained via hierarchical Bayesian modeling. DATA SOURCES: Publicly available data from 3,240 hospitals during April 2009–March 2010 on two process-of-care measures reported on the Medicare Hospital Compare website. STUDY DESIGN: Secondary data analyses of two process-of-care measures comparing statistical benchmark estimates and threshold exceedance determinations under various combinations of hospital performance measure estimates and benchmarking approaches. PRINCIPAL FINDINGS: Statistical benchmarking approaches for determining top 10 percent performance varied with respect to which hospitals exceeded the performance benchmark; such differences were not found at the 50 percent threshold. Benchmarks derived from the histogram of provider performance under hierarchical Bayesian modeling provide a compromise between benchmarks based on direct (raw) estimates, which are overdispersed relative to the true distribution of provider performance and prone to high variance for small providers, and posterior mean provider performance, for which over-shrinkage and under-dispersion relative to the true provider performance distribution is a concern. CONCLUSIONS: Given the rewards and penalties associated with characterizing top performance, the ability of statistical benchmarks to summarize key features of the provider performance distribution should be examined.

EP-51734
What does the evidence really say about culture change in nursing homes?. Dmitry Khodyakov. 2014

PURPOSE OF THE STUDY: Although nursing home culture change efforts are becoming more widespread, there have been few efforts to systematically compile the evidence related to the efficacy of culture change. This study uses an analytic framework to evaluate the existing evidence for the impact of culture change on nursing home quality. We focus on the nature and scope of culture change interventions, measurement of culture change and adherence to interventions, measurement of culture change outcomes, and the relationship between culture change and its outcomes. DESIGN AND METHODS: We conducted a comprehensive review of peer-reviewed and gray literature published between 2005 and 2012 to identify intervention evaluations that addressed at least one culture change domain. Of 4,982 identified publications, 625 underwent full review; 27 peer-reviewed and 9 gray literature studies met inclusion criteria. RESULTS: Studies varied widely in scope and outcomes. Most addressed more than one culture change domain; resident direction, home environment, and close relationships were most common. Few studies measured culture change implementation, but most used validated tools to measure outcomes. Although few studies reported negative outcomes, there was little consistent evidence of positive effects. IMPLICATIONS: Nursing home culture change remains an evolving field. Although culture change has clear face validity, the current evidence does not give providers sufficient information for selecting interventions based on the expectation of improving outcomes. Rigorous research on implementation and outcomes of culture change is needed to determine the specific impact of culture change on quality and to provide guidance to providers and policy makers.

EP-51736
PROMIS Pediatric Peer Relationships Scale: development of a peer relationships item bank as part of social health measurement. David Thissen, Brian D. Stucky. 2014

OBJECTIVE: This study's objective was to develop a measure of social health using item response theory as part of the Patient Reported Outcomes Measurement Information System (PROMIS).

METHODS: After candidate items were generated from review of prior literature, focus groups, expert input, and cognitive interviews, items were administered to youth aged 8–17 as part of the PROMIS pediatric large scale testing. Exploratory and confirmatory factor analyses were used to assess dimensionality and to identify instances of local dependence. Items that met the unidimensionality criteria were subsequently calibrated using Samejima's Graded Response Model. Differential item functioning was examined by gender and age.

RESULTS: The sample included 3,048 youth who completed the questionnaire (51.8% female, 60% white, and 22.7% with chronic illness). The initial conceptualization of social function and sociability did not yield unidimensional item banks. Rather, factor analysis revealed dimensions contrasting peer relationships and adult relationships. The analysis also identified dimensions formed by responses to positively versus negatively worded items. The resulting 15-item bank measures quality of peer relationships and has strong psychometric characteristics as a full bank or an 8-item short form.

CONCLUSIONS: The PROMIS pediatric peer relationships scale demonstrates good psychometric characteristics and addresses an important aspect of child health.

EP-51737

The psychometric development and initial validation of the DCI-A short form for adolescent therapeutic community treatment process. Maria Orlando Edelen. 2014

The 5-factor client-report Dimensions of Change in Therapeutic Communities Treatment Instrument-Adolescent (DCI-A) was developed to assess adolescent substance abuse treatment process in the therapeutic community (TC). The goal of this study was to use bifactor modeling to derive a unidimensional DCI-A short-form (DCI-A-SF) that would represent content from the original DCI-A factors. Data are from 442 adolescents receiving treatment at one of seven residential TC programs. Bifactor analyses suggested selection of seven DCI-A items to comprise the short form. Three items are from the treatment motivation factor, and one item was selected from each of the remaining four factors. Confirmatory factor analysis suggested that the 7-item DCI-A-SF is strongly unidimensional, and unidimensional IRT analysis of the items indicated good internal consistency. A structural equation model that demonstrates the mediating relationship of DCI-A-SF with other measures, including demographic and pre-treatment characteristics, and subsequent treatment completion, provides preliminary evidence of internal validity.

EP-51738


OBJECTIVES: The objectives of the present study are to investigate the precision of static (fixed-length) short forms versus computerized adaptive testing (CAT) administration, response pattern scoring versus summed score conversion, and test–retest reliability (stability) of the Patient-Reported Outcomes Measurement Information System (PROMIS®) pediatric self-report scales measuring the latent constructs of depressive symptoms, anxiety, anger, pain interference, peer relationships, fatigue, mobility, upper extremity functioning, and asthma impact with polytomous items.

METHODS: Participants (N = 331) between the ages of 8 and 17 were recruited from outpatient general pediatrics and subspecialty clinics. Of the 331 participants, 137 were diagnosed with asthma. Three scores based on item response theory (IRT) were computed for each respondent: CAT response pattern expected a posteriori estimates, short-form response pattern expected a posteriori estimates, and short-form summed score expected a posteriori estimates.
Scores were also compared between participants with and without asthma. To examine test–retest reliability, 54 children were selected for retesting approximately 2 weeks after the first assessment.

RESULTS: A short CAT (maximum 12 items with a standard error of 0.4) was found, on average, to be less precise than the static short forms. The CAT appears to have limited usefulness over and above what can be accomplished with the existing static short forms (8–10 items). Stability of the scale scores over a 2-week period was generally supported. CONCLUSION: The study provides further information on the psychometric properties of the PROMIS pediatric scales and extends the previous IRT analyses to include precision estimates of dynamic versus static administration, test–retest reliability, and validity of administration across groups. Both the positive and negative aspects of using CAT versus short forms are highlighted.

EP-51739
Development and psychometric properties of the PROMIS® pediatric fatigue item banks. Brian D. Stucky. 2014

PURPOSE: This paper reports on the development and psychometric properties of self-reported pediatric fatigue item banks as part of the Patient-Reported Outcomes Measurement Information System (PROMIS). METHODS: Candidate items were developed by using PROMIS qualitative methodology. The resulting 39 items (25 tiredness related and 14 energy related) were field tested in a sample that included 3,048 participants aged 8–17 years. We used confirmatory factor analysis (CFA) to evaluate dimensionality and differential item functioning (DIF) analysis to evaluate parameter stability between genders and by age; we examined residual correlations to evaluate local dependence (LD) among items and estimated the parameters of item response theory (IRT) models. RESULTS: Of 3,048 participants, 48 % were males, 60 % were white, and 23 % had at least one chronic condition. CFA results suggest two moderately correlated factors. Two items were removed due to high LD, and three due to gender-based DIF. Two item banks were calibrated separately using IRT: Tired and (Lack of) Energy, which consisted of 23 and 11 items, respectively; 10- and 8-item short-forms were created. CONCLUSION: The PROMIS assessment of self-reported fatigue in pediatrics includes two item banks: Tired and (Lack of) Energy. Both demonstrated satisfactory psychometric properties and can be used for research settings.

EP-51742
Small area estimation-based prediction methods to track poverty: validation and applications. Peter Lanjouw, Jill E. Luoto. 2014

Tracking poverty is predicated on the availability of comparable consumption data and reliable price deflators. However, regular series of strictly comparable data are only rarely available. Price deflators are also often missing or disputed. In response, poverty prediction methods that track consumption correlates as opposed to consumption itself have been developed. These methods typically assume that the estimated relation between consumption and its predictors is stable over time—assumptions that cannot usually be tested directly. This study analyzes the performance of poverty prediction models based on small area estimation (SAE) techniques. Predicted poverty estimates are compared with directly observed levels in two country settings where data comparability over time is not a problem. Prediction models that employ either non-staple food or non-food expenditures or a full set of assets as predictors are found to yield poverty estimates that match observed poverty well. This offers some support to the use of such methods to approximate the evolution of poverty. Two further country examples illustrate how an application of the method employing models based on household assets can help to adjudicate between alternative price deflators.

EP-51743
What point-of-use water treatment products do consumers use? Evidence from a randomized controlled trial among the urban poor in Bangladesh. Nusrat Najnin, Minhaj Mahmud. 2014

BACKGROUND: There is evidence that household point-of-use (POU) water treatment prod-
ucts can reduce the enormous burden of water-borne illness. Nevertheless, adoption among the global poor is very low, and little evidence exists on why. METHODS: We gave 600 households in poor communities in Dhaka, Bangladesh randomly-ordered two-month free trials of four water treatment products: dilute liquid chlorine (sodium hypochlorite solution, marketed locally as Water Guard), sodium dichloroisocyanurate tablets (branded as Aquatabs), a combined flocculant-disinfectant powdered mixture (the PUR Purifier of Water), and a silver-coated ceramic siphon filter. Consumers also received education on the dangers of untreated drinking water. We measured which products consumers used with self-reports, observation (for the filter), and chlorine tests (for the other products). We also measured drinking water’s contamination with E. coli (compared to 200 control households). FINDINGS: Households reported highest usage of the filter, although no product had even 30% usage. E. coli concentrations in stored drinking water were generally lowest when households had Water Guard. Households that self-reported product usage had large reductions in E. coli concentrations with any product as compared to controls. CONCLUSION: Traditional arguments for the low adoption of POU products focus on affordability, consumers’ lack of information about germs and the dangers of unsafe water, and specific products not meshing with a household’s preferences. In this study we provided free trials, repeated informational messages explaining the dangers of untreated water, and a variety of product designs. The low usage of all products despite such efforts makes clear that important barriers exist beyond cost, information, and variation among these four product designs. Without a better understanding of the choices and aspirations of the target end-users, household-based water treatment is unlikely to reduce morbidity and mortality substantially in urban Bangladesh and similar populations.

EP-51744
An intervention to reduce HIV-related stigma in partnership with African American and Latino churches. Laura M. Bogart. 2014

HIV-related stigma negatively affects prevention and care, and community-based interventions are needed. Here we describe the development of a multi-ethnic, faith-based intervention to reduce HIV stigma that included: educational workshops on HIV, testing, and stigma; peer leader workshops using role plays and drawing on principles of motivational interviewing; a pastor-delivered sermon on HIV that incorporated theological reflection and an imagined contact scenario; and congregation-based HIV testing events. Lessons learned include: partnership development is essential and requires substantial investment; tailoring intervention components to single race-ethnic groups may not be preferable in diverse community settings; and adapting testing processes to be able to serve larger numbers of people in shorter time frames is needed for congregational settings. This development process successfully combined the rigorous application of social science theory and community engagement to yield a multifaceted HIV stigma reduction intervention appropriate for Protestant and Catholic churches in African American and Latino communities.

EP-51745

OBJECTIVE: Little is known about influences on weight loss attempts, yet about one-half report making such attempts during adolescence. The aim was to examine the relationships among weight loss attempts, body size, and body perception in racially/ethnically diverse young adolescents. METHODS: 3954 African American, Latino, and White 5th-graders completed the Self-Perception Profile-Physical Appearance Scale and questions regarding body perceptions and past and current weight loss attempts, and had their weight and height measured. RESULTS: Latino youth most often and White youth least often reported weight loss attempts. Larger body size and negative body perception were related to more reported weight loss attempts in White and Latino youth. Body perception mediated the relationship
between body size and weight loss attempts for White youth. CONCLUSION: Motivations to lose weight appear to differ among racial/ethnic groups, suggesting that interventions for healthy weight control in youth may need to target racial/ethnic groups differently.

**EP-51746**

Don't middle your MIDs: regression to the mean shrinks estimates of minimally important differences. Ron D. Hays. 2014

Minimal important differences (MIDs) for patient-reported outcomes (PROs) are often estimated by selecting a clinical variable to serve as an anchor. Then, differences in the clinical anchor regarded as clinically meaningful or important can be used to estimate the corresponding value of the PRO. Although these MID values are sometimes estimated by regression techniques, we show that this is a biased procedure and should not be used; alternative methods are proposed.

**EP-51747**


**BACKGROUND:** Substance use treatment is rarely a one-time event for individuals with substance use disorders. Sustained reductions in substance use and its related symptoms may result from multiple treatment episodes. **METHODS:** We use a marginal structural model with inverse-probability-of-treatment weighting to estimate the causal effects of cumulative treatment experiences over a period of 9 months on drug use at the end of 1-year among 2870 adolescents receiving care in community-based treatment settings. During the 9 months, adolescents move in and out of outpatient and residential treatment with periods where they only receive biological drug screening (BDS) or no treatment at all. The use of inverse-probability-of-treatment weighting reduces confounding bias due to observed baseline and time-varying measures over the course of follow-up; weights were estimated using generalized boosted models. **RESULTS:** Each additional period of treatment (representing at least one day, 1 session, or 1 BDS during the 90 day period between follow-up visits) yielded reductions in average substance use frequency at 1-year relative to no treatment during the 90-day period. For residential treatment it was a 16% decrease (95% CI = −27%, −7%), for outpatient treatment it was a 9% decrease (95% CI = −18%, 0%), and for BDS (with no additional outpatient or residential treatment) it was an 11% decrease (95% CI = −20%, −3%). **CONCLUSIONS:** Using robust statistical methods, we find promising (albeit preliminary) evidence that additional periods of outpatient and residential treatment, as well as biological drug screening, lead to reductions in substance use outcomes at one year.

**EP-51748**

Structural stigma and all-cause mortality in sexual minority populations. Anna Bellatorre, Yeonjin Lee. 2014

Stigma operates at multiple levels, including intrapersonal appraisals (e.g., self-stigma), interpersonal events (e.g., hate crimes), and structural conditions (e.g., community norms, institutional policies). Although prior research has indicated that intrapersonal and interpersonal forms of stigma negatively affect the health of the stigmatized, few studies have addressed the health consequences of exposure to structural forms of stigma. To address this gap, we investigated whether structural stigma—operationalized as living in communities with high levels of anti-gay prejudice—increases risk of premature mortality for sexual minorities. We constructed a measure capturing the average level of anti-gay prejudice at the community level, using data from the General Social Survey, which was then prospectively linked to all-cause mortality data via the National Death Index. Sexual minorities living in communities with high levels of anti-gay prejudice experienced a higher hazard of mortality than those living in low-prejudice communities (Hazard Ratio [HR] = 3.03, 95% Confidence Interval [CI] =
1.50, 6.13), controlling for individual and community-level covariates. This result translates into a shorter life expectancy of approximately 12 years (95% C.I.: 4–20 years) for sexual minorities living in high-prejudice communities. Analysis of specific causes of death revealed that suicide, homicide/violence, and cardiovascular diseases were substantially elevated among sexual minorities in high-prejudice communities. Strikingly, there was an 18-year difference in average age of completed suicide between sexual minorities in the high-prejudice (age 37.5) and low-prejudice (age 55.7) communities. These results highlight the importance of examining structural forms of stigma and prejudice as social determinants of health and longevity among minority populations.

EP-51749

OBJECTIVE: To determine the cost-effectiveness of a worksite-based naturopathic (individualized lifestyle counseling and nutritional medicine) approach to primary prevention of cardiovascular disease (CVD). METHODS: Economic evaluation alongside a pragmatic, multi-worksite, randomized controlled trial comparing enhanced usual care (EUC; usual care plus biometric screening) to the addition of a naturopathic approach to CVD prevention (NC+EUC). RESULTS: After 1 year, NC+EUC resulted in a net decrease of 3.3 (confidence interval: 1.7 to 4.8) percentage points in 10-year CVD event risk (number needed to treat = 30). These risk reductions came with average net study-year savings of $1138 in societal costs and $1187 in employer costs. There was no change in quality-adjusted life years across the study year. CONCLUSIONS: A naturopathic approach to CVD primary prevention significantly reduced CVD risk over usual care plus biometric screening and reduced costs to society and employers in this multi-worksite—based study.

EP-51751

This research examined how perceptions of outbreaks of highly pathogenic avian influenza (HPAI) subtype H5N1 in poultry are related to urbanization. Via in-depth interviews with village leaders, household farmers, and large farm operators in modern, transitional, and traditional communes in the north of Vietnam, we explored behaviors, attitudes, cultural values, and traditions that might amplify or attenuate HPAI outbreaks. We also explored conceptualizations of urbanization and its impacts on animal husbandry and disease outbreaks. Qualitative theme analyses identified the key impacts, factors related to HPAI outbreaks, and disease prevention and management strategies. The analyses also highlighted how urbanization improves some aspects of life (e.g., food security, family wealth and health, more employment opportunities, and improved infrastructure), but simultaneously poses significant challenges for poultry farming and disease management. Awareness of qualitative aspects of HPAI risk perceptions and behaviors and how they vary with
urbanization processes may help to improve the prevention and management of emerging infectious diseases.

EP-51754

Factors associated with intention to conceive and its communication to providers among HIV clients in Uganda. Sebastian Linnemayr. 2014

Persons living with HIV/AIDS (PLHA) must discuss their fertility intentions with healthcare providers to receive the support needed to have children safely and limit transmission risks. However, few quantitative studies have examined correlates of fertility intentions, let alone the communication of such intentions with providers. We examined the prevalence and correlates of intentions to have children, and comfort discussing such plans with one's providers, in HIV clients at two HIV clinics in Uganda. Cross-sectional self-report data were collected from 233 patients who had primary partners. Bivariate correlates significant at the P < 0.10 level were included in logistic regression analysis. Of the 233 participants, 103 (44%) reported an intention to conceive a child in the near future. In multivariate analysis, younger age of both the patient and their partner, better physical health functioning and higher internalized HIV stigma were associated with having fertility intentions. One-third (35%) of those with fertility intentions expressed having difficulty discussing these intentions with their providers, which was associated with receiving care at the rural clinic and greater internalized HIV stigma. These findings highlight the need for reproductive health services that help clients accept themselves as PLHA and their fertility rights, thus promoting patient-doctor communication needed to promote safe child conception and delivery outcomes.

EP-51755


Recent years have witnessed the emergence of a more assertive China. What happened to China's "peaceful rise" and "charm offensive"? What explains the changes in China's foreign policy? According to interviews with Beijing and Shanghai-based analysts, China's assertiveness between 2008 and 2010 can be divided into two waves, each triggered by a different cause. The first wave seems triggered by a sense in Beijing that Washington, DC was more differential to China's interests, and less committed to East Asia. The second wave seems best explained as China's response to what it perceived as a far more assertive and threatening United States. Both waves were amplified by two domestic challenges: Chinese leaders' hypersensitivity to popular nationalism and poor bureaucratic coordination among an expanding number of foreign policy actors.

EP-51756

The health consequences of relocation for nursing home residents following Hurricane Katrina. John Engberg. 2014

In this research, the authors examine whether the relocation of nursing home residents following Hurricane Katrina is associated with subsequent lower physical or mental health. All nursing homes in Louisiana that were closed following Hurricane Katrina (N = 12) were used, with 439 residents who could be followed to a new location. The authors compare the subsequent health outcomes of these residents to that of a matched sample of other nursing home residents in Southern states, with the match based on prior health status as well as other resident and facility characteristics. Relocated residents were more likely to die than non-relocated residents. In addition, relocated residents were more likely to have pressure ulcers; they were, however, less likely to be physically restrained. Relocated residents were also less likely to have behavioral health issues. These results would appear to have both practical and policy relevance.

EP-51757

Consistent assignment of nurse aides: association with turnover and absenteeism. 2014

Consistent assignment refers to the same caregivers consistently caring for the same residents almost every time caregivers are on duty. This article examines the association of consistent assignment of nurse aides with turnover and absen-
teeism. Data came from a survey of nursing home administrators, the Online Survey Certification and Reporting data, and the Area Resource File. The measures were from 2007 and came from 3,941 nursing homes. Multivariate logistic regression models were used to examine turnover and absenteeism. An average of 68% of nursing homes reported using consistent assignment, with 28% of nursing homes using nurse aides consistent assignment at the often recommended level of 85% (or more). Nursing homes using recommended levels of consistent assignment had significantly lower rates of turnover and of absenteeism. In the multivariate analyses, consistent assignment was significantly associated with both lower turnover and lower absenteeism (p < .01). Consistent assignment is a practice recommended by many policy makers, government agencies, and industry advocates. The findings presented here provide some evidence that the use of this staffing practice can be beneficial.


OBJECTIVE: The authors examined utilization of the Massachusetts Child Psychiatry Access Project, a mental health telephone consultation service for primary care, hypothesizing that greater use would be related to severe psychiatric diagnoses and polypharmacy. METHODS: The authors examined the association between utilization, defined as the mean number of contacts per patient during the 180 days following the initial contact (July 2008–June 2009), and characteristics of the initial contact, including consultation question, the child's primary mental health problem, psychotropic medication regimen, insurance status, and time of year. RESULTS: Utilization (N=4,436 initial contacts, mean=3.83 contacts) was associated with initial contacts about medication management, polypharmacy, public and private health insurance, and time of year. The child's primary mental health problem did not predict utilization. CONCLUSIONS: Telephone consultation services address treatment with psychotropic medications, particularly polypharmacy. Joint public-private funding should be considered for such public programs that serve privately insured children.


In late 2009 US guidelines for HIV treatment were revised to recommend the initiation of combination antiretroviral therapy (cART) earlier in the course of the disease. We analyzed the life expectancy gains of people infected with HIV between the introduction of cART in 1996 and the 2009 guideline revisions. Compared to people who initiated cART late (defined as having a CD4 cell count of less than 350 per cubic millimeter of blood), those who initiated treatment early (with a CD4 count of 350–500) could expect to live 6.1 years longer, and the earliest initiators (with a CD4 count of more than 500) could expect an extra 9.0 years of life. The total value of life expectancy gains to the early and earliest initiators of treatment was $80 billion, with each life-year valued at $150,000. The value of the survival gains was more than double the increase in drug manufacturers' revenues from early cART initiation. Our results clarify the economic implications of adherence to treatment guidelines.


OBJECTIVES: A "chiral switch" occurs in the pharmaceutical market when a drug made up of 2 enantiomer forms is replaced with a purified single-enantiomer version, often in the context of a patent expiration. We studied the prevalence of chiral switching in the United States over the past decade, including trends in use of, and expenditures on, these products in Medicaid. STUDY DESIGN: Retrospective analysis. METHODS: We used US Adopted Names prefixes (lev/levo/ar/es/dex/dextro) to identify all single-enantiomer drugs approved from 2001 to 2011. From
publicly available US Food and Drug Administration (FDA) approval documents, we extracted the characteristics of the pivotal premarket trials for the single enantiomers. Specifically, we evaluated whether the single enantiomer was directly compared with the precursor racemic drug and whether there was evidence of superior efficacy. We used quarterly drug expenditure data from each state Medicaid program to chart trends in use of, and spending on, the single-enantiomer products and their racemic precursors during the study period. RESULTS: From 2001 to 2011, the FDA approved 9 single-enantiomer products: dexlansoprazole, levoleucovorin, levocetirizine, armodafinil, arformoterol, eszopiclone, escitalopram, dexamfetamine, and esomeprazole. Of those 9 drugs, 3 had at least 1 pre-approval randomized trial that included the racemic precursor as a direct comparator, but there was no evidence of superiority of the single enantiomer over the racemic at comparable doses. Between 2001 and 2011, US Medicaid programs spent approximately $6.3 billion on these 9 single-enantiomer drugs.

CONCLUSIONS: Recently approved single-enantiomer drugs showed no evidence of superior efficacy over the older racemic precursors in the pivotal trials leading to their approval, and in a majority of cases, they were not directly compared.

EP-51779
Continuity and the Costs of Care for Chronic Disease. Peter S. Hussey, Eric C. Schneider, Robert S. Rudin. 2014

IMPORTANCE: Better continuity of care is expected to improve patient outcomes and reduce health care costs, but patterns of use, costs, and clinical complications associated with the current patterns of care continuity have not been quantified. OBJECTIVE: To measure the association between care continuity, costs, and rates of hospitalizations, emergency department visits, and complications for Medicare beneficiaries with chronic disease. DESIGN, SETTING, AND PARTICIPANTS: Retrospective cohort study of insurance claims data for a 5% sample of Medicare beneficiaries experiencing a 12-month episode of care for congestive heart failure (CHF, n=488), chronic obstructive pulmonary disease (COPD, n=536), or type 2 diabetes mellitus (DM, n=664) in 2008 and 2009. MAIN OUTCOMES AND MEASURES: Hospitalizations, emergency department visits, complications, and costs of care associated with the Bice-Boxerman continuity of care (COC) index, a measure of the outpatient COC related to conditions of interest. RESULTS: The mean (SD) COC index was 0.55 (0.31) for CHF, 0.60 (0.34) for COPD, and 0.50 (0.32) for DM. After multivariable adjustment, higher levels of continuity were associated with lower odds of inpatient hospitalization (odds ratios for a 0.1-unit increase in COC were 0.94 [95% CI, 0.93-0.95] for CHF, 0.95 [0.94-0.96] for COPD, and 0.95 [0.95-0.96] for DM), lower odds of emergency department visits (0.92 [0.91-0.92] for CHF, 0.93 [0.92-0.93] for COPD, and 0.94 [0.93-0.94] for DM), and lower odds of complications (odds ratio range, 0.92-0.96 across the 3 complication types and 3 conditions; all P<.001). For every 0.1-unit increase in the COC index, episode costs of care were 4.7% lower for CHF (95% CI, 4.4%-5.0%), 6.3% lower for COPD (6.0%-6.5%), and 5.1% lower for DM (5.0%-5.2%) in adjusted analyses. CONCLUSIONS AND RELEVANCE: Modest differences in care continuity for Medicare beneficiaries are associated with sizable differences in costs, use, and complications.

EP-51787
Improving the Value of Analysis for Biosurveillance. Henry H. Willis, Melinda Moore. 2014

Biosurveillance provides information that improves decisions about mitigating the effects of disease outbreaks and bioterrorism. The success of biosurveillance depends on the effectiveness of at least four key processes: data collection, data analysis and interpretation, data integration from across organizations, and action (including public responses) based upon results of the analysis. Questions typically arise about whether informa-
tion from biosurveillance systems represents a threat that justifies a response. To begin answering these questions, the Institute of Medicine Standing Committee on Health Threats Resilience has been undertaking discussions of strategies that the Department of Homeland Security National Biosurveillance Integration Center could use to strengthen its decision support and decision analysis functions. As part of these discussions, this paper applies two standard decision analysis tools to biosurveillance—decision trees and value-of-information analysis—to assess the implications of strategies to enhance biosurveillance and to improve decisions about whether and how to act after detection of a biosurveillance signal. This application demonstrates how decision analysis tools can be used to improve public health preparedness decision making by developing a road map for how best to enhance biosurveillance through better analytic tools and methods.

EP-51790

The cannabis policy landscape is changing rapidly. In November 2012 voters in Colorado and Washington State passed ballot initiatives to remove the prohibition on the commercial production, distribution, and possession of cannabis. This paper does not address the question of whether cannabis should be legal; it instead focuses on the design considerations confronting jurisdictions that are pondering a change in cannabis policy. Indeed, whether or not cannabis legalization is net positive or negative for public health and public safety largely depends on regulatory decisions and how they are implemented. This essay presents eight of these design choices which all conveniently begin with the letter "P": production, profit motive, promotion, prevention, potency, purity, price, and permanency.

EP-51791
China and Taiwan: balance of rivalry with weapons of mass democratization. 2014

The author's analysis exposes fragility in Beijing's soft power—the limitations of the Chinese Communist Party's political legitimacy and vulnerabilities in China's rise. The example that illustrates a real Achilles's heel hits close to home: the issue of Taiwan.

EP-51792
A Randomized Controlled Trial of Students for Nutrition and Exercise: A Community-Based Participatory Research Study. Laura M. Bogart, Burton O. Cowgill, Marc N. Elliott. 2014

PURPOSE: To conduct a randomized controlled trial of Students for Nutrition and eXercise, a 5-week middle school-based obesity-prevention intervention combining school-wide environmental changes, multimedia, encouragement to eat healthy school cafeteria foods, and peer-led education. METHODS: We randomly selected schools (five intervention, five waitlist control) from the Los Angeles Unified School District. School records were obtained for number of fruits and vegetables served, students served lunch, and snacks sold per attending student, representing an average of 1,515 students (SD = 323) per intervention school and 1,524 students (SD = 266) per control school. A total of 2,997 seventh-graders (75% of seventh-graders across schools) completed pre- and post-intervention surveys assessing psychosocial variables. Consistent with community-based participatory research principles, the school district was an equal partner, and a community advisory board provided critical input. RESULTS: Relative to control schools, intervention schools showed significant increases in the proportion of students served fruit and lunch and a significant decrease in the proportion of students buying snacks at school. Specifically, the intervention was associated with relative increases of 15.3% more fruits served (p = .006), 10.4% more lunches served (p < .001), and 11.9% fewer snacks sold (p < .001) than would have been expected in its absence. Pre-to-post intervention, intervention school students reported more positive attitudes about cafeteria food (p = .02) and tap water (p = .03), greater obesity-prevention knowledge (p = .006),
increased intentions to drink water from the tap (p = .04) or a refillable bottle (p = .02), and greater tap water consumption (p = .04) compared with control school students. CONCLUSIONS: Multilevel school-based interventions may promote healthy adolescent dietary behaviors.


BACKGROUND: The National Action Alliance for Suicide Prevention Research Prioritization Task Force (RPTF) has created a prioritized national research agenda with the potential to rapidly and substantially reduce the suicide burden in the U.S. if fully funded and implemented. PURPOSE: Viable, sustainable scientific research agendas addressing challenging public health issues such as suicide often need to incorporate perspectives from multiple stakeholder groups (e.g., researchers, policymakers, and other end-users of new knowledge) during an agenda-setting process. The Stakeholder Survey was a web-based survey conducted and analyzed in 2011 & minus; 2012 to inform the goal-setting step in the RPTF agenda development process. The survey process, and the final list of "aspirational" research goals it produced, are presented here. METHODS: Using a modified Delphi process, diverse constituent groups generated and evaluated candidate research goals addressing pressing suicide prevention research needs. RESULTS: A total of 716 respondents representing 49 U.S. states and 18 foreign countries provided input that ultimately produced 12 overarching, research-informed aspirational goals aimed at reducing the U.S. suicide burden. Highest-rated goals addressed prevention of subsequent suicidal behavior after an initial attempt, strategies to retain patients in care, improved healthcare provider training, and generating care models that would ensure accessible treatment. CONCLUSIONS: The Stakeholder Survey yielded widely valued research targets. Findings were diverse in focus, type, and current phase of research development but tended to prioritize practical solutions over theoretical advancement. Other complex public health problems requiring input from a broad-based constituency might benefit from web-based tools that facilitate such community input.


BACKGROUND: A wide range of diverse and inconsistent terminology exists in the field of knowledge translation. This limits the conduct of evidence syntheses, impedes communication and collaboration, and undermines knowledge translation of research findings in diverse settings. Improving uniformity of terminology could help address these challenges. In 2012, we convened an international working group to explore the idea of developing a common terminology and an overarching framework for knowledge translation interventions. FINDINGS: Methods included identifying and summarizing existing frameworks, mapping together a subset of those frameworks, and convening a multi-disciplinary group to begin working toward consensus. The group considered four potential approaches to creating a simplified framework: melding existing taxonomies, creating a framework of intervention mechanisms rather than intervention strategies, using a consensus process to expand one of the existing models/frameworks used by the group, or developing a new consensus framework. CONCLUSIONS: The work group elected to draft a new, simplified consensus framework of interventions to promote and integrate evidence into health practices, systems and policies. The framework will include four key components: strategies and techniques (active ingredients), how they function (causal mechanisms), how they are delivered (mode of delivery), and what they aim to change (intended targets). The draft framework needs to be further developed by feedback and consultation with the research community and tested for usefulness through ap-
application and evaluation.

EP-51795

The existing research aimed at understanding alcohol and drug (AOD) use patterns from early to late adolescence typically does not examine samples with substantial racial and ethnic diversity. This is a critical research gap because studies have suggested that non-white adolescents often have worse health outcomes compared to white adolescents, even with less AOD use. In this paper, we discuss the need for future research on this topic, given demographic shifts in the racial and ethnic composition of the USA. We also outline how this research can provide information on what periods might be most relevant for each racial/ethnic group, and suggest measures that epidemiological studies on early substance use should assess to capture the underlying cultural, acculturation, psychosocial, and contextual factors that explain racial/ethnic differences in AOD trajectories.

EP-51796
Correspondence Between the RAND-negative Impact of Asthma on Quality of Life Item Bank and the Marks Asthma Quality of Life Questionnaire. Maria Orlando Edelen, Brian D. Stucky, Cathy D. Sherbourne. 2014

BACKGROUND: In many research and clinical settings in which patient-reported outcome (PRO) measures are used, it is often desirable to link scores across disparate measures or to use scores from 1 measure to describe scores on a separate measure. However, PRO measures are scored by using a variety of metrics, making such comparisons difficult. OBJECTIVE: The objective of this article was to provide an example of how to transform scores across disparate measures (the Marks Asthma Quality of Life Questionnaire [AQLQ-Marks] and the newly developed RAND–Negative Impact of Asthma on Quality of Life item bank [RAND-IAQL-Bank]) by using an item response theory (IRT)-based linking method. METHODS: Our sample of adults with asthma (N = 2032) completed 2 measures of asthma-specific quality of life: the AQLQ-Marks and the RAND-IAQL-Bank. We use IRT-based co-calibration of the 2 measures to provide a linkage, or a common metric, between the 2 measures. Co-calibration refers to the process of using IRT to estimate item parameters that describe the responses to the scales' items according to a common metric; in this case, a normal distribution transformed to a T scale with a mean of 50 and an SD of 10. RESULTS: Respondents had an average age of 43 (15), were 60% female, and predominantly non-Hispanic White (56%), with 19% African American, 14% Hispanic, and 11% Asian. Most had at least some college education (83%), and 90% had experienced an asthma attack during the last 12 months. Our results indicate that the AQLQ-Marks and RAND-IAQL-Bank scales measured highly similar constructs and were sufficiently unidimensional for IRT co-calibration. Once linked, scores from the 2 measures were invariant across subgroups. A crosswalk is provided that allows researchers and clinicians using AQLQ-Marks to crosswalk to the RAND-IAQL toolkit. CONCLUSIONS: The ability to translate scores from the RAND-IAQL toolkit to other &quot;legacy&quot; (ie, commonly used) measures increases the value of the new toolkit, aids in interpretation, and will hopefully facilitate adoption by asthma researchers and clinicians. More generally, the techniques we illustrate can be applied to other newly developed or existing measures in the PRO research field to obtain crosswalks with widely used traditional legacy instruments.

EP-51797

OBJECTIVE: Substance use and delinquency among adolescents have been shown to be posi-
tively associated; however, the temporal relationship is not well understood. Examining the association between delinquency and substance use is especially relevant among adolescents with a first-time substance use related offense as they are at-risk for future problems. METHOD: Data from 193 adolescents at time of diversion program entry and six months later was examined using cross-lagged path analysis to determine whether substance use and related consequences were associated with other types of delinquency across time. RESULTS: Results demonstrated that delinquency at program entry was related to subsequent reports of heavy drinking and alcohol consequences, but not marijuana use or its consequences. In contrast, alcohol and marijuana use at program entry were not related to future reports of delinquency. CONCLUSIONS: Findings emphasize the need to build in comprehensive assessments and interventions for youth with a first time offense in order to prevent further escalation of substance use and criminal behaviors.

EP-51798

Elevated depressive symptoms (DS) are associated with incident mild cognitive impairment and probable dementia in postmenopausal women. We examined the association of elevated DS with domain-specific cognitive changes and the moderating role of cardiovascular risk factor severity and cardiovascular disease (CVD). A total of 2221 elderly women who participated in the Women's Health Initiative Study of Cognitive Aging were separated into those with (N = 204) and without (N = 2017) elevated DS. The DS and multidomain cognitive outcomes were measured annually for an average follow-up of 5.04 years. Women with elevated DS showed baseline multidomain cognitive deficits but longitudinal declines in global cognition only. Persistent DS was related to greater global cognition, verbal knowledge and fluency, and memory declines. Significant DS-CVD interactions were observed cross-sectionally (but not longitudinally) for figural memory and fine motor speed. Future studies should investigate the role of nonvascular mechanisms linking DS and cognitive decline.

EP-51799

Food insecurity and malnutrition negatively affect adherence to antiretroviral therapy (ART) and are associated with poor HIV clinical outcomes. We examined the effect of providing household food assistance and nutrition education on ART adherence. A 12-month prospective clinical trial compared the effect of a monthly household food basket (FB) plus nutrition education (NE) versus NE alone on ART adherence on 400 HIV patients at four clinics in Honduras. Participants had been receiving ART for an average of 3.7 years and were selected because they had suboptimal adherence. Primary outcome measures were missed clinic appointments, delayed prescription refills, and self-reported missed doses of ART. These three adherence measures improved for both groups over 12 months (p < 0.01), mostly within 6 months. On-time prescription refills improved for the FB plus NE group by 19.6% more than the group receiving NE alone after 6 months (p < 0.01), with no further change at 12 months. Change in missed appointments and self-reported missed ART doses did not significantly differ by intervention group.

EP-51800

Since 2003, about 14% of U.S. Army soldiers have reported symptoms of posttraumatic stress disorder (PTSD) following deployments. In this article, we examine how post-deployment symptoms of PTSD and of other mental health conditions are related to the probability of divorce among married active-duty U.S. Army soldiers. For this purpose, we combine Army administrative individual-level longitudinal data on soldiers' deployments, mari-
tal history, and sociodemographic characteristics with their self-reported post-deployment health information. Our estimates indicate that time spent in deployment increases the divorce risk among Army enlisted personnel and that PTSD symptoms are associated with further increases in the odds of divorce. Although officers are generally less likely to screen positive for PTSD than enlisted personnel, we find a stronger relationship between PTSD symptoms and divorces among Army officers who are PTSD-symptomatic than among enlisted personnel. We estimate a larger impact of deployments on the divorce risk among female soldiers, but we do not find a differential impact of PTSD symptoms by gender. Also, we find that most of the effect of PTSD symptoms occurs early in the career of soldiers who deploy multiple times.

Consequences of interstitial cystitis/bladder pain symptoms on women’s work participation and income: results from a national household sample. Marc N. Elliott. 2014

PURPOSE: We describe differences in work participation and income by bladder symptom impact and comorbidities among women with interstitial cystitis/bladder pain syndrome. MATERIALS AND METHODS: Cross-sectional data from 2,767 respondents younger than 65 years identified with interstitial cystitis/bladder pain syndrome symptoms were analyzed. The data were taken from the RAND Interstitial Cystitis Epidemiology (RICE) survey, and included retrospective self-reports of interstitial cystitis/bladder pain syndrome impact, severity, years since onset, related comorbidities (depressive symptomatology, number of conditions), work participation and income, and personal characteristics. Multiple regressions predicted 5 current work outcomes of works now, kept from working by pain, missed work days, days worked when bothered by symptoms and real income change since symptom onset. RESULTS: Controlling for work status at symptom onset and personal characteristics, greater bladder symptom impact predicted a greater likelihood of not now working, kept more days from working by pain, missed more work days and working more days with symptoms. More depressive symptomatology and greater number of comorbidities predicted reduced work participation. Women experienced no growth in real income since symptom onset. Measures of symptom severity were not associated with any of the economic outcomes. CONCLUSIONS: Greater interstitial cystitis/bladder pain syndrome symptom impact, depressive symptomatology and count of comorbidities (but not symptom severity) were each associated with less work participation and leveling of women’s long-term earnings. Management of bladder symptom impact on nonwork related activities and depressive symptomatology may improve women’s work outcomes.

Parents’ views on engaging families of middle school students in obesity prevention and control in a multiethnic population. Paul J. Chung. 2014

INTRODUCTION: Overweight and obesity remain significant public health risks for youth in the United States, particularly among racial/ethnic minority groups. Efforts at obesity prevention and control have targeted youth and family members in diverse settings. Although involving parents in obesity prevention programs for youth may improve the potential of these programs, less is known about parents’ preferred methods of engagement, especially among racial/ethnic minority parents and parents whose primary language is not English. In this qualitative study, parents of middle-school-aged children were asked how best to engage their children in obesity prevention and control efforts. METHODS: We recruited 38 parents whose children attended Los Angeles middle schools to participate in focus groups. Two English-language focus groups with 14 parents of different racial/ethnic backgrounds and 2 Spanish language groups with 24 Latino parents were conducted from 2010 through 2011. We analyzed focus group transcripts by using content analysis using inductive and deductive techniques. RESULTS: Findings from focus groups confirmed that parents want to help their children avoid obesity but feel constrained in their ability to take ac-
tion. Participants identified an overarching desire to become better parents as a potential incentive to engage in obesity prevention efforts. Parents advocated for family-focused approaches in obesity prevention programs, including family sports leagues and cooking classes. Most findings were consistent between language groups, but parents in the Spanish language groups cited language-related barriers. CONCLUSION: The development and testing of simple programs that are sustainable, community-based, and family-focused may empower families to address obesity prevention and control.

EP-51803
Contributions of the social environment to first-onset and recurrent mania. Erin C. Dunn. 2014

In treated cohorts, individuals with bipolar disorder are more likely to report childhood adversities and recent stressors than individuals without bipolar disorder; similarly, in registry-based studies, childhood adversities are more common among individuals who later become hospitalized for bipolar disorder. Because these types of studies rely on treatment-seeking samples or hospital diagnoses, they leave unresolved the question of whether or not social experiences are involved in the etiology of bipolar disorder. We investigated the role of childhood adversities and adulthood stressors in liability for bipolar disorder using data from the National Epidemiologic Survey on Alcohol and Related Conditions (n=33,735). We analyzed risk for initial-onset and recurrent DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) manic episodes during the study’s 3-year follow-up period. Childhood physical abuse and sexual maltreatment were associated with significantly higher risks of both first-onset mania (odds ratio (OR) for abuse: 2.23; 95% confidence interval (CI)=1.71, 2.91; OR for maltreatment: 2.10; CI=1.55, 2.83) and recurrent mania (OR for abuse: 1.55; CI=1.00, 2.40; OR for maltreatment: 1.60; CI=1.00, 2.55). In addition, past-year stressors in the domains of interpersonal instability and financial hardship were associated with a significantly higher risk of incident and recurrent mania. Exposure to childhood adversity potentiated the effects of recent stressors on adult mania. Our findings demonstrate a role of social experiences in the initial onset of bipolar disorder, as well as in its prospective course, and are consistent with etiologic models of bipolar disorder that implicate deficits in developmentally established stress-response pathways.

EP-51804
Physicians’ propensity to discuss prognosis is associated with patients’ awareness of prognosis for metastatic cancers. Mary Beth Landrum, Jane Weeks. 2014

BACKGROUND: Prognosis discussion is an essential component of informed decision-making. However, many terminally ill patients have a limited awareness of their prognosis and the causes are unclear. OBJECTIVE: To explore the impact of physicians’ propensity to discuss prognosis on advanced cancer patients’ prognosis awareness. DESIGN: Cancer Care Outcomes Research and Surveillance Consortium (CanCORS) study, a prospective cohort study with patient and physician surveys. SETTING/SUBJECTS: We investigated 686 patients with metastatic lung or colorectal cancer at diagnosis who participated in the CanCORS study and reported about their life expectancy. Data were linked to the physician survey from 486 physicians who were identified by these patients as filling important roles in their cancer care. RESULTS: Few patients with advanced cancer (16.5%) reported an accurate awareness of their prognosis, defined as reporting a life expectancy of less than 2 years for lung cancer or less than 5 years for colorectal cancer. Patients whose most-important doctor (in helping patient make decisions) reported discussing prognosis with terminally ill patients earlier were more likely than those whose doctors deferred these discussions to have an accurate prognosis awareness (adjusted proportion, 18.5% versus 7.6%; odds ratio, 3.23; 95% confidence interval, 1.39–7.52; p=0.006). CONCLUSIONS: Few patients with advanced cancer could articulate an accurate prognosis estimate, despite most having received chemotherapy and many physicians re-
ported they would discuss prognosis early. Physicians' propensity to discuss prognosis earlier was associated with more accurate patient reports of prognosis. Enhancing the communication skills of providers with important roles in cancer care may help to improve cancer patients' understanding of their prognosis.

EP-51805


Research among adults has demonstrated concurrent and prospective negative associations between TV viewing and mental health, yet little research has examined these associations among African American and Latino youth or examined the role of children's involvement with TV and parental mediation of TV viewing via coviewing. The purpose of the present study is to examine associations between TV viewing, perceived similarity, and coviewing and mental well-being in African American, Latino, and White children. Results from Healthy Passages, a study of 4,824 African American (30%), Latino (47%), and White (23%) fifth graders, indicated that TV viewing and perceived similarity were negatively associated with mental well-being among most groups of children, and coviewing was positively associated with mental well-being among Latinos. This study extends findings from adult research on media exposure and mental well-being into a diverse sample of fifth graders and illuminates the role of perceived similarity and coviewing.

EP-51806

Involving community stakeholders to increase park use and physical activity. Terry Marsh. 2014

OBJECTIVE: The aim of this study is to describe implementation of a randomized controlled trial of community-based participatory research (CBPR) approaches to increase park use and physical activity across 33 diverse neighborhoods in Los Angeles. METHODS: Fifty parks were randomly assigned based on park size, facilities and programs, and neighborhood socio-demographic characteristics to: park director (PD, 17 parks); PD and park advisory board of interested community members (PD + PAB, 16 parks); and no-intervention control (17 parks) arms. Between 2007 and 2012, PDs and PABs from the 33 intervention parks participated in community engagement, baseline assessment, marketing training, intervention design and implementation, and follow-up assessment. RESULTS: Intervention parks (PD and PD + PAB) invested in new and diversified signage, promotional items, outreach or support for group activities like fitness classes and walking clubs, and various marketing strategies. Scaling up CBPR methods across parks in 33 diverse neighborhoods was challenging. Working with departmental management and established structures for community input (PABs) and park policy (PDs) facilitated implementation and sustainability. CONCLUSION: Scaling up CBPR methods across diverse communities involved tradeoffs. CBPR is useful for tailoring research and enhancing community impact and sustainability, but more work is needed to understand how to conduct multi-site trials across diverse settings using CBPR.

EP-51807


BACKGROUND: Downward trends in activity limitations among the older U.S. population have recently plateaued, while activity limitation among the pre-retirement population has increased. OBJECTIVES: Update temporal trends in limitations in sensory and physical functions, instrumental activities of daily living (IADLs), and activities of daily living (ADLs) for the 40–64 and 65-and-over U.S. populations; assess the extent to which trends in education, smoking, and obesity could account for the trends in limitations; and examine trends in conditions cited as causes of limitations, their durations, and proportion of life spent with them. METHODS: Multivariate analysis of the 1997–2010 National Health Interview Survey. RESULTS: For the younger group, there have been increases in all limitations, except trouble hearing, which has declined. Increased obesity could ac-
count for the increases in vision, physical function, and IADL limitations. Musculoskeletal conditions, such as arthritis and back/neck problems, are frequently cited as causes of limitation, and there are growing roles for depression and nervous system conditions. For the 65-and-over group, there have been decreases in all limitations, except difficulty with physical functions, which is up. Increased education could account for the decline in ADL limitation, and increased obesity could account for increased difficulty with physical functions.

EP-51808
Identifying older adults at high risk of mortality using the Medicare health outcomes survey. Marc N. Elliott. 2014

The Vulnerable Elders Survey (VES), a screening tool for at-risk elderly, has been validated in the community. This study used VES-based criteria to develop a modified version that can be calculated from the Medicare Health Outcomes Survey (HOS) to identify Medicare members at high risk of mortality. Data were from 97,258 HOS respondents in 164 plans. Using age, self-rated health, and function items from the 2005 HOS, an a priori approach modeled on VES scoring and items predicted two-year mortality (c-statistic 0.74). Routinely-collected Medicare survey data may be used to assess patterns of enrollment of high-risk beneficiaries across health plans.

EP-51809
The impact of unplanned postprocedure visits in the management of patients with urinary stones. Christopher S. Saigal. 2014

BACKGROUND: Unplanned follow-up care is the focus of intense health policy interest, as evidenced by recent financial penalties imposed under the Affordable Care Act. To date, however, unplanned postoperative care remains poorly characterized, particularly for patients with kidney stones. Our objective was to describe the frequency, variation, and financial impact of unplanned, high-acuity, follow-up visits in the treatment of patients with urinary stone disease. METHODS: We identified privately insured patients undergoing percutaneous nephrostolithotomy, ureteroscopy, or shock-wave lithotripsy for stone disease. The primary outcome was occurrence of an emergency department visit or hospital admission within 30 days of the procedure. Multivariable models estimated the odds of an unplanned visit and the incremental cost of those visits, controlling for important covariates. RESULTS: We identified 93,523 initial procedures to fragment or remove stones. Overall, 1 in 7 patients had an unplanned postprocedural visit. Unplanned visits were least common after shock-wave lithotripsy (12%) and occurred with similar frequency after ureteroscopy and percutaneous nephrostolithotomy (15%). Procedures at high-volume facilities were substantially less likely to result in an unplanned visit (odds ratio 0.80, 95% confidence interval [95% CI] 0.74–0.87, P < .001). When an unplanned visit occurred, adjusted incremental expenditures per episode were greater after shock-wave lithotripsy ($32,156 [95% CI $30,453–33,859]) than after ureteroscopy ($23,436 [95% CI $22,281–24,590]). CONCLUSION: Patients not infrequently experience an unplanned, high-acuity visit after low-risk procedures to remove urinary stones, and the cost of these encounters is substantial. Interventions are indicated to identify and reduce preventable unplanned visits.

EP-51810
Assessing the validity of the RAND negative impact of asthma on quality of life short forms. Brian D. Stucky. 2014

BACKGROUND: In response to recommendations from the 2010 National Institutes of Health Asthma Outcomes Workshop, we developed a system for measuring the negative impact of asthma on quality of life (QoL), which was referred to as the RAND Negative Impact of Asthma on Quality of Life (RAND-IAQL) item bank. The bank contains 65 items that focus on the patient’s perception of the impact of asthma on his or her life. OBJECTIVE: Evidence for the validity of 2 short forms, the RAND-IAQL 4-item and 12-item Short Forms, from the bank is presented. METHODS: Using a sample of 2032 adults with asthma,
we validated our short forms against the Asthma Quality of Life Questionnaire–Marks (AQLQ-M), the Asthma Control Test, and generic measures of QoL developed by the Patient-reported Outcomes Measurement Information System (PROMIS). Discriminant validity was examined by comparing scores of respondents who differed according to multiple health indicators. RESULTS: Our sample ranged in age from 18 to 99 years (mean, 43 years), with 14% Hispanic, 11% Asian, 19% African American, and 56% non-Hispanic white race/ethnicity. Men had a significantly worse impact of asthma on QoL than women. The impact of asthma on QoL was greatest in African American and Hispanic subjects compared with that seen in non-Hispanic white subjects. Our measures correlated highly with the AQLQ-M and more strongly with the PROMIS global physical than mental scales. They differentiated between adults with asthma according to their perceived severity, level of control, presence or absence of exacerbations, and physical comorbidity. CONCLUSION: The RAND-IAQL item bank, measuring the impact of asthma on QoL, will complement other patient-reported outcomes, such as measures of asthma symptoms, functioning, and control.

EP-51811


INTRODUCTION AND HYPOTHESIS: A paucity of data exists addressing the quality of care provided to women with pelvic organ prolapse (POP). We sought to develop a means of measuring this quality through the development of quality-of-care indicators (QIs). METHODS: QIs were modeled after those previously described in the Assessing the Care of Vulnerable Elders (ACOVE) project. The indicators were then presented to a panel of nine experts. Using the RAND Appropriateness Method, we analyzed each indicator’s preliminary rankings. A forum was then held in which each indicator was thoroughly discussed by the panelists as a group, after which panelists individually re-rated the indicators. QIs with median scores of at least 7 were considered valid. RESULTS: QIs were developed that addressed screening, diagnosis, work-up, and both nonsurgical and surgical management. Areas of controversy included whether screening should be performed to identify prolapse, whether pessary users should undergo a vaginal examination by a health professional every 6 months versus annually, and whether a colpopceleisis should be offered to older women planning to undergo surgery for POP. Fourteen out of 21 potential indicators were rated as valid for pelvic organ prolapse (median score ≥7). CONCLUSION: We developed and rated 14 potential quality indicators for the care of women with POP. Once these QIs are tested for feasibility they can be used on a larger scale to measure and compare the care provided to women with prolapse in different clinical settings.

EP-51812

The Oregon experiment—effects of Medicaid on clinical outcomes. Sarah L. Taubman, Heidi L. Allen. 2014

BACKGROUND: Despite the imminent expansion of Medicaid coverage for low-income adults, the effects of expanding coverage are unclear. The 2008 Medicaid expansion in Oregon based on lottery drawings from a waiting list provided an opportunity to evaluate these effects. METHODS: Approximately 2 years after the lottery, we obtained data from 6387 adults who were randomly selected to be able to apply for Medicaid coverage and 5842 adults who were not selected. Measures included blood-pressure, cholesterol, and glycated hemoglobin levels; screening for depression; medication inventories; and self-reported diagnoses, health status, health care utilization, and out-of-pocket spending for such services. We used the random assignment in the lottery to calculate the effect of Medicaid coverage. RESULTS: We found no significant effect of Medicaid coverage on the prevalence or diagnosis of hypertension or high cholesterol levels or on the use of medication for these conditions. Medicaid coverage significantly increased the probability of a diagnosis of diabetes and the use of
diabetes medication, but we observed no significant effect on average glycated hemoglobin levels or on the percentage of participants with levels of 6.5% or higher. Medicaid coverage decreased the probability of a positive screening for depression (−9.15 percentage points; 95% confidence interval, −16.70 to −1.60; P=0.02), increased the use of many preventive services, and nearly eliminated catastrophic out-of-pocket medical expenditures. CONCLUSIONS: This randomized, controlled study showed that Medicaid coverage generated no significant improvements in measured physical health outcomes in the first 2 years, but it did increase use of health care services, raise rates of diabetes detection and management, lower rates of depression, and reduce financial strain.

EP-51813
Design and use of performance measures to decrease low-value services and achieve cost-conscious care. Amir Qaseem. 2014

Improving quality of care while decreasing the cost of health care is a national priority. The American College of Physicians recently launched its High-Value Care Initiative to help physicians and patients understand the benefits, harms, and costs of interventions and to determine whether services provide good value. Public and private payers continue to measure underuse of high-value services (for example, preventive services, medications for chronic disease), but they are now widely using performance measures to assess use of low-value interventions (such as imaging for patients with uncomplicated low back pain) and using the results for public reporting and pay-for-performance. This paper gives an overview of performance measures that target low-value services to help physicians understand the strengths and limitations of these measures, provides specific examples of measures that assess use of low-value services, and discusses how these measures can be used in clinical practice and policy.

EP-51814

Faith to move mountains: religious coping, spirituality, and interpersonal trauma recovery. Eunice C. Wong. 2014

Interpersonal trauma is pervasive globally and may result in long-term consequences physically, cognitively, behaviorally, socially, and spiritually (Bryant-Davis, 2005b). One of the protective factors that have emerged in the literature is religious coping. Religious coping, spirituality, and faith-based approaches to trauma recovery include endorsement of beliefs, engagement in behaviors, and access to support from faith communities. Compared with negative religious coping, spirituality and positive religious coping have been associated with decreased psychological distress, a finding established with survivors of child abuse, sexual violence, intimate partner violence, community violence, and war. This article focuses on spiritual and religious coping among survivors of child abuse, sexual violence, and war; however, research demonstrates increased use of positive religious coping among some survivors with higher rates of posttraumatic stress disorder. Much of the scholarship in this area includes qualitative studies with populations who face increased vulnerability to interpersonal trauma. Research in this area covers the life span from childhood to later adulthood and encompasses both domestic and international studies. The implications of research findings are explored, and future research needs are described. This line of research supports the American Psychological Association (2010) ethical standards that note the recognition of spiritual and religious faith traditions as important aspects of the provision of ethical treatment. Researchers, clinicians, and advocates for trauma survivors are encouraged to attend to the faith traditions and beliefs of persons confronting the potential devastation of traumatic events.

EP-51815
Equity in the receipt of oseltamivir in the United States during the H1N1 pandemic. Niteesh K. Choudhry. 2014

OBJECTIVE: We assessed the relationship between individual characteristics and receipt of oseltamivir (Tamiflu) in the United States dur-
ing the H1N1 pandemic and other flu seasons. METHODS: In a cohort of individuals enrolled in pharmacy benefit plans, we used a multivariate logistic regression model to measure associations between subscriber characteristics and filling a prescription for oseltamivir during 3 flu seasons (October 2006–May 2007, October 2007–May 2008, and October 2008–May 2010). In 19 states with county-level influenza rates reported, we controlled for disease burden. RESULTS: Approximately 56 million subscribers throughout the United States were included in 1 or more study periods. During pandemic flu, beneficiaries in the highest income category had 97% greater odds of receiving oseltamivir than those in the lowest category (P&lt;0.001). After we controlled for disease burden, subscribers in the 2 highest income categories had 2.18 and 1.72 times the odds of receiving oseltamivir compared with those in the lowest category (P&lt;0.001 for both). CONCLUSIONS: Income was a stronger predictor of oseltamivir receipt than prevalence of influenza. These findings corroborate concerns about equity of treatment in pandemics, and they call for improved approaches to distributing potentially life-saving treatments.

EP-51816
Postscript: research agenda to guide the next generation of public reports for consumers. Peggy McNamara. 2014

There is significant interest in building the next generation of public reporting tools that will more effectively engage consumers and better enable them to make use of comparative performance information when selecting a provider. Demand for public reporting tools that make health care cost and quality information transparent is fueled by a variety of market forces underway. A host of public reporting efforts and studies have identified a number of challenges, highlighting that, we still do not understand how best to design public reports to meet the needs of the consumer. We identify five areas for additional research that, if addressed, could foster better design and delivery of quality and cost information to consumers.

EP-51817
Community-partnered research conference model: the experience of community partners in care study. Esmeralda Pulido, Ana Ramos. 2014

THE PROBLEM: Conducting community-partnered research conferences is a powerful yet underutilized approach to translating research into practice and improving result dissemination and intervention sustainability strategies. Nonetheless, detailed descriptions of conference features and ways to use them in empirical research are rare. PURPOSE: We describe how community-partnered conferences may be integrated into research projects by using an example of Community Partners in Care (CPIC), a large, cluster-randomized, controlled, trial (RCT) that uses community-partnered participatory research (CPPR) principles. KEY POINTS: Our conceptual model illustrates the role community-partnered research conferences may play in three study phases and describes how different conference features may increase community engagement, build two-way capacity, and ensure equal project ownership. CONCLUSIONS: As the number of community-partnered studies grows, so too does the need for practical tools to support this work. Community-partnered research conferences may be effectively employed in translational research to increase two-way capacity building and promote long-term intervention success.

EP-51818

For a surprisingly large segment of the older population, chronological age is not a relevant marker for understanding, measuring, or experiencing healthy aging. Using the 2003 Medical Expenditure Panel Survey and the 2004 Health and Retirement Study to examine the proportion of Americans exhibiting five markers of health and the variation in health-related quality of life across each of eight age groups, we find that a significant proportion of older Americans is healthy within every age group beginning at age 51, including among those aged 85+. For example, 48% of those
aged 51–54 and 28% of those aged 85+ have excellent or very good self-reported health status; similarly, 89% of those aged 51–54 and 56% of those aged 85+ report no health-based limitations in work or housework. Also, health-related quality of life ranges widely within every age group, yet there is only a comparatively small variation in median quality of life across age groups, suggesting that older Americans today may be experiencing substantially different age-health trajectories than their predecessors. Patterns are similar for medical expenditures. Several policy implications are explored.

EP-51819

Issuance of patient reminders for influenza vaccination by U.S.-based primary care physicians during the first year of universal influenza vaccination recommendations. Katherine M. Harris. 2014

To estimate the number of physician-reported influenza vaccination reminders during the 2010–2011 influenza season, the first influenza season after universal vaccination recommendations for influenza were introduced, we interviewed 493 members of the Physicians Consulting Network. Patient vaccination reminders are a highly effective means of increasing influenza vaccination; nonetheless, only one quarter of the primary care physicians interviewed issued influenza vaccination reminders during the first year of universal vaccination recommendations, highlighting the need to improve office-based promotion of influenza vaccination.

EP-51820

Words can be deceiving: a review of variation among legally effective medical marijuana laws in the United States. Anne Boustead. 2014

When voters in two US states approved the recreational use of marijuana in 2012, public debates for how best to promote and protect public health and safety started drawing implications from states' medical marijuana laws (MMLs). However, many of the discussions were simplified to the notion that states either have an MML or do not; little reference was made to the fact that legal provisions differ across states. This study seeks to clarify the characteristics of state MMLs in place since 1990 that are most relevant to consumers/patients and categorizes those aspects most likely to affect the prevalence of use, and consequently the intensity of public health and welfare effects. Evidence shows treating MMLs as homogeneous across states is misleading and does not reflect the reality of MML making. This variation likely has implications for use and health outcomes, and thus states' public health.

EP-51821

Design of the Violence and Stress Assessment (ViStA) study: a randomized controlled trial of care management for PTSD among predominantly Latino patients in safety net health centers. David Eisenman. 2014

Posttraumatic stress disorder (PTSD) is a common problem in primary care. Although effective treatments are available, little is known about whether such treatments are effective within the context of Federally Qualified Health Centers (FQHCs) that serve as national "safety nets" for providing primary care for low income and uninsured patients. The Violence and Stress Assessment (ViStA) study is the first randomized controlled trial (RCT) to test the impact of a care management intervention for treating PTSD in FQHCs. To develop a PTSD management intervention appropriate for lower resource FQHCs and the predominantly Latino patients they serve, formative work was conducted through a collaborative effort between researchers and an FQHC practice-based research network. This article describes how FQHC stakeholders were convened to review, assess, and prioritize evidence-based strategies for addressing patient, clinician, and system-level barriers to care. This multi-component care management intervention incorporates diagnosis with feedback, patient education and activation; navigation and linkage to community resources; clinician education and medication guidance; and structured cross-disciplinary communication and continuity of care, all facilitated by care managers with FQHC experience. We also describe the evaluation design of this five-year RCT and the characteristics of the 404 Eng-
lish or Spanish speaking patients enrolled in the study and randomized to either the intervention or to usual care. Patients are assessed at baseline, six months, and 12 months to examine intervention effectiveness on PTSD, other mental health symptoms, health-related quality-of-life, health care service use; and perceived barriers to care and satisfaction with care.

EP-51822

Why changes in price matter when thinking about marijuana policy: a review of the literature on the elasticity of demand. Russell Lundberg. 2014

Recent debates regarding liberalization of marijuana policies often rest on assumptions regarding the extent to which such policy changes would lead to a change in marijuana consumption and by whom. This paper reviews the economics literature assessing the responsiveness of consumption to changes in price and enforcement risk and explicitly considers how this responsiveness varies by different user groups. In doing so, it demonstrates how most of the research has examined responsiveness to prevalence of use, which is a composite of different user groups, rather than level of consumption among regular or heavy users, which represent the largest share of total quantities consumed. Thus, it is not possible to generate reliable estimates of the impact of liberalizing policies on either tax revenues or harms, as these outcomes are most directly influenced by the amounts consumed by regular or heavy users, not prevalence rates.

EP-51823

Prevalence and correlates of firearm ownership in the homes of fifth graders: Birmingham, AL, Houston, TX, and Los Angeles, CA. Terri Lewis, Thomas R. Simon. 2014

Firearms in the home are associated with increased injury risk, especially when loaded and unlocked. In this study, 5,010 fifth-graders and their caregivers in three U.S. metropolitan areas participated in the 2004-2006 Healthy Passages study on adolescent health. Firearm ownership and storage patterns were examined by four self-reported sociodemographic characteristics (child’s race/ethnicity, child’s gender, family socioeconomic status, and study site) and reasons for ownership. Eighteen percent (n = 880) of the families reported firearms in the home. Families with African American and Hispanic children had lower odds of owning firearms than families with non-Hispanic White children. The most common reasons for ownership were protection from crime and hunting. Six percent (n = 56) of the families with firearms stored at least one firearm unlocked, assembled, without a trigger lock, and with unlocked ammunition. Compared with families with non-Hispanic White children, families with African American children engaged in safer storage practices. Results can inform childhood firearm injury prevention activities.

EP-51824


OBJECTIVE: To measure level and variation of healthcare quality provided by different types of healthcare facilities in Ghana and Kenya and which factors (including levels of government engagement with small private providers) are associated with improved quality. DESIGN: Provider knowledge was assessed through responses to clinical vignettes. Associations between performance on vignettes and facility characteristics, provider characteristics and self-reported interaction with government were examined using descriptive statistics and multivariate regressions. SETTING: Survey of 300 healthcare facilities each in Ghana and Kenya including hospitals, clinics, nursing homes, pharmacies and chemical shops. Private facilities were oversampled. PARTICIPANTS: Person who generally saw the most patients at each facility. MAIN OUTCOME MEASURE(S): Percent of items answered correctly, measured against clinical practice guidelines and World Health Organization’s protocol. RESULTS: Overall, average quality was low. Over 90% of facilities performed less than half of necessary items. Incorrect antibiotic use was frequent. Some evidence of posi-
tive association between government stewardship and quality among clinics, with the greatest effect (7% points increase, $P = 0.03$) for clinics reporting interactions with government across all six stewardship elements. No analogous association was found for pharmacies. No significant effect for any of the stewardship elements individually, nor according to type of engagement. CONCLUSIONS: Government stewardship appears to have some cumulative association with quality for clinics, suggesting that comprehensive engagement with providers may influence quality. However, our research indicates that continued medical education (CME) by itself is not associated with improved care.

EP-51825

Cutting Medicare hospital prices leads to a spillover reduction in hospital discharges for the nonelderly. 2014

OBJECTIVE: To measure spillover effects of Medicare inpatient hospital prices on the nonelderly (under age 65). PRIMARY DATA SOURCES: Healthcare Cost and Utilization Project State Inpatient Databases (10 states, 1995–2009) and Medicare Hospital Cost Reports. STUDY DESIGN: Outcomes include nonelderly discharges, length of stay and case mix, staffed hospital bed-days, and the share of discharges and days provided to the elderly. We use metropolitan statistical areas as our markets. We use descriptive analyses comparing 1995 and 2009 and panel data fixed-effects regressions. We instrument for Medicare prices using accumulated changes in the Medicare payment formula. PRINCIPAL FINDINGS: Medicare price reductions are strongly associated with reductions in nonelderly discharges and hospital capacity. A 10-percent reduction in the Medicare price is estimated to reduce discharges among the nonelderly by about 5 percent. Changes in the Medicare price are not associated with changes in the share of inpatient hospital care provided to the elderly versus nonelderly. CONCLUSIONS: Medicare price reductions appear to broadly constrain hospital operations, with significant reductions in utilization among the nonelderly. The slow Medicare price growth under the Affordable Care Act may result in a spillover slowdown in hospital utilization and spending among the nonelderly.

EP-51826

The exchange between quantity and quality. 2014

In economic analysis, the cost isoquant between two different commodities from the point of view of a purchaser or a producer is in the general (possibly noncompetitive) case assumed to be concave to the origin — the limiting case being that of a purchasing unit with no monopsonistic power forced to move along a budget curve which is a straight line.

EP-51827

Sphere drag in a low-density supersonic flow. 2014

Sphere drag coefficients were measured in the Berkeley Low Density Wind Tunnel at Mach equals 2, 4, and 6, and free stream Reynolds numbers between 10 and 10,000 for both insulated and cold wall conditions. The measurements indicate that sphere drag in this regime is strongly dependent on the Reynolds number behind a normal shock wave, and only weakly dependent on Mach number. In addition, it was found that a decrease in wall temperature/stagnation temperature ($T_w/T_o$) from 1 to 0.26 was accompanied by a 5 - 10% decrease in the drag coefficient. A precision microbalance was used to obtain data for insulated spheres, and a moving model technique was used to obtain data for small spheres falling freely through a wind tunnel jet. These latter tests were performed using both cold and insulated models. The results on insulated spheres at $M$ equal 2 and 4 were in good agreement with the measurements of other investigators. The results of the cold wall tests indicate that for Mach numbers greater than 5 in air, sphere drag coefficients are a function only of $T_w/T_o$ and the post normal shock Reynolds number.

EP-51828

Perspective: some possible pitfalls in the design and use of PERT networking. 2014
This article presents a diagnostic review of the PERT (Program Evaluation and Review Technique) technique, and defines the technique and outlines some of the problematic aspects of designing a PERT Cost system that may have an impact on schedule and cost performance. The author discusses observations on the construction of proposal networks and pitfalls in networking, such as the sophistry of the black boxes, the vendor nose constraining the vertical fin design, grouping of engineering releases, waiting time, the reversal of constraints, acceptable level of technical risk, and updating of subsidiary networks. He reminds users of the PERT technique that a sound, synthesized system design is complex and necessitates adherence to the prescribed procedures.

EP-51829
Juvenile crime and juvenile justice. 2014

From coverage provided by the news media juveniles are perceived as committing more violence, and popular media also conveys the impression that their violence is becoming more callous and gratuitous. Many juvenile killings appear to take place without any rational cause or purpose. It is this latter characteristic, hardened malice, that has caused many to question the concept of protecting and rehabilitating youth—upon which the juvenile justice system has historically been based. This section will attempt to reconcile the available data with these common perceptions.

EP-51830
Obesity and economic environments. Ruopeng An. 2014

This review summarizes current understanding of economic factors during the obesity epidemic and dispels some widely held, but incorrect, beliefs. Rising obesity rates coincided with increases in leisure time (rather than increased work hours), increased fruit and vegetable availability (rather than a decline in healthier foods), and increased exercise uptake. As a share of disposable income, Americans now have the cheapest food available in history, which fueled the obesity epidemic. Weight gain was surprisingly similar across sociodemographic groups or geographic areas, rather than specific to some groups (at every point in time; however, there are clear disparities). It suggests that if one wants to understand the role of the environment in the obesity epidemic, one needs to understand changes over time affecting all groups, not differences between subgroups at a given time. Although economic and technological changes in the environment drove the obesity epidemic, the evidence for effective economic policies to prevent obesity remains limited. Taxes on foods with low nutritional value could nudge behavior toward healthier diets, as could subsidies/discounts for healthier foods. However, even a large price change for healthy foods could close only part of the gap between dietary guidelines and actual food consumption. Political support has been lacking for even moderate price interventions in the United States and this may continue until the role of environmental factors is accepted more widely. As opinion leaders, clinicians play an important role in shaping the understanding of the causes of obesity.

EP-51831

The decline in late-life disability prevalence in the United States was one of the most important developments in the well-being of older Americans in the 1980s and 1990s, but there is no guarantee that it will continue into the future. We review the past literature on trends in disability and other health indicators and then estimate the most recent trends in biomarkers and limitations for both the population aged 65 and older and those aged 40 to 64, the future elderly. We then investigate the extent to which trends in education, smoking, and obesity can account for recent trends in limitations and discuss how these three factors might influence future prospects for late-life health. We find that improvements in the health of the older population generally have continued into the first decade of the twenty-first century. The recent increase in the proportion of the younger population needing help with activities of daily living is concerning, as is the doubling of obesity in the last few decades. However, the increase in obe-
sity has recently paused, and favorable trends in
education and smoking are encouraging.

EP-51832
Who takes up free flu shots? Examining the
effects of an expansion in coverage. Ilaria Mosca. 2014

The risk of costly complications and the exter-
nalities of contagious diseases lead many coun-
tries provide free flu shots to certain populations. In 2008, the Netherlands expanded their flu shot
program to cover all individuals over the age of 60, instead of 65. We investigate the effects of the ex-
pansion and examine those factors that influence
people to change their behavior. We find that the
main barrier to take up of free flu shots is labor
force participation. Expansion of the program did
little to change the behavior of those at increased
risk, primarily because these individuals were al-
ready getting flu shots.

EP-51833
Modeling disability trajectories and mortality

This article uses a group-based modeling ap-
proach to jointly estimate disability and mortality
trajectories over time based on data from the pop-
ulation aged 80 and older in China, and explores
relations of demographic, socioeconomic, and
early-life characteristics to membership in gender-
specific trajectory groups. A three-group model
best fits the data for both males and females. For
most groups, predicted numbers of limitations in
activities of daily living (ADLs) increase with age,
but the pace is gradual in some cases and rapid
in others. For each gender, the estimated mor-
tality probability trajectories for the three groups
follow a hierarchy that is related to the predicted
ADL counts at age 80. Only a few characteristics
predict trajectory-group membership. Prior non-
agricultural occupation is associated with less
favorable disability trajectories for both genders.
For females, rural residence, a greater number of
children ever born, and having a father who did
not work in agriculture are associated with more
favorable trajectories. For a small group of males
who received education, disability is moderate
but changes little with age. Findings may reflect
heterogeneity of survival among the least advan-
taged, as well as a possible expansion of morbidi-
ity among a small advantaged group.

EP-51834
Trends in late-life activity limitations in the Unit-
ed States: an update from five national surveys.
Brenda C. Spillman, Patricia M. Andreski. 2014

This article updates trends from five national
U.S. surveys to determine whether the prevalence
of activity limitations among the older population
continued to decline in the first decade of the
twenty-first century. Findings across studies sug-
gest that personal care and domestic activity limi-
tations may have continued to decline for those
ages 85 and older from 2000 to 2008, but gener-
ally were flat since 2000 for those ages 65–84.
Modest increases were observed for the 55- to
64-year-old group approaching late life, although
prevalence remained low for this age group. Inclu-
sion of the institutional population is important for
assessing trends among those ages 85 and older
in particular.

EP-51835
Sociotechnical reinvention: implementation
dynamics and collaboration tools. 2014

Sociotechnical systems theory suggests sev-
eral themes about implementation, including con-
tinuous mutual adaptation of tool and context, task
emphasis, the priority of process, and changes in
evaluative criteria over time. The effectiveness of
these ideas is illustrated in the experience of the
World Bank in its implementation of a group deci-
sion support system, GroupSystems.

EP-51837
Welfare reform and abortion. 2014

This chapter has considered the likely effects of
the Personal Responsibility and Work Opportunity
Reconciliation Act of 1996 on abortion and the re-
search considerations in exploring that issue.

EP-51838
Updated trends in imaging use in men diag-

BACKGROUND: Previous studies have found persistent overuse of imaging for clinical staging of men with low-risk prostate cancer. We aimed to determine imaging trends in three cohorts of men. METHODS: We analyzed imaging trends of men with prostate cancer who were a part of Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) (1998–2006), were insured by Medicare (1998–2006), or privately insured (Ingenix database, 2002–2006). The rates of computed tomography (CT), magnetic resonance imaging (MRI) and bone scan (BS) were determined and time trends were analyzed by linear regression. For men in CaPSURE, demographic and clinical predictors of test use were explored using a multivariable regression model. RESULTS: Since 1998, there was a significant downward trend in BS (16%) use in the CaPSURE cohort (N=5156). There were slight downward trends (2.4 and 1.7%, respectively) in the use of CT and MRI. Among 54,322 Medicare patients, BS, CT and MRI use increased by 2.1, 10.8 and 2.2% and among 16,161 privately insured patients, use increased by 7.9, 8.9 and 3.7%, respectively. In CaPSURE, the use of any imaging test was greater in men with higher-risk disease. In addition, type of insurance and treatment affected the use of imaging tests in this population. CONCLUSIONS: There is widespread misuse of imaging tests in men with low-risk prostate cancer, particularly for CT. These findings highlight the need for examination of factors that drive decision making with respect to imaging in this setting.

EP-51839

Aid under fire: development projects and civil conflict. Patrick B. Johnston. 2014

We estimate the causal effect of a large development program on conflict in the Philippines through a regression discontinuity design that exploits an arbitrary poverty threshold used to assign eligibility for the program. We find that barely eligible municipalities experienced a large increase in conflict casualties compared to barely ineligible ones. This increase is mostly due to insurgent-initiated incidents in the early stages of program preparation. Our results are consistent with the hypothesis that insurgents try to sabotage the program because its success would weaken their support in the population.

EP-51840


Investigations into the reasons for declines in late-life disability have largely focused on the role of contemporaneous factors. Adopting a life-course perspective as a backdrop, in this paper we ask whether there also has been a role for selected early- and mid-life factors in the decline, and if so whether these factors have been operating through changes in the risks of disability onset or recovery. Drawing on five waves from 1995 to 2004 of the U.S. Health and Retirement Study, we found for the 75 years and older population in the United States that the prevalence of difficulty with activities of daily living (ADL) declined from 30.2% in 1995 to 26.0% in 2004, whereas the trend in difficulty with instrumental activities of daily living (IADL) was flat. Onset of ADL limitations also was reduced during this period while recovery increased. Changes in the educational composition of the older population were linked to declines in the prevalence of ADL limitations, but there were also modest contributions of changes in mother’s education, self-rated childhood health, and lifetime occupation. Declines in late-life vision impairments and increases in wealth also contributed substantially to the downward trend, and had chronic conditions not increased, it would have been even larger. Reductions in the onset of ADL limitations were partly driven by changes in educational attainment of respondents and their mothers and, in late-life, better vision and wealth. In contrast, the recovery trend was not accounted for by changes in early- or mid-life factors. We conclude that early- and mid-life factors have contributed along with late-life factors to U.S. late-life disability trends mainly through their influence on the onset of, rather than recovery from, limitations.

EP-51841
Interventions to improve late life. 2014

Comments on the future of the demography of aging at an invited session of the 2008 annual meeting of the Population Association of America. The author proposes that population scientists working in aging emulate those studying fertility and family planning in previous decades, learning from interventions (in this case, aimed at increasing retirement savings and reducing disability at older ages).

EP-51842

Information technology and high-performance teams: creating value through knowledge. Susan G. Cohen. 2014

In this chapter, the authors examine how digital information and communication media help make teams more effective.

EP-51843

Disability insurance and health insurance reform: evidence from Massachusetts. Kathleen J. Mullen. 2014

As health insurance becomes available outside of the employment relationship as a result of the Affordable Care Act (ACA), the cost of applying for Social Security Disability Insurance (SSDI)—potentially going without health insurance coverage during a waiting period totaling 29 months from disability onset—will decline for many people with employer-sponsored health insurance. At the same time, the value of SSDI and Supplemental Security Income (SSI) participation will decline for individuals who otherwise lacked access to health insurance. We study the 2006 Massachusetts health insurance reform to estimate the potential effects of the ACA on SSDI and SSI applications.

EP-51844


PURPOSE: In a diverse group of early adolescents, this study explores the co-occurrence of a broad range of health risk behaviors: alcohol, cigarette, and marijuana use; physical inactivity; sedentary computing/gaming; and the consumption of low-nutrient energy-dense food. We tested differences in the associations of unhealthy behaviors over time, and by gender, race/ethnicity, and socioeconomic status. METHODS: Participants were 8360 students from 16 middle schools in California (50% female; 52% Hispanic, 17% Asian, 16% White, and 15% Black/multiethnic/other). Behaviors were measured with surveys in Spring 2010 and Spring 2011. Confirmatory factor analysis was used to assess if an underlying factor accounted for the covariance of multiple behaviors, and composite reliability methods were used to determine the degree to which behaviors were related. RESULTS: The measured behaviors were explained by two moderately correlated factors: a 'substance use risk factor' and an 'unhealthy eating and sedentary factor'. Physical inactivity did not reflect the latent factors as expected. There were few differences in the associations among these behaviors over time or by demographic characteristics. CONCLUSIONS: Two distinct, yet related groups of health compromising behaviors were identified that could be jointly targeted in multiple health behavior change interventions among early adolescents of diverse backgrounds.

EP-51845


Twenty-seven years after the first public release by the U.S. government of data on the quality of hospital care, public reporting for consumers has expanded substantially. Despite the growth in public reporting activities, there is limited evidence of their use by consumers in ways that significantly affect health care delivery. Support for public reporting continues, in part, because of the face value of transparency. The limited impact of reporting efforts is plausibly due to flaws in the content, design, and implementation of existing public reports rather than inherent limitations of reporting. Substantial work is still needed for public reports to achieve their potential for engaging and informing consumers. We present a vision statement and 10 recommendations to achieve this potential.
EP-51846

BACKGROUND: There is an increasing push for 'evidence-based' decision making in global health policy circles. However, at present there are no agreed upon standards or guidelines for how to evaluate evidence in global health. Recent evaluations of existing evidence frameworks that could serve such a purpose have identified details of program context and project implementation as missing components needed to inform policy. We performed a pilot study to assess the current state of reporting of context and implementation in studies of global health interventions. METHODS: We identified three existing criteria sets for implementation reporting and selected from them 10 criteria potentially relevant to the needs of policy makers in global health contexts. We applied these 10 criteria to 15 articles included in the evidence base for three global health interventions chosen to represent a diverse set of advocated global health programs or interventions: household water chlorination, prevention of mother-to-child transmission of HIV, and lay community health workers to reduce child mortality. We used a good-fair-poor/none scale for the ratings. RESULTS: The proportion of criteria for which reporting was poor/none ranged from 11% to 54% with an average of 30%. Eight articles had 'good' or 'fair' documentation for greater than 75% of criteria, while five articles had 'poor or none' documentation for 50% of criteria or more. Examples of good reporting were identified. CONCLUSIONS: Reporting of context and implementation information in studies of global health interventions is mostly fair or poor, and highly variable. The idiosyncratic variability in reporting indicates that global health investigators need more guidance about what aspects of context and implementation to measure and how to report them. This lack of context and implementation information is a major gap in the evidence needed by global health policy makers to reach decisions.

EP-51847
Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample. Andrew P. Paves. 2014

Perceived public stigma regarding seeking mental health treatment can be a barrier to accessing services for young adults. While factors associating with personal stigma regarding how one would view and treat others have been identified, the discrepancies between perceived and personal stigma have received less research attention. We designed the current study to expand on previous research and examine the discrepancies between perceived public stigma and personal stigma among a sample of 386 primarily White and Asian college students. Participants completed surveys of mental health symptoms, treatment experience and attitudes, perceived public, and personal stigma. Overall, participants generally reported greater perceived public stigma than personal stigma; an effect that was particularly evident for women and those with mental health symptoms. The majority of participants disagreed with items assessing personal stigma. Negative attitudes toward treatment and anxiety symptoms associated with perceived public stigma, while male gender, Asian ethnicity, and negative attitudes toward treatment associated with personal stigma. Findings have implications for interventions and marketing programs to help change perceptions about mental health stigma to encourage utilization of services for those young people who could benefit from care.

EP-51848

PURPOSE: Depression and health risk behaviors in adolescents are leading causes of preventable morbidity and mortality. Primary care visits provide prime opportunities to screen and provide preventive services addressing risk behaviors/conditions. This study evaluated the co-occurrence of depression and health risk behaviors (focusing on smoking, drug and alcohol misuse, risky sexual behavior, and obesity-risk) with the goal of informing preventive service strategies. METH-
ODS: Consecutive primary care patients (n=217), ages 13 to 18 years, selected to oversample for depression, completed a Health Risk Behavior Survey and the Diagnostic Interview Schedule for Children and Adolescents (DISC) depression module. RESULTS: Youths with DISC-defined past-year depression were significantly more likely to report risk across multiple risk-areas, Wald X2(1)=14.39, p<.001, and to have significantly higher rates of past-month smoking, X2(1)=5.86, p=.03, substance misuse, X2(1)=15.12, p<.001, risky sex, X2 (1)=5.04, p=.03, but not obesity-risk, X2 (1)=0.19, p=.66. Crosssectional predictors of risk behaviors across risk areas were similar. Statistically significant predictors across all risk domains included: youths' expectancies about future risk behavior; attitudes regarding the risk behavior; and risk behaviors in peers/others in their environments. CONCLUSIONS: Depression in adolescents is associated with a cluster of health risk behaviors that likely contribute to the high morbidity and mortality associated with both depression and health risk behaviors. Consistent with the United States National Prevention Strategy (2011) and the focus on integrated behavioral and medical health care, results suggest the value of screening and preventive services using combination strategies that target depression and multiple areas of associated health risk.

EP-51850
Focusing on the five A’s: a comparison of homeless and housed patients' access to and use of pharmacist-provided smoking cessation treatment. Deborah M. Scharf. 2014

INTRODUCTION: The prevalence of smoking remains high among the medically underserved and could be related to disparities in access to and use of smoking cessation treatments. METHODS: This study implemented and tracked providers' use of the 5 A’s intervention for tobacco use (Ask, Assess, Advise, Assist, Arrange) with homeless (n = 260) and housed (n = 226) adults attending a free medical clinic, including referrals to and use of an on-site pharmacist-led smoking cessation service. RESULTS: Among patients whose tobacco use was asked about and assessed (97%), homeless (vs. housed) patients were more likely to smoke (59% vs. 39%; P = 0.008). Among current smokers, there were no homeless-housed disparities in receipt of advice to quit smoking (84% vs. 78%; P = 0.22) or arrangement of treatment (36% vs. 31%; P = 0.46). Overall, among patients for whom treatment was arranged, homeless patients were less likely than housed patients to attend the smoking cessation program (25% vs. 48%; P = 0.04). However, among those that attended any treatment (i.e., were assisted to quit), homeless and housed patients attended similar numbers of sessions and used pharmacotherapy at similar rates. CONCLUSIONS: Providers may reduce homeless-housed disparities in smoking by offering special assistance to homeless smokers that reduces barriers to initially accessing treatment services.

EP-51851
Symptom persistence in a community cohort of women with interstitial cystitis/bladder pain syndrome (IC/BPS): 3-, 6-, 9-, and 12-month follow-up from the RICE cohort. Sandra H. Berry. 2014

INTRODUCTION AND HYPOTHESIS: The persistence of interstitial cystitis/bladder pain syndrome (IC/BPS) symptoms has been described in women seeking medical care. The purpose of this
study was to determine whether symptoms persist among a population-based sample of women. METHODS: A probability sample of US women was identified through a two-stage telephone screening process using the Research and Development (RAND) Interstitial Cystitis Epidemiology (RICE) high-sensitivity case definition. A randomly selected subgroup (n = 508) was enrolled in a longitudinal study and interviewed about their symptoms at baseline, 3, 6, 9, and 12 months. Bivariate and multivariate linear regression analyses determined predictors of persistence of symptoms over the four waves. RESULTS: A total of 436 women with a mean age of 47.5 years responding to all waves were included in the analysis. Forty-one percent met the RICE high-sensitivity case definition at baseline and in all four waves; an additional 21% met the definition at baseline and in three waves. Women with a college degree (+12% vs. no college, p = 0.02) and who were younger (<5% per decade of age, p < 0.01) had higher chances of symptom persistence at each wave. Scoring one standard deviation higher on the continuity of symptoms and the O’Leary–Sant Interstitial Cystitis Symptom index increased the chances of symptom persistence by 4% and 2%, respectively (p < 0.01). CONCLUSIONS: The majority of women demonstrated symptom persistence across at least three of four waves over 12 months. These women tended to be younger, college-educated, and to have reported a history of greater continuity of symptoms and higher severity of symptoms at baseline.

EP-51852
Comparative effectiveness of shock wave lithotripsy and ureteroscopy for treating patients with kidney stones. Julie Lai. 2014

IMPORTANCE: Shock wave lithotripsy (SWL) and ureteroscopy (URS) account for more than 90% of procedural interventions for kidney stones, which affect 1 in 11 persons in the United States. Efficacy data for SWL are more than 20 years old. Advances in URS, along with emerging evidence of reduced efficacy of modern lithotripters, have created uncertainty regarding the comparative effectiveness of these 2 treatment options. OBJECTIVE: To compare the effectiveness of SWL and URS to fragment or remove urinary stones in a large private payer cohort. DESIGN, SETTING, AND PARTICIPANTS: We performed a retrospective cohort study of privately insured beneficiaries who had an emergency department visit for a kidney stone and subsequently underwent SWL or URS. Using an instrumental variable approach to control for observed and unobserved differences between the 2 groups, we created a bivariate probit model to estimate the probability of repeat intervention following an initial procedure. MAIN OUTCOMES AND MEASURES: A second procedure (SWL or URS) within 120 days of an initial intervention to fragment or remove a kidney stone. RESULTS: Following an acute care visit for a kidney stone, 21,937 patients (45.8%) underwent SWL and 25,914 patients (54.2%) underwent URS. After the initial URS, 4,852 patients (18.7%) underwent an additional fragmentation or removal procedure compared with 5,186 patients (23.6%) after the initial SWL (P < 0.001). After adjusting for observed and unobserved variables, the estimated probabilities of repeat intervention were 11.0% (95% CI, 10.9-11.1) following SWL and 0.3% (95% CI, 0.325-0.329) following URS. CONCLUSIONS AND RELEVANCE: Among privately insured beneficiaries requiring procedural intervention to remove a symptomatic stone, repeat intervention is more likely following SWL. For the marginal patient (as opposed to the average patient), the probability of repeat intervention is substantially higher.

EP-51853
Assessing the contribution of parks to physical activity using global positioning system and accelerometry. Fang Wen, Amy Hillier. 2014

PURPOSE: Parks offer a free option for physical activity in many communities. How much time people spend using parks and the contribution that parks makes to their physical activity is not known. This study describes patterns of park use and physical activity among a diverse adult sam-
METHODS: From five US states, 248 adults enrolled in or near 31 study parks. Participants wore a global positioning system (GPS) monitor (Qstarz BT-Q1000X) and an ActiGraph accelerometer (GT1M) concurrently for 3 wk. Parks were mapped from local and national park shape files. Park visits and travel to and from the parks were derived from the objective data. RESULTS: Participants visited parks a median of 2.3 times per week, and park visits lasted a median of 42.0 min. Overall, participants engaged in a median of 21.7 min of moderate activity and 0.1 min of vigorous activity, with an average of 8.2% of all moderate and 9.4% of all vigorous activity occurring within the parks. Among those with at least one park visit (n = 218), counts per minute, moderate, moderate-to-vigorous physical activity (MVPA), number and time in MVPA bouts per day, and sedentary behavior were all higher on days when a park was visited compared with days when a park was not visited. Considering several definitions of active travel, walking or bicycling to and from the park added an additional 3.7-6.6 mean minutes of MVPA per park visit. CONCLUSIONS: Parks contributed as a place and destination for physical activity but were underused. One of the next steps in this line of inquiry is to understand characteristics of parks used more often as a place and destination for physical activity.

EP-51854

Contextual predictors of cumulative biological risk: segregation and allostatic load. Brian Karl Finch. 2014

OBJECTIVES: Segregation is considered to be a fundamental cause of race/ethnic disparities in health. However, very few studies have tested whether levels of segregation are related to health outcomes using multilevel data and appropriate methodologies. In this study, we investigate the relationships between two distinct dimensions of segregation and allostatic load to determine whether the experiences of individuals in segregated neighborhoods are related to allostatic load as a possible predisease indicator. METHODS: To test our hypotheses, we utilized publicly available data from the National Health and Nutrition Examination Survey III, 1988–1994. We utilized random-intercept hierarchical generalized Poisson regression models to conduct our multivariate analyses. RESULTS: We find that inflammatory response is related to both the evenness and exposure domains of segregation. That is, both the unequal distribution of minority groups over areal units as well as the degree of potential contact between minority and majority group members are related to these predisease pathways. CONCLUSIONS: In this study, we build on prior research by Massey (2004) to investigate the relationships between two distinct dimensions of segregation and allostatic load. Our results indicate that segregation is a significant predictor of allostatic load, net of individual-level characteristics.

EP-51855

Comprehensive healthcare: why is the inclusion of reproductive health controversial for women but not men?. Chloe E. Bird. 2014

Whether comprehensive healthcare for women includes birth control, abortion, or even reproductive healthcare remains controversial in the United States. Women have long been faced with health insurance options that could exclude pregnancy, even when it was not a preexisting condition. Multiple arguments have recently been made as to why birth control should not be mandated coverage for women. Comprehensive care for women that broadly includes reproductive care is not yet the standard of care, despite recognition of the gaps and the many consequences for women's health.

EP-51856

Patient Aligned Care Teams (PACT): VA’s journey to implement patient-centered medical homes. Matthew J. Bair, Olveen Carrasquillo. 2014

In 2010, the US Department of Veterans Affairs (VA) launched national implementation of patient-centered medical homes (PCMH) through the Patient Aligned Care Teams (PACT) initiative, as described by Gordon Schectman and Richard Stark, the chief architects of PACT, in their commentary to this Supplement. Concurrently, the PACT initia-
tive aimed to incorporate rigorous formative and summative evaluation of PACT implementation and to promote PACT-related innovation development and testing. To accomplish these goals, the initiative established a national evaluation team (based in Seattle) and competitively funded five PACT Demonstration Laboratories (in Ann Arbor, Los Angeles, Iowa City, Philadelphia, and Portland). In addition, embedded health services researchers and clinical leader partners from outside the Demonstration Laboratories undertook relevant studies. Together, the implementation and evaluation components of PACT as reported in this Supplement’s articles document opportunities.

EP-51857

BACKGROUND: Concerns about vaccine safety have led some parents to decline recommended vaccination of their children, leading to the resurgence of diseases. Reassurance of vaccine safety remains critical for population health. This study systematically reviewed the literature on the safety of routine vaccines recommended for children in the United States. METHODS: Data sources included PubMed, Advisory Committee on Immunization Practices statements, package inserts, existing reviews, manufacturer information packets, and the 2011 Institute of Medicine consensus report on vaccine safety. We augmented the Institute of Medicine report with more recent studies and increased the scope to include more vaccines. Only studies that used active surveillance and had a control mechanism were included. Formulations not used in the United States were excluded. Adverse events and patient and vaccine characteristics were abstracted. Adverse event collection and reporting was evaluated by using the McHarm scale. We were unable to pool results. Strength of evidence was rated as high, moderate, low, or insufficient. RESULTS: Of 20,478 titles identified, 67 were included. Strength of evidence was high for measles/mumps/rubella (MMR) vaccine and febrile seizures; the varicella vaccine was associated with complications in immunodeficient individuals. There is strong evidence that MMR vaccine is not associated with autism. There is moderate evidence that rotavirus vaccines are associated with intussusception. Limitations of the study include that the majority of studies did not investigate or identify risk factors for AEs; and the severity of AEs was inconsistently reported. CONCLUSIONS: We found evidence that some vaccines are associated with serious AEs; however, these events are extremely rare and must be weighed against the protective benefits that vaccines provide.

EP-51858
The state of innovative emergency medical service programs in the United States. Abby Alpert. 2014

BACKGROUND: The primary objective of this study was to determine how EMS organizations that are piloting patient-centered treatment and transport protocols are approaching the challenges of implementation, reimbursement, and quality assurance. We were particularly interested in determining if these pilot efforts have raised any patient safety concerns. METHODS: We conducted a set of discussions with a small group of key EMS stakeholders regarding the status of pioneering efforts to develop and evaluate innovative approaches to EMS in the United States. RESULTS: We had discussions with 9 EMS agencies to better understand their innovative programs, including: the history of their service policy and procedure for transports that do not require emergency department care; the impact of their innovative program on service costs and/or cost savings; any reimbursement issues or changes; patient safety; patient satisfaction; and overall impression as well as recommendations for other EMS systems considering adoption of this policy. CONCLUSIONS: In general, EMS systems are not reimbursed for service unless the patient is transported to an ED. Spokespersons for all nine sites covered by this project said that this policy creates a powerful dis-
incentive to implementing pilot programs to safely reduce EMS use by directing patients to more appropriate sites of care or proactively treating them in their homes. Even though private and public hospitals and payers typically benefit from these programs, they have been generally reluctant to offer support. This raises serious questions about the long-term viability of these programs.

**EP-51859**


This article describes the patient-centered Scalable National Network for Effectiveness Research (pSCANNER), which is part of the recently formed PCORnet, a national network composed of learning healthcare systems and patient-powered research networks funded by the Patient Centered Outcomes Research Institute (PCORI). It is designed to be a stakeholder-governed federated network that uses a distributed architecture to integrate data from three existing networks covering over 21 million patients in all 50 states: (1) VA Informatics and Computing Infrastructure (VINCI), with data from Veteran Health Administration’s 151 inpatient and 909 ambulatory care and community-based outpatient clinics; (2) the University of California Research exchange (UC-ReX) network, with data from UC Davis, Irvine, Los Angeles, San Francisco, and San Diego; and (3) SCANNER, a consortium of UCSD, Tennessee VA, and three federally qualified health systems in the Los Angeles area supplemented with claims and health information exchange data, led by the University of Southern California. Initial use cases will focus on three conditions: (1) congestive heart failure; (2) Kawasaki disease; (3) obesity. Stakeholders, such as patients, clinicians, and health service researchers, will be engaged to prioritize research questions to be answered through the network. We will use a privacy-preserving distributed computation model with synchronous and asynchronous modes. The distributed system will be based on a common data model that allows the construction and evaluation of distributed multivariate models for a variety of statistical analyses.

**EP-51860**

Perceptions of behavioral health care among veterans with substance use disorders: results from a national evaluation of mental health services in the Veterans Health Administration. Leena Bui, Alex H. S. Harris. 2014

Understanding patients’ perceptions of care is essential for health care systems. We examined predictors of perceptions of behavioral health care (satisfaction with care, helpfulness of care, and perceived improvement) among veterans with substance use disorders (SUD; n=1,581) who participated in a phone survey as part of a national evaluation of mental health services in the U.S. Veterans Health Administration. In multivariate analyses, SUD specialty care utilization and higher mental health functioning were associated positively with all perceptions of care, and comorbid schizophrenia, bipolar, and PTSD were associated positively with multiple perceptions of care. Perceived helpfulness of care was associated with receipt of SUD specialty care in the prior 12 months (adjusted OR=1.77, p<.001). Controlling for patient characteristics, satisfaction with care exhibited strong associations with perceptions of staff as supportive and empathic, whereas perceived improvement was strongly linked to the perception that staff helped patients develop goals beyond symptom management. Survey responses that account for variation in SUD patients’ perceptions of care could inform and guide quality improvement efforts with this population.

**EP-51861**


Recent studies have identified correlational associations linking terrorism and females’ standing in the labor market. Theories have been proposed to explain these associations. Some concluded that women’s participation in the labor force could be the driver that moves terrorism; others proposed that terrorism motivates the deviations in the labor force. No study has adequately explored
Causality and the direction of this association. Using a panel data set of 165 countries and terrorism data from 1980 to 2007, we find that terrorist attacks decrease female labor force participation and increase the gender gap between male and female labor force participation. By exploiting variation across countries and time, we are able to identify and quantify these effects; we are also able to address endogeneity concerns by using two novel instrumental variable approaches. The results are statistically significant and robust across a multitude of model specifications.

EP-51863
Inclusive innovation: an architecture for policy development. Rebecca Hanlin, Raphael Kaplinsky. 2014

The past two decades have been characterized by an increasing uncoupling of economic growth and social and economic development. Outside of China, the numbers living in absolute poverty have remained stubbornly large; in Africa, they have increased substantially. Although this uncoupling has multiple sources, the trajectory of innovation (large in scale, capital intensive in nature and destructive of the environment) has contributed to these outcomes. Reorienting towards a more ‘inclusive innovation’ path has an important role to play in overcoming exclusion. However, we have only a weak understanding of the definition, nature and dynamics of inclusive innovation, and this paper seeks to fill this conceptual gap. It argues that inclusive innovation needs to be understood and developed in the context of a holistic conception of the innovation cycle, the distinction between process and product innovation and the roles played by the poor as both producers and consumer. It further charts the growing interest of private sector actors in inclusive innovation (including, but not confined to transnational corporations seeking the ‘fortune at the bottom of the pyramid’) and large global funds working in tandem with the private sector and governments. Consideration is also given to the role which growth trajectories play in determining the direction of innovation and in promoting linkages between the globally absolute poor (incomes below $1pd) and those with discretionary cash incomes living in the margins above $1pd. The paper concludes with a call for a more holistic and balanced approach to inclusive innovation to be adopted by a range of stakeholders so that resources are deployed most effectively to aid the recoupling of growth and development.

EP-51864

The Nation's defense and security strategies seek to deter enemies, yet DOD does not define precisely what or who is to be deterred or the cost that can be met to achieve it. Accordingly, force-sizing draws on assumptions, operational concepts, and programmatic priorities that may or may not relate directly to articulate defense policies regarding tangible threats. For instance, there is overinvestment in offensive capabilities to defeat China in Air-Sea Battle when a defensive posture and A2/AD efforts with partners would be more cost-effective; simultaneously, there is underinvestment in combined arms measures for confronting such regional powers as North Korea and Syria and securing WMD in failed or failing states. DOD must array its resources against clearly identified threats and tasks.

EP-51865
Are mental disorders more common in urban than rural areas of the United States?. Grant N. Marshall. 2014

Urban vs. rural residence is commonly cited as a risk factor for depression and other mental disorders, but epidemiological evidence for this relationship in the US is inconclusive. We examined three consecutive annual samples (2009–2011) of adolescents (age 12–17, N = 55,583) and adults (age 18 and over, N = 116,459) from the National Survey of Drug Use and Health (NSDUH) to compare the prevalence of major depression and other serious mental illness across four catego-
ries of urbanicity: 1) large metropolitan areas, 2) small metropolitan areas, 3) semi-rural areas, and 4) rural areas, with and without adjustment for other demographic risk factors. For adolescents, no association was observed between urbanicity and the prevalence of major depression, with or without statistical adjustments. For adults, no differences were found in the prevalence of major depression or serious mental illness between large metropolitan areas and rural areas, but the prevalence of both was slightly higher in the two intermediate urbanicity categories than in large metropolitan areas, with statistically significant odds ratios after adjustment ranging from 1.12 to 1.19. Contrary to expectations, the prevalence of mental disorders was not higher in the most urban compared with the most rural areas, suggesting that the move to identify mechanistic explanations for risk associated with the urban environment is premature. Evidence of slightly higher prevalence in small urban and semi-rural areas relative to large urban areas, reported for the first time, requires additional investigation.

EP-66101
Integration of DEPression Treatment into HIV care in Uganda (INDEPTH-Uganda): study protocol for a randomized controlled trial. Victoria K. Ngo. 2014

BACKGROUND: Despite 10 to% of persons living with HIV in sub-Saharan Africa having clinical depression, and the consequences of depression for key public health outcomes (HIV treatment adherence and condom use), depression treatment is rarely integrated into HIV care programs. Task-shifting, protocolized approaches to depression care have been used to overcome severe shortages of mental health specialists in developing countries, but not in sub-Saharan Africa and not with HIV clients. The aims of this trial are to evaluate the implementation outcomes and cost-effectiveness of a task-shifting, protocolized model of antidepressant care for HIV clinics in Uganda. METHODS/DESIGN: INDEPTH-Uganda is a cluster randomized controlled trial that compares two task-shifting models of depression care - a protocolized model versus a model that relies on the clinical acumen of trained providers to provide depression care in ten public health HIV clinics in Uganda. In addition to data abstracted from routine data collection mechanisms and supervision logs, survey data will be collected from patient and provider longitudinal cohorts; at each site, a random sample of 150 medically stable patients who are depressed according to the PHQ-2 screening will be followed for 12 months, and providers involved in depression care implementation will be followed over 24 months. These data will be used to assess whether the two models differ on implementation outcomes (proportion screened, diagnosed, treated; provider fidelity to model of care), provider adoption of treatment care knowledge and practices, and depression alleviation. A cost-effectiveness analysis will be conducted to compare the relative use of resources by each model. DISCUSSION: If effective and resource-efficient, the task-shifting, protocolized model will provide an approach to building the capacity for sustainable integration of depression treatment in HIV care settings across sub-Saharan Africa and improving key public health outcomes.

EP-66102
Development and evaluation of the CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey for In-Center Hemodialysis patients. Paul Cleary. 2014

BACKGROUND: The US Centers for Medicare & Medicaid Services assess patient experiences of care as part of the end-stage renal disease prospective payment system and Quality Incentive Program. This article describes the development and evaluation of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) In-Center Hemodialysis Survey. STUDY DESIGN: We conducted formative research to generate survey questions and performed statistical analyses to evaluate the survey’s measurement properties. SETTING & PARTICIPANTS: Formative research included focus groups, cognitive interviews, and field testing the survey with dialysis patients. MEASUREMENTS & OUTCOMES: We assessed internal consistency reliability (Cronbach alpha) and center-level reliability for 3 multi-item scales.
We evaluated construct validity using correlations of the scales with global ratings of the kidney doctor, staff, and dialysis center. RESULTS: Response rate was 46% (1,454 completed surveys). Analyses support 3 multi-item scales: Nephrologists' Communication and Caring (7 items, alpha = 0.89), Quality of Dialysis Center Care and Operations (22 items, alpha = 0.93), and Providing Information to Patients (11 items, alpha = 0.75). The communication scale was correlated the most strongly with the global rating of the "kidney doctor" (r = 0.78). The Dialysis Center Care and Operations scale was correlated most strongly with global ratings of staff (r = 0.75) and the center (r = 0.69). Providing Information to Patients was correlated most strongly with the global rating of the staff (r = 0.41). LIMITATIONS: A relatively small number of patients completed the survey in Spanish. CONCLUSION: This study provides support for the reliability and validity of the CAHPS In-Center Hemodialysis Survey for assessing patient experiences of care at dialysis facilities. The survey can be used to compare care provided at different facilities.

EP-66103

In 2003, the Accreditation Council for Graduate Medical Education (ACGME) implemented resident duty hour reform that established a maximum 80-hour workweek among other provisions. Despite an important series of studies that analyzed the reform’s short-term impact on mortality in teaching hospitals (2003-2005), long-term studies have been lacking. The long-term effects of reform are important to consider because adherence to duty hour restrictions was limited in the first few years after the transition, and oversight of residents since the transition may have changed.

EP-66104

Our objective was to conduct a rigorous, structured process to create a new model of well-child care (WCC) in collaboration with a multisite community health center and 2 small, independent practices serving predominantly Medicaid-insured children. Working groups of clinicians, staff, and parents (called "Community Advisory Boards" [CABs]) used (1) perspectives of WCC stakeholders and (2) a literature review of WCC practice redesign to create 4 comprehensive WCC models for children ages 0 to 3 years. An expert panel, following a modified version of the Rand/UCLA Appropriateness Method, rated each model for potential effectiveness on 4 domains: (1) receipt of recommended services, (2) family-centeredness, (3) timely and appropriate follow-up, and (4) feasibility and efficiency. Results were provided to the CABs for selection of a final model to implement. The newly developed models rely heavily on a health educator for anticipatory guidance and developmental, behavioral, and psychosocial surveillance and screening. Each model allots a small amount of time with the pediatrician to perform a brief physical examination and to address parents' physical health concerns. A secure Web-based tool customizes the visit to parents' needs and facilitates previsit screening. Scheduled, non-face-to-face methods (text, phone) for parent communication with the health care team are also critical to these new models of care. A structured process that engages small community practices and community health centers in clinical practice redesign can produce comprehensive, site-specific, and innovative models for delivery of WCC. This process, as well as the models developed, may be applicable to other small practices and clinics interested in practice redesign.

EP-66105
Variation in inpatient hospital prices and outpatient service quantities drive geographic differences in private spending in Texas. Chapin White. 2014

OBJECTIVE: To measure the contribution of market-level prices, utilization, and health risk to medical spending variation among the Blue Cross Blue Shield of Texas (BCBSTX) privately insured
population and the Texas Medicare population. DATA SOURCES: Claims data for all BCBSTX members and publicly available CMS data for Texas in 2011. STUDY DESIGN: We used observational data and decomposed overall and service-specific spending into health status and health status adjusted utilization and input prices and input prices adjusted for the BCBSTX and Medicare populations. PRINCIPAL FINDINGS: Variation in overall BCBSTX spending across HRRs appeared driven by price variation, whereas utilization variation factored more prominently in Medicare. The contribution of price to spending variation differed by service category. Price drove inpatient spending variation, while utilization drove outpatient and professional spending variation in BCBSTX. The context in which negotiations occur may help explain the patterns across services. CONCLUSIONS: The conventional wisdom that Medicare does a better job of controlling prices and private plans do a better job of controlling volume is an oversimplification. BCBSTX does a good job of controlling outpatient and professional prices, but not at controlling inpatient prices. Strategies to manage the variation in spending may need to differ substantially depending on the service and payer.

EP-66106

Posttraumatic stress disorder (PTSD) and alcohol-use disorders (AUD) frequently present comorbidly in veteran populations. Traditionally those with alcohol dependence have been excluded from PTSD treatment outcome studies, thus we do not know how those with alcohol dependence may tolerate or respond to PTSD-specific interventions; no studies to date have examined the extent to which cognitive PTSD interventions are tolerated or effective for those with comorbid PTSD/AUD. The present study examines the extent to which CPT is tolerated by and effective in treating PTSD symptoms for veterans with PTSD and AUD, as compared to veterans with PTSD only in an outpatient treatment setting. Data were obtained through chart review of 536 veterans diagnosed with PTSD who had received at least 1 session of CPT at a Midwestern US Veterans Affairs hospital. Nearly half (n = 264, 49.3%) of the veterans in the study exhibited a current or past AUD diagnosis. Participants were grouped into the following diagnostic groups: current AUD (past 12 months), past AUD (prior to 12 months), and no AUD. Participants completed an average of 9 sessions of CPT with no significant difference between AUD diagnostic groups on the number of CPT sessions completed. Individuals with past AUD had higher initial symptoms of self-reported PTSD symptoms than those with no AUD. All groups reported significant reductions in PTSD symptoms and depression over time. Overall, the results suggest that CPT appears well tolerated among veterans with comorbid AUD and is associated with significant reductions in symptoms of PTSD and depression in an outpatient treatment setting.

EP-66107
How do hospitals cope with sustained slow growth in Medicare prices? Vivian Y. Wu. 2014

OBJECTIVE: To estimate the effects of changes in Medicare inpatient hospital prices on hospitals' overall revenues, operating expenses, profits, assets, and staffing. PRIMARY DATA SOURCE: Medicare hospital cost reports (1996–2009). STUDY DESIGN: For each hospital, we quantify the year-to-year price impacts from changes in the Medicare payment formula. We use cumulative simulated price impacts as instruments for Medicare inpatient revenues. We use a series of two-stage least squares panel data regressions to estimate the effects of changes in Medicare revenues among all hospitals, and separately among not-for-profit versus for-profit hospitals, and among hospitals experiencing real price increases ("gainers") versus decreases ("losers"). PRINCIPAL FINDINGS: Medicare price cuts are associated with reductions in overall revenues even larger than the direct Medicare price effect, consistent with price spillovers. Among not-for-profit hospitals, revenue reductions are fully offset by reductions in operating expenses, and profits are unchanged. Among
for-profit hospitals, revenue reductions decrease profits one-for-one. Responses of gainers and losers are roughly symmetrical. CONCLUSIONS: On average, hospitals do not appear to make up for Medicare cuts by "cost shifting," but by adjusting their operating expenses over the long run. The Medicare price cuts in the Affordable Care Act will "bend the curve," that is, significantly slow the growth in hospitals' total revenues and operating expenses.

EP-66108

PURPOSE: We undertook a study to evaluate the effects of medical home transformation on job satisfaction in the primary care setting. METHODS: We collected primary data from 20 primary care practices participating in medical home pilot projects in Rhode Island and Colorado from 2009 to 2011. We surveyed clinicians and staff about the quality of their practice environments (e.g., office chaos, communication, difficulties in providing safe, high-quality care) and job satisfaction at baseline and 30 months, and about stress, burnout, and intention to leave at 30 months. We interviewed practice leaders about the impact of pilot project participation. We assessed longitudinal changes in the practice environment and job satisfaction and, in the final pilot year, examined cross-sectional associations between the practice environment and job satisfaction, stress, burnout, and intention to leave. RESULTS: Between baseline and 30 months, job satisfaction improved in Rhode Island (P = .03) but not in Colorado. For both pilot projects, reported difficulties in providing safe, high-quality care decreased (P < .001), but emphasis on quality and the level of office chaos did not change significantly. In cross-sectional analyses, fewer difficulties in providing safe, high-quality care and more open communication were associated with greater job satisfaction. Greater office chaos and an emphasis on electronic information were associated with greater stress and burnout. CONCLUSIONS: Medical home transformations that emphasize quality and open communication while minimizing office chaos may offer the best chances of improving job satisfaction.

EP-66109
Cocaine’s fall and marijuana’s rise: questions and insights based on new estimates of consumption and expenditures in U.S. drug markets. Beau Kilmer. 2014

AIMS: Drug policy strategies and discussions often use prevalence of drug use as a primary performance indicator. However, three other indicators are at least as relevant: the number of heavy users, total expenditures and total amount consumed. This paper stems from our efforts to develop annual estimates of these three measures for cocaine (including crack), heroin, marijuana and methamphetamine in the United States. METHODS: The estimates exploit complementary strengths of a general population survey (National Survey on Drug Use and Health) and both survey and urinalysis test result data for arrestees (Arrestee Drug Abuse Monitoring Program), supplemented by many other data sources. RESULTS: Throughout the 2000s US drug users spent in the order of $100 billion annually on these drugs, although the spending distribution and use patterns changed dramatically. From 2006 to 2010, the amount of marijuana consumed in the United States probably increased by more than 30%, while the amount of cocaine consumed in the United States fell by approximately 50%. These figures are consistent with supply-side indicators, such as seizures and production estimates. For all the drugs, total consumption and expenditures are driven by the minority of users who consume on 21 or more days each month. CONCLUSIONS: Even for established drugs, consumption can change rapidly. The halving of the cocaine market in five years and the parallel (but independent) large rise in daily/near-daily marijuana use are major events that were not anticipated by the expert community and raise important theoretical, research, and policy issues.

EP-66110
Using claims data to generate clinical flags predicting short-term risk of continued psychiatric hospitalizations. Maria Pangilinan, Mark J.
OBJECTIVE: As health information technology advances, efforts to use administrative data to inform real-time treatment planning for individuals are increasing, despite few empirical studies demonstrating that such administrative data predict subsequent clinical events. Medicaid claims for individuals with frequent psychiatric hospitalizations were examined to test how well patterns of service use predict subsequent high short-term risk of continued psychiatric hospitalizations.

METHODS: Medicaid claims files from New York and Pennsylvania were used to identify Medicaid recipients ages 18–64 with two or more inpatient psychiatric admissions during a target year ending March 31, 2009. Definitions from a quality-improvement initiative were used to identify patterns of inpatient and outpatient service use and prescription fills suggestive of clinical concerns. Generalized estimating equations and Markov models were applied to examine claims through March 2011, to see what patterns of service use were sufficiently predictive of additional hospitalizations to be clinically useful. RESULTS: A total of 11,801 individuals in New York and 1,859 in Pennsylvania identified met the cohort definition. In both Pennsylvania and New York, multiple recent hospitalizations, but not failure to use outpatient services or failure to fill medication prescriptions, were significant predictors of high risk of continued frequent hospitalizations, with odds ratios greater than 4.0. CONCLUSIONS: Administrative data can be used to identify individuals at high risk of continued frequent hospitalizations. Payers and system administrators could use such information to authorize special services (such as mobile outreach) for such individuals to promote service engagement and prevent rapid rehospitalizations.

EP-66111


Most studies on the impact of playing violent video games on mental health have focused on aggression. Relatively few studies have examined the relationship between playing violent video games and depression, especially among preadolescent youth. In this study, we investigated whether daily violent video game playing over the past year is associated with a greater number of depressive symptoms among preadolescent youth, after controlling for several well-known correlates of depression among youth. We analyzed cross-sectional data collected from 5,147 fifth-grade students and their primary caregivers who participated in Wave I (2004–2006) of Healthy Passages, a community-based longitudinal study conducted in three U.S. cities. Linear regression was conducted to determine the association between violent video game exposure and number of depressive symptoms, while controlling for gender, race/ethnicity, peer victimization, witnessing violence, being threatened with violence, aggression, family structure, and household income level. We found that students who reported playing high-violence video games for ≥2 hours per day had significantly more depressive symptoms than those who reported playing low-violence video games for <2 hours per day (p<0.001). The magnitude of this association was small (Cohen's d=0.16), but this association was consistent across all racial/ethnic subgroups and among boys (Cohen's d values ranged from 0.12 to 0.25). Our findings indicate that there is an association between daily exposure to violent video games and number of depressive symptoms among preadolescent youth. More research is needed to examine this association and, if confirmed, to investigate its causality, persistence over time, underlying mechanisms, and clinical implications.

EP-66112

A proposed approach may help systematic reviews retain needed expertise while minimizing bias from nonfinancial conflicts of interest. Timothy S. Carey, Suzanne E. Belinson. 2014

OBJECTIVES: Groups such as the Institute of Medicine emphasize the importance of attention to financial conflicts of interest. Little guidance exists, however, on managing the risk of bias for systematic reviews from nonfinancial conflicts of
interest. We sought to create practical guidance on ensuring adequate clinical or content expertise while maintaining independence of judgment on systematic review teams. STUDY DESIGN AND SETTING: Workgroup members built on existing guidance from international and domestic institutions on managing conflicts of interest. We then developed practical guidance in the form of an instrument for each potential source of conflict. RESULTS: We modified the Institute of Medicine's definition of conflict of interest to arrive at a definition specific to nonfinancial conflicts. We propose questions for funders and systematic review principal investigators to evaluate the risk of nonfinancial conflicts of interest. Once risks have been identified, options for managing conflicts include disclosure followed by no change in the systematic review team or activities, inclusion on the team along with other members with differing viewpoints to ensure diverse perspectives, exclusion from certain activities, and exclusion from the project entirely. CONCLUSION: The feasibility and utility of this approach to ensuring needed expertise on systematic reviews and minimizing bias from nonfinancial conflicts of interest must be investigated.

EP-66114
The curse of wealth: Middle Eastern countries need to address the rapidly rising burden of diabetes. Joachim Becker, Soeren Mattke. 2014

The energy boom of the last decade has led to rapidly increasing wealth in the Middle East, particularly in the oil and gas-rich Gulf Cooperation Council (GCC) countries. This exceptional growth in prosperity has brought with it rapid changes in lifestyles that have resulted in a significant rise in chronic disease. In particular the number of people diagnosed with diabetes has increased dramatically and health system capacity has not kept pace. In this article, we summarize the current literature to illustrate the magnitude of the problem, its causes and its impact on health and point to options how to address it.

EP-66115
Did California’s hand-held cell phone ban reduce accidents?. Daniel T. Kaffine, Bob Yu. 2014

On July 1st, 2008, California enacted a ban on hand-held cell phone use while driving. Using California Highway Patrol panel accident data for California freeways from January 1st, 2008 to December 31st, 2008, we examine whether this policy reduced the number of accidents on California highways. To control for unobserved time-varying effects that could be correlated with the ban, we use high-frequency data and a regression discontinuity design. We find no evidence that the ban on hand-held cell phone use led to a reduction in traffic accidents.

EP-66116
Huddle up! the adoption and use of structured team communication for VA medical home implementation. Lisa S. Meredith. 2014

BACKGROUND: Daily clinical team meetings (i.e., "huddles") may be helpful in implementing new roles and responsibilities for patient care because they provide a regular opportunity for member learning and feedback. PURPOSES: We examined how huddles were implemented in the context of the VA patient-centered medical home
(PCMH) transformation, including assessing barriers and facilitators to regular huddling among small teams ("teamlets"). We assessed the extent to which teamlet members that huddled had higher self-efficacy for PCMH changes, reported better teamwork experiences, and perceived more supportive practice environments. METHOD/APPRAOCH: We used a convergent mixed-methods approach to analyze 79 teamlet member interviews from six VA primary care practices and 418 clinician and staff PCMH survey responses from the six interviewed practices and 13 additional practices in the same region. FINDINGS: Most members reported participating in teamlet huddles when asked in surveys (85%). A minority of interview participants, however, described routine huddling focused on previsit planning that included all members. When members reported routine teamlet huddling, activities included (a) previsit planning, (b) strategizing treatment plans for patients with special or complex needs, (c) addressing daily workflow and communication issues through collective problem solving, and (d) ensuring awareness of what team members do and what actions are happening on the teamlet and in the practice. Primary care providers (PCPs) were least likely to report routine huddling. PCP huddlers reported greater self-efficacy for implementing PCMH changes. All huddlers, irrespective of role, reported better teamwork and more supportive practice climates. Primary care providers (PCPs) were least likely to report routine huddling. PCP huddlers reported greater self-efficacy for implementing PCMH changes. All huddlers, irrespective of role, reported better teamwork and more supportive practice climates. The most common barriers to teamlet huddling were limited time and operational constraints. PRACTICE IMPLICATIONS: In order to improve the impact of huddles on patient care, practice leaders should clearly communicate the goals, requirements, and benefits of huddling and provide adequate time and resources to ensure that frontline teams use huddle time to improve patient care.

EP-66117


OBJECTIVE: We assessed whether 2 types of public housing—scattered among market-rate housing developments or clustered in small public housing projects—were associated with the perceived health and health behaviors of residents' social networks. METHOD: Leveraging a natural experiment in Montgomery County, Maryland, in which residents were randomly assigned to different types of public housing, we surveyed 453 heads of household in 2011. We asked residents about their own health as well as the perceived health of their network members, including their neighbors. RESULTS: Residents in scattered-site public housing perceived that their neighbors were more likely to exercise than residents of clustered public housing (24.7% of network members vs 14.0%; P<.001). There were no significant differences in the proportion of network members who were perceived to have major health problems, depressed mood, poor diet, or obesity. Having more network members who smoked was associated with a significantly higher likelihood of smoking. CONCLUSIONS: Different types of public housing have a modest impact on the health composition of one's social network, suggesting the importance of housing policy for health.

EP-66118


OBJECTIVES: We examined whether exposure to high-performing schools reduces the rates of risky health behaviors among low-income minority adolescents and whether this is due to better academic performance, peer influence, or other factors. METHODS: By using a natural experimental study design, we used the random admissions lottery into high-performing public charter high schools in low-income Los Angeles neighborhoods to determine whether exposure to successful school environments leads to fewer risky (eg, alcohol, tobacco, drug use, unprotected sex) and very risky health behaviors (eg, binge drinking, substance use at school, risky sex, gang participation). We surveyed 521 ninth- through twelfth-grade students who were offered admission through a random lottery (intervention group) and 409 students who were not offered admission (control group) about their health behaviors and
obtained their state-standardized test scores. RESULTS: The intervention and control groups had similar demographic characteristics and eighth-grade test scores. Being offered admission to a high-performing school (intervention effect) led to improved math (P < .001) and English (P = .04) standard test scores, greater school retention (91% vs 76%; P < .001), and lower rates of engaging in ≥1 very risky behaviors (odds ratio = 0.73, P < .05) but no difference in risky behaviors, such as any recent use of alcohol, tobacco, or drugs. School retention and test scores explained 58.0% and 16.2% of the intervention effect on engagement in very risky behaviors, respectively. CONCLUSIONS: Increasing performance of public schools in low-income communities may be a powerful mechanism to decrease very risky health behaviors among low-income adolescents and to decrease health disparities across the life span.  

Effect of supplementation with ferrous sulfate or iron bis-glycinate chelate on ferritin concentration in Mexican schoolchildren: a randomized controlled trial. Homero Martinez. 2014

BACKGROUND: Iron deficiency is one of the most common nutritional deficiencies worldwide. It is more prevalent when iron requirements are increased during pregnancy and during growth spurts of infancy and adolescence. The last stage in the process of iron depletion is characterized by a decrease in hemoglobin concentration, resulting in iron deficiency anemia. Iron deficiency, even before it is clinically identified as anemia, compromises the immune response, physical capacity for work, and intellectual functions such as attention level. Therefore, interventions addressing iron deficiency should be based on prevention rather than on treatment of anemia. The aim of this study was to compare short- and medium-term effects on ferritin concentration of daily supplementation with ferrous sulfate or iron bis-glycinate chelate in schoolchildren with iron deficiency but without anemia. METHODS: Two hundred schoolchildren from public boarding schools in Mexico City who had low iron stores as assessed by serum ferritin concentration but without anemia were randomly assigned to a daily supplement of 30 mg/day of elemental iron as ferrous sulfate or iron bis-glycinate chelate for 12 weeks. Iron status was evaluated at baseline, one week post-supplementation (short term), and 6 months (medium term) after supplementation. RESULTS: Ferritin concentration increased significantly between baseline and post-supplementation as well as between baseline and 6 months after supplementation. One week post-supplementation no difference was found in ferritin concentration between iron compounds, but 6 months after supplementation ferritin concentration was higher in the group that received bis-glycinate chelate iron. However, there is no difference in the odds for low iron storage between 6 months after supplementation versus the odds after supplementation; nor were these odds different by type of supplement. Hemoglobin concentration did not change significantly in either group after supplementation. CONCLUSIONS: Supplementing with 30 mg/d of elementary iron, either as ferrous sulfate or iron bis-glycinate chelate for 90 days, showed positive effects on increasing ferritin concentration in schoolchildren with low iron stores, and this effect persisted 6 months after supplementation.

Are users' most recent drug purchases representative?. Jonathan P. Caulkins. 2014

BACKGROUND: Various surveys now ask respondents to describe their most recent purchase of illicit drugs, as one mechanism through which market size can be estimated. This raises the question of whether issues surrounding the timing of survey administration might make a sample of most recent purchases differ from a random sample of all purchases. We investigate these issues through a series of questions which ask about the three most recent purchases, and about drug use. METHODS: Data were drawn from 688 respondents in the Melbourne Injecting Drug User Cohort Study across the period 2008–2013 and 2782 respondents to the Washington Cannabis Consumption Study in 2013. Responses to questions about the most recent purchases were compared to larger subsets of all recent purchases.
RESULTS: For heroin, methamphetamine and cannabis no differences were found between the amount spent by participants on their most recent purchase and the average amount spent on three or more recent purchases. There were also no differences concerning the locations and types of deals, and the duration between consecutive cannabis purchases was the same for first and second most recent, and second and third most recent. CONCLUSIONS: Asking about the most recent purchase appears to be an economical way to learn about purchases more generally, with little evidence of substantial variation between the most recent purchase and other recent purchases reported by participants. In spite of consistent findings across our two surveys, further replication of the work reported in this paper involving other populations of users is warranted.

EP-66121

The schooling of offspring and the survival of parents. Robert D. Mare. 2014

Contemporary stratification research on developed societies usually views the intergenerational transmission of educational advantage as a one-way effect from parent to child. However, parents' investment in their offspring's schooling may yield significant returns for parents themselves in later life. For instance, well-educated offspring have greater knowledge of health and technology to share with their parents and more financial means to provide for them than do their less-educated counterparts. We use data from the 1992–2006 Health and Retirement Study (HRS) to examine whether adult offspring's educational attainments are associated with parents' survival in the United States. We show that adult offspring's educational attainments have independent effects on their parents' mortality, even after controlling for parents' own socioeconomic resources. This relationship is more pronounced for deaths that are linked to behavioral factors: most notably, chronic lower respiratory disease and lung cancer. Furthermore, at least part of the association between offspring's schooling and parents' survival may be explained by parents' health behaviors, including smoking and physical activity. These findings suggest that one way to influence the health of the elderly is through their offspring. To harness the full value of schooling for health, then, a family and multigenerational perspective is needed.

EP-66122

Development and validation of the RAND asthma control measure. Maria Orlando Edelen. 2014

Patient-based measures for asthma control are important in assessing the worldwide impact of this highly prevalent chronic illness. We sought to refine an asthma symptom scale that RAND had previously developed to shorten it and validate it further, as well as reflect updated international expert definitions of asthma control. We conducted rigorous psychometric testing of new and adapted self-administered survey items in a sample of 2032 adults with asthma. The reliability and preliminary validity of the resulting measure, henceforth referred to as the RAND Asthma Control Scale (RAND-ACM), matched or exceeded that of the original RAND measure and others in the literature. RAND-ACM scores for worse asthma control were significantly associated with worse asthma-related quality of life, increased asthma-related healthcare use, Hispanic ethnicity and lower educational level. Evidence for internal consistency was strong with a Cronbach's α of 0.84. We also found adequate concordance between the RAND-ACM and the Global Initiative for Asthma categories of "uncontrolled", "partly controlled" and "controlled" asthma. The RAND-ACM, a five-item self-reported asthma control survey measure, performs well in a large ethnically-diverse sample of US adults with asthma and provides a cost-free alternative to other asthma control measures currently available.

EP-66123

Randomized clinical trial of an emergency department observation syncope protocol versus routine inpatient admission. Heather McCreath. 2014

STUDY OBJECTIVE: Older adults are frequently hospitalized from the emergency department (ED) after an episode of unexplained syncope.
Current admission patterns are costly, with little evidence of benefit. We hypothesize that an ED observation syncope protocol will reduce resource use without adversely affecting patient-oriented outcomes. METHODS: This randomized trial at 5 EDs compared an ED observation syncope protocol to inpatient admission for intermediate-risk adults (&ge;50 years) presenting with syncope or near syncope. Primary outcomes included inpatient admission rate and length of stay. Secondary outcomes included 30-day and 6-month serious outcomes after hospital discharge, index and 30-day hospital costs, 30-day quality-of-life scores, and 30-day patient satisfaction. RESULTS: Study staff randomized 124 patients. Observation resulted in a lower inpatient admission rate (15% versus 92%; 95% confidence interval [CI] difference &minus;88% to &minus;66%) and shorter hospital length of stay (29 versus 47 hours; 95% CI difference &minus;28 to &minus;8). Serious outcome rates after hospital discharge were similar for observation versus admission at 30 days (3% versus 0%; 95% CI difference &minus;1% to 8%) and 6 months (8% versus 10%; 95% CI difference &minus;13% to 9%). Index hospital costs in the observation group were $629 (95% CI difference &minus;$1,376 to &minus;$56) lower than in the admission group. There were no differences in 30-day quality-of-life scores or in patient satisfaction. CONCLUSION: An ED observation syncope protocol reduced the primary outcomes of admission rate and hospital length of stay. Analyses of secondary outcomes suggest reduction in index hospital costs, with no difference in safety events, quality of life, or patient satisfaction. Our findings suggest that an ED observation syncope protocol can be replicated and safely reduce resource use.

Rates of major obstetrical complications vary almost fivefold among U. S. hospitals. Andrew W. Dick. 2014

Of the approximately four million women who give birth each year in the United States, nearly 13 percent experience one or more major complications. But the extent to which the rates of major obstetrical complications vary across hospitals in the United States is unknown. We used multivariable logistic regression models to examine the variation in obstetrical complication outcomes across US hospitals among a large, nationally representative sample of more than 750,000 obstetrical deliveries in 2010. We found that 22.55 percent of patients delivering vaginally at low-performing hospitals experienced major complications, compared to 10.42 percent of similar patients delivering vaginally at high-performing hospitals. Hospitals were classified as having low, average, or high performance based on a calculation of the relative risk that a patient would experience a major complication. Patients undergoing a cesarean delivery at low-performing hospitals had nearly five times the rate of major complications that patients undergoing a cesarean delivery at high-performing hospitals had (20.93 percent compared to 4.37 percent). Our finding that the rate of major obstetrical complications varies markedly across US hospitals should prompt clinicians and policymakers to develop comprehensive quality metrics for obstetrical care and focus on improving obstetrical outcomes.

Beliefs about the causes of schizophrenia among Aymara and non-Aymara patients and their primary caregivers in the Central-Southern Andes. Joshua Breslau. 2014

AIM: The aim of this study is to investigate differences in the beliefs about the causes of schizophrenia between Aymara and non-Aymara patients with schizophrenia and their primary caregivers. Ethnic background plays an important role in the formation of beliefs regarding the causes of schizophrenia, and there have been no prior studies on such beliefs among the Aymara, an indigenous community with a population of about 2 million people living in the Andes. We focused on three systems of beliefs distinguished in the literature: biological, psychosocial and magical-religious. METHODS: The sample comprised 253 patients (117 Aymara, and n=136 non-Aymara) of public mental health centers in Chile (33.6%), Peru (33.6%) and Bolivia (32.8%) with
a diagnosis of schizophrenia, and each patient's primary caregiver. We administered to patients and caregivers a questionnaire with scales assessing the perceived causes of schizophrenia. Linear regression models were fitted to compare differences in the levels of causal beliefs between Aymara and non-Aymara patients and caregivers, and to identify socio-demographic and clinical predictors of different types of beliefs about the causes of schizophrenia. RESULTS: Adjusted for socio-demographic and clinical covariates, levels of psychosocial beliefs were significantly higher for Aymara caregivers (0.33, 95% confidence interval (CI) = 0.05, 0.62) than non-Aymara caregivers. CONCLUSIONS: Contrary to expectations, beliefs about the causes of schizophrenia among Aymara are not more magical-religious than those of their non-Aymara counterparts. It may be necessary for mental health staff members to evaluate beliefs about the disorder, especially in ethnic minorities, before applying a standard model of treatment.

EP-66126
Feeling (Mis)understood and intergroup friendships in interracial interactions. Sara Douglass, Randi L. Garcia. 2014

The present research investigated whether having out-group friends serves as a buffer for feeling misunderstood in interracial interactions. Across three experience sampling studies, we found that among ethnic minorities who have few White friends or are not interacting with White friends, daily interracial interactions are associated with feeling less understood. By contrast, we found that among ethnic minorities who have more White friends or are interacting with White friends, the relationship between daily interracial interactions and feeling understood is not significant. We did not find similar results for Whites; that is, having ethnic minority friends did not play a role in the relationship between daily interracial interactions and feeling understood. Together, these studies demonstrate the beneficial effects of intergroup friendships for ethnic minorities.

Development of the PROMIS® health expectancies of smoking item banks. Joan S. Tucker. 2014

INTRODUCTION: Smokers' health-related outcome expectancies are associated with a number of important constructs in smoking research, yet there are no measures currently available that focus exclusively on this domain. This paper describes the development and evaluation of item banks for assessing the health expectancies of smoking. METHODS: Using data from a sample of daily (N = 4,201) and nondaily (N = 1,183) smokers, we conducted a series of item factor analyses, item response theory analyses, and differential item functioning analyses (according to gender, age, and race/ethnicity) to arrive at a unidimensional set of health expectancies items for daily and nondaily smokers. We also evaluated the performance of short forms (SFs) and computer adaptive tests (CATs) to efficiently assess health expectancies. RESULTS: A total of 24 items were included in the Health Expectancies item banks; 13 items are common across daily and nondaily smokers, 6 are unique to daily, and 5 are unique to nondaily. For both daily and nondaily smokers, the Health Expectancies item banks are unidimensional, reliable (reliability = 0.95 and 0.96, respectively), and perform similarly across gender, age, and race/ethnicity groups. A SF common to daily and nondaily smokers consists of 6 items (reliability = 0.87). Results from simulated CATs showed that health expectancies can be assessed with good precision with an average of 5–6 items adaptively selected from the item banks. CONCLUSIONS: Health expectancies of smoking can be assessed on the basis of these item banks via SFs, CATs, or through a tailored set of items selected for a specific research purpose.

EP-66128
The PROMIS® smoking assessment toolkit—background and introduction to supplement. 2014

INTRODUCTION: The PROMIS® Smoking Initiative has developed an assessment toolkit for measuring 6 domains of interest to cigarette smoking research: nicotine dependence, coping expectancies, emotional and sensory expectan-
cies, health expectancies, psychosocial expectancies, and social motivations for smoking. The papers in this supplement describe the methods used to develop these item banks, their psychometric properties, and the preliminary evidence for their validity. This commentary is meant to provide background information for the material in this supplement. METHODS: After discussing the use of item response theory in behavioral measurement, I will briefly review the initial developmental steps for the smoking assessment toolkit. Finally, I will describe the contents of this supplement and provide some closing remarks. RESULTS: Psychometric evidence strongly supports the utility of the toolkit of item banks, short forms (SFs), and computer adaptive tests (CATs). The item banks for daily smokers produce scores with reliability estimates above 0.90 for a wide range of each cigarette smoking domain continuum, and SF and CAT administrations also achieve high reliability (generally greater than 0.85) using very few items (4–7 items for most banks). Performance of the banks for nondaily smokers is similar. Preliminary evidence supports the concurrent and the discriminant validity of the bank domains. CONCLUSIONS: The new smoking assessment toolkit has attractive measurement features that are likely to benefit smoking research as researchers begin to utilize this resource. Information about the toolkit and access to the assessments is available at the project Web site (http://www.rand.org/health/projects/promis-smoking-initiative.html) and can also be accessed via the PROMIS Assessment Center (www.assessmentcenter.net).

EP-66129
The PROMIS® smoking initiative: initial validity evidence for six new smoking item banks. Brian D. Stucky. 2014

INTRODUCTION: The Patient-Reported Outcomes Measurement Information System (PROMIS®) Smoking Initiative has developed 6 item banks for assessing smoking behaviors and biopsychosocial correlates of smoking among daily and nondaily adult cigarette smokers. This paper presents descriptive information and preliminary validity evidence for the item banks (Nicotine Dependence, Coping Expectancies, Emotional and Sensory Expectancies, Health Expectancies, Psychosocial Expectancies, and Social Motivations). METHODS: Using data from a large sample of daily (N = 4,201) and nondaily (N = 1,183) smokers, we generated mean daily and nondaily smoking bank scores according to select demographic groups. We also examined correlations among the 6 banks and examined the associations of bank scores with smoking behavior items (e.g., quantity of smoking, interest in quitting) and select health-related quality of life measures (i.e., physical functioning, anxiety, alcohol consumption). RESULTS: Correlations among the 6 banks are moderate (daily mean r = .48, range = .04–.80; nondaily mean r = .47, range = .12–.75). The pattern of associations between bank scores and other measures provides validity evidence for the bank domains (e.g., nicotine dependence is most strongly associated with smoking quantity and time to first cigarette of the day; health and psychosocial expectancies are most related to quitting recency and interest; coping expectancies are strongly associated with anxiety). CONCLUSIONS: These analyses provide useful descriptive information about the 6 smoking item banks as well as preliminary evidence for their validity. Independent sample data are currently being collected to replicate these findings, to establish test–retest reliability, and to develop crosswalks to existing smoking measures (e.g., nicotine dependence to Fagerström Test for Nicotine Dependence). Future research will also evaluate the bank scores’ sensitivity to change.

EP-66130
Methodology for developing and evaluating the PROMIS® smoking item banks. Li Cai, Brian D. Stucky. 2014

INTRODUCTION: This article describes the procedures used in the PROMIS® Smoking Initiative for the development and evaluation of item banks, short forms (SFs), and computerized adaptive tests (CATs) for the assessment of 6 constructs related to cigarette smoking: nicotine dependence, coping expectancies, emotional and sensory expectancies, health expectancies, psychosocial expectancies, and social motivations for
smoking. METHODS: Analyses were conducted using response data from a large national sample of smokers. Items related to each construct were subjected to extensive item factor analyses and evaluation of differential item functioning (DIF). Final item banks were calibrated, and SF assessments were developed for each construct. The performance of the SFs and the potential use of the item banks for CAT administration were examined through simulation study. RESULTS: Item selection based on dimensionality assessment and DIF analyses produced item banks that were essentially unidimensional in structure and free of bias. Simulation studies demonstrated that the constructs could be accurately measured with a relatively small number of carefully selected items, either through fixed SFs or CAT-based assessment. Illustrative results are presented, and subsequent articles provide detailed discussion of each item bank in turn. CONCLUSIONS: The development of the PROMIS smoking item banks provides researchers with new tools for measuring smoking-related constructs. The use of the calibrated item banks and suggested SF assessments will enhance the quality of score estimates, thus advancing smoking research. Moreover, the methods used in the current study, including innovative approaches to item selection and SF construction, may have general relevance to item bank development and evaluation.

EP-66132
Development of the PROMIS® nicotine dependence item banks. Maria Orlando Edelen. 2014

INTRODUCTION: Nicotine dependence is a core construct important for understanding cigarette smoking and smoking cessation behavior. This article describes analyses conducted to develop and evaluate item banks for assessing nicotine dependence among daily and nondaily smokers. METHODS: Using data from a sample of daily (N = 4,201) and nondaily (N =1,183) smokers, we conducted a series of item factor analyses, item response theory analyses, and differential item functioning analyses (according to gender, age, and ethnicity) to arrive at a unidimensional set of items for daily and nondaily smokers. We also evaluated performance of short forms (SFs) and computer adaptive tests (CATs) to efficiently assess dependence. RESULTS: A total of 32 items were included in the Nicotine Dependence item banks; 22 items are common across daily and nondaily smokers,
5 are unique to daily smokers, and 5 are unique to nondaily smokers. For both daily and nondaily smokers, the Nicotine Dependence item banks are strongly unidimensional, highly reliable (reliability = 0.97 and 0.97, respectively), and perform similarly across gender, age, and race/ethnicity groups. SFs common to daily and nondaily smokers consist of 8 and 4 items (reliability = 0.91 and 0.81, respectively). Results from simulated CATs showed that dependence can be assessed with very good precision for most respondents using fewer than 6 items adaptively selected from the item banks. CONCLUSIONS: Nicotine dependence on cigarettes can be assessed on the basis of these item banks via one of the SFs, by using CATs, or through a tailored set of items selected for a specific research purpose.

EP-66133


OBJECTIVE: To determine the association between state legal mandates for data submission of central line–associated bloodstream infections (CLABSIs) in neonatal intensive care units (NICUs) with process and outcome measures. DESIGN: Cross-sectional study. PARTICIPANTS: National sample of level II/III and III NICUs participating in National Healthcare Safety Network (NHSN) surveillance. METHODS: State mandates for data submission of CLABSIs in NICUs in place by 2011 were compiled and verified with state healthcare-associated infection coordinators. A web-based survey of infection control departments in October 2011 assessed CLABSI prevention practices, ie, compliance with checklist/bundle components (process measures) in ICUs including NICUs. Corresponding 2011 NHSN NICU CLABSI rates (outcome measures) were used to calculate standardized infection ratios (SIRs). Association between mandates and process and outcome measures was assessed by multivariable logistic regression. RESULTS: Among 190 study NICUs, 107 (56.3%) were located in states with mandates, with mandates in place >3 years in 52 (49%). More NICUs in states with mandates reported ≥95% compliance to at least 1 CLABSI prevention practice (52.3%–66.4%) than NICUs in states without mandates (28.9%–48.2%). Mandates were predictors of ≥95% compliance with all practices (odds ratio, 2.8; 95% confidence interval, 1.4–6.1). NICUs in states with mandates reported lower mean CLABSI rates in the ≤750-g birth weight group (2.4 vs 5.7 CLABSIs/1,000 central line–days) but not in others. Mandates were not associated with SIR <1. CONCLUSIONS: State mandates for NICU CLABSI data submission were significantly associated with ≥95% compliance with CLABSI prevention practices, which declined with the duration of mandate but not with lower CLABSI rates.

EP-66134

Development of the PROMIS® positive emotional and sensory expectancies of smoking item banks. William G. Shadel. 2014

INTRODUCTION: The positive emotional and sensory expectancies of cigarette smoking include improved cognitive abilities, positive affective states, and pleasurable sensorimotor sensations. This paper describes development of Positive Emotional and Sensory Expectancies of Smoking item banks that will serve to standardize the assessment of this construct among daily and nondaily cigarette smokers. METHODS: Data came from daily (N = 4,201) and nondaily (N = 1,183) smokers who completed an online survey. To identify a unidimensional set of items, we conducted item factor analyses, item response theory analyses, and differential item functioning analyses. Additionally, we evaluated the performance of fixed-item short forms (SFs) and computer adaptive tests (CATs) to efficiently assess the construct. RESULTS: Eighteen items were included in the item banks (15 common across daily and nondaily smokers, 1 unique to daily, 2 unique to nondaily). The item banks are strongly unidimensional, highly reliable (reliability = 0.95 for both), and perform similarly across gender, age, and race/ethnicity groups. A SF common to daily and nondaily smokers consists of 6 items (reliability = 0.86). Results from simulated CATs indicated that,
on average, less than 8 items are needed to assess the construct with adequate precision using the item banks. CONCLUSIONS: These analyses identified a new set of items that can assess the positive emotional and sensory expectancies of smoking in a reliable and standardized manner. Considerable efficiency in assessing this construct can be achieved by using the item bank SF, employing computer adaptive tests, or selecting subsets of items tailored to specific research or clinical purposes.

EP-66135
Development of the PROMIS® social motivations for smoking item banks. William G. Shadel. 2014

INTRODUCTION: Smoking behavior is influenced by social motivations such as the expected social benefits of smoking and the social cues that induce craving. This paper describes development of the PROMIS® Social Motivations for Smoking item banks, which will serve to standardize assessment of these social motivations among daily and nondaily smokers. METHODS: Daily (N = 4,201) and nondaily (N =1,183) smokers completed an online survey. Item factor analyses, item response theory analyses, and differential item functioning analyses were conducted to identify a unidimensional set of items for each group. Short forms (SFs) and computer adaptive tests (CATs) were evaluated as tools for more efficiently assessing this construct. RESULTS: A total of 15 items were included in the item banks (9 items common to daily and nondaily smokers, 3 unique to daily, 3 unique to nondaily). Scores based on full item banks are highly reliable (reliability = 0.90–0.91). Additionally, the item banks are strongly unidimensional and perform similarly across gender, age, and race/ethnicity groups. A fixed SF for use with both daily and nondaily smokers consists of 4 items (reliability = 0.90–0.91). Results from simulated CATs showed that, on average, fewer than 5 items are needed to assess this construct with adequate precision using the item banks. CONCLUSIONS: A new set of items has been identified for assessing the social motivations for smoking in a reliable, standardized manner for daily and nondaily smokers. In addition to using the full item banks, efficient assessment can be achieved by using SFs, employing CATs, or selecting items tailored to specific research or clinical purposes.

EP-66136
Development of the PROMIS® negative psychosocial expectancies of smoking item banks. Maria Orlando Edelen. 2014

INTRODUCTION: Negative psychosocial expectancies of smoking include aspects of social disapproval and disappointment in oneself. This paper describes analyses conducted to develop and evaluate item banks for assessing psychosocial expectancies among daily and nondaily smokers. METHODS: Using data from a sample of daily (N = 4,201) and nondaily (N =1,183) smokers, we conducted a series of item factor analyses, item response theory analyses, and differential item functioning analyses (according to gender, age, and race/ethnicity) to arrive at a unidimensional set of psychosocial expectancies items for daily and nondaily smokers. We also evaluated performance of short forms (SFs) and computer adaptive tests (CATs) to efficiently assess psychosocial expectancies. RESULTS: A total of 21 items were included in the Psychosocial Expectancies item banks: 14 items are common across daily and nondaily smokers, 6 are unique to daily, and 1 is unique to nondaily. For both daily and nondaily smokers, the Psychosocial Expectancies item banks are strongly unidimensional, highly reliable (reliability = 0.95 and 0.93, respectively), and perform similarly across gender, age, and race/ethnicity groups. A SF common to daily and nondaily smokers consists of 6 items (reliability = 0.85). Results from simulated CATs showed that, on average, fewer than 8 items are needed to assess psychosocial expectancies with adequate precision when using the item banks. CONCLUSIONS: Psychosocial expectancies of smoking can be assessed on the basis of these item banks via the SF, by using CAT, or through a tailored set of items selected for a specific research purpose.
The role of alcohol expectancies in drinking behavior among women with alcohol use disorder and comorbid posttraumatic stress disorder. Ursula S. Myers, Kendall C. Browne. 2014

Understanding how alcohol expectancies relate to alcohol use among individuals with concurrent alcohol use disorder (AUD) and Posttraumatic Stress Disorder (PTSD) is important to understanding and treating this comorbidity. This study examined the role of positive and negative alcohol expectancies and PTSD symptoms in drinking behavior in a comorbid female sample. Participants were women (n = 33; 56% Caucasian) seeking AUD and PTSD treatment in an outpatient community co-occurring disorders program. Hypotheses related to drinking days and alcohol problems outcomes were evaluated using negative binomial hierarchical regression. PTSD symptoms were associated with fewer reported days of alcohol-related problems. Negative expectancies related to negative changes in social behavior associated with drinking days and cognitive and motor impairment associated with problems. Both the general positive expectancies score and specific global positive change subscale were uniquely associated with drinking and alcohol-related problems days after controlling for PTSD symptom severity and negative expectancies scores. Results suggest that both negative and positive expectancies about alcohol's effects are important correlates of drinking behavior among women with AUD and PTSD, with positive expectancies playing a potentially more salient role on use and consequences than symptom severity and negative expectancies.

EP-66138

INTRODUCTION: This study was designed to compare rates of alcohol, marijuana, and cigarette use in Cambodian-American adolescents with norms from nationally- and regionally-representative peers. METHODS: Substance use data from 439 10th grade Cambodian-American adolescents in Long Beach, California were compared to grade- and gender-matched nationally representative data from the Monitoring the Future study and data from the California Healthy Kids Survey of students within the same school district. RESULTS: Overall, the Cambodian-American youth were less likely than nationally- and regionally-representative youth to use alcohol, marijuana, and cigarettes. Specifically, relative to estimates obtained for the general population and students attending school in the same school district, Cambodian-American youth were significantly less likely to use alcohol and marijuana. Cambodian-American youth were also less likely than youth in the general population to smoke cigarettes, but did not differ statistically from youth within their same school district. CONCLUSIONS: As a group, Cambodian-American youth may not be at especially high risk for substance use. As is the case with virtually all populations, some individuals within the Cambodian-American group are likely to have more difficulty than others with substance use concerns. Thus, additional research is needed to identify factors that might help to identify high users with potential service needs.

EP-66139
Measuring value-added in higher education: possibilities and limitations in the use of administrative data. Trey Miller. 2014

This paper develops a general methodology for measuring the value added of institutions of higher education using commonly available administrative data. Our approach recognizes the data limitations and selection problems inherent in higher education, and highlights the challenges these issues pose for education policy. Combining information from different administrative sources in the state of Texas, we follow the universe of Texas college applicants from the time of application (pre-enrollment) through public college and into the labor market. In specifications that do not control for selection, we find large, significant differences across colleges in terms of persistence, graduation, and earnings; however, these differences decrease substantially when we control for selection. In light of the growing interest in us-
ing value-added measures in higher education for both funding and incentivizing purposes, our methodology offers unique evidence and lessons for policy makers.

EP-66140

In-state college tuition policies for undocumented immigrants: implications for high school enrollment among non-citizen Mexican youth. Trey Miller. 2014

This paper examines the secondary effects of policies that extend or deny in-state tuition to children of undocumented immigrants. Drawing upon repeated cross-sections of 15–17-year-olds in the Current Population Survey across 1997–2010, we assess changes in high school enrollment rates among Mexican-born non-citizen youth—a proxy for the undocumented youth population. We find that Mexican-born non-citizen youth living in states that deny in-state tuition benefits to undocumented youth are 49% less likely to be enrolled in school than their peers living in states with no explicit policy. Conversely, Mexican-born non-citizen youth living in states that grant in-state tuition benefits to undocumented youth are 65% more likely to be enrolled in school than their peers living in states with no explicit policy. The enactment of these policies is unrelated to changes in school enrollment among naturalized citizens. Our findings lend support to the proposition that the implementation of in-state tuition policies sends signals to immigrant youth about their future educational possibilities in the long-term, which in turn influences the extent to which they engage in school in the short-term.

EP-66141


The field of complementary and alternative medicine and integrative health care (CAM/IHC) is contributing exciting new developments in this challenging field. CAM/IHC has experienced rapid growth in acceptance and use. Growth has also occurred in CAM internationally, and CAM services are now being provided by new and innovative approaches such as health information technologies. Each of these provides new and exciting possibilities for CAM/IHC but equally each also provides new challenges. The collection of articles in this volume explores in various ways several of these challenges from the perspective of CAM/IHC research. CONCLUSION: Sufficient evidence exists now to suggest that the complexity of the health encounter in both CAM/IHC and conventional medicine, whatever therapy is utilized, requires a nonreductionist methodology if we are to advance beyond efficacy studies to studies of real-world effectiveness.

EP-66142

Using exercises to improve public health preparedness in Asia, the Middle East and Africa. Melinda Moore. 2014

BACKGROUND: Exercises are increasingly common tools used by the health sector and other sectors to evaluate their preparedness to respond to public health threats. Exercises provide an opportunity for multiple sectors to practice, test and evaluate their response to all types of public health emergencies. The information from these exercises can be used to refine and improve preparedness plans. There is a growing body of literature about the use of exercises among local, state and federal public health agencies in the United States. There is much less information about the use of exercises among public health agencies in other countries and the use of exercises that involve multiple countries. RESULTS: We developed and conducted 12 exercises (four sub-national, five national, three sub-regional) from August 2006 through December 2008. These 12 exercises included 558 participants (average 47) and 137 observers (average 11) from 14 countries. Participants consistently rated the overall quality of the exercises as very good or excellent. They rated the exercises lowest on their ability to identify gaps in performance. The vast majority of participants noted that they would use the information they gained at the exercise to improve their organization's preparedness to respond to an influenza pandemic. Participants felt the exercises were particularly good at raising awareness and
understanding about public health threats, assisting in evaluating plans and identifying priorities for improvement, and building relationships that strengthen preparedness and response across sectors and across countries. Participants left the exercises with specific ideas about the most important actions that they should engage in after the exercise such as improved planning coordination across sectors and countries and better training of health workers and response personnel. CONCLUSIONS: These experiences suggest that exercises can be a valuable, low-burden tool to improve emergency preparedness and response in countries around the world. They also demonstrate that countries can work together to develop and conduct successful exercises designed to improve regional preparedness to public health threats. The development of standardized evaluation methods for exercises may be an additional tool to help focus the actions to be taken as a result of the exercise and to improve future exercises. Exercises show great promise as tools to improve public health preparedness across sectors and countries.

EP-66143
Probiotics for diarrhoea. 2014

Empirical evidence for the clinical effectiveness of probiotics has shown mixed results and we still know very little about which probiotics work for which indication and group of patients. In order to be of informational value, the effectiveness of probiotics needs to be demonstrated in strong research designs, such as randomized controlled trials, that hold up to scientific scrutiny. The study by Aggarwal and colleagues in this issue shows an application of probiotics that has increasingly become the subject of research interest for the treatment of acute childhood diarrhoea.

EP-66144
Cohort profile: the China health and retirement longitudinal study (CHARLS). Yisong Hu, James P. Smith. 2014

The China Health and Retirement Longitudinal Study (CHARLS) is a nationally representative longitudinal survey of persons in China 45 years of age or older and their spouses, including assessments of social, economic, and health circumstances of community-residents. CHARLS examines health and economic adjustments to rapid ageing of the population in China. The national baseline survey for the study was conducted between June 2011 and March 2012 and involved 17,708 respondents. CHARLS respondents are followed every 2 years, using a face-to-face computer-assisted personal interview (CAPI). Physical measurements are made at every 2-year follow-up, and blood sample collection is done once in every two follow-up periods. A pilot survey for CHARLS was conducted in two provinces of China in 2008, on 2685 individuals, who were resurveyed in 2012. To ensure the adoption of best practices and international comparability of results, CHARLS was harmonized with leading international research studies in the Health and Retirement Study (HRS) model. Requests for collaborations should be directed to Dr. Yaohui Zhao (yhzhaopnsd.edu.cn). All data in CHARLS are maintained at the National School of Development of Peking University and will be accessible to researchers around the world at the study website. The 2008 pilot data for CHARLS are available at: http://charls.ccer.edu.cn/charls/. National baseline data for the study are expected to be released in January 2013.

EP-66145

OBJECTIVES: To examine the relationship between cardiovascular risk factors (CVRFs) and cognitive performance in a multiethnic sample of older adults. METHOD: We used longitudinal data from the Washington Heights-Inwood Columbia Aging Project. A composite score including smoking, stroke, heart disease, diabetes, hypertension, and central obesity represented CVRFs. Multiple group parallel process multivariate random effects regression models were used to model cognitive functioning and examine the contribution of CVRFs to baseline performance and change in general cognitive processing, memory, and executive functioning. RESULTS: Presence of each
CVRF was associated with a 0.1 SD lower score in general cognitive processing, memory, and executive functioning in black and Hispanic participants relative to whites. Baseline CVRFs were associated with poorer baseline cognitive performances among black women and Hispanic men. CVRF increase was related to baseline cognitive performance only among Hispanics. CVRFs were not related to cognitive decline. After adjustment for medications, CVRFs were not associated with cognition in Hispanic participants. DISCUSSION: CVRFs are associated with poorer cognitive functioning, but not cognitive decline, among minority older adults. These relationships vary by gender and medication use. Consideration of unique racial, ethnic, and cultural factors is needed when examining relationships between CVRFs and cognition.

EP-66146

Mixture models are useful for monitoring the behavior of data and for offering comparisons to supplemental data, especially in the presence of unobserved heterogeneity, but one should be highly cautious when drawing causal inferences as to which population each component of the fitted mixture model represents.

EP-66147
A web-based platform to support an evidence-based mental health intervention: lessons from the CBITS web site. Pete Wilmoth. 2014

OBJECTIVE: To explore the role of Web-based platforms in behavioral health, the study examined usage of a Web site for supporting training and implementation of an evidence-based intervention. METHODS: Using data from an online registration survey and Google Analytics, the investigators examined user characteristics and Web site utilization. RESULTS: Site engagement was substantial across user groups. Visit duration differed by registrants' characteristics. Less experienced clinicians spent more time on the Web site. The training section accounted for most page views across user groups. Individuals previously trained in the Cognitive-Behavioral Intervention for Trauma in Schools intervention viewed more implementation assistance and online community pages than did other user groups. CONCLUSIONS: Web-based platforms have the potential to support training and implementation of evidence-based interventions for clinicians of varying levels of experience and may facilitate more rapid dissemination. Web-based platforms may be promising for trauma-related interventions, because training and implementation support should be readily available after a traumatic event.

EP-66148
Reengagement of high-need individuals with serious mental illness after discontinuation of services. Bradley D. Stein. 2014

OBJECTIVE: The study determined rates of reengagement in services for individuals with serious mental illness who had discontinued services. METHODS: As part of a quality assurance program in New York City involving continuous review of Medicaid claims and other administrative data, clinician care monitors identified 2,834 individuals with serious mental illness who were apparently in need of care but disengaged from services. The care monitors reviewed monthly updates of Medicaid claims, encouraged outreach from providers who had previously worked with identified individuals, and determined whether individuals had reengaged in services. RESULTS: Reengagement rates over a 12-month follow-up period were low, particularly for individuals who had been incarcerated or for whom no service provider was available to provide outreach. CONCLUSIONS: Subgroups of disengaged individuals with serious mental illness have different rates of reengagement. Active outreach by providers might benefit some, but such targeting is inefficient when the individual cannot be located.

EP-66149
Use of CAHPS patient experience surveys to assess the impact of health care innovations. Denise D. Quigley. 2014

BACKGROUND: The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are the standard for collecting informa-
tion about patient experience of care in the United States. However, despite their widespread use, including in pay-for-performance and public reporting efforts and various provisions of the Affordable Care Act, knowledge about the use of CAHPS in assessing the impact of quality improvement efforts is limited. A study was conducted to examine the use of patient experience surveys in assessing the impact of innovations implemented in health care settings. METHODS: Innovation profiles identified on the Agency for Healthcare Research and Quality (AHRQ) Health Care Innovations Exchange website that included patient experience (including patient satisfaction) as an outcome (N = 201), were analyzed with a variety of qualitative analysis methods. RESULTS: Fewer than half of the innovations used a patient experience measure, most commonly employing global measures such as an overall rating. Most innovations assessed patient experience at a single time point, with only one third using techniques such as pre-post comparisons, time trends, or comparisons to control groups. Ten domains of measures addressed reports of patient experience, all of which could be assessed by existing CAHPS instruments. Similarly, CAHPS measures are available to assess all of the organizational processes that are addressed by innovations in the profiles and for which patients are the best source of information. While 120 of the innovations that use patient experience measures report using surveys to collect these data, only 6 reported using a CAHPS measure. CONCLUSIONS: Although innovations targeting quality improvement are often evaluated using surveys, there is considerable untapped potential for using CAHPS measures or surveys to assess their effectiveness.

EP-66150

"I don't think I would have recovered": a personal and sociocultural study of resilience among U.S. Marines. Frank Tortorello. 2014

Ethnographic research among US Marines shows resilience is in their practices, not biology. Empirical evidence supports our claim that a personal-social understanding of resilience has superior explanatory power and plausibility over mechanistic and reductive frameworks that treat resilience as automated functions of human biopsychological systems. Marines dynamically pursue their values in context, and this resilience can only be defined in local, variable context, not globally and generally. USMC resilience training should focus on skills and concepts needed to resolve challenges to values in the lives of Marines. Technical-medical interventions should be reserved for clinical populations.

EP-66151

Predictors of the existence of congregational HIV programs: similarities and differences compared with other health programs. Ann C. Haas. 2014

PURPOSE: Identify and compare predictors of the existence of congregational human immunodeficiency virus (HIV) and other health programs. DESIGN: Cross-sectional study. SETTING: United States. SUBJECTS: A nationally representative sample of 1506 U.S. congregations surveyed in the National Congregations Study (2006–2007). MEASURES: Key informants at each congregation completed in-person and telephone interviews on congregational HIV and other health programs and various congregation characteristics (response rate = 78%). County-level HIV prevalence and population health data from the Robert Wood Johnson Foundation’s 2007 County Health Rankings were linked to the congregational data. ANALYSIS: Multinomial logistic regression was used to assess factors that predict congregational health programs relative to no health programs; and of HIV programs relative to other health activities. RESULTS: Most congregations (57.5%) had at least one health-related program; many fewer (5.7%) had an HIV program. Predictors of health vs. HIV programs differed. The number of adults in the congregation was a key predictor of health programs, while having an official statement welcoming gay persons was a significant predictor of HIV programs (p < .05). Other significant characteristics varied by size of congregation and type of program (HIV vs. other health). CONCLUSION: Organizations interested in partnering
with congregations to promote health or prevent HIV should consider congregational size as well as other factors that predict involvement. Results of this study can inform policy interventions to increase the capacity of religious congregations to address HIV and health.

**EP-66152**

The Los Angeles County Community Disaster Resilience Project: a community-level, public health initiative to build community disaster resilience. Anita Chandra. 2014

Public health officials need evidence-based methods for improving community disaster resilience and strategies for measuring results. This methods paper describes how one public health department is addressing this problem. This paper provides a detailed description of the theoretical rationale, intervention design and novel evaluation of the Los Angeles County Community Disaster Resilience Project (LACCDR), a public health program for increasing community disaster resilience. The LACCDR Project utilizes a pretest–posttest method with control group design. Sixteen communities in Los Angeles County were selected and randomly assigned to the experimental community resilience group or the comparison group. Community coalitions in the experimental group receive training from a public health nurse trained in community resilience in a toolkit developed for the project. The toolkit is grounded in theory and uses multiple components to address education, community engagement, community and individual self-sufficiency, and partnerships among community organizations and governmental agencies. The comparison communities receive training in traditional disaster preparedness topics of disaster supplies and emergency communication plans. Outcome indicators include longitudinal changes in inter-organizational linkages among community organizations, community member responses in table-top exercises, and changes in household level community resilience behaviors and attitudes. The LACCDR Project is a significant opportunity and effort to operationalize and meaningfully measure factors and strategies to increase community resilience. This paper is intended to provide public health and academic researchers with new tools to conduct their community resilience programs and evaluation research. Results are not yet available and will be presented in future reports.

**EP-66153**

Using Medicaid and CHIP claims data to support pediatric quality measurement: lessons from 3 centers of excellence in measure development. 2014

OBJECTIVE: We sought to explore the claims data-related issues relevant to quality measure development for Medicaid and the Children’s Health Insurance Program (CHIP), illustrating the challenges encountered and solutions developed around 3 distinct performance measure topics: care coordination for children with complex needs, quality of care for high-prevalence conditions, and hospital readmissions. METHODS: Each of 3 centers of excellence presents an example that illustrates the challenges of using claims data for quality measurement. RESULTS: Our Centers of Excellence in pediatric quality measurement used innovative methods to develop algorithms that use Medicaid claims data to identify children with complex needs; overcome some shortcomings of existing data for measuring quality of care for common conditions such as otitis media; and identify readmissions after hospitalizations for lower respiratory infections. CONCLUSIONS: Our experience constructing quality measure specifications using claims data suggests that it will be challenging to measure key quality of care constructs for Medicaid-insured children at a national level in a timely and consistent way. Without better data to underpin pediatric quality measurement, Medicaid and CHIP will have difficulty using some existing measures for accountability, value-based purchasing, and quality improvement both across states and within states.

**EP-66154**

Examining the sustainment of the adolescent-community reinforcement approach in community addiction treatment settings: protocol for a longitudinal mixed method study. Lynsay Ayer. 2014
BACKGROUND: Although evidence-based treatments are considered the gold standard for clinical practice, it is widely recognized that evidence-based treatment implementation in real world practice settings has been limited. To address this gap, the federal government provided three years of funding, training and technical assistance to 84 community-based treatment programs to deliver an evidence-based treatment called the Adolescent-Community Reinforcement Approach (A-CRA). Little is known about whether such efforts lead to long-term A-CRA sustainment after the initial funding ends. METHODS/DESIGN: We will use a longitudinal mixed method data analytic approach to characterize sustainment over time and to examine the factors associated with the extent to which A-CRA is sustained. We will use implementation data collected during the funding period (e.g., organizational functioning, staff certification rates and penetration) and supplement it with additional data collected during the proposed project period regarding implementation quality and the hypothesized predictors of sustainment (i.e., inner and outer contextual variables) collected over three waves from 2013 to 2015 representing program sustainment up to five years post-initial funding. DISCUSSION: Gaining a better understanding of the factors that influence the evidence-based treatment sustainment may lead to more effective dissemination strategies and ultimately improve the quality of care being delivered in community-based addiction treatment settings.

EP-66155
Alternative tobacco product use and smoking cessation among homeless youth in Los Angeles County. William G. Shadel. 2014

INTRODUCTION: Approximately 70% of homeless youth smoke cigarettes, but their use of alternative tobacco products (ATPs) is unknown. This paper reports on ATP use among past month smokers in Los Angeles County, including whether it differs by demographic characteristics, homelessness severity, past year quit attempts, and readiness to quit smoking. Given the growing popularity of e-cigarettes, we also report on perceptions of harm and reasons for using this product. METHODS: We surveyed 292 unaccompanied homeless youth who were randomly sampled from street sites. Participants smoked at least 100 cigarettes in lifetime and 1 cigarette in the past month. RESULTS: Seventy-two percent of youth reported past month ATP use (e-cigarettes = 51%; little cigars/cigarillos = 46%; hookah = 31%; other smokeless tobacco product = 24%; chewing tobacco/moist snuff = 19%). Current ATP use was unrelated to most demographic characteristics or having a past year quit attempt. However, youth who planned to quit smoking in the next 30 days were significantly less likely to report current use of hookahs, other smokeless tobacco products, or e-cigarettes. Among lifetime e-cigarette users, the most common reasons for use included not having to go outside to smoke (38%) and to deal with situations or places where they cannot smoke (36%); it was less common to report using e-cigarettes to quit smoking (17%–18%). DISCUSSION: Dual use of ATPs among homeless youth smokers is common, and more likely among those who have no immediate plans to quit smoking. Effective and easily disseminable strategies for reducing all forms of tobacco use among homeless youth are urgently needed.
pain lasting ≥12 weeks and a self-reported average pain intensity of ≥4 on a 0–10 scale. Recruitment takes place at Boston Medical Center, an urban academic safety-net hospital and seven federally qualified community health centers located in diverse neighborhoods. The 52-week study has an initial 12-week Treatment Phase where participants are randomized in a 2:2:1 ratio into i) a standardized weekly hatha yoga class supplemented by home practice; ii) a standardized evidence-based exercise therapy protocol adapted from the Treatment Based Classification method, individually delivered by a physical therapist and supplemented by home practice; and iii) education delivered through a self-care book. Co-primary outcome measures are 12-week pain intensity measured on an 11-point numerical rating scale and back-specific function measured using the modified Roland Morris Disability Questionnaire. In the subsequent 40-week Maintenance Phase, yoga participants are re-randomized in a 1:1 ratio to either structured maintenance yoga classes or home practice only. Physical therapy participants are similarly re-randomized to either five booster sessions or home practice only. Education participants continue to follow recommendations of educational materials. We will also assess cost effectiveness from the perspectives of the individual, insurers, and society using claims databases, electronic medical records, self-report cost data, and study records. Qualitative data from interviews will add subjective detail to complement quantitative data.

**EP-66157**


OBJECTIVE: This study examined the association between socioeconomic status (SES) and obesity risk during early adolescence, ages 10–13 years, and whether this association is present in different racial/ethnic and gender groups during 2 time points in early adolescence. METHOD: Data were from the Healthy Passages study, which enrolled 4,824 African American, Hispanic, and White 5th graders (ages 10–11) in a population-based, longitudinal study conducted in 3 U.S. metropolitan areas, and assessed them again 2 years later. Weight status was classified from measured body mass index using standard criteria into non-obese and obese (27% in 5th grade). SES was indexed based on highest education attainment in the household. RESULTS: Youth in the highest SES had a significantly lower prevalence of obesity than those of lower SES at both 5th and 7th grades when disregarding race/ethnicity. Within-racial/ethnic group analyses mostly confirmed this pattern for Hispanic and White youth, but not for African American youth. When also considering gender, the SES differential in obesity risk was more pronounced among White girls and 5th-grade Hispanic boys. CONCLUSION: Growing up in a high SES home, marked by having a member with at least a college degree, is associated with lower risk for obesity among Hispanic and White youth. For African American youth, there appears to be no association between SES and obesity. Thus the health advantage generally attributed to higher SES does not appear consistently across racial/ethnic groups for obesity in youth. Further research should identify influences on weight status beyond SES, especially among African American youth.

**EP-66158**


BACKGROUND: The self-reported health and functional status of persons with back pain in the United States have declined in recent years, despite greatly increased medical expenditures due to this problem. Although patient psychosocial factors such as pain-related beliefs, thoughts and coping behaviors have been demonstrated to affect how well patients respond to treatments for back pain, few patients receive treatments that address these factors. Cognitive-behavioral therapy (CBT), which addresses psychosocial factors, has been
found to be effective for back pain, but access to qualified therapists is limited. Another treatment option with potential for addressing psychosocial issues, mindfulness-based stress reduction (MBSR), is increasingly available. MBSR has been found to be helpful for various mental and physical conditions, but it has not been well-studied for application with chronic back pain patients. In this trial, we will seek to determine whether MBSR is an effective and cost-effective treatment option for persons with chronic back pain, compare its effectiveness and cost-effectiveness compared with CBT and explore the psychosocial variables that may mediate the effects of MBSR and CBT on patient outcomes. METHODS/DESIGN: In this trial, we will randomize 397 adults with nonspecific chronic back pain to CBT, MBSR or usual care arms (99 per group). Both interventions will consist of eight weekly 2-hour group sessions supplemented by home practice. The MBSR protocol also includes an optional 6-hour retreat. Interviewers masked to treatment assignments will assess outcomes 5, 10, 26 and 52 weeks post-randomization. The primary outcomes will be pain-related functional limitations (based on the Roland Disability Questionnaire) and symptom bothersomeness (rated on a 0 to 10 numerical rating scale) at 26 weeks. DISCUSSION: If MBSR is found to be an effective and cost-effective treatment option for patients with chronic back pain, it will become a valuable addition to the limited treatment options available to patients with significant psychosocial contributors to their pain.

EP-66159

OBJECTIVES: Patient financial incentives are being promoted as a mechanism to increase receipt of preventive care, encourage healthy behavior, and improve chronic disease management. However, few empirical evaluations have assessed such incentive programs. STUDY DESIGN: In South Africa, a private health plan has introduced a voluntary incentive program which costs enrollees approximately $20 per month. In the program, enrollees earn points when they receive preventive care. These points translate into discounts on retail goods such as airline tickets, movie tickets, or cell phones. METHODS: We chose 8 preventive care services over the years 2005 to 2011 and compared the change between those who entered the incentive program and those that did not. We used multivariate regression models with individual random effects to try to address selection bias. RESULTS: Of the 4,186,047 unique individuals enrolled in the health plan, 65.5% (2,742,268) voluntarily enrolled in the incentive program. Joining the incentive program was associated with statistically higher odds of receiving all 8 preventive care services. The odds ratio (and estimated percentage point increase) for receipt of cholesterol testing was 2.70 (8.9%); glucose testing 1.51 (4.7%); glaucoma screening 1.34 (3.9%); dental exam 1.64 (6.3%); HIV test 3.47 (2.6%); prostate specific antigen testing 1.39 (5.6%); Papanicolaou screening 2.17 (7.0%); and mammogram 1.90 (3.1%) (P <.001 for all 8 services). However, preventive care rates among those in the program was still low. CONCLUSIONS: Voluntary participation in a patient incentive program was associated with a significantly higher likelihood of receiving preventive care, though receipt of preventive care among those in the program was still lower than ideal.

EP-66160
When a whole practice model is the intervention: developing fidelity evaluation components using program theory-driven science for an integrative medicine primary care clinic. Patricia M. Herman. 2014

Integrative medicine (IM) is a clinical paradigm of whole person healthcare that combines appropriate conventional and complementary medicine (CM) treatments. Studies of integrative healthcare systems and theory-driven evaluations of IM practice models need to be undertaken. Two health services research methods can strengthen the validity of IM healthcare studies, practice theory, and fidelity evaluation. The University of Arizona Integrative Health Center (UAIHC) is a membership-supported integrative primary care clinic in Phoenix, AZ. A comparative effectiveness evalu-
ation is being conducted to assess its clinical and cost outcomes. A process evaluation of the clinic's practice theory components assesses model fidelity for four purposes: (1) as a measure of intervention integrity to determine whether the practice model was delivered as intended; (2) to describe an integrative primary care clinic model as it is being developed and refined; (3) as potential covariates in the outcomes analyses, to assist in interpretation of findings, and for external validity and replication; and (4) to provide feedback for needed corrections and improvements of clinic operations over time. This paper provides a rationale for the use of practice theory and fidelity evaluation in studies of integrative practices and describes the approach and protocol used in fidelity evaluation of the UAIHC.

EP-66161
Maricopa County's drug court: an innovative program for first-time drug offenders on probation. Peter W. Greenwood. 2014

The nationwide drug court movement represents one of the most recent innovations in our criminal justice system aimed at decreasing the number of drug-involved offenders by providing drug treatment and intensive court supervision. Although the majority of drug courts are diversion programs, the Maricopa County (Arizona) Drug Court is a postadjudication program for probationers with a first-time felony conviction for drug possession. Probationers are required to participate in an outpatient comprehensive drug treatment program, and their progress is monitored by the judge. The drug court emphasizes individual accountability through a system of rewards and sanctions. A total of 639 offenders sentenced in 1992 or 1993 were randomly assigned to the drug court or standard probation for RAND's experimental evaluation. Preliminary results show that 40 percent of drug court participants successfully completed the treatment program within twelve months.

EP-66163
Developing a global cancer stigma index. Anita Chandra. 2014

Despite increasing recognition about the stigma associated with cancer screening, diagnosis, and treatment-seeking behaviors, there has been relatively little attention paid to how to assess and intervene to reduce that stigma. An index to measure cancer stigma could empower health program developers and policymakers by identifying the key areas in which a population could benefit from education to change perceptions and address misinformation. The index also could be used to rank countries and communities based on their level of cancer stigma to assess where interventions are needed. We used structured literature review and expert review to generate a cancer stigma item pool. The item pool was subject to cognitive interviews for cultural appropriateness and comprehension; and data from initial pilot testing were used to reduce the pool of items for translation and field testing. The field test was conducted using a web-based survey in four samples representing two regions and three languages—English and Arabic speakers in Jordan and Egypt, and English and Mandarin Chinese speakers in China. Factor analyses and item response theory were applied to finalize the index. The analyses resulted in a 12-item cancer stigma index (CSI) that was reliable across all four samples. The CSI scores were highly correlated with a general illness stigma scale, and operated as expected noting higher cancer stigma among men and those with lower income. The CSI can be used to inform initial cancer education efforts, identifying overall stigma levels in a country or community and particular issue areas requiring intervention.

EP-66164
Provision of mental health services as a quality indicator for adolescent substance abuse treatment facilities. Beth Ann Griffin. 2014

OBJECTIVE: The study tested whether adolescents receiving substance abuse treatment at facilities offering full (can treat all psychiatric conditions) or partial (cannot treat severe or persistent mental illness) mental health services have better 12-month substance use and mental health outcomes than youths at facilities with no mental health services. METHODS: Data were collected
from 3,235 adolescents who were assessed at baseline and at 12 months at one of 50 adolescent treatment facilities. Propensity scores were applied to compare client outcomes from three types of facilities (full, partial, or no mental health services); weighted linear models were estimated to examine outcomes. RESULTS: Youths attending facilities offering full or partial mental health services had better substance abuse treatment outcomes than youths attending facilities offering no such services. There was no evidence of a difference in substance use outcomes between facilities offering full versus partial services, nor was there evidence of differences in mental health outcomes. CONCLUSIONS: These preliminary findings suggest that the availability of mental health services may be a useful quality indicator for adolescent substance abuse treatment facilities. More research is needed to examine specific types of mental health services offered at different facilities.

EP-66165
Discussions about clinical trials among patients with newly diagnosed lung and colorectal cancer. Neeraj K. Arora, Deborah Schrag. 2014

BACKGROUND: Clinical trials are essential to establish the effectiveness of new cancer therapies, but less than 5% of adults with cancer enroll in trials. In addition to ineligibility or lack of available trials, barriers to enrollment may include limited patient awareness about the option of participation. METHODS: We surveyed a multiregional cohort of patients with lung or colorectal cancer (or their surrogates) three to six months after diagnosis. We assessed whether respondents reported learning that clinical trial participation might be an option, and, if so, with whom they discussed trials. We used logistic regression to assess the association of patient characteristics with discussing trial participation and enrolling in trials. All statistical tests were two-sided. RESULTS: Of 7887 respondents, 1114 (14.1%) reported discussing the possibility of clinical trial participation; most learned about trials from their physicians, and 287 patients (3.6% of all patients, 25.8% of trial discussants) enrolled. Among 2173 patients who received chemotherapy for advanced (stage III/IV lung or stage IV colorectal) cancer, 25.7% discussed trials, and 7.6% (29.5% of trial discussants) enrolled. Discussions were less frequent among older patients, African American or Asian vs white patients, and those with lower incomes and more comorbidity. Enrollment was higher among patients reporting shared vs physician-driven decisions (all P < .05). CONCLUSIONS: In this population-based cohort, only 14% of patients discussed participation in clinical trials. Discussions were more frequent among advanced cancer patients but were still reported by a minority of patients. Strategies to expand access to trials and facilitate patient-provider communication about participation may accelerate development of better cancer therapeutics.

EP-66166

China has the world’s largest oldest-old population, but information on trends in late-life disability is lacking. We use data from the Chinese Longitudinal Healthy Longevity Survey for 1998 to 2008 to determine whether prevalence of limitations with physical functions and daily activities has changed recently among the Chinese population aged 80 to 105 and, if so, to investigate the factors associated with the change. We find that prevalence of need for assistance with activities of daily living and inability to independently conduct instrumental activities of daily living declined substantially. Males did not experience improvement in ability to carry out underlying physical functions over the same period, but females did. Variables associated with trends in one or more of these outcomes were adequacy of medical care as a child, childhood hunger, father’s occupation in agriculture, main occupation before age 60 in agriculture, adequacy of current medical care, and body weight.

EP-66167
Comparative effectiveness of pharmacologic treatments to prevent fractures: an updated sys-
tematic review. Sydne Newberry. 2014

BACKGROUND: Osteoporosis is a major contributor to the propensity to fracture among older adults, and various pharmaceuticals are available to treat it. PURPOSE: To update a review about the benefits and harms of pharmacologic treatments used to prevent fractures in adults at risk. DATA SOURCES: Multiple computerized databases were searched between 2 January 2005 and 4 March 2014 for English-language studies. STUDY SELECTION: Trials, observational studies, and systematic reviews. DATA EXTRACTION: Duplicate extraction and assessment of data about study characteristics, outcomes, and quality. DATA SYNTHESIS: From more than 52,000 titles screened, 294 articles were included in this update. There is high-strength evidence that bisphosphonates, denosumab, and teriparatide reduce fractures compared with placebo, with relative risk reductions from 0.40 to 0.60 for vertebral fractures and 0.60 to 0.80 for nonvertebral fractures. Raloxifene has been shown in placebo-controlled trials to reduce only vertebral fractures. Since 2007, there is a newly recognized adverse event of bisphosphonate use, atypical subtrochanteric femur fracture. Gastrointestinal side effects, hot flashes, thromboembolic events, and infections vary among drugs. LIMITATIONS: Few studies have directly compared drugs used to treat osteoporosis. Data in men are very sparse. Costs were not assessed. CONCLUSION: Good-quality evidence supports that several medications for bone density in osteoporotic range and/or preexisting hip or vertebral fracture reduce fracture risk. Side effects vary among drugs, and the comparative effectiveness of the drugs is unclear.

EP-66168
How much neighborhood parks contribute to local residents' physical activity in the City of Los Angeles: a meta-analysis. Deborah A. Cohen. 2014

OBJECTIVE: To quantify the contribution of neighborhood parks to population-level, moderate-to-vigorous physical activity (MVPA). METHOD: We studied park use in 83 neighborhood parks in Los Angeles between 2003 and 2014 using systematic observation and surveys of park users and local residents. We observed park use at least 3–4 times per day over 4–7 Clement days. We conducted a meta-analysis to estimate total, age group and gender-specific park use and total MVPA time in parks. RESULTS: An average park measuring 10 acres and with 40,000 local residents in a one-mile radius accrued 5301 h of use (SE = 1083) during one week, with 35% (1850 h) spent in MVPA and 12% (635 h) spent in vigorous physical activity (VPA). As much as a 10.7-fold difference in weekly MVPA hours was estimated across study parks. Parks' main contribution to population-level MVPA is for males, teenagers, and residents living within a half mile. CONCLUSION: Neighborhood parks contribute substantially to population MVPA. The contribution may depend less on size and facilities than on "demand goods"—programming and activities—that draw users to a park.

EP-66169
Study design to develop and pilot-test a web intervention for partners of military service members with alcohol misuse. Eric R. Pedersen. 2014

BACKGROUND: Alcohol misuse among military service members from the recent conflicts in Iraq and Afghanistan is over two times higher compared to misuse in the civilian population. Unfortunately, in addition to experiencing personal consequences from alcohol misuse, partners and family members of alcohol-misusing service members also suffer in negative ways from their loved one's drinking. These family members represent important catalysts for helping their loved ones identify problem drinking and overcoming the barriers to seeking care. This paper describes the protocol to a pilot study evaluating a 4-session, web-based intervention (WBI) for concerned partners (CPs) of service members with alcohol misuse. METHODS/DESIGN: The WBI will be adapted from the Community Reinforcement and Family Training (CRAFT) intervention. In the first phase, we will develop and beta-test the WBI with 15–20 CPs. In the second phase, we will randomize CPs to WBI (n=thnsp;50) or to delayed-WBI (n=thnsp;50) and evaluate the impact
of the WBI on CPs' perceptions of service member help-seeking and drinking, as well as the CP's well-being and relationship satisfaction 3 months after the intervention. In the third phase, we will recruit 15–20 service members whose partners have completed the study. We will interview the service members to learn how the CP-focused WBI affected them and to assess whether they would be receptive to a follow-on WBI module to help them. DISCUSSION: This project has the potential to benefit a large population of military service members who may be disproportionately affected by recent conflicts and whose drinking misuse would otherwise go undetected and untreated. It also develops a new prevention model that does not rely on service members or partners attending a hospital or clinical facility to access care.

EP-66170
Proximal and distal social influence on alcohol consumption and marijuana use among middle school adolescents. Eric R. Pedersen. 2014

OBJECTIVES: This study assesses the independent and combined effects of (1) perceived peer norms, (2) best friend use, and (3) being in the presence of others who use on middle school adolescents' consumption of marijuana and alcohol, and how the effects of these sources of social influence evolve over time as youth progress through middle school. METHODS: The analytic sample consisted of 11,667 adolescents (50% female; >65% Hispanic) in 6th, 7th or 8th grade from 16 middle schools across three school districts in Southern California. Participants were assessed at 5 time points from 2008 to 2011. RESULTS: All sources of social influence were predictive of alcohol and marijuana consumption. As youth grew older, spending time with other adolescents who drink increased adolescents' likelihood of drinking alcohol, whereas perceived norms became less influential. Furthermore, as adolescents spent more time around other youths who drink, the predictive value of perceived norms on alcohol consumption decreased. Similarly, as youth grew older, the influence of best friend's use and spending time with other adolescents who use marijuana remain stable, whereas perceived norms became less influential. CONCLUSION: Findings suggest that perceived peer norms may be more influential in early adolescence; whereas proximal social determinants (e.g., being in the presence of other peers who consume) become more influential as youth enter middle adolescence. Prevention programs should continue to address misperception of norms with younger adolescents to decrease the chances of initiation, but also utilize strategies such as refusal skills and alternate coping mechanisms for older adolescents.

EP-66171

There is substantial unmet need for parental leave to care for chronically ill children. Yet about half of U.S. employees do not receive any paid sick days that they are allowed to use to care for family members. When parents without such sick days stay home from work to care for an ill child, they can be fired or otherwise penalized. Flexible schedules and telecommuting can help, especially for parents with a chronically ill child. Although some employers have raised concerns about potential misuse of paid-sick-leave benefits, the risk of fraud can be minimized through employer policies requiring certification of health conditions. Ultimately sensible family leave benefits help families and employers. Studies have shown that most employees use these types of benefits to deal with the real demands of real illnesses, which reduces health care costs to employers.

EP-66172
Supply of buprenorphine waivered physicians: the influence of state policies. Adam J. Gordon, Andrew W. Dick. 2014

Buprenorphine, an effective opioid use disorder treatment, can be prescribed only by buprenorphine-waivered physicians. We calculated the number of buprenorphine-waivered physicians/100,000 county residents using 2008-11 Buprenorphine Waiver Notification System data, and used multivariate regression models to predict number of buprenorphine-waivered physi-
cians/100,000 residents in a county as a function of county characteristics, state policies and efforts to promote buprenorphine use. In 2011, 43% of US counties had no buprenorphine-waivered physicians and 7% had 20 or more waivered physicians. Medicaid funding, opioid overdose deaths, and specific state guidance for office-based buprenorphine use were associated with more buprenorphine-waivered physicians, while encouraging methadone programs to promote buprenorphine use had no impact. Our findings provide important empirical information to individuals seeking to identify effective approaches to increase the number of physicians able to prescribe buprenorphine.

EP-66173

Geographic variation in receipt of psychotherapy in children receiving attention-deficit/hyperactivity disorder medications. Bradley D. Stein. 2014

In the more than 1500 counties studied, fewer than 25% of children prescribed ADHD drugs received talk therapy in the same year they received medication. The percentage of children who received both drugs and therapy varied across counties and did not always reflect the number of available psychologists.

EP-66174


PURPOSE: Middle school students with a history of solitary substance use are at elevated risk for substance problems by young adulthood. Understanding how these students differ from social-only users on substance use behaviors and consequences, normative beliefs, social influences, and attitudes can inform efforts to reduce solitary use and its related negative consequences. METHODS: Sixth- to seventh-grade students completed an in-school survey. We compared those with a history of solitary versus social-only alcohol use (n = 202 and n = 616, respectively) and marijuana use (n = 92 and n = 208, respectively) on a range of substance use–related characteristics. RESULTS: Any solitary use was reported by 25% of lifetime alcohol users and 31% of lifetime marijuana users. Those with a history of solitary use of either substance were more likely to hold positive expectancies about their use but also reported more negative consequences during the past year. Solitary users tended to have greater exposure to substance-using peers and more difficulty resisting offers to use. Compared with social-only drinkers, those with a history of solitary drinking perceived that more of their peers were alcohol users. Significant group differences were not found on negative outcome expectancies or attempts to cut down on substance use. CONCLUSIONS: Solitary use is an important, yet, overlooked problem among middle school students who have just begun drinking or using marijuana. Results suggest that positive expectancies, peer influences, resistance self-efficacy, and normative beliefs may be important areas to target in reducing solitary use and the risk it poses for problematic use in young adulthood.

EP-66175


In this article, we discuss the Vietnam Multicomponent Collaborative Care for Depression Program, which was designed to provide evidence-based depression care services in low-resource, non-Western settings such as Vietnam. The article provides the program development background; the social, economic, and political context in which the program was developed; and the structure and content of the program and their underlying rationale in the context of rural Vietnam. Although the program was found to be acceptable, feasible, and effective in reducing depression outcomes, we did face challenges in implementation, which are outlined in this article. Key challenges included cultural factors (e.g., a lack of recognition of depression as a health-related entity amenable to professional treatment, relatively low levels of psychological mindedness useful for understanding of psychological interventions) and health system (e.g., lack of mental health specialists, overburdened health providers unfamiliar with behavioral
interventions) factors. We discuss the strategies we employed to resolve these challenges and our successes and failures therein. We conclude with recommendations for others interested in implementing similar programs in low- and middle-income countries settings.

EP-66176

OBJECTIVE: The study’s goal was to examine the impact of parent and peer relationships on health behaviors and psychological well-being of those with and without Type 1 diabetes over the transition to emerging adulthood. Emerging adulthood is an understudied developmental period and a high-risk period—especially for those with Type 1 diabetes. METHOD: Youth with (n = 117) and without Type 1 diabetes (n = 122) completed questionnaires during their senior year of high school and 1 year later. Measures included supportive and problematic aspects of parent and peer relationships, health behaviors, psychological well-being, and, for those with diabetes, self-care behavior and glycemic control. RESULTS: Prospective multiple and logistic regression analysis revealed that friend conflict was a more potent predictor than friend support of changes in health behaviors and psychological well-being. Parent support was associated with positive changes in psychological well-being and decreases in smoking, whereas parent control was related to increases in smoking and depressive symptoms. There was some evidence of cross-domain buffering such that supportive relationships in one domain buffered adverse effects of problematic relationships in the other domain on health outcomes. CONCLUSIONS: This longitudinal study showed that parent relationships remain an important influence on, and peer relationships continue to influence, the health behaviors and psychological well-being of emerging adults with and without Type 1 diabetes. Parent relationships also have the potential to buffer the adverse effects of difficulties with peers.

EP-66177

BACKGROUND: Among high-risk youth, those who may be at increased risk for adverse alcohol and other drug (AOD) use outcomes may benefit from targeted prevention efforts; how youth acquire AOD may provide an objective means of identifying youth at elevated risk. METHODS: We assessed how youth acquired alcohol and marijuana (purchasing vs. other means), demographics, AOD behaviors/consequences, and environment among adolescents referred to a diversion program called Teen Court (N=180) at two time points (prior to the program and 180 days from baseline). Participants were predominantly White and Hispanic/Latino(a). RESULTS: In cross-sectional analyses among alcohol and marijuana users, purchasing marijuana was associated with more frequent marijuana use and consequences, time spent around teens who use marijuana, higher likelihood of substance use disorders, and lower resistance self-efficacy compared to non-purchasers. Teens who purchased both alcohol and marijuana experienced similar outcomes to those who purchased only marijuana, and also reported more frequent and higher quantity of drinking, greater alcohol-related consequences, time spent around teens who use other drugs, and prescription drug misuse. Longitudinally, purchasing alcohol and marijuana at baseline was associated with more frequent and higher quantity of drinking compared to non-purchasers at follow-up. Marijuana only purchasers had a greater likelihood of substance use disorders at follow-up compared to non-purchasers. CONCLUSIONS: In an era where drinking is commonplace and attitudes towards marijuana use are becoming more tolerant, it is essential to evaluate how accessibility to AOD and subsequent purchasing behaviors affect youth consumption and intervene accordingly to prevent future consequences.

EP-66178
Predicting support for non-pharmaceutical interventions during infectious outbreaks: a four re-
Non-pharmaceutical interventions (NPIs) are an important public health tool for responding to infectious disease outbreaks, including pandemics. However, little is known about the individual characteristics associated with support for NPIs, or whether they are consistent across regions. This study draws on survey data from four regions—Hong Kong, Singapore, Taiwan, and the United States—collected following the Severe Acute Respiratory Syndrome (SARS) outbreak of 2002–03, and employs regression techniques to estimate predictors of NPI support. It finds that characteristics associated with NPI support vary widely by region, possibly because of cultural variation and prior experience, and that minority groups tend to be less supportive of NPIs when arrest is the consequence of noncompliance. Prior experience of face-mask usage also results in increased support for future usage, as well as other NPIs. Policymakers should be attentive to local preferences and to the application of compulsory interventions. It is speculated here that some public health interventions may serve as 'gateway' exposures to future public health interventions.

EP-66179
Comparative effectiveness of fidaxomicin for treatment of Clostridium difficile infection. John P. Caloyeras. 2014

OBJECTIVE: To assess the differential clinical and economic value of fidaxomicin compared with metronidazole and vancomycin in the treatment of Clostridium difficile infection (CDI). STUDY DESIGN: Cohort-level Markov model simulation. METHODS: We defined 4 treatment paths that varied the drugs used for initial and recurrent CDI infections. A population of adult inpatients at risk of developing CDI passed through health states, including the initial CDI treatment episode, recurrent CDI treatment episodes, persistent CDI requiring retreatment, vancomycin-resistant Enterococcus (VRE) colonization, and VRE infection. Each health state was associated with risks and costs. Our primary outcome of interest was the incremental cost per recurrence avoided. RESULTS: The fidaxomicin-based path was superior across all the clinical outcomes considered. The incremental cost per recurrence avoided was $6109 to $13,027 higher for the fidaxomicin-based path compared with all others. For fidaxomicin to be cost neutral, the cost per recurrence would need to be between $25,000 and $48,000 depending on the comparator treatment. CONCLUSIONS: A treatment path beginning with fidaxomicin produced superior clinical outcomes but higher costs relative to 3 other treatment paths. However, fidaxomicin would be cost neutral or cost saving for patient subgroups with higher recurrence costs. Our simulations provide guidance for decision makers to optimize use of this.

EP-66180

BACKGROUND: Pediatric emergency telemedicine has the potential to improve the quality of pediatric emergency care in underserved areas, reducing socioeconomic disparities in access to care. Yet, telemedicine in the pediatric emergency setting remains underutilized. We aimed to assess the current state of pediatric emergency telemedicine and identify unique success factors and barriers to widespread use. MATERIALS AND METHODS: We conducted a telephone survey of current, former, and planned pediatric emergency telemedicine programs in the United States. RESULTS: We surveyed 25 respondents at 20 unique sites, including 12 current, 5 planned, and 3 closed programs. Existing programs were located primarily in academic medical centers and served an average of 12.5 spoke sites (range, 1–30). Respondents identified five major barriers, including difficulties in cross-hospital credentialing, integration into established workflows, usability of technology, lack of physician buy-in, and misaligned incentives between patients and providers. Uneven reimbursement was also cited as a barrier, although this was not seen as major because most programs were able to operate independent of reimbursement, and many were
not actively seeking reimbursement even when allowed. Critical success factors included selecting spoke hospitals based on receptivity rather than perceived need and cultivating clinical champions at local sites. CONCLUSIONS: Although pediatric emergency telemedicine confronts many of the same challenges of other telemedicine applications, reimbursement is relatively less significant, and workflow disruption are relatively more significant in this setting. Although certain challenges such as credentialing can be addressed with available policy options, others such as the culture of transfer at rural emergency departments require innovative approaches.

EP-66181
A promising thaw. Christopher Paul. 2014

The relationship between New Zealand and the United States has seen ups and downs over the past 60 years, but the two countries have entered a new era characterized by the ability to agree to disagree.

EP-66182

BACKGROUND: High ambient temperatures are a risk factor for nephrolithiasis, but the precise relationship between temperature and kidney stone presentation is unknown. OBJECTIVES: Our objective was to estimate associations between mean daily temperature and kidney stone presentation according to lag time and temperatures. METHODS: Using a time-series design and distributed lag nonlinear models, we estimated the relative risk (RR) of kidney stone presentation associated with mean daily temperatures, including cumulative RR for a 20-day period, and RR for individual daily lags through 20 days. Our analysis used data from the MarketScan Commercial Claims database for 60,433 patients who sought medical evaluation or treatment of kidney stones from 2005–2011 in the U.S. cities of Atlanta, Georgia; Chicago, Illinois; Dallas, Texas; Los Angeles, California; and Philadelphia, Pennsylvania. RESULTS: Associations between mean daily temperature and kidney stone presentation were not monotonic, and there was variation in the exposure–response curve shapes and the strength of associations at different temperatures. However, in most cases RRs increased for temperatures above the reference value of 10°C. The cumulative RR for a daily mean temperature of 30°C versus 10°C was 1.38 in Atlanta (95% CI: 1.07, 1.79), 1.37 in Chicago (95% CI: 1.07, 1.76), 1.36 in Dallas (95% CI: 1.10, 1.69), 1.11 in Los Angeles (95% CI: 0.73, 1.68), and 1.47 in Philadelphia (95% CI: 1.00, 2.17). Kidney stone presentations also were positively associated with temperatures < 2°C in Atlanta, and < 10°C in Chicago and Philadelphia. In four cities, the strongest association between kidney stone presentation and a daily mean temperature of 30°C versus 10°C was estimated for lags of ≤ 3 days. CONCLUSIONS: In general, kidney stone presentations increased with higher daily mean temperatures, with the strongest associations estimated for lags of only a few days. These findings further support an adverse effect of high temperatures on nephrolithiasis.

EP-66183
Getting older isn't all that bad: better decisions and coping when facing "sunk costs." JoNell Strough, Andrew M. Parker. 2014

Because people of all ages face decisions that affect their quality of life, decision-making competence is important across the life span. According to theories of rational decision making, one crucial decision skill involves the ability to discontinue failing commitments despite irrecoverable investments also referred to as "sunk costs." We find that older adults are better than younger adults at making decisions to discontinue such failing commitments especially when irrecoverable losses are large, as well as at coping with the associated irrecoverable losses. Our results are relevant to interventions that aim to promote better decision-making competence across the life span.

EP-66184
Probability perceptions and preventive health
We study the effect of perceptions in comparison with more objective measures of risk on individuals’ decisions to decline or accept risk reducing interventions such as flu shots, mammograms, and aspirin for the prevention of heart disease. In particular, we elicit individuals’ subjective probabilities of risk, with and without the interventions, and compare these perceptions to individually predicted risk based on epidemiological models. Respondents, especially women, appear to be aware of some of the qualitative relationships between risk factors and probabilities. However, on average they have very poor perceptions of the absolute probability levels as reported in the epidemiological literature. Perceptions of the level of risk are less accurate if a respondent is female and has poor numeracy skills. We find that perceived probabilities significantly affect the subsequent take-up rate of flu shots, mammograms, and aspirin, even after controlling for individually predicted risk using epidemiological models.

EP-66185
Healthy work: challenges and opportunities to 2030. Leela Barham. 2014

Unless addressed, the worsening health of the workforce will damage the long-term productivity of British companies large and small. By 2030, an ageing workforce and higher rates of chronic disease among employees will pose a serious threat to business success. This report, led by Bupa, the health and care company, and published in partnership with The Work Foundation, The Oxford Health Alliance and RAND Europe, brings together for the first time more than 200 pieces of research to provide in-depth insight into how the health of British workers will change over the next 20 years. It argues that work – and in particular good work – must be placed at the centre of efforts to improve health.

EP-66186
Time of day and decision to prescribe antibiotics. Jason N. Doctor, Mark W. Friedberg. 2014

Clinicians make many patient care decisions each day. The cumulative cognitive demand of these decisions may erode clinicians’ abilities to resist making potentially inappropriate decisions. In primary care, prescribing unnecessary antibiotics for acute respiratory infections (ARIs) is a common, inappropriate service. Clinicians may prescribe unnecessary antibiotics—again, the easy, safe option—due to perceived or explicit patient demand, desire to do something meaningful for patients, a desire to conclude visits quickly, or an unrealistic fear of complications. We hypothesized that decision fatigue, if present, would increase clinicians’ likelihood of prescribing antibiotics for patients presenting with ARIs as clinic sessions wore on. To test this hypothesis, we analyzed ARI visits by adults which occurred during two 4-hour sessions—8 AM to noon and 1 PM to 5 PM—Monday through Friday. Clinicians worked in 4-hour morning and afternoon sessions; many clinicians worked only 1 session on a given day. We found that primary care clinicians’ likelihood of prescribing antibiotics for ARIs increased as clinic sessions wore on, consistent with the hypothesis that decision fatigue progressively impairs clinicians’ ability to resist ordering inappropriate treatments. Remedies for decision fatigue might include time-dependent decision support, modified schedules, shorter sessions, mandatory breaks, or snacks. Further studies could clarify the sources of the problem and test solutions.

EP-66187
Implications of sleep and energy drink use for health disparities. Kristen L. Knutson, Wendy M. Troxel. 2014

The popularity of energy drinks has increased rapidly in the past decade. One of the main reasons people use energy drinks is to counteract effects of insufficient sleep or sleepiness. Risks associated with energy drink use, including those related to sleep loss, may be disproportionately borne by racial minorities and those of lower socioeconomic status. In this review, a brief introduction to the issue of health disparities is provided, population-level disparities and inequalities in sleep are described, and the social-ecological model of sleep
and health is presented. Social and demographic patterns of energy drink use are then presented, followed by discussion of the potential ways in which energy drink use may contribute to health disparities, including the following: 1) effects of excessive caffeine in energy drinks, 2) effects of energy drinks as sugar-sweetened beverages, 3) association between energy drinks and risk-taking behaviors when mixed with alcohol, 4) association between energy drink use and short sleep duration, and 5) role of energy drinks in cardiometabolic disease. The review concludes with a research agenda of critical unanswered questions.

EP-66188
Correlates of use of timed unprotected intercourse to reduce horizontal transmission among Ugandan HIV clients with fertility intentions. Kathy Goggin, Deborah Mindry. 2014

We examined the correlates of use of safer conception methods (SCM) in a sample of 400 Ugandan HIV clients (75% female; 61% on antiretroviral therapy; 61% with HIV-negative or unknown status partners) in heterosexual relationships with fertility intentions. SCM assessed included timed unprotected intercourse, manual self-insemination, sperm washing, and pre-exposure prophylaxis (PrEP). In the 6 months prior to baseline, 47 (12%) reported using timed unprotected intercourse to reduce risk of HIV infection (or re-infection), none had used manual self-insemination or sperm washing, and two had used PrEP. In multiple regression analysis, correlates of use of timed unprotected intercourse included greater perceptions of partner's willingness to use SCM and providers' stigma of childbearing among people living with HIV, higher SCM knowledge, and desire for a child within the next 6 months. These findings highlight the need for policy and provider training regarding integration of couples' safer conception counselling into HIV care.

EP-66190
Assessing the validity of using serious game technology to analyze physician decision making. Derek C. Angus, Daniel Ricketts. 2014

BACKGROUND: With marijuana use increasing among American adolescents, better understanding of the factors associated with decreasing use and quitting can help inform cessation efforts. This study evaluates a range of neighborhood, family, peer network, and individual factors as predictors of marijuana use, change, and non-use over one year, and cessation over six years. METHODS: Data come from adolescents in Waves I and II of the National Longitudinal Study of Adolescent Health (N = 458, one-year sample), or Waves I and III (N = 358, six-year sample), and reported using marijuana at least four times in the past month at Wave I. RESULTS: Eighteen percent of adolescents stopped using marijuana after six years. Results suggest neighborhood context affects overall use level, whereas neighborhood context and friends were critical to cessation vs. continuation of use. Decrease in use were more likely among adolescents in disadvantaged or less cohesive neighborhoods, or who moved between waves. Non-use after one year was more likely among adolescents who did not move, had fewer marijuana-using friends, and did not exclusively have outside-of-school friends. Cessation at six years was more likely among adolescents in less disadvantaged and more cohesive neighborhoods, and for those with within-school friends. CONCLUSIONS: Results highlight the importance of both objective and subjective neighborhood characteristics, as well as peer networks, on adolescent marijuana use. Factors associated with decreases in use appear distinct from those that predict quitting, suggesting that continuation vs. cessation is linked to peers as well as neighborhood context. Relocated and isolated individuals may face challenges with cessation.

EP-66189

BACKGROUND: Physician non-compliance with clinical practice guidelines remains a critical barrier to high quality care. Serious games (using gaming technology for serious purposes) have emerged as a method of studying physician deci-
sion making. However, little is known about their validity. METHODS: We created a serious game and evaluated its construct validity. We used the decision context of trauma triage in the Emergency Department of non-trauma centers, given widely accepted guidelines that recommend the transfer of severely injured patients to trauma centers. We designed cases with the premise that the representativeness heuristic influences triage (i.e. physicians make transfer decisions based on archetypes of severely injured patients rather than guidelines). We randomized a convenience sample of emergency medicine physicians to a control or cognitive load arm, and compared performance (disposition decisions, number of orders entered, time spent per case). We hypothesized that cognitive load would increase the use of heuristics, increasing the transfer of representative cases and decreasing the transfer of non-representative cases. FINDINGS: We recruited 209 physicians, of whom 168 (79%) began and 142 (68%) completed the task. Physicians transferred 31% of severely injured patients during the game, consistent with rates of transfer for severely injured patients in practice. They entered the same average number of orders in both arms (control (C): 10.9 [SD 4.8] vs. cognitive load (CL):10.7 [SD 5.6], p = 0.74), despite spending less time per case in the control arm (C: 9.7 [SD 7.1] vs. CL: 11.7 [SD 6.7] minutes, p<0.01). Physicians were equally likely to transfer representative cases in the two arms (C: 45% vs. CL: 34%, p = 0.20), but were more likely to transfer non-representative cases in the control arm (C: 38% vs. CL: 26%, p = 0.03). CONCLUSIONS: We found that physicians made decisions consistent with actual practice, that we could manipulate cognitive load, and that load increased the use of heuristics, as predicted by cognitive theory.

EP-66192

Early menarche and childhood adversities in a nationally representative sample. Heather L. McCauley, Elizabeth Miller. 2014

BACKGROUND: Epidemiological evidence suggests that early menarche, defined as onset of menses at age 11 or earlier, has increased in prevalence in recent birth cohorts and is associated with multiple poor medical and mental health outcomes in adulthood. There is evidence that childhood adversities occurring prior to menarche contribute to early menarche. METHODS: Data collected in face-to-face interviews with a nationally representative sample of women age 18 and over (N = 3288), as part of the National Comorbidity Survey-Replication, were analyzed. Associations between pre-menarchal childhood adversities and menarche at age 11 or earlier were estimated in discrete time survival models with statistical adjustment for age at interview, ethnicity, and body mass index. Adversities investigated included physical abuse, sexual abuse, neglect, biological father absence from the home, other parent loss, parent mental illness, parent substance abuse, parent criminality, inter-parental vi-
olence, serious physical illness in childhood, and family economic adversity. RESULTS: Mean age at menarche varied across decadal birth cohorts ($X^2(4) = 21.41, p < .001$) ranging from a high of 12.9 years in the oldest cohort (age 59 or older at the time of interview) to a low of 12.4 in the second youngest cohort (age 28-37). Childhood adversities were also more common in younger than older cohorts. Of the 11 childhood adversities, 5 were associated with menarche at age 11 or earlier, with OR of 1.3 or greater. Each of these five adversities is associated with a 26% increase in the odds of early menarche (OR = 1.26, 95% CI 1.14-1.39). The relationship between childhood sexual abuse and early menarche was sustained after adjustment for co-occurring adversities. (OR = 1.77, 95% CI 1.21-2.6). CONCLUSIONS: Evidence from this study is consistent with hypothesized physiological effects of early childhood family environment on endocrine development. Childhood sexual abuse is the adversity most strongly associated with early menarche. However, because of the complex way that childhood adversities cluster within families, the more generalized influence of highly dysfunctional family environments cannot be ruled out.

EP-66193

OBJECTIVES: With the worldwide population growing in age, information technology may help meet important needs to prepare and support patients and families for aging. We sought to explore the use and acceptance of information technology for health among the elderly by reviewing the existing literature. METHODS: Review of literature using PubMed and Google Scholar, references from relevant papers, and consultation with experts. RESULTS: Elderly people approach the Internet and health information technology differently than younger people, but have growing rates of adoption. Assistive technology, such as sensors or home monitors, may help ‘aging in place’, but these have not been thoroughly evaluated. Elders face many barriers in using technology for healthcare decision-making, including issues with familiarity, willingness to ask for help, trust of the technology, privacy, and design challenges. CONCLUSIONS: Barriers must be addressed for these tools to be available to this growing population. Design, education, research, and policy all play roles in addressing these barriers to acceptance and use.

EP-66194

BACKGROUND: Many believe that fear of malpractice lawsuits drives physicians to order otherwise unnecessary care and that legal reforms could reduce such wasteful spending. Emergency physicians practice in an information-poor, resource-rich environment that may lend itself to costly defensive practice. Three states, Texas (in 2003), Georgia (in 2005), and South Carolina (in 2005), enacted legislation that changed the malpractice standard for emergency care to gross negligence. We investigated whether these substantial reforms changed practice. METHODS: Using a 5% random sample of Medicare fee-for-service beneficiaries, we identified all emergency department visits to hospitals in the three reform states and in neighboring (control) states from 1997 through 2011. Using a quasi-experimental design, we compared patient-level outcomes, before and after legislation, in reform states and control states. We controlled for characteristics of the patients, time-invariant hospital characteristics, and temporal trends. Outcomes were policy-attributable changes in the use of computed tomography (CT) or magnetic resonance imaging (MRI), per-visit emergency department charges, and the rate of hospital admissions. RESULTS: For eight of the nine state–outcome combinations tested, no policy-attributable reduction in the intensity of care was detected. We found no reduction in the rates of CT or MRI utilization or hospital admission in any of the three reform states and no reduction in charges in Texas or South Carolina. In Georgia, reform was associated with a 3.6% reduction (95% confidence interval, 0.9 to 6.2) in per-visit emergency department charges.
CONCLUSIONS: Legislation that substantially changed the malpractice standard for emergency physicians in three states had little effect on the intensity of practice, as measured by imaging rates, average charges, or hospital admission rates.

EP-66195

BACKGROUND: Although self-efficacy (SE) and outcome expectancy (OE) have been well researched as predictors of outcome, few studies have investigated changes in these variables across treatments. We evaluated changes in OE and SE throughout treatment as predictors of outcomes in a large sample with panic disorder, generalized anxiety disorder, social anxiety disorder, or posttraumatic stress disorder. We hypothesized that increases in SE and OE would predict reductions in anxiety and depression as well as improvement in functioning. METHODS: Participants (mean age = 43.3 years, SD = 13.2, 71.1% female, 55.5% white) were recruited from primary care centers throughout the United States and were randomized to receive either Coordinated Anxiety Learning and Management (CALM) treatment – composed of cognitive behavioral therapy, psychotropic medication, or both – or usual care. SE and OE ratings were collected at each session for participants in the CALM treatment (n = 482) and were entered into a structural equation model as predictors of changes in Brief Symptom Inventory, Anxiety Sensitivity Index, Patient Health Questionnaire (PHQ), and Sheehan Disability Scale outcomes at 6, 12, and 18 months after baseline. RESULTS: The best-fitting models predict symptom levels from OE and SE and not vice versa. The slopes and intercept of OE significantly predicted change in each outcome variable except PHQ-8. The slope and intercept of SE significantly predicted change in each outcome variable. CONCLUSION: Over and above absolute level, increases in SE and OE were significant predictors of decreases in symptoms and increases in functioning. Implications for treatment are discussed, as well as future directions of research.

EP-66196

OBJECTIVES: To provide nationally representative estimates of the opportunity costs of informal elder-care in the United States. DATA SOURCES: Data from the 2011 and 2012 American Time Use Survey. STUDY DESIGN: Wage is used as the measure of an individual's value of time (opportunity cost), with wages being imputed for non-working individuals using a selection-corrected regression methodology. PRINCIPAL FINDINGS: The total opportunity costs of informal elder-care amount to $522 billion annually, while the costs of replacing this care by unskilled and skilled paid care are $221 billion and $642 billion, respectively. CONCLUSIONS: Informal caregiving remains a significant phenomenon in the United States with a high opportunity cost, although it remains more economical (in the aggregate) than skilled paid care.

EP-66197

Legionnaires' disease (LD) is a pneumonia caused by different varieties of Legionella bacteria. Pennsylvania is within the U.S. region that has the highest incidence of reported LD. In 2013, the Pittsburgh Regional Health Initiative (PRHI) and Allegheny County Health Department decided to update the county's guidelines. The purpose of these updated guidelines is to provide interested persons and organizations in western Pennsylvania—especially community hospitals, nursing homes, assisted living and high-rise retirement facilities—with updated information on Legionella and how to minimize its occurrence and impact in people and in the environment.

EP-66198
An examination of the bidirectional relationship between functioning and symptom levels in patients with anxiety disorders in the CALM study.
Jennifer L. Krull. 2014

BACKGROUND: Patients with anxiety disorders suffer marked functional impairment in their activities of daily living. Many studies have documented that improvements in anxiety symptom severity predict functioning improvements. However, no studies have investigated how improvements in functioning simultaneously predict symptom reduction. We hypothesized that symptom levels at a given time point will predict functioning at the subsequent time point, and simultaneously that functioning at a given time point will predict symptom levels at a subsequent time point. METHOD: Patients were recruited from primary-care centers for the Coordinated Anxiety Learning and Management (CALM) study and were randomized to receive either computer-assisted cognitive-behavioral therapy and/or medication management (ITV) or usual care (UC). A cross-lagged panel design examined the relationship between functional impairment and anxiety and depression symptom severity at baseline, 6-, 12-, and 18-month follow-up assessments. RESULTS: Prospective prediction of functioning from symptoms and symptoms from functioning were both important in modeling these associations. Anxiety and depression predicted functioning as strongly as functioning predicted anxiety and depression. There were some differences in these associations between UC and ITV. Where differences emerged, the UC group was best modeled with prospective paths predicting functioning from symptoms, whereas symptoms and functioning were both important predictors in the ITV group. CONCLUSIONS: Treatment outcome is best captured by measures of functional impairment as well as symptom severity. Implications for treatment are discussed, as well as future directions of research.

EP-66199

Physician-reported barriers to referring cancer patients to specialists: prevalence, factors, and association with career satisfaction. Diana M. Tisnado, Nancy L. Keating. 2014

BACKGROUND: Quality care for patients with cancer often requires access to specialty providers, but little is known about barriers to referring cancer patients for specialized care. Referral barriers may also lessen physician career satisfaction. The study was aimed at determining what factors are associated with these barriers and whether greater barriers are associated with low career satisfaction. METHODS: This cross-sectional study examined 1562 primary care physicians (PCPs) and 2144 specialists responding to the multiregional Cancer Care Outcomes Research and Surveillance Consortium physician survey. The prevalence of physician-reported barriers to referring cancer patients for more specialized care (restricted provider networks, preauthorization requirements, patient inability to pay, lack of surgical subspecialists, and excessive patient travel time) was assessed. The 5 items were averaged to calculate a barrier score. A multivariate linear regression was used to determine physician and practice setting characteristics associated with the barrier score, and a multivariate logistic regression was used to analyze the association of the barrier score with physician career satisfaction. RESULTS: Three in 5 physicians reported always, usually, or sometimes encountering any barrier to cancer patient specialty referrals. In adjusted analyses of PCPs and specialists, international medical graduates, physicians practicing in solo or government-owned practices, and physicians with <90% of their patients in managed care plans had higher barrier scores than others (P < .05). High barrier scores were associated with lower physician career satisfaction among PCPs and specialists (P < .05). CONCLUSIONS: Many physicians experience barriers to specialty referral for cancer patients. Uniform systems for providing and tracking timely referrals may enhance care and promote physician career satisfaction.

EP-66200

Use of and regional variation in initial CT imaging for kidney stones. Jose E. Pulido, Ron Keren. 2014

OBJECTIVE: We sought to determine the prevalence of initial computed tomography (CT) utilization and to identify regions in the United States where CT is highly used as the first imaging study for children with nephrolithiasis. METH-
ODS: We performed a cross-sectional study in 9228 commercially insured children aged 1 to 17 years with nephrolithiasis who underwent diagnostic imaging in the United States between 2003 and 2011. Data were obtained from MarketScan, a commercial insurance claims database of 17,827,229 children in all 50 states. We determined the prevalence of initial CT use, defined as CT alone or CT performed before ultrasound in the emergency department, inpatient unit, or outpatient clinic, and identified regions of high CT utilization by using logistic regression. RESULTS: Sixty-three percent of children underwent initial CT study and 24% had ultrasound performed first. By state, the proportion of children who underwent initial CT ranged from 41% to 79%. Regional variations persisted after adjusting for age, gender, year of presentation, and insurance type. Relative to children living in West South Central states, the highest odds of initial CT utilization were observed for children living in the East South Central US Census division (odds ratio: 1.27; 95% confidence interval: 1.06–1.54). The lowest odds of initial CT were observed for children in the New England states (odds ratio: 0.48; 95% confidence interval: 0.38–0.62). CONCLUSIONS: Use of CT as the initial imaging study for children with nephrolithiasis is highly prevalent and shows extensive regional variability in the United States. Current imaging practices deviate substantially from recently published guidelines that recommend ultrasound as the initial imaging study.

EP-66201

BACKGROUND: There is limited evidence about the impact of specific patterns of multi-morbidity on health-related quality of life (HRQoL) from large samples of adult subjects. METHODS: We used data from the English General Practice Patient Survey 2011–2012. We defined multi-morbidity as the presence of two or more of 12 self-reported conditions or another (unspecified) long-term health problem. We investigated differences in HRQoL (EQ-5D scores) associated with combinations of these conditions after adjusting for age, gender, ethnicity, socio-economic deprivation and the presence of a recent illness or injury. Analyses were based on 831,537 responses from patients aged 18 years or older in 8,254 primary care practices in England. RESULTS: Of respondents, 23% reported two or more chronic conditions (ranging from 7% of those under 45 years of age to 51% of those 65 years or older). Multi-morbidity was more common among women, White individuals and respondents from socio-economically deprived areas. Neurological problems, mental health problems, arthritis and long-term back problem were associated with the greatest HRQoL deficits. The presence of three or more conditions was commonly associated with greater reduction in quality of life than that implied by the sum of the differences associated with the individual conditions. The decline in quality of life associated with an additional condition in people with two and three physical conditions was less for older people than for younger people. Multi-morbidity was associated with a substantially worse HRQoL in diabetes than in other long-term conditions. With the exception of neurological conditions, the presence of a comorbid mental health problem had a more adverse effect on HRQoL than any single comorbid physical condition. CONCLUSION: Patients with multi-morbid diabetes, arthritis, neurological, or long-term mental health problems have significantly lower quality of life than other people. People with long-term health conditions require integrated mental and physical healthcare services.

EP-66202

OBJECTIVE: Adult and peer factors may influence whether adolescents use alcohol and other drugs (AOD). This longitudinal study examined the direct effects of adult monitoring, perceived adult AOD use, and cultural values on adolescent AOD use. METHODS: Participants were 193 at-risk adolescents referred to a California diver-
sion program called Teen Court for a first-time AOD offense. We assessed youth reports of past 30 day AOD use (any alcohol use, heavy drinking, marijuana use), demographics, changes in parental monitoring and family values (from baseline to follow-up 180 days later), as well as family structure and perceived adult substance use at follow-up. RESULTS: Adolescents who reported that a significant adult in their life used marijuana were more likely to have increased days of drinking, heavy drinking, and marijuana use at follow-up. Higher levels of familism (importance the teen places on their family's needs over their own needs) and being in a nuclear family served as protective factors for future alcohol use. Additionally, poor family management was associated with increased alcohol use and heavy drinking. CONCLUSION: Findings highlight how family management and perceptions of adult marijuana use influence subsequent adolescent AOD use, and how an increase in familism over time is associated with a decrease in adolescent drinking. Tailoring interventions, by including the teen's family and/or providing support to adults who use AOD may be crucial for improving interventions for adolescent AOD use.

EP-66203
Equity in competency education: realizing the potential, overcoming the obstacles. Rick Eden. 2014

Equity is both a central goal and fundamental value of competency education. Competency-based approaches are designed to promote equity by preventing students from falling behind or staying behind. In practice, however, poorly implemented competency-based programs could inadvertently increase inequity—in opportunities and in outcomes. Equity in Competency Education: Realizing the Potential, Overcoming the Obstacles—the second paper of Students at the Center's Competency Education Research Series—examines equity concerns in competency education through the lens of family income, exploring the effects and implications, as well as proposing potential mitigations.

EP-66205
Challenges in systematic reviews of qualitative research. Sean Grant. 2014

Systematic reviews of qualitative research are useful, but pose challenges for researchers. Many debates over their value arise from the tension between the positivistic, aggregative approach of systematic reviews of intervention effectiveness and the interpretive nature of most qualitative research.
tive Behavioral Intervention for Trauma in Schools (CBITS). The chapter also summarizes the research evidence and implementation experiences with CBITS, and highlights future directions for research and practice for supporting students exposed to traumatic events.

EP-66207

Project JOINTS: what factors affect bundle adoption in a voluntary quality improvement campaign?. 2014

BACKGROUND: Diffusion and adoption of effective evidence-based clinical practices can be slow, especially if complex changes are required to implement new practices. OBJECTIVE: To examine how hospital adherence to quality improvement (QI) methods and hospital engagement with a large-scale QI campaign could facilitate the adoption of an enhanced prevention bundle designed to reduce surgical site infection (SSI) rates after orthopaedic surgery (hip and knee arthroplasty). METHODS: We conducted telephone interviews with hospital QI leaders from 73 of the 109 hospitals (67% response rate) in five states that participated in Project JOINTS (Joining Organizations IN Tackling SSIs), a QI campaign run by Institute for Healthcare Improvement (IHI). Using QI methods grounded in the IHI Model for Improvement, this campaign encouraged hospitals to implement an enhanced SSI prevention bundle. Hospital QI leaders reported on their hospital's adherence to the Project JOINTS QI methods; their level of engagement with Project JOINTS activities; and adoption of the SSI prevention bundle components. Interview data were analysed quantitatively and qualitatively. RESULTS: Both adherence to the QI methods and hospital engagement were positively associated with complete bundle adoption. Hospital engagement, especially the use of project materials and tools, was also positively associated with the initiation of and improved adherence to individual bundle components. CONCLUSIONS: Our findings suggest that greater adherence to the QI methods and active hospital engagement in a QI campaign facilitate adoption of evidence-based patient safety bundles in orthopaedic practice.

EP-66208

Changes in obesity between fifth and tenth grades: a longitudinal study in three metropolitan areas. Marc N. Elliott. 2014

BACKGROUND: Despite epidemic childhood obesity levels, we know little about how BMI changes from preadolescence to adolescence and what factors influence changes. METHODS: We studied 3961 randomly selected public school students and 1 parent per student in 3 US metropolitan areas in fifth and again in tenth grades. In each grade, we measured child and parent height/weight and calculated BMI category. We examined whether baseline sociodemographic characteristics, child health-related factors, and parental obesity were significantly associated with exit from and entry into obesity from fifth to tenth grade. RESULTS: Fifth- and tenth-graders were 1%/2% underweight, 53%/60% normal weight, 19%/18% overweight, and 26%/20% obese, respectively. Among obese tenth-graders, 83% had been obese as fifth-graders and 13% had been overweight. Sixty-five percent of obese fifth-graders remained obese as tenth-graders, and 23% transitioned to overweight. Multivariately, obese fifth-graders who perceived themselves to be much heavier than ideal (P = .01) and those who had lower household education (P = .006) were less likely to exit obesity; by contrast, overweight fifth-graders were more likely to become obese if they had an obese parent (P < .001) or watched more television (P = .02). CONCLUSIONS: Obese fifth-graders face challenges in reducing obesity, especially when they lack advantages associated with higher socioeconomic status or when they have a negative body image. Clinicians and others should educate parents on the importance of preventing obesity very early in development. Children who are not yet obese by fifth grade but who have an obese parent or who watch considerable television might benefit from monitoring, as might children who have negative body images.

EP-66209
Understanding high and low patient experience scores in primary care: analysis of patients' survey data for general practices and individual doctors. John Campbell, Gary A. Abel. 2014

OBJECTIVES: To determine the extent to which practice level scores mask variation in individual performance between doctors within a practice. DESIGN: Analysis of postal survey of patients' experience of face-to-face consultations with individual general practitioners in a stratified quota sample of primary care practices. SETTING: Twenty five English general practices, selected to include a range of practice scores on doctor-patient communication items in the English national GP Patient Survey. PARTICIPANTS: 7721 of 15172 patients (response rate 50.9%) who consulted with 105 general practitioners in 25 practices between October 2011 and June 2013. MAIN OUTCOME MEASURE: Score on doctor-patient communication items from post-consultation surveys of patients for each participating general practitioner. The amount of variance in each of six outcomes that was attributable to the practices, to the doctors, and to the patients and other residual sources of variation was calculated using hierarchical linear models. RESULTS: After control for differences in patients' age, sex, ethnicity, and health status, the proportion of variance in communication scores that was due to differences between doctors (6.4%) was considerably more than that due to practices (1.8%). The findings also suggest that higher performing practices usually contain only higher performing doctors. However, lower performing practices may contain doctors with a wide range of communication scores. CONCLUSIONS: Aggregating patients' ratings of doctors' communication skills at practice level can mask considerable variation in the performance of individual doctors, particularly in lower performing practices. Practice level surveys may be better used to "screen" for concerns about performance that require an individual level survey. Higher scoring practices are unlikely to include lower scoring doctors. However, lower scoring practices require further investigation at the level of the individual doctor to distinguish higher and lower scoring general practitioners.


BACKGROUND AND OBJECTIVES: Children with medical complexity (CMC) account for disproportionately high hospital use, and it is unknown if hospitalizations may be prevented. Our objective was to summarize evidence from (1) studies characterizing potentially preventable hospitalizations in CMC and (2) interventions aiming to reduce such hospitalizations. METHODS: Our data sources include Medline, Cochrane Central Register of Controlled Trials, Web of Science, and Cumulative Index to Nursing and Allied Health Literature databases from their origins and hand search of article bibliographies. Observational studies (n = 13) characterized potentially preventable hospitalizations, and experimental studies (n = 4) evaluated the efficacy of interventions to reduce them. Data were extracted on patient and family characteristics, medical complexity and preventable hospitalization indicators, hospitalization rates, costs, and days. Results of interventions were summarized by their effect on changes in hospital use. RESULTS: Preventable hospitalizations were measured in 3 ways: ambulatory care sensitive conditions, readmissions, or investigator-defined criteria. Postsurgical patients, those with neurologic disorders, and those with medical devices had higher preventable hospitalization rates, as did those with public insurance and nonwhite race/ethnicity. Passive smoke exposure, nonadherence to medications, and lack of follow-up after discharge were additional risks. Hospitalizations for ambulatory care sensitive conditions were less common in more complex patients. Patients receiving home visits, care coordination, chronic care-management, and continuity across settings had fewer preventable hospitalizations. CONCLUSIONS: There were a limited number of published studies. Measures for CMC and preventable hospitalizations were heterogeneous. Risk of bias was moderate due primarily to limited controlled experimental designs. Reductions in hospital use
among CMC might be possible. Strategies should target primary drivers of preventable hospitalizations.

EP-66211
Cost-benefit analysis of a preventive intervention for divorced families: reduction in mental health and justice system service use costs 15 years later. Nicole E. Mahrer. 2014

This cost-benefit analysis compared the costs of implementing the New Beginnings Program (NBP), a preventive intervention for divorced families to monetary benefits saved in mental health-care service use and criminal justice system costs. NBP was delivered when the offspring were 9–12 years old. Benefits were assessed 15 years later when the offspring were young adults (ages 24–27). This study estimated the costs of delivering two versions of NBP, a single-component parenting-after-divorce program (Mother Program, MP) and a two-component parenting-after-divorce and child-coping program (Mother-Plus-Child Program, MPCP), to costs of a literature control (LC). Long-term monetary benefits were determined from actual expenditures from past-year mental healthcare service use for mothers and their young adult (YA) offspring and criminal justice system involvement for YAs. Data were gathered from 202 YAs and 194 mothers (75.4 % of families randomly assigned to condition). The benefits, as assessed in the 15th year after program completion, were $1630/family (discounted benefits $1077/family). These 1-year benefits, based on conservative assumptions, more than paid for the cost of MP and covered the majority of the cost of MPCP. Because the effects of MP versus MPCP on mental health and substance use problems have not been significantly different at short-term or long-term follow-up assessments, program managers would likely choose the lower-cost option. Given that this evaluation only calculated economic benefit at year 15 and not the previous 14 (nor future years), these findings suggest that, from a societal perspective, NBP more than pays for itself in future benefits.

EP-66212
Giving "sadness" a name: the need for integrating depression treatment into HIV care in Uganda. Glenn Wagner. 2014

Depression is common among people living with HIV/AIDS (PLWHA) in sub-Saharan Africa (SSA), and can have significant consequences for HIV disease progression, treatment response and prevention. Yet mental health services are limited in most HIV care programs in this region, in part due to severe shortages of mental health professionals. To address the need for establishing an effective, sustainable model for integrating depression treatment into HIV care in SSA, we have embarked upon a 3-year research project, INDEPTH Uganda (INtegrating DEPression Treatment and in HIV care in Uganda), to evaluate a task-sharing, protocolized approach to providing antidepressant care in ten HIV clinics in Uganda. In this paper we share our experiences with two treated cases identified during the initial days of implementation, which we believe highlight the potential value and policy implications for task shifting depression care models in under-resourced settings.

EP-66213
Early intervention for abused children in the school setting. Audra Langley, Bradley D. Stein. 2014

This chapter describes the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program, how it addresses child abuse specifically, the theoretical rationale for the program, and the evidence supporting its effectiveness. The authors discuss when and why CBITS might be an appropriate intervention and the advantages and disadvantages of its use.

EP-66214

While it has been recognized that actions reducing greenhouse gas (GHG) emissions can have significant positive and negative impacts on
human health through reductions in ambient fine particulate matter (PM2.5) concentrations, these impacts are rarely taken into account when analyzing specific policies. This study presents a new framework for estimating the change in health outcomes resulting from implementation of specific carbon dioxide (CO2) reduction activities, allowing comparison of different sectors and options for climate mitigation activities. Our estimates suggest that in the year 2020, the reductions in adverse health outcomes from lessened exposure to PM2.5 would yield economic benefits in the range of $6 to $30 billion (in 2008 USD), depending on the specific activity. This equates to between $40 and $198 per metric ton of CO2 in health benefits. Specific climate interventions will vary in the health co-benefits they provide as well as in potential harms that may result from their implementation. Rigorous assessment of these health impacts is essential for guiding policy decisions as efforts to reduce GHG emissions increase in scope and intensity.

EP-66215
Social, relational and network determinants of unprotected anal sex and HIV testing among men who have sex with men in Beirut, Lebanon. Matthew Hoover. 2014

Social, relational and network determinants of condom use and HIV testing were examined among 213 men who have sex with men (MSM) in Beirut. 64% reported unprotected anal intercourse (UAI), including 23% who had UAI with unknown HIV status partners (UAIU); 62% had HIV-tested. In multivariate analysis, being in a relationship was associated with UAI and HIV testing; lower condom self-efficacy was associated with UAIU and HIV testing; gay discrimination was associated with UAIU; MSM disclosure was associated with UAI; UAIU and HIV testing; and network centralization was associated with HIV testing. Multi-level social factors influence sexual health in MSM.

EP-66216

BACKGROUND: Healthcare professionals are rapidly adopting electronic health records (EHRs). Within EHRs, seemingly innocuous menu design configurations can influence provider decisions for better or worse. OBJECTIVE: The purpose of this study was to examine whether the grouping of menu items systematically affects prescribing practices among primary care providers. PARTICIPANTS: We surveyed 166 primary care providers in a research network of practices in the greater Chicago area, of whom 84 responded (51% response rate). Respondents and non-respondents were similar on all observable dimensions except that respondents were more likely to work in an academic setting. DESIGN: The questionnaire consisted of seven clinical vignettes. Each vignette described typical signs and symptoms for acute respiratory infections, and providers chose treatments from a menu of options. For each vignette, providers were randomly assigned to one of two menu partitions. For antibiotic-inappropriate vignettes, the treatment menu either listed over-the-counter (OTC) medications individually while grouping prescriptions together, or displayed the reverse partition. For antibiotic-appropriate vignettes, the treatment menu either listed narrow-spectrum antibiotics individually while grouping broad-spectrum antibiotics, or displayed the reverse partition. MAIN MEASURES: The main outcome was provider treatment choice. For antibiotic-inappropriate vignettes, we categorized responses as prescription drugs or OTC-only options. For antibiotic-appropriate vignettes, we categorized responses as broad- or narrow-spectrum antibiotics. KEY RESULTS: Across vignettes, there was an 11.5 percentage point reduction in choosing aggressive treatment options (e.g., broad-spectrum antibiotics) when aggressive options were grouped compared to when those same options were listed individually (95% CI: 2.9 to 20.1%; p<0.008). CONCLUSIONS: Provider treatment choice appears to be influenced by the grouping of menu options, suggesting that the layout of EHR order sets is not an arbitrary exercise. The careful crafting of EHR order sets can serve as an important opportunity.
to improve patient care without constraining physicians’ ability to prescribe what they believe is best for their patients.

EP-66217

Should health care providers be accountable for patients’ care experiences?. Marc N. Elliott. 2014

Measures of patients’ care experiences are increasingly used as quality measures in accountability initiatives. As the prominence and financial impact of patient experience measures have increased, so too have concerns about the relevance and fairness of including them as indicators of health care quality. Using evidence from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys, the most widely used patient experience measures in the United States, we address seven common critiques of patient experience measures: (1) consumers do not have the expertise needed to evaluate care quality; (2) patient "satisfaction" is subjective and thus not valid or actionable; (3) increasing emphasis on improving patient experiences encourages health care providers and plans to fulfill patient desires, leading to care that is inappropriate, ineffective, and/or inefficient; (4) there is a trade-off between providing good patient experiences and providing high-quality clinical care; (5) patient scores cannot be fairly compared across health care providers or plans due to factors beyond providers’ control; (6) response rates to patient experience surveys are low, or responses reflect only patients with extreme experiences; and (7) there are faster, cheaper, and more customized ways to survey patients than the standardized approaches mandated by federal accountability initiatives.

EP-66218

Better-than-average and worse-than-average hospitals may not significantly differ from average hospitals: an analysis of Medicare Hospital Compare ratings. John L. Adams. 2014

BACKGROUND: Public report card designers aim to provide comprehensible provider performance information to consumers. Report cards often display classifications of providers into performance tiers that reflect whether performance is statistically significantly above or below average or not statistically significantly different from average. To further enhance the salience of public reporting to consumers, report card websites often allow a user to compare a subset of selected providers on tiered performance rather than direct statistical comparisons of the providers in a consumer’s personal choice set. OBJECTIVE: We illustrate the differences in conclusions drawn about relative provider performance using tiers versus conducting statistical tests to assess performance differences. METHODS: Using publicly available cross-sectional data from Medicare Hospital Compare on three mortality and three readmission outcome measures, we compared each provider in the top or bottom performance tier with those in the middle tier and assessed the proportion of such comparisons that exhibited no statistically significant differences. RESULTS: Across the six outcomes, 1.3–6.1% of hospitals were classified in the top tier. Each top-tier hospital did not statistically significantly differ in performance from at least one mid-tier hospital. The percentages of mid-tier hospitals that were not statistically significantly different from a given top-tier hospital were 74.3–81.1%. The percentages of hospitals classified as bottom tier were 0.6–4.0%. Each bottom-tier hospital showed no statistically significant difference from at least one mid-tier hospital. The percentage of mid-tier hospitals that were not significantly different from a bottom-tier hospital ranged from 60.4% to 74.8%. CONCLUSIONS: Our analyses illustrate the need for further innovations in the design of public report cards to enhance their salience for consumers.

EP-66219


BACKGROUND: Depression collaborative care implementation using community engagement and planning (CEP) across programs improves 6-month client outcomes in minority communities, compared with technical assistance to individual
programs (resources for services [RS]). However, 12-month outcomes are unknown. OBJECTIVE: To compare effects of CEP and RS on mental health–related quality of life (MHRQL) and use of services among depressed clients at 12 months. DESIGN: Matched health and community programs (n = 93) in 2 communities randomly assigned to receive CEP or RS. (ClinicalTrials.gov: NCT01699789). MEASUREMENTS: Self-reported MHRQL and services use at baseline, 6 months, and 12 months. SETTING: Los Angeles, California. PATIENTS: 1018 adults with depressive symptoms (8-item Patient Health Questionnaire score ≥10), 88% of whom were an ethnic minority. INTERVENTION: CEP and RS to implement depression collaborative care. MEASUREMENTS: The primary outcome was poor MHRQL (12-item mental health composite score ≤40) at baseline, 6 months, and 12 months; the secondary outcome was use of services at 12 months. RESULTS: At 6 months, the finding that CEP outperformed RS to reduce poor MHRQL was significant but sensitive to underlying statistical assumptions. At 12 months, some analyses suggested that CEP was advantageous to MHRQL, whereas others did not confirm a significant difference favoring CEP. The finding that CEP reduced behavioral health hospitalizations at 6 months was less evident at 12 months and was sensitive to underlying statistical assumptions. Other services use did not significantly differ between interventions at 12 months. LIMITATION: Data are self-reported, and findings are sensitive to modeling assumptions. CONCLUSION: In contrast to 6-month results, no consistent effects of CEP on reducing the likelihood of poor MHRQL and behavioral health hospitalizations were found at 12 months. Still, given the needs of underresourced communities, the favorable profile of CEP, and the lack of evidence-based alternatives, CEP remains a viable strategy for policymakers and communities to consider.

EP-66220
Understanding condom use decision making among homeless youth using event-level data. Ryan Andrew Brown. 2014

This is one of the first qualitative event-based studies to understand the various mechanisms through which multiple factors influence condom use decision making among homeless youth. Event-level interviews that explore characteristics of the environment surrounding sexual events were conducted with 29 youth who were asked to describe two recent sexual encounters. In thematic analyses of data across events, reasons that youth gave for engaging in unprotected sex included the expectation of having sex and use of alternative methods of protection against pregnancy. Other nonevent factors that influenced condom use decision making were related to attributes of the partnership (e.g., testing, trust and love, and assessments of risk) and attributes of the youth (e.g., perceptions of diseases, concerns over pregnancy, and discomfort using condoms). Additional event analyses conducted within the same individuals found that decision making was influenced by multiple interacting factors, with different pathways operating for event and nonevent factors. Future interventions should consider taking a multilevel and individualized approach that focuses on event-based determinants of risky sex in this population.

EP-66221
How much do additional mailings and telephone calls contribute to response rates in a survey of Medicare beneficiaries?. Amelia M. Haviland. 2014

Surveys often spend substantial money on multiple mailings and telephone calls to ensure high overall response rates and adequate representation of hard-to-reach demographic subgroups. We examine the extent to which an additional mailing and additional sets of telephone calls are effective in attaining these goals across a variety of subgroups in a large, national multimode survey of Medicare beneficiaries. We also examine the relative data quality of the responses that come with each level of extra effort. We find that additional mailings appear more effective in some groups, while additional telephone calls appear more effective in others. Tailoring the fielding strategy differently by subgroup may improve response rates at a lower cost per complete than using the same fielding protocol for all potential respondents, al-
though data quality is likely to decline with additional efforts in either mode.

EP-66222
A systematic scoping review of complementary and alternative medicine mind and body practices to improve the health of veterans and military personnel. Jennifer M. Johnston, Jill E. Bormann. 2014

BACKGROUND: Meditation, imagery, acupuncture, and yoga are the most frequently offered mind and body practices in the Department of Veterans Affairs. Yet, the research on mind and body practices has been critiqued as being too limited in evidence and scope to inform clinical treatment. OBJECTIVES: We conducted a systematic scoping review of mind and body practices used with veterans or active duty military personnel to identify gaps in the literature and make recommendations for future primary research. RESEARCH DESIGN: Following systematic literature review methodology, we searched 5 databases using 27 different National Center for Complementary and Alternative Medicine-defined mind and body practices as text words, keywords, and MeSH terms through June 30, 2014. We also conducted hand-searches of 4 previous reviews. SUBJECTS: Active duty military members or veterans 18 years or older participating in mind and body practice interventions globally. MEASURES: Data were extracted from studies meeting 5 inclusion criteria. The quality of randomized controlled trials (RCTs) was assessed using an existing checklist. RESULTS: Of 1819 studies identified, 89 interventions (50 RCTs) published between 1976 and 2014, conducted in 9 countries, using 152 different measures to assess 65 health and well-being outcomes met our inclusion criteria. Most interventions took place in the United States (n=78). Meditation practices (n=25), relaxation techniques including imagery (n=20), spinal manipulation including physical therapy (n=16), and acupuncture (n=11) were the most frequently studied practices. Methodological quality of most RCTs was rated poorly. CONCLUSIONS: Meditation and acupuncture practices are among the most frequently offered and studied mind and body practices. Future research should include yoga as it is currently understudied among veterans and military personnel. A repository of mind and body intervention outcome measures may further future research efforts, as would conducting pragmatic trials and more robust RCTs.

EP-66223
The response of an expert panel to nutritional armor for the warfighter: can omega-3 fatty acids enhance stress resilience, wellness, and military performance?. 2014

BACKGROUND: Recommendations of an Expert Panel on 5 central questions addressed during the workshop. METHODS: The Panel reviewed available scientific literature, workshop presentations, and comments from workshop guests. RESULTS: The Panel unanimously agreed that a military Daily Recommended Intake for long-chain omega-3 fatty acids (FAs) should be established within the context of lowering current intakes of omega-6 FAs. The Panelists also felt that there was sufficient evidence to support increasing omega-3 intake to receive cardiovascular, immunological, and surgical benefits. In addition, research indicates that preloading with omega-3 FAs before combat exposure may be beneficial. Evidence for reduction of depressive symptoms and suicide prevention was felt to be strong. Insufficient data were available to evaluate post-traumatic stress disorder and impulsive aggression. Benefits for traumatic brain injury were promising. Adverse side effects were deemed negligible. CONCLUSION: The Panel concluded that based on studies analyzing omega-3 and omega-6 FA balance, it would be unethical to not attempt elevating the omega-3 status among U.S. military personnel.

EP-66224

BACKGROUND: Health information exchange (HIE) is increasing in the United States, and it is incentivized by government policies. PURPOSE: To systematically review and evaluate evidence of the use and effect of HIE on clinical care. DATA SOURCES: Selected databases from 1 January 2003 to 31 May 2014. STUDY SELECTION: Eng-
lish-language hypothesis-testing or quantitative studies of several types of data exchange among unaffiliated organizations for use in clinical care that addressed health outcomes, efficiency, utilization, costs, satisfaction, HIE usage, sustainability, and attitudes or barriers. DATA EXTRACTION: Data extraction was done in duplicate. DATA SYNTHESIS: Low-quality evidence from 12 hypothesis-testing studies supports an effect of HIE use on reduced use or costs in the emergency department. Direct evidence that HIEs were used by providers was reported in 21 studies involving 13 distinct HIE organizations, 6 of which were located in New York, and generally showed usage in less than 10% of patient encounters. Findings from 17 studies of sustainability suggest that approximately one quarter of existing HIE organizations consider themselves financially stable. Findings from 38 studies about attitudes and barriers showed that providers, patients, and other stakeholders consider HIE to be valuable, but barriers include technical and workflow issues, costs, and privacy concerns. LIMITATION: Publication bias, possible selective reporting of outcomes, and a dearth of reporting on context and implementation processes. CONCLUSION: Health information exchange use probably reduces emergency department usage and costs in some cases. Effects on other outcomes are unknown. All stakeholders claim to value HIE, but many barriers to acceptance and sustainability exist. A small portion of operational HIEs have been evaluated, and more research is needed to identify and understand success factors.

EP-66225

Reimagining quality measurement. Eric C. Schneider. 2014

In a reimagined approach, quality measurement in health care would be integrated with care delivery, address the challenges that confront doctors every day, and reflect individual patients' preferences and goals for treatment and health outcomes.

EP-66226


This article compares the Europeanization of central government in four Central and Eastern European countries (CEECS): Estonia, Latvia, Poland, and Slovakia. Using a large N survey of ministerial civil servants, it finds that the Europeanization of central government is characterized by partial convergence. The scope of Europeanization is large and similar among CEECs, reaching widely and deeply into government ministries. Moreover, patterns of Europeanization are similar among CEECs: the same ministries form the 'inner core' and 'outer circle' of Europeanized ministries; only a small proportion of civil servants work full-time on EU issues and routinely engage in activities that 'project' national policies at EU level. Compared to old member states, patterns of Europeanization show signs of convergence, while the scope of Europeanization is larger in CEECs.

EP-66227

Percent plans, automatic admissions, and college outcomes. Paco Martorell. 2014

Access to selective universities is highly coveted because of the perception that attending one provides opportunities otherwise difficult to obtain. To broaden access to the state's flagship universities in a manner that does not rely on conventional affirmative action, Texas passed the Top Ten Percent Plan in 1997, which guarantees automatic admission to any public university in the state to students in the top decile of their high school class. We estimate the effect of eligibility for automatic admissions on college choice and persistence for students in a diverse urban school district. Regression discontinuity estimates show that eligibility for guaranteed admissions has a substantial impact on enrollments at Texas flagship universities and increases the number of semesters enrolled at flagships. The increase in flagship enrollments appears to displace enrollments in private universities but has no effect on overall college enrollment or the quality of college attended. The effects are concentrated in schools that have high college-sending rates (relative to other schools in the district), suggesting that automatic admissions may have little doc=effect on
students in the most disadvantaged schools.

EP-66228
Special warfare: the missing middle in U.S. coercive options. Dick Hoffmann. 2014

In the face of adversaries exploiting regional social divisions by using special operations forces and intelligence services, and dwindling American appetite for intervention, the United States needs to employ a more sophisticated form of special warfare to secure its interests. Special warfare campaigns stabilize or destabilize a regime by operating "through and with" local state or non-state partners, rather than through unilateral U.S. action. Special operations forces are typically the primary U.S. military forces employed, but successful campaigns depend on bringing to bear a broad suite of U.S. government capabilities. The figure below differentiates special warfare from more familiar forms of conflict. Special warfare has particular relevance to the current global security environment as policymakers seek options short of large-scale intervention to manage both acute crises (e.g., ISIL, Ukraine) and chronic challenges (e.g., insurgency in the Philippines).

EP-66229

OBJECTIVE: Depression and substance abuse are common among low-income adults from racial-ethnic minority groups who receive services in safety-net settings, although little is known about how clients differ by service setting. This study examined characteristics and service use among depressed, low-income persons from minority groups in underresourced communities who did and did not have a substance abuse history. METHODS: The study used cross-sectional baseline client data (N=957) from Community Partners in Care, an initiative to improve depression services in Los Angeles County. Clients with probable depression (eight-item Patient Health Questionnaire) from substance abuse programs were compared with depressed clients with and without a history of substance abuse from primary care, mental health, and social and community programs. Sociodemographic, health status, and services utilization variables were examined. RESULTS: Of the 957 depressed clients, 217 (23%) were from substance abuse programs; 269 (28%) clients from other sectors had a substance abuse history, and 471 (49%) did not. Most clients from substance abuse programs or with a substance abuse history were unemployed and impoverished, lacked health insurance, and had high rates of arrests and homelessness. They were also more likely than clients without a substance abuse history to have depression or anxiety disorders, psychosis, and mania and to use emergency rooms. CONCLUSIONS: Clients with depression and a substance abuse history had significant psychosocial stressors and high rates of service use, which suggests that communitywide approaches may be needed to address both depression and substance abuse in this safety-net population.

EP-66230
The Affordable Care Act: an opportunity for improving care for substance use disorders?. Carrie M. Farmer. 2014

The Patient Protection and Affordable Care Act (ACA) will greatly increase coverage for treatment of substance use disorders. To realize the benefits of this opportunity, it is critical to develop reliable, valid, and feasible measures of quality to ensure that treatment is accessible and of high quality. The authors review the availability of current quality measures for substance use disorder treatment and conclude there is a pressing need for development, validation, and use of quality measures. They provide recommendations for research and policy changes to increase the likelihood that patients, families, and society benefit from the increased coverage provided by the ACA.

EP-66231
Factors associated with ordering laboratory monitoring of high-risk medications. Jennifer Tjia, George Reed. 2014

BACKGROUND: Knowledge about factors associated with provider ordering of appropriate testing is limited. OBJECTIVE: To determine physician
factors associated with ordering recommended laboratory monitoring tests for high-risk medications. METHODS: Retrospective cohort study of patients prescribed a high-risk medication requiring laboratory monitoring in a large multispecialty group practice between 1 January 2008 and 31 December 2008. Analyses are based on administrative claims and electronic medical records. The outcome is a physician order for each recommended laboratory test for each prescribed medication. Key predictor variables are physician characteristics, including age, gender, specialty training, years since completing training, and prescribing volume. Additional variables are patient characteristics such as age, gender, comorbidity burden, whether the medication requiring monitoring is new or chronic, and drug-test characteristics such as inclusion in black box warnings. We used multivariable logistic regression, accounting for clustering of drugs within patients and patients within providers. RESULTS: Physician orders for laboratory testing varied across drug-test pairs and ranged from 9 % (Primidone–Phenobarbital level) to 97 % (Azathioprine–CBC), with half of the drug-test pairs in the 85-91 % ordered range. Test ordering was associated with higher provider prescribing volume for study drugs and specialist status (primary care providers were less likely to order tests than specialists). Patients with higher comorbidity burden and older patients were more likely to have appropriate tests ordered. Drug-test combinations with black box warnings were more likely to have tests ordered. CONCLUSIONS: Interventions to improve laboratory monitoring should focus on areas with the greatest potential for improvement: providers with lower frequencies of prescribing medications with monitoring recommendations and those prescribing these medications for healthier and younger patients; patients with less interaction with the health care system are at particular risk of not having tests ordered. Black box warnings were associated with higher ordering rates and may be a tool to increase appropriate test ordering.

EP-66232

Optimal strategies to improve food security and nutrition for people living with HIV (PLHIV) may differ in settings where overweight and obesity are prevalent and cardiovascular disease risk is a concern. However, no studies among PLHIV have investigated the impact of food support on nutritional outcomes in these settings. We therefore assessed the effect of food support on food insecurity and body weight in a population of PLHIV with high prevalence of overweight and obesity. We implemented a pilot intervention trial in four government-run HIV clinics in Honduras. The trial tested the effect of a monthly household food ration plus nutrition education (n = 203), compared to nutrition education alone (n = 197), over 12 months. Participants were clinic patients receiving antiretroviral therapy (ART). Assessments were obtained at baseline, 6 and 12 months. Primary outcomes for this analysis were food security, using the validated Latin American and Caribbean Food Security Scale and body weight (kg). Thirty-one percent of participants were overweight (22%) or obese (8%) at baseline. At 6 months, the probability of severe food insecurity decreased by 48.3% (p < 0.01) in the food support group, compared to 11.6% in the education-only group (p < 0.01). Among overweight or obese participants, food support led to average weight gain of 1.13 kg (p < 0.01), while nutrition education alone was associated with average weight loss of 0.72 kg (p < 0.10). Nutrition education alone was associated with weight gain among underweight and normal weight participants. Household food support may improve food security but not necessarily nutritional status of ART recipients above and beyond nutrition education. Improving nutritional tailoring of food support and testing the impact of nutrition education should be prioritized for PLHIV in Latin America and similar settings.

EP-66233
Common versus specific correlates of fifth-grade conduct disorder and oppositional defiant disorder symptoms: comparison of three racial/ethnic groups. Marc N. Elliott. 2014
The extent to which risk profiles or correlates of conduct disorder (CD) and oppositional defiant disorder (ODD) symptoms overlap among youth continues to be debated. Cross-sectional data from a large, representative community sample (N=4,705) of African-American, Latino, and White fifth graders were used to examine overlap in correlates of CD and ODD symptoms. About 49% of the children were boys. Analyses were conducted using negative binomial regression models, accounting for several confounding factors (e.g., attention deficit/hyperactivity disorder symptoms), sampling weights, stratification, and clustering. Results indicated that CD and ODD symptoms had very similar correlates. In addition to previously established correlates, several social skills dimensions were significantly related to ODD and CD symptoms, even after controlling for other correlates. In contrast, temperamental dimensions were not significantly related to CD and ODD symptoms, possibly because more proximal correlates (e.g., social skills) were also taken into account. Only two factors (gender and household income) were found to be specific correlates of CD, but not ODD, symptoms. The pattern of common and specific correlates of CD and ODD symptoms was replicated fairly consistently across the three racial/ethnic subgroups. Implications of these findings for further research and intervention efforts are discussed.

EP-66234

Media violence exposure and physical aggression in fifth-grade children. Marc N. Elliott. 2014

OBJECTIVE: To examine the association of media violence exposure and physical aggression in fifth graders across 3 media types. METHODS: We analyzed data from a population-based, cross-sectional survey of 5,147 fifth graders and their parents in 3 US metropolitan areas. We used multivariable linear regression and report partial correlation coefficients to examine associations between children’s exposure to violence in television/film, video games, and music (reported time spent consuming media and reported frequency of violent content: physical fighting, hurting, shooting, or killing) and the Problem Behavior Frequency Scale. RESULTS: Child-reported media violence exposure was associated with physical aggression after multivariable adjustment for sociodemographics, family and community violence, and child mental health symptoms (partial correlation coefficients: TV, 0.17; video games, 0.15; music, 0.14). This association was significant and independent for television, video games, and music violence exposure in a model including all 3 media types (partial correlation coefficients: TV, 0.11; video games, 0.09; music, 0.09). There was a significant positive interaction between media time and media violence for video games and music but not for television. Effect sizes for the association of media violence exposure and physical aggression were greater in magnitude than for most of the other examined variables. CONCLUSIONS: The association between physical aggression and media violence exposure is robust and persistent; the strength of this association of media violence may be at least as important as that of other factors with physical aggression in children, such as neighborhood violence, home violence, child mental health, and male gender.

EP-66235

Understanding data requirements of retrospective studies. Daniella Meeker. 2014

BACKGROUND AND OBJECTIVE: Usage of data from electronic health records (EHRs) in clinical research is increasing, but there is little empirical knowledge of the data needed to support multiple types of research these sources support. This study seeks to characterize the types and patterns of data usage from EHRs for clinical research. MATERIALS AND METHODS: We analyzed the data requirements of over 100 retrospective studies by mapping the selection criteria and study variables to data elements of two standard data dictionaries, one from the healthcare domain and the other from the clinical research domain. We also contacted study authors to validate our results. RESULTS: The majority of variables mapped to one or to both of the two dictionaries. Studies used an average of 4.46 (range 1–12) data element types in the selection criteria and 6.44 (range 1–15) in the study variables.
The most frequently used items (e.g., procedure, condition, medication) are often available in coded form in EHRs. Study criteria were frequently complex, with 49 of 104 studies involving relationships between data elements and 22 of the studies using aggregate operations for data variables. Author responses supported these findings. DISCUSSION AND CONCLUSION: The high proportion of mapped data elements demonstrates the significant potential for clinical data warehousing to facilitate clinical research. Unmapped data elements illustrate the difficulty in developing a complete data dictionary.

EP-66236
Comparing the implementation of team approaches for improving diabetes care in community health centers. Mark W. Friedberg. 2014

BACKGROUND: Patient panel management and community-based care management may be viable strategies for community health centers to improve the quality of diabetes care for vulnerable patient populations. The objective of our study was to clarify implementation processes and experiences of integrating office-based medical assistant (MA) panel management and community health worker (CHW) community-based management into routine care for diabetic patients. METHODS: Mixed methods study with interviews and surveys of clinicians and staff participating in a study comparing the effectiveness of MA and CHW health coaching for improving diabetes care. Participants included 24 key informants in five role categories and 249 clinicians and staff survey respondents from 14 participating practices. We conducted thematic analyses of key informant interview transcripts to clarify implementation processes and describe barriers to integrating the new roles into practice. We surveyed clinicians and staff to assess differences in practice culture among intervention and control groups. We triangulated findings to identify concordant and disparate results across data sources. RESULTS: Implementation processes and experiences varied considerably among the practices implementing CHW and MA team-based approaches, resulting in differences in the organization of health coaching and self-management support activities. Importantly, CHW and MA responsibilities converged over time to focus on health coaching of diabetic patients. MA health coaches experienced difficulty in allocating dedicated time due to other MA responsibilities that often crowded out time for diabetic patient health coaching. Time constraints also limited the personal introduction of patients to health coaches by clinicians. Participants highlighted the importance of a supportive team climate and proactive leadership as important enablers for MAs and CHWs to implement their health coaching responsibilities and also promoted professional growth. CONCLUSION: Implementation of team-based strategies to improve diabetes care for vulnerable populations was diverse, however all practices converged in their foci on health coaching roles of CHWs and MAs. Our study suggests that a flexible approach to implementing health coaching is more important than fidelity to rigid models that do not allow for variable allocation of responsibilities across team members. Clinicians play an instrumental role in supporting health coaches to grow into their new patient care responsibilities.

EP-66237
Methodological considerations when studying the association between patient-reported care experiences and mortality. Eugenia Buta, Rebecca Anhang Price. 2014

OBJECTIVE: To illustrate methodological considerations when assessing the relationship between patient care experiences and mortality. DATA SOURCE: Medical Expenditure Panel Survey data (2000–2005) linked to National Health Interview Survey and National Death Index mortality data through December 31, 2006. STUDY DESIGN: We estimated Cox proportional hazards models with mortality as the dependent variable and patient experience measures as independent variables and assessed consistency of experiences over time. DATA EXTRACTION METHODS: We used data from respondents age 18 or older with at least one doctor’s office or clinic visit during the year prior to the round 2 interview. We excluded subjects who died in the baseline year. PRINCIPAL FINDINGS: The association between
overall care experiences and mortality was significant for deaths not amenable to medical care and all-cause mortality, but not for amenable deaths. More than half of respondents were in a different care experience quartile over a 1-year period. In the five individual experience questions we analyzed, only time spent with the patient was significantly associated with mortality.

CONCLUSIONS: Deaths not amenable to medical care and the time-varying and multifaceted nature of patient care experience are important issues to consider when assessing the relationship between care experience and mortality.

EP-66238

Drinking behaviors and life course socioeconomic status during the transition from adolescence to adulthood among whites and blacks.
Paul J. Chung. 2014

OBJECTIVE: This study sought to determine how socioeconomic status (SES) changes during the transition from adolescence into adulthood, and to understand the effects of SES on drinking behaviors in early adulthood among U.S. Whites and Blacks.

METHOD: Secondary data analysis was conducted using three waves of the National Longitudinal Study of Adolescent to Adult Health (Add Health), a school-based sample of adolescents (Grades 7–12) followed through adulthood (age range: 25–31 years). Through latent class analysis, SES was operationalized as economic (i.e., income, home ownership) and human capital (i.e., education, occupation). Drinking behavior was categorized into no past-year use, current drinking without weekly heavy episodic drinking (HED), and weekly HED. Models were stratified by race: Whites (n = 5,248) and Blacks (n = 1,875).

RESULTS: For Whites, four economic capital groups (persistently low, upward, downward, and persistently high) and five human capital groups (persistently low, upward with work, upward with school, downward with work, and persistently high) were found. Blacks had roughly similar SES groups as Whites but with lower economic and human capital levels across all groups and without downward groups in either domain. Among both Whites and Blacks, lower economic and human capital groups reported higher abstinence. Persistently low Blacks, however, reported higher HED, whereas persistently low Whites did not. Moreover, economically upward Whites reported lower HED, whereas upwardly mobile Blacks did not.

CONCLUSIONS: Racial disparities were evident by economic and human capital during the transition into adulthood. Although abstinence profiles were similar for Whites and Blacks, both persistently low and upward trajectory groups signified differential HED risks. Future research should examine the mechanisms by which SES trajectories affect drinking behaviors.

EP-66239

Clinician advice to quit smoking among seniors.
Marc N. Elliott. 2014

OBJECTIVE: Little smoking research in the past 20 years includes persons 50 and older; herein we describe patterns of clinician cessation advice to US seniors, including variation by Medicare beneficiary characteristics.

METHOD: In 2012–4, we analyzed 2010 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data from Medicare beneficiaries over age 64 (n = 346,674). We estimated smoking rates and the proportion of smokers whose clinicians encouraged cessation.

RESULTS: 12% of male and 8% of female respondents aged 65 and older smoke. The rate decreases with age (14% of 65–69, 3% of 85 +) and education (12–15% with no high school degree, 5–6% with BA +). Rates are highest among American Indian/Alaskan Native (16%), multiracial (14%), and African–American (13%) seniors, and in the Southeast (14%). Only 51% of smokers say they receive cessation advice "always" or "usually" at doctor visits, with advice more often given to the young, those in low-smoking regions, Asians, and women. For all results cited p < 0.05.

CONCLUSIONS: Smoking cessation advice to seniors is variable. Providers may focus on groups or areas in which smoking is less common or when they are most comfortable giving advice. More consistent interventions are needed, including cessation advice from clinicians.
Improving QRISs through the use of existing data: a virtual pilot of the California QRIS. Lynn A. Karoly. 2014

Available research underscores the value of using data to make and modify the many decisions required to design a child care quality rating and improvement system (QRIS). This paper argues for analyzing existing program data to address key questions and decisions in the early design stages of a QRIS, even in advance of pilot activities. We employed two datasets covering California ECE programs to provide cost-effective and timely input to policymakers for the proposed California QRIS, a block design system with five quality elements and five rating tiers. The first data source is the provider sample component of the 2007 RAND California Preschool Study (CPS), which represents all California providers. The second dataset derives from quality measurement of the ECE providers required to participate in San Francisco County’s Gateway to Quality (GTQ) initiative. To address the study questions, we replicated as closely as possible the proposed QRIS rating structure for the available quality elements. Our "virtual pilot" analysis had limitations: we could examine only three of the five quality elements. Findings revealed that most programs in our statewide center-based sample would rate better on some quality elements than others. GTQ data revealed that center-based classrooms serving infants and toddlers did not score as well as those serving preschool-age children and home-based programs scored considerably lower on the applicable Environmental Rating Scale (ERS) than center-based programs.

Cognitive adaptation theory as a predictor of adjustment to emerging adulthood for youth with and without type 1 diabetes. Kerry A. Reynolds. 2014

OBJECTIVE: The purpose of the study was to determine whether resilience, defined by cognitive adaptation theory, predicted emerging adulthood outcomes among youth with and without type 1 diabetes. METHODS: Youth with (n = 118) and without type 1 diabetes (n = 122), who were part of a previous longitudinal study during adolescence, completed on-line questionnaires during their senior year of high school and one and two years later. They were average age 18, 53% female, and 93% white. Questionnaires assessed cognitive adaptation theory (CAT) indicators (self-esteem, mastery, optimism) and psychological, relationship, behavioral, vocational, and, for those with diabetes, diabetes outcomes. RESULTS: The CAT index at baseline predicted reduced psychological distress, enhanced psychological well-being, increased friend support, reduced friend conflict, the presence of romantic relationships, reduced likelihood of romantic breakups, higher GPA, higher work satisfaction, and lower work stress during the transition to emerging adulthood. Among those with diabetes, the CAT index predicted better self-care behavior and revealed a marginal relation to better glycemic control. Analyses controlled for baseline levels when appropriate. Findings were stronger one year than two years post high school graduation, and findings were stronger for those with than without diabetes. Youth with diabetes also scored lower on the CAT index than youth without diabetes. CONCLUSIONS: These findings suggest that the implications of CAT include not only psychological health but also relationship, vocational, and diabetes outcomes. Those who score lower on CAT indicators should be identified as children so that interventions designed to enhance resilience can be implemented.


This monograph provides strategies to re-employ civil-service workers in the private sector and to increase private-sector employment in the
Kurdistan Region—Iraq. Prepared for and at the request of the Kurdistan Regional Government (KRG), this monograph is based on a variety of research methods and analyses. These include a review of the existing literature, analyses of survey data, analysis of Kurdistan regional and Iraqi national documents and laws, and a qualitative assessment of numerous conversations with government officials and private-sector employers.

The KRG can develop its private sector by removing obstacles to starting or expanding a business, by identifying sectors for which conditions are particularly favorable for private-sector growth and supporting them, and by outsourcing and privatizing some functions that the KRG currently performs. However, private-sector growth does not guarantee that civil-service workers will leave for private-sector employment. Civil-service workers will need the qualifications necessary for private-sector jobs and will have to expect that the benefits of private-sector employment outweigh the benefits of civil-service employment. At the same time, as the KRG devises methods for encouraging civil-service workers to leave for the private sector, a key challenge will be to ensure that the KRG is able to retain the employees it needs in order to ensure the proper functioning of government.
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The Kurdistan Regional Government (KRG) began an ambitious reform of the Kurdistan Region—Iraq's (KRI's) kindergarten through grade 12 (K–12) education system beginning in 2007 in an effort to modernize the curriculum, upgrade school facilities, and raise the quality of instruction. In 2010, RAND was asked to conduct a one-year study to assess the status of the K–12 system and its reform, and to develop strategic priorities and make practical recommendations for improving access to and quality of education in Kurdistan. In a one-year, multi-method study, RAND researchers analyzed school data from the KRG's Ministry of Education, as well as data from other KRI government sources and Iraq; interviewed a wide variety of stakeholders; surveyed teachers; reviewed the new K–12 curriculum and the curriculum used in the teacher colleges; developed a model to project future student enrollment; used geographic information system mapping to display the distribution of schools and assess the feasibility of proposed actions; and reviewed the literature on best practices and relevant educational policies. The outcome was three strategic priorities for improving the K–12 system: expand capacity to meet the rapidly growing demand for education, improve the quality of instruction, and strengthen stakeholders’ accountability and incentives. In line with these priorities, RAND recommended that the KRG build new schools and classrooms, hire new teachers, improve teacher training for both practicing and new teachers, increase instructional time, provide high-performing students with broadened learning opportunities, restructure the role of supervisors, redesign the system for evaluating teacher performance, increase the principal's role, reward high-performing schools, measure student achievement and progress and make the results public, and involve parents and the public in promoting education. RAND also suggested ways to implement the recommendations that would make the process manageable.
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MG-1140/2-1-KRG

The Kurdistan Regional Government (KRG) began an ambitious reform of the Kurdistan Region—Iraq's (KRI's) kindergarten through grade 12 (K–12) education system beginning in 2007 in an effort to modernize the curriculum, upgrade school facilities, and raise the quality of instruction. In 2010, RAND was asked to conduct a one-year study to assess the status of the K–12 system and its reform, and to develop strategic priorities and make practical recommendations for improving access to and quality of education in Kurdistan. In a one-year, multi-method study, RAND researchers analyzed school data from the KRG's Ministry of Education, as well as data from other KRI government sources and Iraq; interviewed a wide variety of stakeholders; surveyed teachers; reviewed the new K–12 curriculum and the curriculum used in the teacher colleges; developed a model to project future student enrollment; used geographic information system mapping to display the distribution of schools and assess the feasibility of proposed actions; and reviewed the literature on best practices and relevant educational policies. The outcome was three strategic priorities for improving the K–12 system: expand capacity to meet the rapidly growing demand for education, improve the quality of instruction, and strengthen stakeholders' accountability and incentives. In line with these priorities, RAND recommended that the KRG build new schools and classrooms, hire new teachers, improve teacher training for both practicing and new teachers, increase instructional time, provide high-performing students with broadened learning opportunities, restructure the role of supervisors, redesign the system for evaluating teacher performance, increase the principal's role, reward high-performing schools, measure student achievement and progress and make the results public, and involve parents and the public in promoting education. RAND also suggested ways to implement the recommendations that would make the process manageable.

MG-1148-1-KRG

At the request of the Kurdistan Regional Government (KRG), RAND researchers undertook a yearlong analysis of the health care system in the Kurdistan Region of Iraq, with a focus on primary care. RAND staff reviewed available literature on the Kurdistan Region and information relevant to primary care; interviewed a wide range of policy leaders, health practitioners, patients, and government officials to gather information and understand their priorities; collected and studied all available data related to health resources, services, and conditions; and projected future supply and demand for health services in the Kurdistan Region; and laid out the health financing challenges and questions. In this volume, the authors describe the strengths of the health care system in the Kurdistan Region as well as the challenges it faces. The authors suggest that a primary care–oriented health care system could help the KRG address many of these challenges. The authors discuss how such a system might be implemented and financed, and they make recommendations for better utilizing resources to improve the quality, access, effectiveness, and efficiency of primary care.

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With an eye to making defense acquisition more effective and efficient, the authors explore defense contractor motivations in pursuing defense contracts and identify mechanisms that might more closely align those incentives with Department of Defense goals. They enumerate several motivations that drive contractors, most of which center on the financial aspects of running an enterprise. Then, they turn to the other side of the negotiating table and identify areas of influence or levers that the government can use to align the contracting process more closely with contractor motivations. They also analyze major defense acquisition programs to determine if it is possible to identify programs that might incur a future Nunn-McCurdy breach by reviewing a number of acquisition programs that have incurred breaches in the past and analyzing them for common characteristics. Their analytic framework enables oversight officials to identify programs with a greater risk of incurring a critical cost breach, which enables officials to focus more intently on a smaller set of programs and which provides hypotheses about what to look for in these programs.

MG-1184-1-KRG

Comprehensive and reliable statistics are crucial for policy formulation in any region or country. The Kurdistan Region—Iraq (KRI) is hampered by the lack of such statistics as it aims to improve infrastructure, encourage private-sector development, attract foreign investment, and create a sustainable economy. The authors of this study, which was funded by the Kurdistan Regional Government (KRG), interviewed officials in several KRI ministries, assessed available data within the KRI, conducted cross-country benchmarking, and studied best practices in data-collection methodologies. In this volume, the authors describe the KRG’s statistical institutions; identify ten high-priority areas for the KRI and the types of data that should be collected to support policymaking in these areas; and outline a system to collect and disseminate these data on an ongoing basis. The authors conclude with a series of recommendations on the topics that should be addressed by statistics legislation, the structure and oversight of data institutions, the implementation and use of surveys and censuses, and the use of administrative data. Together, these recommendations provide a road map that will help the KRG assemble the core elements of a quality data system, which, in turn, will increase the availability of data to help KRG leaders achieve their most important policy goals.

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MG-1210-AF


In the lead-up to the Air Force Ground Based Strategic Deterrent Analysis of Alternatives, RAND was asked to examine and assess possible intercontinental ballistic missile (ICBM) alternatives against the current Minuteman III system and to provide insights into the potential impact of further force reductions. The researchers developed a framework consisting of five categories—basing, propulsion, boost, reentry, and payload—to characterize alternative classes of ICBM and to assess the survivability and effectiveness of possible alternatives. Using existing cost analyses and cost data from historical ICBM programs, they derived likely cost bounds on alternative classes of ICBM systems. Finally, they developed force reduction scenarios, examined their impacts on several key nuclear specialty career fields to understand the implications of reductions on the current organizational structure, and compared sustainment and requirement profiles within the various reduction scenarios.

MG-850/2-AF


Chinese translation (traditional characters) of China’s International Behavior: Activism, Opportunism, and Diversification. China is now a global actor of significant and growing importance. It is active in regions and on issues that were once only peripheral to its interests, and it is effectively using tools previously unavailable. It is no longer appropriate to talk of integrating China into the international system; by and large, it is already there. Its international behavior is clearly altering the dynamics of the current international system, but it is not transforming its structure. China’s global activism is continually changing and has so many...
dimensions that it immediately raises questions about its current and future intentions and the implications for global stability and prosperity. This volume examines how China views its security environment, how it defines its international objectives, how it is pursuing these objectives, and the consequences for U.S. economic and security interests.

Shaking the Heavens and Splitting the Earth: Chinese translation (traditional characters). Roger Cliff, John F. Fei, Jeff Hagen, Elizabeth Hague, Eric Heginbotham, John Stillion. 2014

Chinese translation (traditional characters) of Shaking the Heavens and Splitting the Earth: Chinese Air Force Employment Concepts in the 21st Century. Less than a decade ago, China's air force was an antiquated service equipped almost exclusively with weapons based on 1950s-era Soviet designs and operated by personnel with questionable training according to outdated employment concepts. Today, the People's Liberation Army Air Force (PLAAF) appears to be on its way to becoming a modern, highly capable air force for the 21st century. This monograph analyzes publications of the Chinese military, previously published Western analyses of China's air force, and information available in published sources about current and future capabilities of the PLAAF. It describes the concepts for employing forces that the PLAAF is likely to implement in the future, analyzes how those concepts might be realized in a conflict over Taiwan, assesses the implications of China implementing these concepts, and provides recommendations about actions that should be taken in response.

PERSPECTIVES


Cloud computing has garnered the attention of the Department of Defense as data and computer processing needs grow and budgets shrink. Programs are interested in the potential of cloud computing to control growing data management costs, but reliable literature on the costs of cloud computing in the government is still limited. Researchers found that cloud provider costs can vary in value compared with traditional information system alternatives because of cost structure variations, and analyzed the cost drivers for several data management approaches for one acquisition program to develop structured cost considerations for analysts evaluating new cloud investments. These considerations can help analysts be comprehensive in their analysis until the DoD develops official guidance on cloud computing cost analysis.

The Dynamics of Syria's Civil War. Brian Michael Jenkins. 2014

Much of the analyses that appeared with the tenth anniversary of the U.S. invasion of Iraq was understandably backward-looking, including often heated debates over who did what wrong and when. This paper takes a slightly different tack, surveying the overall impact of the Iraq War on U.S. national security structures by examining the major changes the war wrought in the intellectual and institutional underpinnings of U.S. security and defense policy. The authors assess the future implications of these changes and argue that, despite a decade of painful and often acrimonious debates in Washington about what went wrong, the United States is at best only modestly better prepared to fight a war like Iraq again. They begin with some basic data on the war and then focus on four key, interrelated issues: counterinsurgency operations, civilian state-making, security force assistance, and our capacity for understanding the specific needs of different kinds of interventions, allocating resources and adjusting expectations accordingly.
As the ongoing conflict in Syria enters its third year, persistent uncertainty regarding the circumstances on the ground, potential outcomes, and long-term consequences continues to confound analysis and possible policy responses. This essay explores the dynamics of the Syrian conflict, including the characteristics and interests of the belligerents, the interests of foreign powers involved, and the implications that the present course of events has for the future of Syria and the wider region. It is concluded that the possibility of reaching a political settlement is becoming increasingly unlikely as the sectarian nature of the conflict intensifies and the unity of the rebel groups remains fractious—no end to the current stalemate is in sight. The conflict has become an existential struggle for all concerned, so not even the fall of Assad will bring an end to the violence. Also, the involvement of Islamic extremist groups and other hardliners poses a future international terrorist threat that could be directed against the West. By the end of 2014, more than half of the Syrian population could be living as refugees, which will exacerbate existing sectarian tensions in neighboring countries—another factor conducive to terrorism. We will be dealing with the effluence of Syria's civil war for decades.

PE-119-PNC

Technology literacy plays an important role in a child's ability to succeed in school and later life. Yet, despite rapid growth in society's use of digital technology, many children in low-income families in the United States are not able to access and use technology in the same ways as their more-advantaged peers. This means they have fewer opportunities to learn, explore, and communicate digitally, and fewer chances to develop the workforce skills they will need to succeed in later life. Early childhood education can play a valuable role in ensuring that low-income children can access technology and learn how to use it. However, there are a number of important issues that need to be addressed. This Perspective frames a discussion on these subjects by exploring the role of early childhood education in bridging the digital divide. We highlight five key questions that need to be considered in the discussion of integrating technology into early childhood education.

PE-120-OSD

Afghanistan's upcoming presidential election is the most important political event in that country's decade-long transition to democracy. A successful election would be a major blow to the Taliban and al Qaida, and would renew Afghan efforts to bring the war to a favorable conclusion. The defeat of the Taliban in Afghanistan would be a major setback for similar groups worldwide, many of which look to Afghanistan as a sort of template for how to accomplish a jihadist takeover. By contrast, a failed election and a renewed push by the Taliban could become a rallying cry and a morale boost to the same groups. Because the stakes are high, the international community should recognize that, despite a dozen years of frustration and halting progress, Afghanistan's political and economic reconstruction needs one more push before the milestone election. Helping Afghanistan across the electoral finish line will increase the odds that the country will find some sort of solution to its internal stability and, thus, be able to deny safe haven to al Qaida and its affiliates.

PE-121-SDS

The federal 340B Drug Pricing Program lowers outpatient drug prices for specific categories of "covered entity" hospitals and clinics. Covered entities can access 340B drug pricing for all of their eligible patients, including those with insurance. The program has always generated some level of controversy, but more in recent times. Drug manufacturers and safety net providers are using a wide array of tools and outlets—including interest groups, lobbying, and media—to share their diver-
gent perspectives on the purpose and appropriate role of 340B. While interest groups are becoming more vocal, the federal government is simultaneously implementing changes in program administration and oversight in response to internal and external calls for transparency and accountability. This Perspective presents the history, current status, and future trajectory of the 340B program.

PE-122-RC
The Days After a Deal with Iran: Regional Responses to a Final Nuclear Agreement. Dalia Dassa Kaye, Jeffrey Martini. 2014

This Perspective begins by positing that a final nuclear agreement is reached between the P5+1 (the five permanent members of the UN Security Council plus Germany) and Iran and then examines the potential responses of two of the most important U.S. partners in the region: Israel and Saudi Arabia. The authors argue that because each partner’s concerns about Iran run deeper than Tehran’s nuclear program, both Israel and Saudi Arabia are not likely to welcome a final agreement. On the other hand, the authors do not anticipate that Israel and Saudi Arabia will adopt their most aggressive counters to the implementation of the final agreement: for Israel a military strike on Iranian nuclear infrastructure and for Saudi Arabia acquisition of its own nuclear deterrent. Furthermore, the authors present a range of measures the United States could employ to address the concerns of its partners and prevent destabilizing actions.

PE-123-RC

Terrorists often resolve internal disputes the old-fashioned way: They kill each other. Battles between rival rebel groups and within terrorist organizations are not uncommon. Internal feuds have characterized terrorist movements throughout modern history, from the Russian Revolution to the Palestinian civil war. In February 2014, members of the Islamic State of Iraq and the Levant (ISIL) are believed to have carried out the suicide attack that killed Abu Khaled al-Suri, the leader of a rival coalition of Islamist rebel groups in Syria. In response, Ayman al-Zawahiri took the unprecedented step of publicly expelling ISIL from al Qaeda. An open break like this creates real risks for both ISIL’s and al Qaeda’s leadership, setting up a showdown that could turn an internal dispute into a schism that cleaves across the jihadist universe. In addition, it could create new intelligence and propaganda opportunities for the United States. If ISIL turns out to be the stronger movement, al Qaeda’s command over the global movement would be seriously weakened. The biggest opportunities for exploiting al Qaeda’s internal disputes may lie in countering al Qaeda’s future recruitment. The prospect of killing or being killed by fellow jihadists ought to be a less-attractive proposition than defending Islam against perceived infidel aggression. However, exploiting the favorable circumstances created by the current divisions requires detailed local knowledge and political-warfare know-how. Pursuing this unprecedented opportunity will require the creation of a dedicated task force to act as a focal point for analysis and action.

PE-124-RC
The Days After a Deal with Iran: Continuity and Change in Iranian Foreign Policy. Alireza Nader. 2014

One of a series of RAND perspectives on what Middle East and U.S. policy might look like in “the days after a deal”, this perspective examines the possible effects on Iranian foreign policy stemming from a final nuclear agreement between Iran and the United States, United Kingdom, France, Russia, China, and Germany (the P5+1). More specifically, it details President Hassan Rouhani’s likely hopes for a post-deal foreign policy, the domestic constraints on his goals, and how a final deal might affect Iran’s relations with Saudi Arabia, Israel, Turkey, and, finally, the United States.

PE-125-RC
The Days After a Deal with Iran: U.S. Policies of Hedging and Engaging. Lynn E. Davis. 2014

One of a series of RAND perspectives on what the Middle East and U.S. policy might look like in
“the days after a deal,” this perspective examines the choices the United States will confront in its policies toward Iran and its regional partners in the event that a final nuclear agreement is reached between Iran and the United States, Britain, France, Russia, China, and Germany (the P5+1). A framework is in place for the achievement of a nuclear agreement with Iran. Without predicting that a deal will be signed, the potential for reaching an agreement is great enough to warrant planning for such an outcome. In this planning, policymakers need to consider whether the current consensus that is developing (a cautious hedging/accommodating partner perspectives) risks losing the opportunities presented by a nuclear agreement with Iran and even Iran’s willingness to proceed with its implementation.

PE-126-OSD

It appears that there is almost no prospect for a negotiated solution to the civil war in Syria in the near term. This is because the Syrian factions believe—perhaps rightly—that they have more to gain by carrying on the fight than by negotiating toward peace. At root, for combatants to choose negotiations, a key factor is their beliefs about the future: Will fighting continue to be costly? Will it ever yield better results? Will the other side be willing to talk? Will talks yield greater benefits than fighting? These are estimations about future possibilities. Thus, the “shadow of the future” plays a significant role in bringing combatants to the negotiating table. Because combatants are not the only players that affect their fate—outsiders also influence the future—this is the area in which the international community can most effectively play a role. International actors have a range of options that can decisively influence Syria’s belligerents’ expectations about the future. If the Syrian factions believed that all sides will abide by an eventual peace agreement that protects their interests and that an impartial third party will guarantee the peace and provide resources for reconstruction, they would be much more likely to agree to negotiations, make reasonable demands, and agree to a peace agreement's terms. The international community’s best option, then, is to promise a peacekeeping and reconstruction intervention that will start after the combatants have agreed to peace.

PE-127-SANI

The U.S. Food and Drug Administration (FDA) is expected to release final regulations outlining lower-cost approval pathway requirements for so-called biosimilar drugs. The introduction of biosimilars is expected to reduce prices, albeit to a lesser degree than small-molecule generics. This Perspective combines prior research and recent data to estimate cost savings in the U.S. market. We predict that biosimilars will lead to a $44.2 billion reduction in direct spending on biologic drugs from 2014 to 2024, or about 4 percent of total biologic spending over the same period, with a range of $13 billion to $66 billion. While our estimate uses recent data and transparent assumptions, we caution that actual savings will hinge on the specifics of the final FDA regulations and on the level of competition.

PE-129-RC
Alternative Futures for Syria: Regional Implications and Challenges for the United States. Andrew M. Liepman, Brian Nichiporuk, Jason Killmeyer. 2014

The civil war in Syria poses a thorny problem for U.S. policymakers. The conflict has morphed from a popular uprising against an autocratic regime into a multi-sided battle involving government forces, pro-government militias, Hezbollah, Iraqi Shi'ite militias, secular/moderate rebels, Kurdish separatists, traditional Islamist rebels, nationalist Salafi-jihadist rebels, and the transnational Salafi-jihadist Islamic State of Iraq and al-Sham (ISIS) movement. Most neighboring states and several Persian Gulf states have sent arms and money to one or more of the factions in this war. Iran and Russia have consistently supported the Assad regime, including providing advanced...
weaponry, since the onset of the conflict. The outcome of the conflict will affect Middle East stability and regional political dynamics for years—perhaps decades—and could exacerbate a wider Shi'a-versus-Sunni sectarian conflict in the region. Momentum has shifted several times during the course of the conflict. Defections from the Syrian army, rapidly growing rebel ranks, and the regime's loss of key ground convinced many observers early on that the Assad's demise was only a matter of time. The Assad regime has exploited rebel weaknesses and its own superior weaponry and external support to shift the momentum once again in its favor. The lineup of antagonists is complex and confused. While still seeing the Assad regime as an adversary based on its patron-client relationship with Iran and its implacable hostility toward Israel, U.S. decisionmakers are also dealing with the threats caused by the dramatic recent gains made in Iraq by ISIS and the influence it wields within the Syrian rebel movement. To examine these challenges, this perspective draws on a December 2013 RAND workshop to assess four possible future scenarios for the conflict in Syria: prolonged conflict, regime victory, regime collapse, and negotiated settlement. The authors update and reassess these scenarios based on developments in Syria and Iraq through August 2014 and explore the implications that each has for Syria, the region, and the United States.

PRESENTATIONS

PT-119
RAND Behavioral Finance Webinar: Craig Fox Presents "Metacognitive Knowledge and Financial Decision Making". Craig R. Fox. 2014

Craig R. Fox discusses the importance of both subjective and objective knowledge in financial decision making.

PT-120-UCLA
Women's Heart Health: Research That Matters. Chloe E. Bird. 2014

The care that women receive for cardiovascular disease (CVD) and related outcomes lag behind those of men, despite the fact that more women have died from CVD each year for decades. RAND senior sociologist Chloe Bird and cardiologists Tamara Horwich and Karol Watson explain CVD within the context of women's health, outlining possible solutions for improving quality of care. Finally, two heart disease survivors who have become patient advocates share their personal experiences.

PT-123-USSOCOM

U.S. Special Operations Command (USSOCOM) has developed and put forth its Global SOF Network vision, which calls for a distributed overseas posture for Special Operations Forces (SOF). There's a high probability that the establishment of a U.S. Global SOF Network will reinforce Beijing's extreme insecurities about Washington's intentions towards China, and heighten Chinese perceptions of enhanced US military encirclement capabilities. However, if China is invited to partner with U.S. SOF, this may alter Chinese thinking on military cooperation. While there is likely to be significant initial reluctance in Beijing, there may be considerable receptiveness to active cooperation in counterterrorism and counterpiracy activities. This video podcast is based on research for US-
SOCOM that is not available to the general public.

PT-124-TEDF

This presentation slide deck offers key facts and statistics from RAND's Military Caregivers study. The results of the study are fully documented in Ramchand R, Tanielian T, et al., Hidden Heroes: America’s Military Caregivers, RAND Corporation, 2014 (available at www.rand.org/military-caregivers). These charts and figures are offered in both Microsoft PowerPoint and .PDF formats for ease of insertion into other presentation slide decks.

PT-125

This talk provides an overview of work in the area of using visual representations of data to assist individuals with financial decisionmaking and improve financial literacy. The talk includes discussion of the methodology that used to develop and assess the value of these tools. Following the overview, there is exploration of a new project on using visual representations of data to mitigate asset market bubbles in the laboratory (paper written together with Tim Cason, Purdue), and discussion of different contexts to which visual analytic tools should be applied in practice.

PT-128-USSOCOM

U.S. Special Operations Command (USSOCOM) has developed and put forth its Global SOF Network vision, which calls for a distributed overseas posture for Special Operations Forces (SOF). In support of this effort, RAND researchers examined where SOF are engaged and present, partner capability and capacity development in regions of interest to the United States, and what kinds of authorities SOF need to function in a new security environment. Parts of this effort relied on network analysis methodology to identify important or influential nodes and the roles they play in a given network. In this video podcast, the importance and use of two network metrics—“in-degree,” and “betweenness centrality”—are explained using an example network of South Asian countries. This video describes research methods used during a study for USSOCOM that is not available to the general public.

PT-130-USSOCOM

U.S. Special Operations Command (USSOCOM) has developed and put forth its Global SOF Network vision, which calls for a distributed overseas posture for Special Operations Forces (SOF). In order to help the United States Special Operations Command identify countries to participate in the Global SOF Network, researchers needed to assess countries' political attractiveness and reliability as SOF partners comparatively, objectively, and transparently. Part one of a four-part video series describes how three consistent, multidimensional metrics were established to do so: foreign relations with the United States, state stability, and domestic political environment. Parts two, three, and four describe each of these metrics in detail. This video podcast series is based on research for USSOCOM that is not available to the general public.

PT-130/1-USSOCOM
SOF Partner Assessment: Measuring Foreign Relations. Angela O'Mahony, William Welser IV, Thomas S. Szayna. 2014

U.S. Special Operations Command (USSOCOM) has developed and put forth its Global SOF Network vision, which calls for a distributed overseas posture for Special Operations Forces (SOF). In order to help the United States Special
Operations Command identify countries to participate in the Global SOF Network, researchers needed to assess countries' political attractiveness and reliability as SOF partners comparatively, objectively, and transparently. To do so, three consistent, multidimensional metrics were established: foreign relations with the United States, state stability, and domestic political environment. Part two of a four-part video series explains the sources of measurement data for the Foreign Affairs metric, describes how countries' foreign relations with the U.S. were measured by examining their political, military, and economic ties with the U.S., and presents an example of the result. This video podcast series is based on research for USSOCOM that is not available to the general public.

PT-130/2-USSOCOM

U.S. Special Operations Command (USSOCOM) has developed and put forth its Global SOF Network vision, which calls for a distributed overseas posture for Special Operations Forces (SOF). In order to help the United States Special Operations Command identify countries to participate in the Global SOF Network, researchers needed to assess countries' political attractiveness and reliability as SOF partners comparatively, objectively, and transparently. The fourth and final video in this series describes a method to evaluate countries' domestic political environment based on six related but conceptually distinct measures that estimate countries' quality of democracy, respect for the rule of law, and recourse to violence to enforce governance. The data sources for each of the six variables are described, and an example of the combined result is presented. This video podcast series is based on research for USSOCOM that is not available to the general public.

PT-132-NIH/NIA

The RAND Summer Institute (RSI) is comprised of conferences addressing critical issues facing our aging population. The primary aim of the RSI is to expose scholars interested in the study of aging to a wide range of research being conducted in fields beyond their own specialties. The video here is of a session from the 21st Annual RAND Summer Institute, held July 7-11, 2014, in Santa Monica, California.

RESEARCH BRIEFS

RB-9696-1
The Coastal Protection and Restoration Authority of Louisiana used a new analytic approach, developed in part by RAND, that incorporates results from predictive models in a decision tool to allow formulation and comparison of alternatives.

RB-9727-CMHSA

This fact sheet summarizes the first-year evaluation of California’s Suicide Prevention Initiative.

RB-9737-CMHSA
Suicide Rates in California: Trends and Implications for Prevention and Early Intervention Programs. Rajeev Ramchand, Amariah Becker. 2014

This fact sheet summarizes the first-year evaluation of California’s Suicide Prevention Initiative.

RB-9744-DOL

Examines the return on investment (ROI) that companies realize from workplace wellness programs, focusing on the ROI provided by disease management programs versus lifestyle management programs.

RB-9755-RC

RAND researchers examined the technological advances in the field of autonomous vehicles, the benefits and risks of this technology, and the potential effects of various regulations and absence of same on the development of this technology.

RB-9756-CMHSA

This fact sheet summarizes the first-year evaluation of California’s Stigma and Discrimination Reduction Initiative.

RB-9757-CMHSA

This fact sheet summarizes the first-year evaluation of California’s Student Mental Health Initiative.

RB-9758-OSD

RAND examined the utility of operations analysis, modeling, and simulation for supporting decisionmaking in counterinsurgency and irregular warfare, with the focus on Operation Enduring Freedom and Operation Iraqi Freedom.
Incorporating different service requirements in a single joint aircraft design can lead to greater program complexity, increased technical risk, and weight in excess of what an individual service needs, and these factors can increase program costs.

Discusses China’s engagement with African countries, including what each side wants from these relationships, how Africans view China’s involvement and how China has reacted to that, and whether the United States and China are competing in Africa.

Addresses the effects of military caregiving on employment and the workplace.

Examines how health care providers can best support military caregivers based on RAND’s sweeping study of this population and their support environment.

Provides an overview of support resources for military caregivers based on RAND's sweeping study of this population and their support environment.

RB-9765-SRF

“Success stories” in small-footprint U.S. interventions have occurred in countries with inclusive politics and reasonable state capacity. Unfortunately, most insurgencies seek to overthrow regimes that are weak in inclusion and capacity.

RB-9766-WFHF

Summarizes how testing of K–12 students affects teaching practice, and identifies characteristics of assessment systems that can promote deeper-learning skills, such as critical thinking and problem-solving.

RB-9767

Identifies promising policy options to spur the creation of new medical technologies that will reduce total U.S. health care spending or will provide health benefits that justify any increase in spending.

RB-9768-ICJ
The Impact of the Affordable Care Act on Liability Insurance. David I. Auerbach, Paul Heaton, Ian Brantley. 2014

Summarizes a report that identifies potential mechanisms through which health care reform might affect claim costs for several major types of liability coverage, especially auto insurance, workers' compensation coverage, and medical malpractice.

RB-9769

The Affordable Care Act lowered the value of disability insurance over other options for health insurance, increased SSDI applications in counties with high health insurance rates, and increased public expenditures on health care.

RB-9770-ONDCP
How Big is the U.S. Market for Illegal Drugs?. Beau Kilmer, Susan S. Everingham, Jonathan P. Caulkins, Gregory Midgette, Rosalie Liccardo Pacula, Peter H. Reuter, Rachel M. Burns, Bing Han, Russell Lundberg. 2014

Using data from 2000 to 2010, RAND researchers estimated the number of users, expenditures, and consumption for four illicit drugs: cocaine (including crack), heroin, marijuana, and methamphetamine (meth).

RB-9771-CMHSA
What Has the CalMHSA Statewide Mental Health Prevention and Early Intervention Implementation Program Done So Far? Key Results from the Baseline RAND General Population Survey. M. Audrey Burnam, Sandra H. Berry, Jennifer L. Cerully, Nicole K. Eberhart. 2014

This fact sheet summarizes findings from a baseline statewide survey of Californians regarding their knowledge, beliefs, and attitudes regarding the mental health issues that are the focus of the state's prevention and early intervention program.
What Has the CalMHSA Statewide Mental Health Prevention and Early Intervention Implementation Program Done So Far? Summary and Commentary for Year 1 Evaluation. M. Audrey Burnam, Sandra H. Berry, Jennifer L. Cerully, Nicole K. Eberhart. 2014

This fact sheet assesses the progress that partners in California’s Prevention and Early Intervention (PEI) Program have made so far in developing capacities and reaching Californians in accordance with the statewide strategic PEI plan.

RB-9776

Effects of Employer Health Insurance on Disability Insurance Claiming. Matthew J. Hill, Nicole Maestas, Kathleen J. Mullen. 2014

National health reform makes it easier for disabled workers to stop working and apply for disability insurance. This study finds that some disabled workers continue working to keep their health insurance but disability applications do not increase.

RB-9779-DOS


RAND researchers examined ways to reshape security and justice sector assistance programs, and designed a new approach—an Enhanced Partnership Planning Model that can be tailored to partner-nation needs and particular U.S. strategic interests.

RB-9780


Policy options to improve dementia long-term care include those that increase public awareness and promote earlier detection, improve access to and quality of services, increase support to family caregivers, and reduce the cost burden.

RB-9781-CSMC

Mapping Gender Gaps in Health Care. Chloe E. Bird, Allen Fremont, Mark Hanson. 2014

Mapping regional rates of cholesterol screening among patients with cardiovascular disease and diabetes reveals significant gender gaps: Women are often less likely to receive screenings.

RB-9782

A Health Care Puzzler. 2014

An American Life Panel survey finds that a lack of knowledge about health reform and health insurance is especially acute among the poor, less educated, young, and females. This presents challenges for implementation of the Affordable Care Act.

RB-9784-A


Locally focused stability operations (LFSO) to build security, development, and governance are difficult to assess because of the complexity of operational environments. This brief outlines creation of an assessment plan for a notional LFSO scenario.

RB-9785-OSD

The Conflict in Syria: Understanding and Avoiding Regional Spillover Effects. William Young, David Stebbins, Bryan A. Frederick, Omar Al-Shahery. 2014

Researchers examined the literature of armed conflict to determine the main factors that are likely to contribute to or impede the spread of violence from civil war and insurgency, then examined how they apply to Turkey, Lebanon, Iraq, and Jordan.

RB-9786-NL

Principal Preparation Matters: How Leadership Affects Student Achievement. Susan M. Gates, Laura S. Hamilton, Paco Martorell, Susan Burkhauser, Paul Heaton, Ashley Pierson, Matthew Baird, Mirka Vuollo, Jennifer J. Li, Diana Catherine
Lavery, Melody Harvey, Kun Gu. 2014

Summarizing a larger report, this briefing presents evidence of the effect that New Leaders, a nonprofit dedicated to preparing principals to lead schools to greater achievement, has on student achievement.

RB-9789-DHHS

Improving the Physical Health of Adults with Serious Mental Illness. Deborah M. Scharf, Nicole K. Eberhart, John W. Schmidt, Marcela Horvitz-Lennon, Robin Beckman, Bing Han, Susan L. Lovejoy, Harold Alan Pincus, M. Audrey Burnam. 2014

RAND’s evaluation of the Primary and Behavioral Health Care Integration grants program found that programs improved access to integrated primary and behavioral health care for people with serious mental illness but had mixed success improving health.

RB-9791


Multisystemic Therapy improves outcomes for Hispanic youth in the Los Angeles County juvenile justice system. Although initial program costs are high, decreased criminal justice costs over time for high-risk youth could eventually outweigh them.

RB-9792


Because spending in retirement tends to decline with age, a new study finds that 72 percent of Americans are adequately prepared for retirement: 81 percent of married persons and 57 percent of single persons. Women are less prepared than men.

RB-9794-IFMO

Driving in the Future in Developing Countries. Liisa Ecola, Charlene Rohr, Johanna Zmud, Tobias Kuhnimhof, Peter Phleps. 2014

Automobility—travel in personal vehicles—varies between countries. This brief summarizes a study of the factors besides economic development that affect automobility and how automobility might evolve in developing countries.

RB-9795

Continuity of Care and the Cost of Treating Chronic Disease. Peter S. Hussey, Eric C. Schneider, Robert S. Rudin, D. Steven Fox, Julie Lai, Craig Evan Pollack. 2014

Modest improvements in continuity of care correlate with sizable reductions in service use, complications, and costs for Medicare patients with congestive heart failure, chronic obstructive pulmonary disease, and type 2 diabetes mellitus.

RB-9796-BMGF


In 2011, the Bill & Melinda Gates Foundation extended grants to three organizations involved with competency-based education approaches. RAND examined these organizations' implementation, student experiences, and student outcomes.

RB-9797-A


This brief summarizes an assessment of an Army program to enhance adaptability in leaders and promote innovative solutions in training for and conducting unified land operations.
Reduced young-adult enrollment in the individual health insurance market created under the Affordable Care Act would lead to modest premium increases; however, eliminating tax credits would substantially increase premiums and reduce enrollment.

RAND researchers systematically reviewed scientific studies on routine vaccines recommended for children age 6 and younger in the United States and found that vaccines are very safe overall, and serious side effects are extremely rare.

RAND researchers looking at the growth of obesity rates over time found that the epidemic has been fueled by historically low food prices relative to income and constant availability, which have driven high consumption.

U.S. military strategy in Asia should include a framework that allows the United States and China to pursue common and individual goals, deters China's use of force to intimidate its neighbors, and postures U.S. forces to support partner militaries.

The PROMIS Smoking Initiative developed an assessment toolkit that enables the measurement of current adult smokers' standing in domains of importance to smoking research, including nicotine dependence and using smoking to cope with stress.

Describes the Welcome Back Veterans Initiative, which has issued grants to academic medical institutions to create and implement programs and services designed to address the mental health needs of returning veterans and their families.

Two presidents have declared counterproliferation of weapons of mass destruction (WMD) a top national priority, but it has not been budgeted or resourced as such. This brief summarizes ground force capacities and capabilities needed to eliminate WMD.

This report examines several New York state
initiatives to promote integrated health care for adults with serious mental illness.

RB-9809-UNHF

A new RAND study found very few community civilian providers surveyed met key thresholds for military cultural competency and use of evidence-based care, indicating few are ready overall to assist service members, veterans, and their families.

RB-9811/1-CFGNH

This brief highlights findings of a study of early progress of New Haven Promise, a place-based scholarship program focusing on college preparation, access, and enrollment.

RB-9811/2-CFGNH

This brief summarizes a study of baseline conditions and early progress of two educational efforts in Connecticut: New Haven School Change, a sweeping K–12 educational reform, and New Haven Promise, a scholarship program.

RB-9814-A

This brief summarizes seven lessons from the past 13 years of war and identifies critical requirements for land forces, special operations forces, and partners to collaborate successfully.

RGS DISSERTATIONS

RGSD-325

This dissertation comprises three essays that empirically examine the educational outcomes of for-profit college students, military enlistees and immigrant youth. All of these are groups of “non-average” students that, in different contexts, pose challenges to the traditional provision of education. Therefore, their outcomes need to be studied in order to assess the need and room for public policy measures to intervene.

RGSD-326
Topics in Migration Research. Sarah Kups. 2014

With respective emigrant and immigrant stocks that are among the largest in the world, Mexico and Germany are affected by migration like few other countries are. They also exemplify that migratory movements need not be permanent, but are also often less temporary than initially assumed. This dissertation explores topics related to the determinants and consequences of migration in these two countries.

RGSD-327
It Takes a Village: Network Effects on Rural Education in Afghanistan. Matthew Hoover. 2014

Often, development organizations confront a tradeoff between program priorities and operational constraints. These constraints may be financial, capacity, or logistical; regardless, the tradeoff often requires sacrificing portions of a program. This work is concerned with figuring out
how, when constrained, an organization or program manager can utilize social networks to take advantage of inherent tendencies that will allow a program to thrive. Specifically, this study looked at the playmate networks of children in 31 rural villages of central Afghanistan and how that relational information could improve programming of a rural schooling program. To accomplish this, a two-stage approach was used, where network structure and composition was estimated using exponential random graph models (ERGMs) and then related to individual child outcomes in math and language performance using multi-level models (MLMs). Unique in this work was translating ERGM parameters to MLM covariates by using the t-statistics from network estimations. Results of the MLMs indicated that individual ability drove most of a child's achievement, however, both network structure and composition were important in explaining children's academic achievement. Specifically, children maintained many reciprocated ties with other children, though more advanced network structures - such as triadic closure - were not fully developed in the networks. Compositionally, children tended to befriend others of the same gender and similar academic performance (homophily measures). This translated into MLM results of children doing better academically if they were friends with other children of a similar ability. Ultimately, the primary concern was how network information could improve program management, performance, and ultimately, impact. Key recommendations for utilizing networks included building in playtime during the school day to facilitate tie formation, identifying isolates and working to integrate them into the existing network, creating a "buddy" system for learning within schools that could provide the catalyst for more complex network structure, like triadic closure, and using visual depictions of networks to identify targeting opportunities for communication within networks.

RGSD-328

New Medical Technology Development and Diffusion: Policy Challenges and Considerations. Christopher Lau. 2014

Over the past decade, the rapid pace of medical technology development has created a large array of drugs, medical devices and healthcare services, many of which have greatly expanded the scope of treatable diseases. The diffusion of these technologies in the U.S. has helped countless individuals realize substantial improvements in life expectancy and overall quality of life. However, the development and diffusion of new medical technology have also presented several challenges for U.S. policy makers. The three papers that comprise this dissertation examine three policy issues that center on some of these challenges. The first paper examines how markets can fail to incentivize the development of new medical technology that address a public need and explore the lessons learned from the implementation of four different policy solutions. The second paper examines the role of the National Institutes of Health in new medical technology development and the extent to which its research grant program has encouraged the formation of biopharmaceutical commercial alliances. The last paper examines the Centers for Medicare and Medicaid Service's Accountable Care Organization program and whether its participants are changing the way that new medical technologies are used and adopted.

RGSD-329


Three essays on changing constituencies and rising polarization in the Congress. The first empirically examines the so-called "Big Sort hypothesis"—the notion that in recent years, liberal and conservative Americans have become increasingly spatially isolated from one another. The second addresses two questions: First, whether over the last 40 years the spatial distribution of the American electorate has become more geographically clustered with respect to party voting and socioeconomic attributes, and second whether this sorting process has contributed to rising polarization in the US House of Representatives. The third considers gridlock itself as a problem to be solved and addresses the question of how it might be lessened.
RGSD-330

This dissertation consists of three distinct papers focusing on understanding and reducing the economic burden of work-related injuries and illnesses. The first paper evaluates the effectiveness of employer based return to work programs using a unique dataset that combines information from an employer-level survey about disability management and return to work practices with worker’s compensation claims and five years of post-injury employment outcomes. The second paper analyzes the Medical Expenditure Panel Survey (MEPS) and systematically reviews the literature to addresses the impact of California workers’ compensation reforms that limit two controversial medical treatments: chiropractic care and physical therapy. The third paper uses the Health and Retirement Study (HRS) to estimate the impact of exposure to occupational hazards on disease rates and costs among the elderly.

RGSD-331
The Political Sustainability of Carbon Control Policies in an Evolutionary Economics Setting. Steven C. Isley. 2014

This work represents a first attempt at analyzing the long term coevolution of market structures, technological change and government institutions. An empirical analysis of the U.S. electric power sector was conducted to validate the Grossman and Helpman (1994) “Protection for Sale” framework for use in modeling the interaction between the government and market actors. An agent based model with endogenous technological change was then used to explore how lobbying affects different carbon control policies as they evolve over time. In the empirical analysis, many electric power companies were found to benefit greatly from high carbon prices and can be expected to lobbying for such policies. In fact, in many situations the total near-term profit of the electric power industry increases with a price on carbon. The model was able to correctly identify nine of the top twelve contributing firms based on PAC contributions.

RGSD-332
Three Essays on Subjective Well-Being. Caroline Tassot. 2014

This dissertation comprises three essays that empirically study different aspects of subjective well-being (SWB) indictors. The first approach takes a methodological angle to assess the reliability and validity of SWB indicators. The second and third essays study the determinants of SWB at the individual level and macroeconomic level, respectively. In particular, the second essay estimates the effect of work transitions on SWB, while the third examines the relationship between income inequality and SWB.

RGSD-333

This dissertation, in a three paper format, explores structural determinants of health care processes, outcomes, and expenditures. The first paper examines the influence of the legal environment on emergency medical care. The second and third papers examine variation in home health care outcomes and utilization according to type of Medicare coverage and across geographic regions.

RGSD-334
Designing Efficient Systematic Reviews Using Economical Allocation, Creation and Synthesis of Medical Evidence. Mike Scarpati. 2014

Medical literature and the actions of policymakers have emphasized the importance of evidence-based medicine in recent years, but basing clinical practice on an exploding base of evidence is challenging. Systematic reviews, which are very resource-intensive, are a crucial channel in the pathway from medical literature to clinical practice. This thesis begins by estimating the value of one systematic review, finding that synthe-
sized evidence regarding treatments to prevent osteoporotic fractures generated a net benefit of approximately $450M. Next, the time taken to screen articles in systematic reviews is analyzed, showing that user interface changes can result in significant reductions in resource requirements. Presenting multiple articles on one screen while reviewing titles leads to a seven-fold reduction in time taken per article. Experience and mental state are also related to screening times, with abstracts reviewed at ideal session lengths requiring 33% less time than those at the beginning of a session. To further increase the speed at which articles can be screened and decrease the cost of preparing systematic reviews, machine learning techniques allow avoidance of up to 80% of articles. When updating an existing review, savings are increased by utilizing the information present in original screening decisions to train the machine learning model. Finally, implementation issues are addressed, paying attention to technical, organizational, and institutional challenges and opportunities.

**RGSD-335**


It has long been thought that the United States education system is the great equalizer, lifting less advantaged children out of poverty and improving their chances for success in adulthood. The opportunity for economic and social mobility depends heavily, however, on access to high quality education. Recent research has raised concerns about degradation in the quality of schools serving higher-poverty neighborhoods: The achievement gap between low- and high-poverty students appears to have widened over the last quarter century (Reardon, 2011). In response to these concerns, federal, state, and local officials have enacted countless education reforms to improve the outcomes of low-income students. This dissertation examines two of those reforms to better understand how and if they are working. The first paper focuses on California’s state education accountability reform, which allowed the state to identify low-performing schools and target improvement efforts. The paper concentrates on a previously unstudied potential consequence of the reform: Whether the information on school academic performance, which had been previously unavailable, enabled voters to hold local leadership accountable. The second and third papers assess a comprehensive reform to improve teacher and principal talent in high-poverty, low-performing schools. While the reform has various components, its main features are recruitment, retention, and performance bonuses for teachers and principals in schools with a greater concentration of high-poverty students.

**RGSD-336**


School principals’ education and professional experience shape their approach to school leadership and how successful their students will be. However, it is not clear from existing research which aspects of principal education and professional experience are related to student outcomes and principal retention. This dissertation explores aspects of a potential principal's education and professional experience that states and school districts should look for and cultivate in candidates for the position of school principal. The work was guided by two research questions: 1) how are principals' education and professional experience related to student outcomes and principal retention? and 2) how can state certification and district hiring policies better incorporate information about a principal's education and professional experience to improve principal effectiveness? Using information on principals trained by the New Leaders program and school-level data from four large urban districts, I analyzed the relationships between principal education and professional experience and student outcomes and principal retention. I examined state certification and district hiring policies for the four urban districts used in the analysis and conducted a survey of 33 districts regarding their hiring policies and practices. From this research, I provide recommendations designed to inform state certification policy, dis-
Sovereign debt portfolios are affected by financial and economic factors that are themselves deeply uncertain. Building on methodological developments for policy making under deep uncertainty, this dissertation examines and demonstrates how the Robust Decision Making (RDM) methodology could be applied to the problem of selecting the government's debt portfolio. Using a large set of non-probabilistic simulations coupled with data mining tools, the analysis identifies and characterizes bond issuance strategies that appear to perform well across a large set of possible assumptions and scenarios. This approach introduces a new framework for assessing funding strategies based on varying assumptions regarding the government’s liquidity buffer. This proof-of-principle analysis illustrates possible improvements to debt management practices, both in government and in the private sector.


This dissertation analyzes several policy options that could help increase border security by reducing militant actions from safe havens in foreign territory. In particular, this dissertation focuses on a section of the Turkish-Iraqi border that is particularly difficult to protect. The main threat along the border is militant infiltrations and militant attacks on border security outposts. Policy options considered are relocating outposts, additional soldiers, unattended ground sensors and foreign border guards that provide early warning of militant movements. A simulation model is developed to evaluate the effects of these options. Infiltrators and border guards are assigned simple behavior rules. Outcomes are collected from their interaction on a virtual segment of the border. The results are analyzed to find the least costly way of increasing the percentage of militant infiltration attempts interdicted and decreasing soldier casualties in outposts.


My dissertation is concerned with family welfare and economic development in India. In my first two papers, I consider the potential for India’s public works program to contribute to long-term growth and poverty reduction by examining the impact on household entrepreneurship and investments in child health. The third paper analyzes the impact of increasing male earnings inequality on female marital and education outcomes.


The U.S. and China are the world's largest energy importing countries. In 2011, both countries imported approximately half of their total oil supplies from overseas. Due to this great reliance on foreign energy supplies, energy companies from both countries continue to pursue energy outward direct investments (EODIs) as an approach to increase their access to global energy reserves. In this context, my study will compare and contrast the characteristics, current positions, and future trends of both the U.S. and Chinese EODIs—specifically their exploration and development investments. Based on the analysis of current U.S. and Chinese EODI positions, the study goes further to analyze their objectives and determinants, explaining both the similar and different aspects of EODI characteristics, positions and historical trends. By integrating the positions, objectives, and determinants of U.S. and Chinese EODIs into an interactive and dynamic mechanism, the study designs a partial equilibrium model system, in order to predict the future operational outcomes (production, sales, exploration, and profitability) and the competitive positions of U.S. and Chinese EODIs. However, the study’s conclusions should be interpreted with caution, since the analysis is based on data and trends up to 2011, and in some
cases up to 2008, 2009, and 2011. The major technological breakthroughs in the field, especially in hydraulic fracturing and horizontal drilling technologies, may affect future demand, lifting costs, and geographic locations of energy reserves, and thus may affect the prospects of EODIs in significant ways.

RESEARCH REPORTS

RR-102-AF
Psychological Fitness and Resilience: A Review of Relevant Constructs, Measures, and Links to Well-Being. Sean Robson. 2014

This report is one of a series designed to support Air Force leaders in promoting resilience among its Airmen, civilian employees, and Air Force family members. It examines the relationship between psychological fitness and resilience, using key constructs found in the scientific literature that address self-regulation, positive affect, perceived control, self-efficacy, self-esteem, and optimism. Supporting or increasing the levels of the key measures of psychological fitness identified in this report may facilitate resilience and can protect Airmen, civilian employees, and Air Force families from the negative effects of stress. The report also reviews construct measures, well-being, and resilience outcomes as well as interventions designed to promote the psychological fitness constructs.

RR-103-AF

This report is one of a series designed to support Air Force leaders in promoting resilience among its Airmen, civilian employees, and Air Force family members. It examines the relationship between behavioral fitness and resilience, using key constructs found in the scientific literature that relate to sleep, alcohol use, and tobacco use. Supporting or increasing the levels of the key measures of behavioral fitness identified in this report may facilitate resilience and can protect Airmen, civilian employees, and Air Force families from the negative effects of conduct, routines, and habits that are detrimental to fitness. The report also reviews behavioral fitness construct measures and resilience outcomes as well as interventions designed to promote behavioral fitness.

RR-105-AF

This report is one of a series designed to support Air Force leaders in promoting resilience among its Airmen, civilian employees, and Air Force family members. It examines the relationship between nutritional fitness and resilience, using key constructs found in the scientific literature that address self-regulation, positive affect, perceived control, self-efficacy, self-esteem, and optimism. Supporting or increasing the levels of the key measures of nutritional fitness identified in this report may facilitate resilience and can protect Airmen, civilian employees, and Air Force families from the negative effects of stress. The report also reviews construct measures, well-being, and resilience outcomes as well as interventions designed to promote the nutritional fitness constructs.

RR-125-A

The Department of Defense (DoD) provides medical care to service members all over the world and must ensure that health care providers have the proper quantity and quality of medical materiel. RAND investigated opportunities to gain efficiencies in the global military medical logistics enterprise without sacrificing capability, notably through minimizing intermediate materiel handling, seeking the greatest value from commercial freight, and streamlining warehouse operations. RAND suggests DoD take steps to optimize its global medical logistic enterprise by maximizing direct delivery to end users, exercising con-
trol over the materiel catalog, managing inventory held overseas to support surges and bridge supply chain interruptions, and managing inventory and contracts to maximize supplier responsiveness. To minimize intermediate materiel handling, the study recommended closing the U.S. Army Medical Materiel Center in Southwest Asia as a Central Command distribution point because its efforts are duplicative of those in Europe. Combined with renegotiating European shipping contracts, closing this distribution point could save $10-$20 million annually. The study recommends against consolidating distribution of medical items with other items handled by the Defense Logistics Agency (DLA). The greatest barrier to consolidation is the inability of the DLA warehouse management information technology system to download item information using the commercial stock numbers, which identify the bulk of military medical items. Thousands of new medical items enter military use each year, and it is infeasible for the organizations tasked with assigning military-specific stock numbers to do so for these items.

RR-132-AF

To help Air Force Services tailor support for Airmen and their families through analyses of the relevance of neighborhood, or area, characteristics of major Air Force installations located within the United States, researchers applied established social indicators and neighborhood methodology to identify which areas may have greater need for Air Force resources. This document reports the results of that analysis. It examines whether and how base-area characteristics are associated with individual-level Airman outcomes across several different domains. The objective is to help the Air Force identify communities where Airmen and their families may have greater levels of need so that it can adapt programs or resources to counteract stressors related to the base areas and the lack of nonmilitary resources in the area. Using census and personnel data, the authors created a set of area profiles that make up the RAND Base Area Social and Economic Index, or RAND BASE-I, measuring aspects of household composition, employment, income and poverty, housing, social, and transportation of area residents (both military and civilian). These factors are outside of Air Force control; however, Air Force Services may be able to help offset potential negative impacts of community characteristics on Airmen and their families. Using existing Air Force survey data, the authors then assessed whether these base-area characteristics were associated with Airmen’s outcomes related to health and well-being, military and neighborhood cohesion, ratings of neighborhood resources, use of on-base resources, satisfaction, and career intentions. The analysis also tested whether Airmen who live off base and commute to work may be more exposed to social and economic conditions in the larger base area than Airmen who primarily live and work on base. The report includes recommendations for future use of these and similar data by decisionmakers and researchers.

RR-174-OSD

This report characterizes the factors that affect wireless emergency alert (WEA) coverage, identifies barriers to public access to WEA alerts, and suggests options for increasing mobile penetration (adoption) of WEA nationwide.

RR-176-OSD

A wide range of military capability improvement
efforts have benefited from development and procurement methods that accommodate urgent operational needs. Changes in the threat environment suggest a need for a fresh examination of the adequacy and suitability of acquisition methods for the coming decade. This report examines one class of acquisition method, known as government venture capital (GVC), or government strategic investment (GSI). The research extracts general observations from previous cases and from a partial economic model of the GSI type of initiative. Taken together, these analyses will help government acquisition managers to judge more thoroughly the suitability of strategic investment methods for motivating future government mission-oriented innovation by private firms. The report does not explicitly compare GSIs and alternatives for their efficacy in advancing government mission objectives. If it had, it is likely that the main advantage of GSI would be improved access to information about alternative approaches available in the commercial market, resulting from the close relationships the GSI structure engenders between government and business.

RR-185-EC

This report provides a current analysis of Member States' progress towards meeting the 'Barcelona targets'. It initially examines the progress towards reaching the Barcelona targets by comparing and then extending the results presented in 2008. However, it also extends the previous 2008 analysis in a number of ways, namely it examines: the impact of parenthood on employment, public spending on childcare and the cost, affordability and quality of childcare. The report also summarises the extent to which the Barcelona targets have been met by Member States by the agreed deadline of 2010. Where possible, data were examined for 27 EU Member States and where available, EFTA countries Norway and Iceland, the cost, affordability and quality of childcare.

RR-186-MM

PRISM West Midlands is a travel demand model forecasting system which was developed by RAND Europe and Mott MacDonald on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. The model system is required to be responsive to a wide range of policy levers, and to assess the impact of different policies on specific segments of the population. The original model development was undertaken between 2002 and 2004, with a base year of 2001, and a number of enhancements have been made to the model system since 2004, including adding incomes to the model, and an improved treatment of cost sensitivity and updating the base year to 2006. In the PRISM Refresh project, the demand and network models in PRISM have been more fundamentally updated to reflect a 2011 base year. RAND Europe’s role was to re-estimate the demand models using household interview data collected between 2009 and 2012, and deliver to Mott MacDonald an operational demand model implementation that can run together with the network models in the overall PRISM model system. The work was again undertaken on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. This report documents the development of the updated mode-destination models. Models have been developed for 14 travel purposes, all of which represent travellers’ choices of travel mode and destination. The models for some travel purposes also include the choice of access mode and station for train and metro travel, allowing park-and-ride travel to be explicitly represented. However, bus park-and-ride travel is not modelled. Choice of time of day of travel for car drivers is also incorporated to allow representation of peak pricing policies and the impact of increased congestion in the peak periods. For other models of travel, all-day demand is allocated to the model time periods using fixed factors.
In the past decade, U.S. military families have experienced extreme stress, as U.S. soldiers, sailors, airmen, and marines have experienced extended and repeated deployments. As a result, U.S. policymakers and Department of Defense leadership have placed an emphasis on family readiness for deployment and other military-related stressors. However, family readiness is not a well-understood construct. The Deployment Life Study was designed to provide a deeper understanding of family readiness and to address the sources of readiness among military families. It is a longitudinal study of military families over the course of a full deployment cycle—predeployment, during deployment, and postdeployment. Over the course of three years, the study will follow 2,724 families from each service and component, interviewing service members, their spouses, and one child between the ages of 11 and 17 in each family (if applicable) every four months. Baseline data are weighted to be representative of married service members who were eligible to deploy sometime between June 1, 2012, and December 31, 2012. This report describes the Deployment Life Study theoretical model; the content of the baseline assessment; the design and procedures associated with data collection, sampling and recruiting procedures; and the baseline sample of military families.

Pre-Deployment Stress, Mental Health, and Help-Seeking Behaviors Among Marines. Carrie M. Farmer, Christine Anne Vaughan, Jeffrey Garrett, Robin M. Weinick. 2014

The Marine Corps Operational Stress Control and Readiness (OSCAR) program is designed to provide mental health support to marines by embedding mental health personnel within Marine Corps units and increasing the capability of officers and senior noncommissioned officers to improve the early recognition and intervention of marines exhibiting signs of stress. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury have asked RAND to evaluate the OSCAR program. As part of this evaluation, RAND conducted a large survey of marines who were preparing for a deployment to Iraq or Afghanistan in 2010 or 2011. This report describes the methods and findings from this survey. The results are among the first to shed light on the pre-deployment mental health status of marines, as well as the social resources they draw on when coping with stress and their attitudes about seeking help for stress-related problems. The 2,620 marines in the survey sample had high rates of positive screens for current major depressive disorder (12.5 percent) and high-risk drinking (25.7 percent) and reported having experienced more potentially traumatic events over their lifetime than adult males in the general population. Marines in the sample also reported relying on peers for support with stress and perceiving moderate levels of support from the Marine Corps for addressing stress problems.


Since economic reforms began in 1978, China has enjoyed rapid growth in exports, which have contributed to the country’s impressive economic growth. Improvements in the quality of China’s workforce, manufacturing technologies, and materials have enabled the country to enter new, more technologically sophisticated industries. In several such industries, which the Chinese government has frequently denoted as strategic, the Chinese government has employed industrial policies, formal and informal, to foster the development of national champions. As part of this strategy, the Chinese government has attempted to induce the transfer of technologies from foreign manufacturers to Chinese companies. To the extent that these policies have been successful, they have accelerated shifts in production and employment from in-
dustries located in other countries to China. This report explores the emerging commercial aviation manufacturing industry in China to examine the effectiveness of the policies and mechanisms the Chinese government has used to create “national champions”; evaluate the effectiveness of the steps taken by foreign manufacturers to prevent transfers of key technologies to potential future Chinese competitors when setting up manufacturing facilities in China; provide policy options that allow foreign governments to effectively respond to Chinese industrial policies; and alert Chinese policymakers to the downsides of China’s current industrial policies.

RR-247-OSD

Since the advent of the all-volunteer force, little attention has been paid to high school graduates who do not enlist immediately after graduation, primarily those who seek employment in the private sector of the economy. However, over time, this group has made up a significant and increasing portion of total enlistments. However, since 2005, the majority of the Army’s recruits has not joined directly out of high school but has instead made the decision to join at a later time. Why these recruits initially chose not to join when they had the opportunity after graduating from high school and why they changed their minds several years later and enlisted are the subjects of this report. Given the importance of older recruits to the Army, the authors examine what is known about these recruits, their performance during military service, and why they came to join the Army after first choosing another postsecondary path. The results of a survey of 5,000 Army recruits designed to answer this question are presented. Finally, the implications of the survey results are discussed, along with suggestions of ways to gain additional insights by tracking this survey cohort through their Army careers.

RR-251-WODC
Handling ethical problems in counterterrorism: An inventory of methods to support ethical decisionmaking. Anais Reding, Anke Van Gorp, Kate Robertson, Agnieszka Walczak, Chris Giacomantonio, Stijn Hoorens. 2014

This document presents the findings of a study into methods that may help counterterrorism professionals make decisions about ethical problems. The study was commissioned by the Research and Documentation Centre (Wetenschappelijk Onderzoek- en Documentatiecentrum, WODC) of the Dutch Ministry of Security and Justice (Ministerie van Veiligheid en Justitie), on behalf of the National Coordinator for Counterterrorism and Security (Nationaal Coördinator Terrorismebestrijding en Veiligheid, NCTV). The study provides an inventory of methods to support ethical decision-making in counterterrorism, drawing on the experience of other public sectors – healthcare, social work, policing and intelligence – and multiple countries, primarily the Netherlands and United Kingdom. The report introduces the field of applied ethics; identifies key characteristics of ethical decision-making in counterterrorism; and describes methods that may help counterterrorism professionals make decisions in these situations. Finally, it explores how methods used in other sectors may be applied to ethical decision-making in counterterrorism. It also describes the level of effectiveness that can be expected from the various methods. The report is based on a structured literature search and interviews with professionals and academics with expertise in applied ethics. This report will be of interest to counterterrorism professionals who are responsible for strengthening ethical decision-making in their organisation. It may also provide insights for counterterrorism professionals who seek new methods to help them make ethical decisions. The findings may additionally be relevant for professionals in other sectors, if complemented with a review of decision-making characteristics in their sector of specialization.

RR-257-A
The Army was concerned about how the Army Force Generation (ARFORGEN) cycle, established to provide a predictable process by which Army units deploy, reset, and train to become ready and available to deploy again, affected the lives of Army soldiers and their families. In particular, the Vice Chief of Staff of the Army asked RAND Arroyo Center to determine whether ARFORGEN resulted in ebbs and flows in the ability of Army military treatment facilities (MTFs) to provide medical care and respond to changes in family needs as soldiers and care providers deploy and return home. This concern is especially well-founded because military health research has shown that family members of service members utilize health care differently during deployment than when the soldier is at home. This study found that MTF capacity is not greatly affected when soldiers and care providers deploy, and that MTFs may be slightly less busy than when soldiers and care providers are both at home. In aggregate, family member access to health care does not appear to be impinged when soldiers deploy, and soldiers who did not deploy with their unit slightly increase their utilization of health care during those times.

RR-259-AF

Currently, agile combat support (ACS) planning, execution, monitoring, and control processes are poorly integrated with operational planning processes and have little ability to show how resource allocation decisions would impact planned and potential operations. This report presents an architecture that depicts how enhanced ACS processes could be integrated into Air Force command and control (C2) as it is defined in Joint Publications. This architecture, which focuses on the near term (the next 4–5 years) using current Air Force assets, was created by (1) evaluating previous RAND-developed operational architectures from 2002 and 2006 and (2) refining those architectures in light of the current operational and fiscal environments. It first identifies C2 processes and the echelons of command responsible for executing those processes and then describes how enhanced ACS planning, execution, monitoring, and control processes could be integrated with operational-level and strategic-level C2 processes to provide senior leaders with enterprise ACS capability and constraint information.

RR-267-OSD
Identifying and Eliminating Barriers Faced by Nontraditional Department of Defense Suppliers. Amy G. Cox, Nancy Y. Moore, Clifford A. Gram-
The report seeks to identify barriers that companies face when attempting to enter into contracts with the Department of Defense (DoD), especially when they are not traditional DoD suppliers. To learn more about barriers, the authors interviewed personnel in companies that are in industries of likely interest to DoD and interviewed DoD personnel who work with suppliers. The interviews revealed some shared experiences that reportedly made some suppliers less willing to bid on DoD contracts: lack of access to and communication from DoD; DoD’s complex and inefficient bid and selection process; the extra work and delays entailed in DoD’s administration and management of contracts; and the lengthy funding time line and delays in final payments. DoD personnel interviewed had different perceptions, although they did confirm the existence of some barriers.

**RR-273-MM**

**PRISM 2011 Base: Frequency and Car Ownership Models.** James Fox, Sunil Patil, Bhanu Patruni, Andrew Daly. 2014

PRISM West Midlands is a travel demand model forecasting system which was developed by RAND Europe and Mott MacDonald on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. The model system is required to be responsive to a wide range of policy levers, and to assess the impact of different policies on specific segments of the population. The original model development was undertaken between 2002 and 2004, with a base year of 2001, and a number of enhancements have been made to the model system since 2004, including adding incomes to the model, and an improved treatment of cost sensitivity and updating the base year to 2006. In the PRISM Refresh project, the demand and network models in PRISM have been more fundamentally updated to reflect a 2011 base year. RAND Europe’s role was to re-estimate the demand models using household interview data collected between 2009 and 2012, and deliver to Mott MacDonald an operational demand model implementation that can run together with the network models in the overall PRISM model system. The work was again undertaken on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. This report documents the development of the updated travel frequency and car ownership models. Frequency models have been developed for 14 travel purposes. Travel frequency is predicted by applying two linked sub-models to predict the total amount of travel an individual makes on an average weekday in school term time. The first sub-model predicts whether an individual makes any travel, the second sub-model predicts how much travel will be made given that an individual makes at least some travel.

**RR-274-A**

**Rapid Acquisition of Army Command and Control Systems.** Shara Williams, Jeffrey A. Drezner, Megan McKernan, Douglas Shontz, Jerry M. Sollinger. 2014

The Global War on Terrorism (subsequently Overseas Contingency Operation), Operation Enduring Freedom, and Operation Iraqi Freedom all presented urgent technological challenges for the U.S. military. These challenges, particularly countering the use of improvised explosive devices, forced the Department of Defense (DoD) to acquire materiel solutions at unprecedented speeds. With a particular focus on command and control (C2) systems, this study examines how the Army can better manage the acquisition of systems using rapid, nontraditional means (i.e., outside the formal processes defined by DoD Instructions 5000.02). The research identifies issues, challenges, and problems associated with nontraditional rapid acquisition processes and recommends ways DoD can more rapidly develop, procure, and field effective C2 systems within the framework of current policies and processes. The research assesses past and current experience in the rapid acquisition of C2 systems through nontraditional means, including detailed case studies of three such systems.

**RR-276-AF**

**The Effectiveness of Remotely Piloted Aircraft in a Permissive Hunter-Killer Scenario.** Lance
This report analyzes the operational effectiveness of three RPA design concepts, plus the MQ-9 Reaper as a baseline, on a “hunter-killer” mission: to find and destroy a specific moving vehicle. The findings are based on the modeling results for a permissive scenario involving a relatively small search area, a short time frame, and restrictive rules of engagement in an urban setting and includes such environmental factors as fog and clouds. This scenario allowed researchers to focus on trade-offs between platform size and number; sensor performance; and the complicating effects of darkness, fog, and cloud cover. With these limitations in mind, the authors offer a series of conclusions, among them that the MQ-9 shows reasonably well against the other design concepts and that improving its sensor capabilities may be cost-effective.


As the Kurdistan Region—Iraq develops rapidly, it is creating jobs that require a solid education and technical skills. The government has launched an ambitious reform of basic and secondary education to increase its quality and has expanded opportunities for tertiary technical and university education. But expansion of secondary vocational education has lagged, leaving many students who cannot or do not want to pursue post-secondary education without the necessary preparation to compete in the evolving labor market and contribute to its economy. Enrollment in secondary vocational education has diminished in recent years, and graduates often have difficulty finding employment because their programs have not given them the skills required by employers. At the same time, employers complain that graduates from local general and vocational educational institutions do not possess the skills they need, and are said to resort to hiring foreign labor whenever they cannot find local graduates. As part of its sweeping efforts to transform education, the Kurdistan Regional Government asked the RAND Corporation to assess its Technical and Vocational Education and Training (TVET) system. The findings suggest several recommendations for improving TVET, particularly at the secondary level. Rather than implementing all of these at once, the report suggests three phases (short term, medium term and long term) to allow for measured implementation.

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RR-287/1-MPS

Israel has changed dramatically since its founding, especially in the past two decades. There is a public interest in having the police provide a type and level of service that keeps pace with these changes. Despite relatively low crime rates, the public in Israel still perceives threats to personal security and expresses concern over quality of police service. The Ministry of Public Security, the Ministry of Finance, and the Israel Police asked the RAND Corporation to conduct a study that would help these organizations address several issues of mutual concern. They requested that RAND address issues of public perceptions and public trust in the police, benchmarking the police against other police organizations, performance measurement, and deterrence and crime prevention. This document reports the outcome of

Why Is Veteran Unemployment So High?. David S. Loughran. 2014

According to official statistics, the unemployment rate of young military veterans ages 18–24 reached 29 percent in 2011. This report seeks to put that statistic in perspective by examining the historical time-series of veteran unemployment, comparing the veteran unemployment rate to that of non-veterans, and examining how veteran unemployment varies with time since military separation. Between 2000 and 2011, younger veterans were, on average, 3.4 percentage points more likely to be unemployed than similarly situated younger non-veterans. However, this difference between veteran and non-veteran unemployment falls rapidly with age and time since military separation. The report concludes that the best available evidence supports the hypothesis that relatively high rates of veteran unemployment reflect the fact that veterans, especially younger veterans, are more likely to have recently separated from a job—a) namely, military service—and, consequently, are more likely to be engaged in job search, which takes time, especially during periods of slow economic growth. The available evidence lends little support to the hypothesis that veterans are inherently disadvantaged in the civilian labor market. Limiting unemployment benefits available to recently separated veterans would likely reduce the length of unemployment spells, but the net effect of such a policy action on the long-term federal budget is unclear. There is very limited evidence on the effectiveness of other federal policies aimed at facilitating the transition of veterans into the civilian labor market.
the resulting two-year project. Please note: Separate files for English and Hebrew are available for download. The printed version of this report includes the Hebrew translation.

**RR-289-CSM**


The landscape of early learning and out-of-school-time programs in the City of Santa Monica is complex, with numerous providers and funding streams. This complexity reflects its evolution in response to changes in federal, state, and local priorities and initiatives. Future shifts in funding levels, program auspices, and other features are likely. In July 2012, the City of Santa Monica Human Services Division and the Santa Monica–Malibu Unified School District contracted with the RAND Corporation to conduct an assessment of child care programs in Santa Monica. The study was motivated in part by the perception of some stakeholders that the system of care had become fragmented and complex. Additional motivations were the uncertainty of resource streams stemming from recent and anticipated state and federal budget cuts and a desire to ensure youth well-being in the community. The project sought to assess how well Santa Monica’s child care programs meet the needs of families, including child care and early education programs serving children from birth to kindergarten entry, as well as care for school-aged children (focusing on kindergarten through eighth grade) in the hours before and after school and in the summer. Overall, recommendations for improvement focused on advancing access, quality, service delivery, and financial sustainability.

**RR-290-WWP**


The Wounded Warrior Project (WWP) has developed programs to help care for injured service members and veterans. In order to assess the mental, physical, and economic health of its member population, as well as to gain an understanding of WWP participation, WWP is engaged in a five-year survey effort. The RAND Corporation was asked to analyze the first three survey waves in order to take a more in-depth look at survey responses to explore whether outcomes differ across various subsets of WWP’s database of members and, where possible, compare the experiences and outcomes of alumni with those of other ill and injured populations. This report describes specifically how WWP alumni who responded to the surveys are faring in domains related to mental health and resiliency, physical
health, and employment and finances. The study finds that WWP goals are being met across a wide range of outcomes of interest but that individuals who have never been married, who are male, who are employed, and who are in higher ranks enjoy better mental health outcomes. On the other hand, women and those in junior ranks report more favorably on their physical health. Finally, married respondents and officers are more likely to have higher levels of education, be employed, and own homes. These outcomes enable WWP to target its programming and messaging to the alumni in need of support in these areas.

RR-293-KRG

Comprehensive and reliable statistics are crucial for designing economic policies. The Kurdistan Region of Iraq lacks the statistics it needs to improve infrastructure, encourage private-sector development, attract foreign investment, and create sustained economic growth. The Kurdistan Region Statistics Office needs to build capacity to collect the data. RAND worked closely with the office and in consultation with relevant ministries to build capacity by preparing, conducting, and analyzing the first round of a survey of the region's labor force critical to government policymaking. RAND provided overall guidance and both analytical and hands-on training to organization staff. Further, by being involved in the complete life cycle of the survey, from conception through data collection to policy analysis, and by being responsible for the final execution and analysis of the surveys, that staff benefited from learning by doing. Future rounds of the survey will provide up-to-date information on how these and other important indicators are changing over time and in response to policies.

RR-302-A

Recent and likely future U.S. military operations depend on coalitions of foreign military and non-military partners, and a coalition mission network is necessary to support those operations. The Afghan Mission Network (AMN) is the primary network for the International Security Assistance Force (ISAF) in Afghanistan, allowing the United States and its coalition partners to share information and data across a common Secret system. Many view the AMN as a successful enabler of coalition information sharing. It is thus critical that the Army understand the principal lessons of the development of this network as it plans to develop future coalition contingency networks. To this

RR-293/2-KRG
end, the Army Chief Information Officer/G-6 asked RAND Arroyo Center to provide an independent review and assessment of the operational and technical history of the AMN and to identify lessons learned for future coalition networks. The history of the AMN provides an example of how to develop information systems to support operational missions, but perhaps more important, it also yields tactical, operational, and policy-relevant lessons that can inform future efforts to create contingency networks that are both effective across the range of military operations and useful to a host of military and nonmilitary partners. This report presents findings drawn from interviews with key AMN developers and maintainers and the documentation they produced during the network’s development.

RR-306-ASPE
Measuring Success in Health Care Value-Based Purchasing Programs: Findings from an Environmental Scan, Literature Review, and Expert Panel Discussions. Cheryl L. Damberg, Melony E. Sorbero, Susan L. Lovejoy, Grant R. Martsolf, Laura Raaen, Daniel Mandel. 2014

Value-based purchasing (VBP) refers to a broad set of performance-based payment strategies that link financial incentives to health care providers' performance on a set of defined measures in an effort to achieve better value. The U.S. Department of Health and Human Services is advancing the implementation of VBP across an array of health care settings in the Medicare program in response to requirements in the 2010 Patient Protection and Affordable Care Act, and policymakers are grappling with many decisions about how best to design and implement VBP programs so that they are successful in achieving stated goals. This report summarizes the current state of knowledge about VBP programs, focusing on pay-for-performance programs, accountable care organizations, and bundled payment programs. The authors report on VBP program goals and what constitutes success; the evidence on the impact of these programs; factors that characterize high- and low-performing providers in VBP programs; the measures, incentive structures, and benchmarks used by VBP programs; evidence on spillover effects and unintended consequences; and gaps in the knowledge base.

RR-306/1-ASPE
Measuring Success in Health Care Value-Based Purchasing Programs: Summary and Recommendations. Cheryl L. Damberg, Melony E. Sorbero, Susan L. Lovejoy, Grant R. Martsolf, Laura Raaen, Daniel Mandel. 2014

Value-based purchasing (VBP) refers to a broad set of performance-based payment strategies that link financial incentives to health care providers' performance on a set of defined measures in an effort to achieve better value. The U.S. Department of Health and Human Services (HHS) is advancing the implementation of VBP across an array of health care settings in the Medicare program in response to requirements in the 2010 Patient Protection and Affordable Care Act, and policymakers are grappling with many decisions about how best to design and implement VBP programs so that they are successful in achieving stated goals. This report summarizes the current state of knowledge about VBP programs, focusing on pay-for-performance programs, accountable care organizations, and bundled payment programs. The authors discuss VBP program goals and what constitutes success; the evidence on the impact of these programs; factors that characterize high- and low-performing providers in VBP programs; the measures, incentive structures, and benchmarks used by VBP programs; evidence on spillover effects and unintended consequences; and gaps in the knowledge base. The report concludes with a set of recommendations for the design, implementation, and monitoring and evaluation of VBP programs and a discussion of HHS’s efforts in this regard.

RR-308
Redirecting Innovation in U.S. Health Care: Options to Decrease Spending and Increase Value. Steven Garber, Susan M. Gates, Emmett B. Keeler, Mary E. Vaiana, Andrew W. Mulcahy, Christopher Lau, Arthur L. Kellermann. 2014

New medical technologies are a leading driver of U.S. health care spending. This report identifies promising policy options to change which medical technologies are created, with two related policy goals: (1) Reduce total health care spending with the smallest possible loss of health benefits, and (2) ensure that new medical products that increase spending are accompanied by health benefits that are worth the spending increases. The analysis synthesized information from peer-reviewed and other literature, a panel of technical advisors convened for the project, and 50 one-on-one expert interviews. The authors also conducted case studies of eight medical products. The following features of the U.S. health care environment tend to increase spending without also conferring major health benefits: lack of basic scientific knowledge about some disease processes, costs and risks of U.S. Food and Drug Administration (FDA) approval, limited rewards for medical products that could lower spending, treatment creep, and the medical arms race. The authors identified ten policy options that would help advance the two policy goals. Five would do so by reducing the costs and/or risks of invention and obtaining FDA approval: (1) Enable more creativity in funding basic science, (2) offer prizes for inventions, (3) buy out patents, (4) establish a public-interest investment fund, and (5) expedite FDA reviews and approvals. The other five options would do so by increasing market rewards for products: (1) Reform Medicare payment policies, (2) reform Medicare coverage policies, (3) coordinate FDA approval and Centers for Medicare & Medicaid Services coverage processes, (4) increase demand for technologies that decrease spending, and (5) produce more and more-timely technology assessments.

RR-314-MM
PRISM 2011 Base: Demand Model Implementation. James Fox, Bhanu Patruni, Andrew Daly. 2014

PRISM West Midlands is a travel demand modeling forecasting system which was developed by RAND Europe and Mott MacDonald on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. The model system is required to be responsive to a wide range of policy levers, and to assess the impact of different policies on specific
segments of the population. The original model development was undertaken between 2002 and 2004, with a base year of 2001, and a number of enhancements have been made to the model system since 2004, including adding incomes to the model, and an improved treatment of cost sensitivity and updating the base year to 2006. In the PRISM Refresh project, the demand and network models in PRISM have been more fundamentally updated to reflect a 2011 base year. RAND Europe's role was to re-estimate the demand models using household interview data collected between 2009 and 2012, and deliver to Mott MacDonald an operational demand model implementation that can run together with the network models in the overall PRISM model system. The work was again undertaken on behalf of the seven metropolitan districts in the West Midlands Metropolitan Area, the Highways Agency and Centro. This report documents the implementation of the new demand models. The implementation comprises three main components: the Population Model, which predicts the future West Midlands population by geographical zone and population segment, the travel demand models, which predict total transport demand for that future population, and distributes that demand over mode, destination and time period alternatives, and the Final Processing Model, which processes the outputs from the travel demand models and applies a pivoting procedure in order to generate trip matrices for assignment to the highway and public transport networks.

RR-315-NAVY

In the U.S. Navy, there is a growing demand for intelligence, surveillance, and reconnaissance (ISR) data, which help Navy commanders obtain situational awareness and help Navy vessels perform a host of mission-critical tasks. The amount of data generated by ISR sensors has, however, become overwhelming, and Navy analysts are struggling to keep pace with this data flood. Their challenges include extremely slow download times, workstations cluttered with applications, and stovepiped databases and networks—challenges that are only going to intensify as the Navy fields new and additional sensors in the coming years. Indeed, if the Navy does not change the way it collects, processes, exploits, and disseminates information, it will reach an ISR “tipping point”—the point at which its analysts are no longer able to complete a minimum number of exploitation tasks within given time constraints—as soon as 2016. The authors explore options for solving the Navy’s “big data” challenge, considering changes across four dimensions: people, tools and technology, data and data architectures, and demand and demand management. They recommend that the Navy pursue a cloud solution—a strategy similar to those adopted by Google, the Intelligence Community, and other large organizations grappling with big data's challenges and opportunities.

RR-321-A

The U.S. Army uses the Command and General Staff Officer Course (CGSOC) as a key component of its system for developing critical thinking skills and abilities in its officer corps. The Common Core is the first phase of CGSOC. The Common Core is taught in three venues: a resident course taught at Fort Leavenworth and at satellite campuses; Advanced Distributed Learning (ADL), a web-based, self-paced course that uses interactive multimedia instruction; and The Army School System (TASS), primarily for Reserve Component officers, which combines resident and interactive multimedia instruction and is taught by the U.S. Army Reserve Command's 97th Brigade and its three subordinate battalions. CGSOC consists of nine blocks of instruction taught as stand-alone modules in the resident course (14-16 weeks long) and organized into three phases in TASS and ADL (designed to be taken over a period of up to 18 months). In response to the interests of Army
leadership, this study sought to answer the following questions about the Common Core, focusing on the 2009-2010 academic year: Based on current methods of evaluation, how effective is the Common Core, and to what extent are there differences among distributed, resident, and mixed-delivery venues? Based on current measures, how can course delivery be improved? How well do current methods of evaluation gauge course success and point to needed improvements? To answer these questions, the authors analyzed available data from Command and General Staff School, including responses to student surveys, grades on assignments, and student characteristics. In addition, the authors conducted a quasi-experimental study to assess consistency in grading among faculty members.

RR-327-DOL

The Patient Protection and Affordable Care Act (ACA) places strong emphasis on quality of care as a means to improve outcomes for Americans and promote the financial sustainability of our health care system. Included in the ACA are new disclosure requirements that require health plans to provide a summary of benefits and coverage that accurately describes the benefits under the plan or coverage. These requirements are intended to support employers’ procurement of high-value health coverage for their employees. This report attempts to help employers understand the structural differences between health plans and the performance dimensions along which plans can differ, as well as to educate employers about available tools that can be used to evaluate plan options. The report also discusses the extent to which these and other tools or resources are used by employers to inform choices between health plans.

RR-334/1-OSI

This study, commissioned by the Open Society Foundations, aimed to situate the widely-shared perception of rising intolerance in Western Europe in the context of empirical evidence on high-level trends in intolerant attitudes in Western Europe. Through analysis of European datasets, a review of empirical literature, and assessments of trends in selected individual countries, we explored whether intolerance has risen more in some countries than others, whether it has risen more against particular groups, if such attitudes are particularly prevalent among subgroups of the population and if there are clear patterns of association with trends in wider political, social, economic and cultural factors.

RR-337-AF

The U.S. Air Force’s (USAF’s) current approach to sizing and shaping non-maintenance agile combat support (ACS) manpower often results in
a discrepancy between the supply of ACS forces and operational demands because much of ACS is sized and shaped to meet the requirements of home-station installation operations, not expeditionary operations. This report proposes a more enterprise-oriented approach to measuring ACS manpower requirements by synthesizing combatant commander operational plans, Defense Planning Scenarios, functional area deployment rules, and subject-matter expert input. Using these new expeditionary metrics to assess the capacity of the current ACS manpower mix to support expeditionary operations, this report finds that there are imbalances among its career fields relative to expeditionary demands. To address these imbalances, it develops and assesses several rebalanced manpower mixes and finds that the USAF can achieve more expeditionary ACS capacity than it currently has by realigning manpower, and it can realize substantial savings by reducing end strength and substituting civilian billets for military billets.

RR-342-OSD
Effects of Military Service on Earnings and Education Revisited: Variation by Service Duration, Occupation, and Civilian Unemployment. Paco Martorell, Trey Miller, Lindsay Daugherty, Mark Borgschulte. 2014

The overriding objective of U.S. military compensation policy is to attract and retain the force necessary to meet the nation’s national security objectives. Whether and how military service affects earnings and an individual’s likelihood of completing college (one determinant of future earnings) has implications for military policies related to compensation, recruiting, and retention. Estimating the effect of military service is complicated by the fact that veterans are likely to differ from nonveterans in ways that are correlated with subsequent economic outcomes but are not observable to the researcher. This report builds on earlier work to understand how military service affects earnings, especially how these effects differ by the number of years of service and their military occupational specialties while serving. The authors also sought to understand how external factors and policies affect these impacts. To do this, they examined how economic conditions in the civilian labor market when individuals exit active duty affect postservice earnings, and they studied the effect on earnings of an Army recruiting program, Partnership for Youth Success, designed to promote enlistment but with the potential to ease the financial transition from military to civilian life.

RR-344-AF

Space debris—the man-made orbital junk that represents a collision risk to operational satellites—is a growing threat that will increasingly affect future space-related mission designs and operations. Since 2007, the number of orbiting debris objects has increased by over 40 percent as a result of the 2007 Chinese antisatellite weapon test and the Iridium/Cosmos collision in 2009. With this sudden increase in debris, there is a renewed interest in reducing future debris populations using political and technical means. The 2010 U.S. Space Policy makes several policy recommendations for addressing the space congestion problem. One of the policy’s key suggestions instructs U.S. government agencies to promote the sharing of satellite positional data, as this can be used to predict (and avoid) potential collisions. This type of information is referred to as space situational awareness (SSA) data, and, traditionally, it has been treated as proprietary or sensitive by the organizations that keep track of it because it could be used to reveal potential satellite vulnerabilities. This document examines the feasibility of using modern cryptographic tools to improve SSA. Specifically, this document examines the applicability and feasibility of using cryptographically secure multiparty computation (MPC) protocols to securely compute the collision probability between two satellites. These calculations are known as conjunction analyses. MPC protocols currently exist in the cryptographic literature and would provide satellite operators with a means of computing conjunction analyses while maintaining the priva-
cy of each operator’s orbital information.

RR-348-EC

This statistical paper focuses on the relationship between parenthood and employment. The report looks into a number of related aspects and gender differences are then investigated by examining these various aspects and contrasting men and women. The analysis of these aspects focused on employment rate differences between parents and nonparents; working hours among parents and non-parents; gender inequalities with regard to work interruption and parental leave; and attitudes towards parental involvement in work and care.

RR-350-A

The report tested the assertion that U.S. security cooperation (SC) can help reduce fragility in partner states. The test used statistical analysis to assess SC data and state fragility scores for 107 countries in 1991–2008. After controlling for a variety of factors, the main finding was that provision of SC by the United States and a reduction in partner state fragility were correlated. The strength of correlation did not increase proportionally with additional funding; most of the effect was concentrated at the low end of SC funding. In addition, the correlation depended on recipient country characteristics. Correlation was stronger in more democratic states and in states with stronger institutions. In especially fragile states, there was only a weak or no correlation of SC with fragility decrease. Of the types of SC provided, the correlation was strongest with education-focused SC. Foreign Military Financing, a type of SC, did not correlate with reductions in fragility.

RR-357-NAVY
Authority to Issue Interoperability Policy. Carolyn Wong, Daniel Gonzalez. 2014

Achieving interoperability among systems is instrumental to enabling critical functions, such as timely information exchange during operations and efficiencies in acquisition, so it is important to understand what parties have authority to issue policy that governs the facets of interoperability. This report presents an approach and framework for determining what parties have authority to issue interoperability policy, the legal and policy origins and implementation paths of the authority, and the extent of the authority. The approach includes rigorous analysis by researchers to identify pertinent authorities in federal law supplemented by a means to facilitate discovery of roles and responsibilities in Department of Defense and Service-level policies. The approach results in a roles and responsibilities network that traces the paths of authority available to issue interoperability policy. The authors use as a case study the authority of the Assistant Secretary of the Navy, Research, Development, and Acquisition, Chief Systems Engineer to issue Navy interoperability policy related to mission area systems engineering (MASE) to demonstrate the use of the framework and methodology. They find that there are 13 different paths of authority that could be cited by four different parties to claim authority to influence interoperability policy related to MASE. The approach used in this report might be developed, along with complementary analytic techniques, to provide the government with the ability to create and maintain consistent and comprehensive bodies of policy that will ensure the effective and efficient operation of defense agencies.

RR-360-SOCOM

This report examines mechanisms, sources, and inter-Service agreements for funding special operations forces (SOF) operations and provides recommendations to reduce the frequency and duration of disputes between the United States
Special Operations Command (SOCOM), the Military Departments, and Geographic Combatant Commands over their respective funding responsibilities for SOF, especially with respect to when Service Common (Major Force Program (MFP) 2) and SOF Peculiar (MFP 11) funds should be used. The Geographic Combatant Commanders, in accordance with guidance received from the President and Secretary of Defense, generate requests for unplanned activities and operations, sometimes in response to unanticipated events. Such events fall outside planned and programmed activities, creating validated operational support requirements that are unfunded and/or unbudgeted. Each time this occurs, it leads to prolonged negotiations to work out funding responsibility disputes among a variety of stakeholders to secure the funding necessary to execute the new requirement. SOCOM's Global SOF Network (GSN) envisions increased use of SOF, which would further increase the frequency of such disputes and could be hindered by current funding processes, motivating the research conducted to produce this report. If the President and Congress agree to expand the use of SOF as described by the GSN concept, it would be necessary to increase the flexibility of funding available for validated but unfunded operations. To increase the effectiveness of SOF, the Department of Defense needs funding solutions that are responsive to global events while enabling effective financial stewardship that satisfies the needs of all stakeholders.

RR-362-EC

This paper examines the key characteristics of single parents through descriptive and comparative perspectives. Our analyses suggest that the experiences and needs of single-parent households differ according to the age of both the parent and child, and that the vast majority of such households are single-mother households. The analysis shows that younger mothers and mothers with young children are the least-employed parent groups, and that this is exacerbated for single mothers. This is relevant to policy considerations, as the age composition of single-parent households also differs from nation to nation.

RR-363-EC

The school-to-work transition is a crucial life stage for young people, and research has often shown that this stage has important effects on their entire life courses. In recent years, young people willing to enter the labour market have been challenged by increasing uncertainty and comparatively high unemployment. These labour market trends have been attributed to several structural changes, including globalisation, rise in international competition, technological change and the recent economic crisis. At the same time, the structure of labour supply has changed. Tertiary education in EU Member States has substantially expanded and the educational attainment of recent female graduates is now at parity or even exceeds that of their male counterparts. However, research has also demonstrated that even with considerable gains in education, women continue to have unequal labour market outcomes. Isolating gender differences in the transition from school to work and examining why these differences may emerge, has been largely ignored until now. Our report uses directly comparable data across the EU to examine whether there is a gendered transition from school to work, which can provide evidence to allow nations to reform their social welfare systems in a more tailored way by learning from each other and identifying policies and institutional systems that work the best. For our empirical analyses, we draw on the EU Labour Force Survey 2009 ad hoc module 2009 – Entry of Young People into the Labour Market, which focuses on individuals aged 15–34 years living in 27 EU Member States plus Iceland and Norway.

RR-364-EC
Emerging trends in earnings structures of

Are couples in Europe becoming more gender-equal? This paper examines (i) the emerging trends in couples' earnings structures; and (ii) the extent to which more equal earnings relates to more equal domestic work contributions. Our analysis of recent trends (2007–2010), using the European Union Statistics on Income and Living Conditions (EU-SILC), indicated a continued majority of male sole- or main-earners, but also a decline in this gender imbalance over the three-year period. It is not yet known, however, whether this will ultimately be seen to have been driven by the economic crisis or to be part of a continuing trend towards more gender-equal couple earnings structures. Our empirical findings also addressed the tension between more gender-equal earnings that is expected to promote more gender-equal domestic work contributions and gender-role norms that perpetuate unequal domestic work contributions. We found that women spent much greater time in domestic work tasks than men, and that there is a relatively small difference in domestic work hours between men who contribute all most of the couple's earnings and men who contribute smaller proportions of the couple's earnings. In contrast, we found that women who contribute smaller proportions or none of the couple's earnings spent many more hours in domestic work tasks. These findings suggested an important factor that is likely to continue to act as a drag on change towards more equality within couples even in the presence of effective work/family reconciliation policies: a highly unequal gender division of labour in the home.

RR-365-EC


One of the major innovations in human resource practices in the last decades has been the proliferation of flexible work practices, such as working from home or work schedule flexibility. The latter especially are often seen as an important means to reconcile family, work, and private life. This view is based on the assumption that granting workers greater discretion and more control over their working times should empower them to better balance their work and non-work demands. Previous research has been able to show that flexible working arrangements can indeed be helpful in improving work-life reconciliation, even though findings are sometimes mixed and effects are often small in magnitude. Our findings reveal remarkable variation in work schedule flexibility across countries. While less than ten per cent of workers in Romania report being able to make use of the two options in question, in countries like the Netherlands, Austria and the UK, this share exceeds sixty per cent of the workforce. Further country-level analyses confirmed that GDP per capita is a major predictor of the availability of work schedule flexibility, with greater availability in more affluent countries. In a second step, we analyse which social groups across countries report the availability of work schedule flexibility. Firstly, women reported substantially less access to family-related work schedule flexibility. Secondly, younger workers (under the age of 30) reported less access to a family-related work schedule.

RR-369-A


This research report demonstrates how the Army can use readily available demand and end item maintenance history to identify potential issues with repair part or process quality and estimate their associated incremental costs. The Army relies on Product Quality Deficiency Reports and subject matter experts from various organizations to monitor and react to repair part quality problems. Because of the high number of weapon systems, suppliers, and parts, the current approach tends to focus either on very expensive parts, such as transmissions, rotor blades, and engines, or on safety-critical items. However, there are other costs associated with a reduction in the reliability of a part, including the cost to remove, repair, and
reinstall the part; the system down-time created by the failure and repair cycle; additional inventory to replace the faulty part; and any disposal costs. If the frequency of failure is great enough, then even a less-expensive item, in terms of procurement cost, could become an important cost driver. This study presents a novel application of the Crow-AMSAA statistical model, which is commonly used in reliability engineering, and applies the model's power to detect trends in part usage rates. The approach analyzes thousands of parts, detecting trends and identifying parts for further analysis based on the estimated total system cost of poor quality, allowing the Army to focus on high-marginal-cost items regardless of a part's unit price. A case study using the UH-60M Black Hawk demonstrates the potential for the new approach.

RR-374-OSD

Elements of Success: How Type of Secondary Education Credential Helps Predict Enlistee Attrition. Susan Burkhauser, Lawrence M. Hanser, Chaitra M. Hardison. 2014

The U.S. military services have traditionally used a tiering system, including education credentials such as high school diplomas, in combination with Armed Forces Qualification Test (AFQT) scores to help gauge the likelihood of a recruit persevering through his or her first term of service. But what about less traditional credentials, such as diplomas earned through homeschooling and distance learning? The Office of the Under Secretary of Defense (Personnel and Readiness) asked RAND to examine whether its current education-credential tiering policy is still useful in predicting first-term attrition. The authors examined attrition rates at 12, 24, and 36 months of service for all enlistees from 2000 through 2011. Using statistical regression techniques, they compared attrition rates for those with distance learning or homeschool credentials to those of high school diploma holders, after controlling for other observable population differences. Overall, the analyses support current tiering policy classifying homeschool diplomas as Tier 1 if a recruit’s AFQT score is 50 or higher (i.e., they are treated the same as high school diploma holders) or Tier 2 if a recruit’s AFQT score is lower than 50. The results also support classifying distance learning credentials as Tier 2 regardless of AFQT score.

RR-378-DTRA


The proliferation of weapons of mass destruction (WMD) becomes a greater threat when accompanied by the proliferation of effective means of delivery. As proliferator nations acquire ballistic missiles for this purpose, it will be important to establish effective measures to counter WMD attacks. But the benefits will be lost or reduced if proliferators can acquire effective countermeasures against missile defenses. Such countermeasures, when incorporated in an attacker's missile, are known as penetration aids, or penaids. This research was designed to assist U.S. agencies charged with generating policies to discourage the proliferation of WMD and ballistic missile delivery systems, thereby strengthening deterrence. Specifically, it recommends controls on potential exports of penaid-related items according to the structure of the current international policy against the proliferation of missiles capable of delivering WMD, the Missile Technology Control Regime. The recommendations account for 19 classes of such items and are based on structured interviews with government and nongovernment experts, as well as an independent technical assessment to develop a preliminary characterization of the technologies and equipment most critical to the emerging penaid threat. The project also brought together a selected group of experts to participate in a workshop to review the initial characterization of penaid technologies and equipment.

RR-380-OSD


Since the terrorist attacks of September 11, 2001, the sharing of intelligence and law enforcement information has been a central part
of U.S. domestic security efforts. Though much of the public debate about such sharing focuses on addressing the threat of terrorism, organizations at all levels of government routinely share varied types of information through multiagency information systems, collaborative groups, and other links. Given resource constraints, there are concerns about the effectiveness of information-sharing and fusion activities and, therefore, their value relative to the public funds invested in them. Solid methods for evaluating these efforts are lacking, however, limiting the ability to make informed policy decisions. Drawing on a substantial literature review and synthesis, this report lays out the challenges of evaluating information-sharing efforts that frequently seek to achieve multiple goals simultaneously; reviews past evaluations of information-sharing programs; and lays out a path to improving the evaluation of such efforts going forward.


RAND conducted a lessons learned examination of operations analysis, modeling, and simulation in support of Operation Enduring Freedom and Operation Iraqi Freedom. This report identifies ways in which analysts have attempted to support commanders’ decisions in counterinsurgency and irregular warfare, describes many of the models and tools they employed, provides insight into the challenges they faced, and suggests ways in which the application of modeling, simulation, and analysis might be improved for current and future operations. RAND identified four broad categories of decisions: force protection, logistics, campaign assessment, and force structuring. Modeling, simulation, and analysis were most effective in supporting force protection and logistics decisions, and least effective in supporting campaign assessment and force structuring.


The five U.S. Department of Defense (DoD) Regional Centers for Security Studies have been helping partner nations build strategic capacity for almost 20 years. However, recent DoD budget constraints have put pressure on the regional centers (RCs) to increase efficiency. The Office of the Secretary of Defense (OSD) asked RAND to conduct a study on the overall impact of the RCs, their effectiveness in advancing DoD policy priorities, the ways in which they assess their programs, and ways in which they could improve their impact and efficiency and the resulting outcomes. The RAND study team found that centers have had great success at the missions they have undertaken. They are high-impact components of U.S. secu-
rity cooperation and engagement efforts, despite their relatively small budgets. The team identified 24 ways in which the centers advance U.S. interests, including building partner capacity, building relationships, fostering pro-U.S. outlooks, offering unique opportunities for engagement, and promoting regional dialogue that reduces tensions. However, RCs should improve impact-oriented data collection and analysis for improved assessment, methodically collecting such data over time. OSD and the combatant commands should improve their oversight and management of the RCs to ensure alignment with department- and theater-level objectives. In addition, OSD should maintain the RCs' focus on regional security challenges rather than refashioning them to address specific threats. Options to consider for greater impact include evaluating the balance between core residential courses and in-region workshops and determining whether and to what extent the centers should develop customized programs for DoD components so as to secure funds beyond the core budget they receive from OSD.

RR-390-RC

A focused review of recent RAND Health research identified small ideas that could save the U.S. health care system $13 to $22 billion per year, in the aggregate, if successfully implemented. In the substituting lower-cost treatments category, ideas are to reduce use of anesthesia providers in routine gastroenterology procedures for low-risk patients, change payment policy for emergency transport, increase use of lower-cost antibiotics for treatment of acute otitis media, shift care from emergency departments to retail clinics when appropriate, eliminate co-payments for higher-risk patients taking cholesterol-lowering drugs, increase use of $4 generic drugs, and reduce Medicare Part D use of brand-name prescription drugs by patients with diabetes. In the patient safety category, ideas are to prevent three types of health care–associated infections: (1) central line–associated bloodstream infections, (2) ventilator-associated pneumonia, and (3) catheter-associated urinary tract infections; use preoperative and anesthesia checklists to prevent operative and postoperative events; prevent in-facility pressure ulcers; use ultrasound guidance for central line placement; and prevent recurrent falls. Small ideas do not require systemic change; thus, they may be both more feasible to operationalize and less likely to encounter stiff political and organizational resistance.

RR-395-1-DIR

A RAND study used 2011 medical data to examine the impact of implementing a resource-based relative value scale to pay for physician services under the California workers' compensation system. Current allowances under the Official Medical Fee Schedule are approximately 116 percent of Medicare-allowed amounts and, by law, will transition to 120 percent of Medicare over four years. Using Medicare policies to establish the fee-schedule amounts, aggregate allowances are estimated to decrease for four types of service by the end of the transition in 2017: anesthesia (−16.5 percent), surgery (−19.9 percent), radiology (−16.5 percent), and pathology (−29.0 percent). Aggregate allowances for evaluation and management visits are estimated to increase by 39.5 percent. Allowances for services classified as “medicine” in the Current Procedural Terminology codebook will increase by 17.3 percent. In the aggregate, across all services, allowances are projected to increase 11.9 percent. Because most specialties furnish different types of services, the impacts by specialty are generally less than the impacts by type of service.

RR-398-OSD
DoD Depot-Level Reparable Supply Chain Management: Process Effectiveness and Opportunities for Improvement. Eric Peltz, Marygail

The RAND National Defense Research Institute examined Department of Defense depot-level repairable (DLR) supply chain management to assess how it could be improved to enhance customer support and reduce costs. This report concludes that DLR supply chain management appears to be done relatively effectively across the services. What on the surface appears to be substantial inventory excess and high disposals of assets is instead a reflection of the fact that DLRs are durable assets very much like weapon systems and other end items. Most DLRs have very low condemnation rates, with depot maintenance economically repairing them time and again through the life of the supported end item. So when they are replaced by upgraded versions or weapon systems are phased out, demand disappears but the assets remain, leading first to “excess” inventory and then to disposals. This is a cost of doing business. As a result, no large, “silver bullet” solutions were found. Still, a number of modest opportunities for improving DLR supply chain management were identified. The first is improving parts supportability, including taking a total cost perspective that encompasses supply and maintenance costs when planning inventory in support of depot production. The second is to shift the Army more toward pull production. The third is to reduce lead times for all types of contracts affecting DLR supply chain management. And the fourth is to better account for all resource lead times in planning DLR production and for anticipatable shifts in procurement and repair needs. All of these enhancements would improve customer support, with better parts support likely reducing maintenance costs and pull production reducing the buildup of inventory.

RR-407-DWP


This report explores proposals to improve employment and health outcomes for people with common mental health problems and makes a number of recommendations. These include: using evidence-based models to provide services that combine employment and mental health support; increasing integration between existing treatment and employment services to improve outcomes in both areas; applying evidence-based models in new ways or a using combination of approaches; and providing timely access to coordinated treatment and employment support for a greater number of people with common mental health problems.

RR-410-OSD


The Department of Defense (DoD) may face challenges as it attempts to maintain its goal of spending about 23 percent of its prime-contract dollars for goods and services with small businesses and at the same time apply strategic-sourcing practices to reduce total costs and improve performance in ways that will not conflict with small-business goals while making DoD purchasing more effective and efficient. Strategic sourcing practices, for example, recommend consolidation of the supply base to reduce total costs, which can lead to fewer, larger, longer-term contracts with fewer and, often, larger suppliers.

RR-412-ICJ


What should be the role of the criminal law in controlling corporate behavior, and how can the execution of that role be improved? On the one hand, corporations have enormous power, and, when a corporation causes harm, there is a natural instinct to apply criminal sanctions, society’s most serious expression of moral disapproval. In the wake of a harm in which a corporation had a prominent role, there are often calls for an increased use of the criminal law to tame corporate excesses. On the other hand, criminal liability has historically usually required criminal intent, a concept that applies oddly to a legal construction,
such as a corporation. And more recently, critics have decried what they have termed the overcriminalization of corporate behavior, suggesting that there has been an overreliance on the use of criminal law in this context. To provide guidance to policymakers on the proper role of criminal sanctions in this context, RAND Corporation researchers (1) measure the current use of criminal sanctions in controlling corporate behavior, (2) describe how the current regime developed, and (3) offer suggestions about how the use of criminal sanctions to control corporate behavior might be improved.


New defense strategic guidance and budget reductions as the United States draws down its forces in Afghanistan have led the Army to reassess how it balances the mix of forces between its active component (AC) and its two reserve components (RCs), the Army National Guard and the U.S. Army Reserve. Multiple factors should influence AC-RC force mix decisions, including the capabilities that AC and RC forces provide and their cost. This report describes analyses from an ongoing stream of RAND research on the Army’s AC-RC force mix. It focuses on two critical aspects of capabilities and cost: (1) the time needed to make forces ready to deploy abroad in a crisis and (2) the costs of AC and RC forces to sustain the same level of deployed output for rotational missions. It finds that the factors that make RC units cost less than AC units, on average, can also make them less rapidly deployable in the event of unexpected contingencies—namely in terms of the amount of time personnel are available to train. The report also identifies the circumstances under which either AC or RC forces can sustain a given level of deployed output at a lower cost. Finally, it shows that differences in capabilities and cost depend on the type of unit. For example, many smaller support and logistics units tend to have an advantage in the RC, while some larger ground combat and aviation units have an advantage in the AC. Policymakers should consider both capability and cost as they weigh AC-RC force mix decisions.


A geospatial software tool-evaluation study conducted for the National Institute of Justice (NIJ) assessed 14 recent tool developments funded by NIJ. The study integrates input from tool developers and tool users with RAND Corporation researchers’ independent tool assessments. The evaluation finds that 12 of the 14 NIJ development awards resulted in fully functional tools for the law enforcement community. Collectively, the tools provided the law enforcement community with access to new and enhanced geospatial capabilities to improve crime analysis. From a holistic perspective of NIJ’s tool-development efforts, the evaluation finds that NIJ can maximize benefits on future tool developments by addressing several apparent policy gaps and inconsistencies with respect to awardee requirements and oversight, including ensuring that policies assign NIJ or Department of Justice officials roles and responsibilities for the latter phases of software development, including integration and test, implementation, operations and maintenance, and disposition; developing tool-dissemination plans; establishing go-to sources for tool-deployment notifications; establishing a process and source of funding to address limitations in the initial version of the tool, such as a small post–tool-delivery modification fund; and taking the lead to address emerging interoperability and information-sharing issues. Acting on these recommendations will ensure that NIJ consistently maximizes benefits to the law enforcement community from its future tool development awards.

Identifying Permanently Disabled Workers with Disproportionate Earnings Losses for Supplemental Payments. Seth A. Seabury, Ethan Scherer.
California workers with permanently disabling workplace injuries have traditionally had high earnings losses, poor return to work outcomes, and a low percentage of earnings losses replaced by workers' compensation benefits. In September 2012, California adopted legislation that includes changes in the calculation of permanent disability ratings, increases in permanent disability compensation, and a program to provide supplemental payments to injured workers whose permanent disability benefits are disproportionately low in comparison to their earnings loss. However, the language in the statute does not expressly define “disproportionately low.” This report makes several recommendations about the design and implementation of this program: Payments can be targeted to workers whose actual measured earnings after the disability award are below what would be expected based on the severity of their disability.

RR-426-OSD


Despite the efforts of both the U.S. Department of Defense (DoD) and the Veterans Health Administration to enhance mental health services, many service members are not regularly seeking needed care when they have mental health problems. Without appropriate treatment, these mental health problems can have wide-ranging and negative impacts on the quality of life and the social, emotional, and cognitive functioning of affected service members. The services have been actively engaged in developing policies, programs, and campaigns designed to reduce stigma and increase service members' help-seeking behavior. However, there has been no comprehensive assessment of these efforts' effectiveness and the extent to which they align with service members' needs or evidence-based practices. The goal of this research was to assess DoD's approach to stigma reduction—how well it is working and how it might be improved. To address these questions, RAND researchers used five complementary methods: (1) literature review, (2) a microsimulation modeling of costs, (3) interviews with program staff, (4) prospective policy analysis, and (5) an expert panel. The priorities outlined in this report represent a first step for where additional program and policy development and research and evaluation are needed to improve understanding of how best to get service members with mental health disorders the needed treatment as efficiently and effectively as possible.

RR-429-AF


The composition of Air Force active and reserve forces is often contentious, especially during a force drawdown. This report builds on previous RAND research that found that the distribution of force structure to the active component (AC) and reserve components (RC) in some missions is not cost-optimal. This document seeks to inform force composition decisions by clarifying issues that affect the suitability of missions for assignment to the RC. The authors considered information contrasting AC and RC characteristics on a variety of factors that bear on suitability of mission assignments. From these considerations, the authors distilled criteria that could be used to weigh the suitability of missions for assignment to the RC, and finally they applied these criteria to a representative set of missions. The authors identify surge demand, the duration of activations, and continuation training requirements as the three main criteria for evaluating whether a given mission is suitable for assignment to the RC. They also identify seven other factors, such as whether the mission involves high levels of stress-related deployment or overseas basing and consideration of the need to sustain a sufficiently experienced workforce. The authors conclude with several recommendations, including changes to policies and procedures to more fully utilize the RC and more widespread consideration of cost and outcome.
measures in force composition decisions.


There is a general perception that there is a shortage of cybersecurity professionals within the United States, and a particular shortage of these professionals within the federal government, working on national security as well as intelligence. Shortages of this nature complicate securing the nation's networks and may leave the United States ill-prepared to carry out conflict in cyberspace. RAND examined the current status of the labor market for cybersecurity professionals—with an emphasis on their being employed to defend the United States. This effort was in three parts: first, a review of the literature; second, interviews with managers and educators of cybersecurity professionals, supplemented by reportage; and third, an examination of the economic literature about labor markets. RAND also disaggregated the broad definition of "cybersecurity professionals" to unearth skills differentiation as relevant to this study. In general, we support the use of market forces (and preexisting government programs) to address the strong demand for cybersecurity professionals in the longer run. Increases in educational opportunities and compensation packages will draw more workers into the profession over time. Cybersecurity professionals take time to reach their potential; drastic steps taken today to increase their quantity and quality would not bear fruit for another five to ten years. By then, the current concern over cybersecurity could easily abate, driven by new technology and more secure architectures. Pushing too many people into the profession now could leave an overabundance of highly trained and narrowly skilled individuals who could better be serving national needs in other vocations.


Like many coastal regions, Louisiana faces significant risks from storms and resulting storm surge and flooding, as well as coastal land loss. Furthermore, these risks are likely to be exacerbated by continued population growth, economic development, and climate change. In recent years the need to address these challenges has grown more compelling as a consequence of the experiences with hurricanes Katrina, Rita, Isaac, and Sandy. Louisiana's Coastal Protection and Restoration Authority (CPRA) took a major step forward to confront these challenges in its groundbreaking 2012 report, Louisiana's Comprehensive Master Plan for a Sustainable Coast, a 50-year, $50 billion coast-wide strategy for reducing flood risk and coastal land loss. RAND researchers supported CPRA's efforts by developing (1) a structured and analytical approach to support CPRA's decision-making, called the Planning Tool, and (2) a computer simulation model of coastal conditions to estimate property and other damage associated with storm surge and flooding, called the Coastal Louisiana Risk Assessment (CLARA) model. This report highlights RAND's contributions to CPRA's Master Plan, with the goal of helping policymakers in other coastal regions understand the value of a solid technical foundation to support decision-making on strategies to reduce flood risks, rebuild or restore coastal environments, and increase the resilience of developed coastal regions. It brings together and makes accessible previously published RAND technical descriptions of both the Planning Tool and the CLARA model.


The California Mental Health Services Authority (CalMHSA) statewide Prevention and Early Intervention (PEI) program comprises three strategic
initiatives: (1) reduction of stigma and discrimination toward those with mental illness, (2) prevention of suicide, and (3) improvement in student mental health. Community agencies serve as PEI program partners to perform activities intended to meet the goals of the initiatives. This report evaluates the progress of the PEI program partners in achieving their goals and establishes baseline population tracking of key risk factors and long-term outcomes targeted by the initiatives. Based on a model to assess the program partners' capacities and resources and a recent survey of California adults, this report shows that the partners have greatly expanded their abilities to launch numerous PEI activities and programs.

RR-438/1-CMHSA

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which includes a mandate that the state provide prevention and early intervention (PEI) services and education for people who experience mental illness in the state of California. The California Mental Health Services Authority (CalMHSA), a coalition of California counties formed to provide economic and administrative support to mental health service delivery, formed the Statewide PEI Implementation Program based on extensive recommendations from a large number of stakeholders statewide. The Statewide PEI program is made up of three strategic initiatives: (1) reduction of stigma and discrimination towards those with mental illness, (2) prevent suicide, and (3) improve student mental health. This document provides a summary and commentary on a more detailed interim RAND evaluation of the CalMHSA Statewide PEI Program.

RR-438/2-CMHSA

When California voters passed Proposition 63—the Mental Health Services Act—in 2004, the state and counties were mandated to develop an approach to providing prevention and early intervention services and education for Californians. In turn, the California Mental Health Services Authority—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—began a program to reduce adverse outcomes for Californians who experience mental illness through three strategic initiatives by developing statewide capacities and implementing interventions to (1) reduce stigma and discrimination toward those with mental illness, (2) prevent suicide, and (3) improve student mental health. This document summarizes first-year findings from an ongoing evaluation of the program's stigma and discrimination reduction (SDR) initiative. It describes what the activities partners in the SDR initiative are engaging in; what they have accomplished in terms of developing policies, protocols, procedures, informational and online resources, education and trainings, and media-related strategies to reduce stigma and discrimination; and what the plans for the future evaluation of the SDR initiative are.

RR-438/3-CMHSA
Evaluating the California Mental Health Services Authority's Student Mental Health Initiative: Year 1 Findings. Rebecca L. Collins, Jennifer L. Cerully, Eunice C. Wong, Shari Golan, Jennifer Yu, Gabrielle Filip-Crawford. 2014

When California voters passed Proposition 63—the Mental Health Services Act—in 2004, the state and counties were mandated to develop an approach to providing prevention and early intervention services and education for Californians. In turn, the California Mental Health Services Authority—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—began a program to reduce adverse outcomes for Californians who experience mental illness through three strategic initiatives by developing statewide capacities and implementing interventions to (1) reduce stigma
and discrimination toward those with mental illness, (2) prevent suicide, and (3) improve student mental health. This document summarizes first-year findings from an ongoing evaluation of the program's student mental health (SMH) initiative. It describes what the activities partners in the SMH initiative are engaging in; what they have accomplished thus far in terms of developing networks and collaborations, informational and online resources, education and trainings; and what the plans for the future evaluation of the SMH initiative are.

RR-438/4-CMHSA

When California voters passed Proposition 63—the Mental Health Services Act—in 2004, the state and counties were mandated to develop an approach to providing mental health prevention and early intervention services and education for Californians. In turn, the California Mental Health Services Authority—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—began a program to reduce adverse outcomes for Californians who experience mental illness through three strategic initiatives by developing statewide capacities and implementing interventions to (1) reduce stigma and discrimination toward those with mental illness, (2) prevent suicide, and (3) improve student mental health. This document summarizes first-year findings from an ongoing evaluation of the program’s suicide prevention initiative. It describes what the activities partners in the initiative are engaging in; what they have accomplished so far; what California suicide rates were prior to the start of the initiative, for later comparison; and what the plans for the future evaluation of the suicide prevention initiative are.

RR-440-OSD

Unmanned aircraft systems (UASs) have become increasingly prevalent in and important to U.S. military operations. Initially serving only as reconnaissance or intelligence platforms, they now carry out such other missions as attacking enemy forces. The swift expansion in their numbers and in the demand for their employment has, however, significantly increased demands on logistics and training systems. The challenge is not simply training system operators but also training operational forces and their commanders to integrate the systems into combat operations. Much of that aspect of training has thus far happened as units employ the systems in actual operations—essentially, on-the-job training. UAS training, particularly for the employment of UASs, now needs to be integrated more formally and cost-effectively into service and joint training programs. This report develops a general concept for training military forces in employment of UASs and a framework for addressing the training requirements and discusses the limits of existing infrastructure in supporting UAS training. Interoperability among services is another issue, because services have thus far mainly developed training suitable for their own needs. But the services have established a set of multiservice tactics, techniques, and procedures for UASs, which should facilitate interoperability training. At present, units are not always ready for joint training, so the focus should be on improving training at the unit level in the employment of UAS capabilities, with the overall guiding principle being to “train as we fight.”

RR-443-1-RC

For the past hundred years, innovation within the automotive sector has created safer, cleaner,
and more affordable vehicles, but progress has been incremental. The industry now appears close to substantial change, engendered by autonomous, or “self-driving,” vehicle technologies. This technology offers the possibility of significant benefits to social welfare—saving lives; reducing crashes, congestion, fuel consumption, and pollution; increasing mobility for the disabled; and ultimately improving land use. This report is intended as a guide for state and federal policymakers on the many issues that this technology raises. After surveying the advantages and disadvantages of the technology, RAND researchers determined that the benefits of the technology likely outweigh the disadvantages. However, many of the benefits will accrue to parties other than the technology’s purchasers. These positive externalities may justify some form of subsidy. The report also explores policy issues, communications, regulation and standards, and liability issues raised by the technology; and concludes with some tentative guidance for policymakers, guided largely by the principle that the technology should be allowed and perhaps encouraged when it is superior to an average human driver.


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to increasing the use of technologies in weapon training strategies, there are many factors that act to limit the amount of improvement that must be considered before deciding on implementation.

RR-449-RC

Armed drones are making the headlines, especially in their role in targeted killings. In this report, RAND researchers stepped back and asked whether these weapons are transformative. The answer is no, though they offer significant capabilities to their users, especially in counterterrorism operations as has been the case for the United States. Will they proliferate? Yes, but upon a closer look at the types of systems, only a few rich countries will be in a position to develop the higher technology and longer range systems. U.S. adversaries and others will likely find weapons such as aircraft and air defenses more cost and militarily effective. Their proliferation will not create the kinds of global dangers that call for new arms control efforts, but the risks to regional stability cannot be dismissed entirely, as is the case of any conventional weapon. How the United States will use these weapons today and into the future will be important in shaping a broader set of international norms that discourage their misuse by others.

RR-455-OSD

This report summarizes a selection of the defense acquisition literature from the 1960s to the present on potential sources of prolonged acquisition cycle times and schedule growth, as well as potential opportunities for improvement. It presents the range of possible causes of schedule-related problems and various recommendations cited for improving schedules by various authors and organizations. This report does not provide critical analysis or an assessment of the strengths or weaknesses of the claims made in the literature. Rather, it provides a starting point for further research or consideration by government acquisition professionals, oversight organizations, and the analytic community. We identified the following reasons for schedule delays in the literature: (1) the difficulty of managing technical risk (e.g., program complexity, immature technology, and unanticipated technical issues), (2) initial assumptions or expectations that were difficult to fulfill (e.g., schedule estimates, risk control, requirements, and performance assumptions), and (3) funding instability. The most commonly cited recommendations for reducing cycle time and controlling schedule growth in the literature are strategies that manage or reduce technical risk. Some of those recommendations include using incremental fielding or evolutionary acquisition strategies, developing derivative products (rather than brand-new designs), using mature or proven technology (i.e., commercial, off-the-shelf components), maintaining stable funding, and using atypical contracting vehicles.

RR-462-EC

Are couples in Europe becoming more gender-equal? This short statistical paper examines two specific aspects of the question: (i) the emerging trends in couples' earnings structures; and (ii) the extent to which more equal earnings relates to more equal domestic work contributions. Our analysis of recent trends (2007–2010), using the European Union Statistics on Income and Living Conditions (EU-SILC), indicated a continued majority of male sole- or main-earners, but also a decline in this gender imbalance over the three-year period. It is not yet known, however, whether this will ultimately be seen to have been driven by the economic crisis or to be part of a continuing trend towards more gender-equal couple earnings structures. Our empirical findings also addressed the tension between more gender-equal earnings...
that is expected to promote more gender-equal do-
mestic work contributions and gender-role norms
that perpetuate unequal domestic work contribu-
tions. We found that women spent much greater
time in domestic work tasks than men, and that
there is a relatively small difference in domestic
work hours between men who contribute all most
of the couple's earnings and men who contrib-
ute smaller proportions of the couple's earnings.
In contrast, we found that women who contribute
smaller proportions or none of the couple's earn-
ings spent many more hours in domestic work
tasks. These findings suggested an important
factor that is likely to continue to act as a drag
on change towards more equality within couples
even in the presence of effective work/family rec-
conciliation policies: a highly unequal gender divi-
sion of labour in the home.

License Plate Readers for Law Enforcement: Opportunities and Obstacles. Keith Gierlack, Shara Williams, Tom LaTourrette, James M. Andenson, Lauren A. Mayer, Johanna Zmud. 2014

Law enforcement agencies across the coun-
try have quickly been adopting a new technology to combat auto theft and other crimes: automated license plate reader (LPR) systems. These sys-
tems can capture the image of the license plate of a passing vehicle and compare the plate num-
ber against official “hotlists” that show an array of infractions or reasons why it may be of interest to authorities. But because LPR technology is relatively new in the United States, opportunities and obstacles in its use in law enforcement are still under exploration. To examine issues about this technology, RAND conducted interviews with law enforcement officers and others responsible for procuring, maintaining, and operating the sys-
tems. Champions of LPR technology exist at many levels, from tech-savvy officers who use it every
day, to chiefs who promote it, to other officials and policymakers who believe LPR technology is a significant force multiplier for police departments. Challenges exist, however, to realizing more wide-
spread acceptance and use of the technology. Chief among these are privacy concerns related to the retention and potential misuse of LPR data, technical and bureaucratic impediments to shar-
ing data among law enforcement agencies, and
constraints on the availability of staffing and train-
ing needed to support LPR systems.

From Stalemate to Settlement: Lessons for Afghanistan from Historical Insurgencies That Have Been Resolved Through Negotiations. Colin P. Clarke, Christopher Paul. 2014

In June 2013, the Afghan Taliban opened a political office in Qatar to facilitate peace talks with the U.S. and Afghan governments. Negotiations between the United States and the group that sheltered al-Qaeda would have been unthinkable 12 years ago, but the reality is that a negotiated settlement in Afghanistan is one of several possible end games under the current U.S. withdrawal plan. Negotiating an end to an insurgency can be a long and arduous process beset by false starts and continued violence, but a comprehensive re-
view of historical cases that ended in settlement shows that these negotiations followed a similar path that can be generalized into a “master narra-
tive.” This research examines 13 historical cases of insurgencies that were resolved through negoti-
ated settlement in which neither side (insurgents or counterinsurgents) unambiguously prevailed. Taken together, these cases reveal that the path to negotiated settlement generally proceeds in seven steps in a common sequence. Although this resulting master narrative does not necessar-
ily conform precisely to every conflict brought to resolution through negotiation, it can serve as an
important tool to guide the progress of a similar approach to resolving the conflict in Afghanistan as U.S. forces prepare to withdraw.


Since 1987, the Air Force has used the Strength Aptitude Test (SAT), a test of physical strength that uses the incremental lift machine, to screen and classify enlisted personnel into career special-
ties. In this study RAND evaluated the usefulness, validity, and fairness of the SAT—something not done for more than two decades. RAND's research focused on two areas. The first area was implementation of the SAT at military entrance processing stations. The researchers observed that SAT administration, while fairly consistent, could be improved: SAT machines need to be inventoried on a regular basis to identify and repair damage; a standardized training procedure is needed for all test administrators; and recruits need to be fully informed prior to taking the test as to its purpose and the value of preparation. The second area was the process for setting strength requirements for career fields. The researchers concluded that the method of collecting physical requirements information might be deficient because it involves only limited input. As an alternative, they developed and tested an online survey tool for defining strength requirements. The survey asked respondents in eight Air Force Specialties to describe aspects of the job's physical requirements that are vital for defining strength requirements. Analysis of the data collected validates the potential effectiveness of the survey, and the researchers suggest it can be used in conjunction with the Air Force's existing occupational analysis survey. Further, they recommend the Air Force establish a new method for calculating SAT scores.

RR-473-MOJ
Phase 2 report from the payment by results Social Impact Bond pilot at HMP Peterborough. Emma Disley, Jennifer Rubin. 2014

At a time when government finances are stretched there is growing interest in finding new ways to fund public services. One new funding model currently being tested is a Social Impact Bond (SIB). A SIB is a form of payment by results in which funding is obtained from private investors to pay for interventions to improve social outcomes. If these interventions are effective, this should result in savings to government and wider benefits to society. As part of a SIB, the government agrees to pay a proportion of these savings back to the investors. If outcomes do not improve, investors do not receive a return on their investment. In September 2010 the first ever SIB was launched in the UK. Approximately £5 million was invested by private individuals and charities in being used to pay for interventions for offenders discharged after serving short prison sentences (less than 12 months) at HMP Peterborough, a prison in eastern England. RAND Europe has been commissioned to evaluate the development, implementation and operation of this first ever SIB. This report is the second from the independent evaluation.

RR-474-A

For the next 20 or more years, the U.S. relationship with China will be the fulcrum on which the East Asian security order balances. As a result, U.S. policy should seek to prevent the emergence of an overtly hostile U.S.-China relationship while hedging against the possibility that one could nonetheless emerge. Such a strategy must balance between protecting U.S. interests in East Asia, where clashes with China's preferences are most likely, and cooperating with Beijing globally where the two sides have common objectives. Crafting and sustaining such a strategy will be a major challenge. It must have clear and realistic goals flowing from larger U.S. interests and strategy in the region, take into account the need for U.S.-China cooperation on a host of global security and economic matters, be flexible and responsive to Chinese moves, seek to channel Chinese conduct in favorable directions, and reflect the new realities of Asia resulting from China's increased military and economic power. The U.S. Army will have an important role to play in supporting U.S. strategy in the Asia-Pacific, primarily by providing training and support to allies and partners; helping to defend key facilities from enemy ground, air, and missile attack; providing key enabling support to the joint force; projecting expeditionary combat forces into the theater; contributing to new conventional deterrent options; and helping to encourage China's participation in cooperative military-to-mil-
During the past four decades, the military services and the Office of the Secretary of Defense (OSD) have managed hundreds of very large weapon system acquisition programs. These programs, designated Major Defense Acquisition Programs (MDAPs), account for more than 40 percent of weapon-system acquisition funding appropriated by Congress. RAND maintains an internal database of costs and schedules for these programs, as reported in Selected Acquisition Reports (SARs) dating back to the 1960s. In this report, researchers analyze cost growth in Air Force–managed MDAPs. Differing definitions of cost growth provide differing insights into program outcomes. The analysis focuses on those MDAPs that contain the highest levels of development activity and that, at a minimum, have proceeded through the acquisition process to a point at which a portion of the production units envisioned at the program’s Milestone (MS) B were produced and delivered to the warfighter. These MDAPs are broken into two groups: continuing and complete. Controlling costs in continuing MDAPs is essential to the overall affordability of Air Force modernization plans. A handful of ongoing and recently terminated programs account for substantially higher cost growth in recent Air Force programs compared with complete programs. Cost growth to date in four continuing large-dollar programs must be contained to ensure affordability of the Air Force’s long-term investment plans.

RR-483-WFH

In 2010, the William and Flora Hewlett Foundation’s Education Program has established the Deeper Learning Initiative, which focuses on students’ development of deeper learning skills (i.e., the mastery of core academic content, critical-thinking, problem-solving, collaboration, communication, and “learn-how-to-learn” skills). Two test consortia are developing the next generation of tests to measure students’ attainment of the Common Core State Standards. These tests are expected to assess deeper learning skills to a greater extent than existing large-scale tests. A RAND study rated the cognitive demand of mathematics and English language arts items on six nationally and internationally administered exams: Advanced Placement, International Baccalaureate, the National Assessment of Educational Progress, the Programme for International Student Assessment, the Progress in International Reading Literacy Study, and the Trends in International Mathematics and Science Study, using Norman Webb’s Depth of Knowledge framework and the Partnership for Assessment of Readiness for College and Career’s self-developed frameworks. It found that these tests were more cognitively demanding than previously studied state achievement tests in both subjects, on average. The test items’ level of cognitive demand varied by subject and format. The six tests varied in their percentages of cognitively demanding items, with
only two tests meeting both criteria proposed by a panel of education researchers for high-quality measures of deeper learning. Moreover, the tests' cognitive demand levels varied with test purpose and the characteristics of the targeted students. The findings establish a benchmark for comparing how well the new generation of tests performs in assessing deeper learning.

RR-486-ICJ

Many state judicial systems experienced significant cuts to their operating budgets following the 2008 financial crisis and during the ensuing years of reduced state treasuries. Researchers surveyed experts from five states that use a variety of approaches to funding state court systems. The report documents that there is ample variation across the states in terms of how their court systems receive their annual funding, how they account for and track their budgets, and how the court systems are governed. An appreciation of these dimensions of difference is crucial for policymakers, court administrators, and those concerned about ensuring high levels of access to justice through the state courts and the long-term stability of the courts as an institution of government.

RR-487/1-OSD

As a result of extended military engagements in Iraq and Afghanistan during the past decade, the U.S. Department of Defense (DoD) has implemented numerous programs to support servicemembers and family members who experience difficulty handling stress, face mental health challenges, or are affected by a traumatic brain injury (TBI). As these efforts have proliferated, it has become more challenging to monitor these programs and to avoid duplication. To support DoD in this area, RAND compiled a comprehensive catalog of DoD-funded programs that address psychological health and TBI. In creating the catalog of programs, RAND recognized the need to consistently describe and compare multiple programs according to a set of core program characteristics, driven largely by the lack of a single, clear, widely-accepted operational definition of what constitutes a program. To do this, RAND developed the RAND Program Classification Tool (R-PCT) to allow users to describe and compare programs, particularly those related to psychological health and TBI, along eight key dimensions. The tool consists of a set of questions and responses for consistently describing various aspects of programs, along with detailed guidance regarding how to select the appropriate responses. The purpose of this report is to describe the R-PCT, to help potential users understand how it was developed, and to explain how the tool can be used.

RR-487/2-OSD

Since 2001, U.S. military forces have been engaged in extended conflicts in Iraq and Afghanistan. While most military personnel cope well across the deployment cycle, the operational tempo may raise the risk of mental health problems, such as post-traumatic stress disorder (PTSD) and major depression, and consequences from traumatic brain injury (TBI). To support servicemembers and their families as they cope with these challenges, the U.S. Department of Defense has implemented numerous programs addressing biological, social, spiritual, and holistic influences on psychological health along the resilience, prevention, and treatment continuum that focus on a variety of clinical and nonclinical concerns. As these efforts have proliferated, evaluating their effectiveness has become increasingly important. To support the design and implementation of program evaluation, RAND developed the
RAND Online Measure Repository (ROMR) which indexes and describes measures related to psychological health and TBI. The ROMR is a publicly accessible, online, searchable database containing 171 measures related to psychological health and TBI. This report describes the rationale for developing the ROMR, the content included in the ROMR, and its potential in both civilian and military populations. The ROMR includes information about measure domains, psychometrics, number of items, and costs, which can inform the selection of measures for program evaluations. Included measures address domains of primary importance to psychological health (PTSD, depression, anxiety, suicidal ideation, and resiliency) and TBI (cognition, executive functioning, and memory). Also identified are measures relevant to military units, such as unit cohesion and force readiness and preservation.

RR-487/3-OSD

While the Department of Defense supports more than 200 psychological health and traumatic brain injury programs, it lacks an approach and process to systematically develop, track, and assess the performance of this portfolio of programs. Further, there is not yet a uniform approach to decisionmaking around program support and expansion of particularly promising, evidence-based programs. This lack of centralized oversight may result in the proliferation of untested programs that are developed without an evidence base; an inefficient use of resources; and added cost and administrative inefficiencies. RAND researchers developed a potential model and tools to support a centralized, systematic, and ongoing process to help in making decisions around continued program support, and by which expansion can be facilitated. This report includes two tools. The first is a Program Abstraction Form, which collects relevant background information from programs and asks explicitly about program effectiveness and the design of the program evaluation used to assess program effectiveness, as a poor evaluation design may lead to incorrect conclusions about the effectiveness of the program. The second is the RAND Program Expansion Tool, which provides a standardized summary of the quality and outcome of a program evaluation. The focus of these tools is on decisionmaking around program expansion, and does not preclude or address initial funding decisions of particularly promising new programs that may not yet have a solid evidence base.

RR-487/4-OSD

Between 2001 and 2011, the U.S. Department of Defense has implemented numerous programs to support service members and their families in coping with the stressors from a decade of the longstanding conflicts in Iraq and Afghanistan. These programs, which address both psychological health and traumatic brain injury (TBI), number in the hundreds and vary in their size, scope, and target population. To ensure that resources are wisely invested and maximize the benefits of such programs, RAND developed a tool to help assess program performance, consider options for improvement, implement solutions, then assess whether the changes worked, with the intention of helping those responsible for managing or implementing programs to conduct assessments of how well the program is performing and to implement solutions for improving performance. Specifically, the tool is intended to provide practical guidance in program improvement and continuous quality improvement for all programs.

RR-489-KRG
An Assessment of the Present and Future Labor Market in the Kurdistan Region—Iraq: Implications for Policies to Increase Private-Sector Employment. Howard J. Shatz, Louay Constant, Jill E. Luoto, Alexandria C. Smith, Shmuel Abram-
The study addresses the question of how the Kurdistan Regional Government can improve the private-sector labor market in the Kurdistan Region—Iraq (KRI). Doing so will involve creating mechanisms by which job-seekers can develop the right skills and find employers who will hire them, employers can find the employees they need, and the government can create an enabling environment in which the best matches between job-seekers and employers can be made. The study estimates the likely number and education levels of new job-seekers through 2020. It conducts an original, scientific survey to learn about employer perceptions of skill gaps in the KRI. Then, it investigates sectoral employment growth in comparison economies to identify promising growth sectors. Finally, it outlines policy steps for the government to take to improve the functioning of the private-sector labor market.

RR-489/2-KRG

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RR-490-1-KRG
Health Sector Reform in the Kurdistan Region—Iraq: Financing Reform, Primary Care, and Patient Safety. C. Ross Anthony, Melinda Moore, Lee H. Hilborne, Andrew W. Mulcahy. 2014

In 2010, the Kurdistan Regional Government asked the RAND Corporation to help guide reform of the health care system in the Kurdistan Region of Iraq. The overarching goal of reform was to help establish a health system that would provide high-quality services efficiently to everyone to prevent, treat, and manage physical and mental illnesses and injuries. This report summarizes the second phase of RAND’s work, when researchers analyzed three distinct but intertwined health policy issue areas: development of financing policy, implementation of early primary care recommendations, and evaluation of quality and patient safety. For health financing, the research-
ers reviewed the relevant literature, explored the issue in discussions with key stakeholders, developed and assessed various policy options, and developed plans or approaches to overcome barriers and achieve stated policy objectives. In the area of primary care, they developed and helped to implement a new management information system. In the area of quality and patient safety, they reviewed relevant literature, discussed issues and options with health leaders, and recommended an approach toward incremental implementation.

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RR-490/2-KRG
Health Sector Reform in the Kurdistan Region—Iraq: Financing Reform, Primary Care, and Patient Safety (Kurdish-language version). C. Ross Anthony, Melinda Moore, Lee H. Hilborne, Andrew W. Mulcahy. 2014

In 2010, the Kurdistan Regional Government asked the RAND Corporation to help guide reform of the health care system in the Kurdistan Region of Iraq. The overarching goal of reform was to help establish a health system that would provide high-quality services efficiently to everyone to prevent, treat, and manage physical and mental illnesses and injuries. This report summarizes the second phase of RAND’s work, when researchers analyzed three distinct but intertwined health policy issue areas: development of financing policy, implementation of early primary care recommendations, and evaluation of quality and patient safety. For health financing, the research-
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RR-493-ICJ

How Will the Patient Protection and Affordable Care Act Affect Liability Insurance Costs?. David I. Auerbach, Paul Heaton, Ian Brantley. 2014

The Patient Protection and Affordable Care Act (ACA) will greatly expand private coverage and Medicaid while making major changes to payment rates and the health care delivery system. These changes will affect traditional health insurers, individuals, and government payers. In addition, a considerable amount of health care is paid for directly by or is indirectly paid for via legal settlements after the care occurs, by liability insurers. This report identifies potential mechanisms through which the ACA might affect claim costs for several major types of liability coverage, especially auto insurance, workers' compensation coverage, and medical malpractice. The authors discuss the conceptual basis for each mechanism, review existing scholarly evidence regarding its importance, and, where possible, develop rough estimates of the size and direction of expected impacts as of 2016. They examine how each mechanism might operate across different liability lines and discuss how variation across states in legal rules, demographics, and other factors might moderate each mechanism's operation. Overall, expected short-term effects of the ACA appear likely to be small relative to aggregate liability insurer payouts in the markets in question. However, under reasonable assumptions, some mechanisms can generate potential cost changes as high as 5 percent or more in particular states and insurance lines. The authors also discuss longer-run changes that could be fostered by the ACA that might exert more significant effects on insurance claim costs, including shifts in tort law, changes in physician supply, new pricing approaches under the accountable care organization model, and changes in population health.

RR-495-AF


Despite the Air Force’s efforts to create a force that mirrors the racial, ethnic, and gender differences of the nation’s population, minority groups and women are underrepresented in the active-duty line officer population, especially at senior levels (i.e., colonel and above). This report examines the reasons for this, with the goal of identifying potential policy responses. The authors analyzed data from multiple sources on Air Force eligibility, youths’ intention to serve, accessions, retention, and promotion. A key finding is that African Americans and Hispanics are underrepresented in the Air Force compared with the nation’s population mainly because they meet Air Force officer eligibility requirements at lower rates (e.g., they are much less likely than whites to have a college degree). Another reason for lower representation of minorities and women among senior leaders is that, once in the military, women and minorities are less likely to choose career fields that give them the highest potential to become senior leaders. In addition, female officers have lower retention rates than male officers, and the reasons for this are not clear. Finally, the authors comprehensively examined the Air Force promotion system and found no evidence to suggest it treats women and minorities differently than white men with similar records. The authors recommend that the Air Force should seek comparable quality across ethnic/minority groups in the accession process, since competitiveness even at this stage is a predictor of promotion success. More racial/ethnic minorities and women who are cadets and officers should be in rated career fields, which have the highest promotion rates to the senior ranks.

RR-499-TEDF
While much has been written about the role of caregiving for the elderly and chronically ill and for children with special needs, little is known about “military caregivers”—the population of those who care for wounded, ill, and injured military personnel and veterans. These caregivers play an essential role in caring for injured or wounded service members and veterans. This enables those for whom they are caring to live better quality lives, and can result in faster and improved rehabilitation and recovery. Yet playing this role can impose a substantial physical, emotional, and financial toll on caregivers. This report summarizes the results of a study designed to describe the magnitude of military caregiving in the United States today, as well as to identify gaps in the array of programs, policies, and initiatives designed to support military caregivers. Improving military caregivers’ well-being and ensuring their continued ability to provide care will require multifaceted approaches to reducing the current burdens caregiving may impose, and bolstering their ability to serve as caregivers more effectively. Given the systematic differences among military caregiver groups, it is also important that tailored approaches meet the unique needs and characteristics of post-9/11 caregivers.


Batteries are a ubiquitous presence in equipment carried by soldiers and critical to the performance of electronic devices such as radios, computers, night-vision goggles, and laser range finders. These batteries are supplied by a variety of firms, and mostly assembled from cells that are acquired through a supply chain that is driven by commercial applications to mobile phones, laptop computers, tablets, and other electronic devices, and is predominately based in Asia. RAND found that government researchers and program managers and representatives of military battery suppliers have concerns associated with this foreign-dependent supply chain. The report discusses alternative policy options to address these concerns, without evaluating the benefits versus costs of these policy options.

Pressure to reduce the federal deficit, planned reductions in strength, concerns about cost, and perceptions expressed by military leaders, past commissions, and studies about the lack of fairness of the military compensation system have placed increased attention on military compensation as an area for reform. In September 2011, the Office of the Secretary of Defense convened a working group of senior representatives throughout the Department of Defense (DoD) to conduct a comprehensive review of military compensation, focusing on retirement compensation. The group’s deliberations built on the findings of past reviews and were informed by RAND’s analysis over the 18 months that the group met. We used and extended RAND’s dynamic retention model to assess many proposals for their effects on active and reserve retention and cost—that culminated in assisting the group to identify two broad design concepts. We also evaluated options for implementing reforms in the transition to the steady state (i.e., when all service members are receiving retirement benefits under the new retirement system), and we evaluated proposals for disability compensation reform. The two design concepts retain positive aspects of the current system while addressing criticisms of the system related to the fairness and fiscal sustainability. Our analysis shows that both concepts are feasible, provide cost savings, improve equity, potentially add force management flexibility, and simplify the DoD disability compensation system. We find that DoD cost savings begin at once, while Treasury outlays initially increase and later decrease below baseline outlays. Allowing members grandfathered under the old system to participate in the new system hastens both effects. Both concepts give rise to the same willingness to stay in service, and so sustain readiness by maintaining force size and experience.

The Asymmetric Warfare Group offers the Asymmetric Warfare Adaptive Leader Program (AWALP)—a 10-day course designed to enhance adaptive performance in leaders and promote innovative solutions in training in support of unified land operations. This report describes results of a systematic evaluation of AWALP, offers recommendations to improve the course, and provides recommendations for ongoing evaluation of AWALP and other courses or events that address adaptive performance and acquisition of other intangible skills. The study used a pretest-posttest design and collected data from 104 students who participated in AWALP. Results show substantial improvement in training outcomes, including students’ self-efficacy for being adaptive and leading adaptive teams and knowledge of course concepts. Graduates also reported that they were applying course concepts on the job after returning to their units. In addition, students had exceptionally favorable reactions to AWALP and remained extremely positive about the course three months after graduation. Results indicate few needs for improvement in the course; the most important area to address is challenges in applying concepts on the job because of the command climate and entrenched leadership. Recommendations for ongoing evaluation focus on obtaining additional measures of adaptive performance, particularly to establish the impact of AWALP on subsequent job performance. The current success of AWALP suggests that its approach to training might be usefully expanded in the Army, and the authors discuss strategies to achieve broader dissemination. Finally, the authors describe how the methods used in this study might be applied to evaluating related training in other contexts.

Venture Research: Fostering trust and freedom in research funding. Catherine A Lichten, Marco Hafner, Steven Wooding. 2014

This report is a summary of Donald Braben’s work with BP’s Venture Research Unit (VRU), a
research funding initiative that ran from 1980 to 1990. It is based on Braben's reports in his books Pioneering Research and Scientific Freedom. The VRU provided £20 million in research funding to about 30 researchers and small teams from Europe and North America. It aimed to fund determined researchers who questioned current thinking and would do transformative work. An important driver of the VRU approach was the idea that researchers with radical ideas would struggle to obtain funding through traditional means. Trust and freedom were considered essential aspects of the approach, and the unit's organisers sought to minimise administrative burdens. Though VRU-funded work led to several notable outcomes, similar initiatives have not been introduced on a large scale in the UK. RAND Europe researchers initially came across Don Braben's work in 2005 in the course of supporting the UK Department of Health's Research and Development Directorate in developing a new R&D strategy. We produced an initial summary of Braben's work for that directorate. Because it has generated ongoing interest, we have produced this brief report – an updated version of the original, intended for public distribution.

RR-507-NL
Preparing Principals to Raise Student Achievement: Implementation and Effects of the New Leaders Program in Ten Districts. Susan M. Gates, Laura S. Hamilton, Paco Martorell, Susan Burkhauser, Paul Heaton, Ashley Pierson, Matthew Baird, Mirka Vuollo, Jennifer J. Li, Diana Catherine Lavery, Melody Harvey, Kun Gu. 2014

New Leaders is a nonprofit organization with a mission to ensure high academic achievement for all students by developing outstanding school leaders to serve in urban schools. Its premise is that a combination of preparation and improved working conditions for principals, especially greater autonomy, would lead to improved student outcomes. Its approach involves both preparing principals and partnering with school districts and charter management organizations (CMOs) to improve the conditions in which its highly trained principals work. As part of the partnerships, New Leaders agrees to provide carefully selected and trained principals who can be placed in schools that need principals and to provide coaching and other support after those principals are placed. The districts and CMOs agree to establish working conditions that support, rather than hinder, the principals' efforts to improve student outcomes. This report describes how the New Leaders program was implemented in partner districts, and it provides evidence of the effect that New Leaders has on student achievement.

RR-507/1-NL

This document presents technical appendixes to supplement the main evaluation report.

RR-512-SGC

The Structural Genomics Consortium (SGC) supports drug discovery efforts through a unique, open access model of public-private collaboration. This report presents the results of an independent evaluation of the Structural Genomics Consortium, conducted by RAND Europe with the Institute on Governance. The evaluation aimed to establish the role of the SGC within the wider drug discovery and PPP landscape, assessing the merits of the SGC open access model relative to alternative models of funding R&D in this space, as well as the key trends and opportunities in the external environment that may impact on the future of the SGC. It also established the incentives and disincentives for investment, strengths and weaknesses of the SGC's model, and the opportunities and threats the SGC will face in the future. This enabled us to assess the most convincing argu-
ments for funding the SGC at present; important trade-offs or limitations that should be addressed in moving towards the next funding phase; and whether funders are anticipating changes either to the SGC or the wider PPP landscape. Finally, we undertook a quantitative analysis to ascertain what judgements can be made about the SGC’s past and current performance track record, before unpacking the role of the external environment and particular actors within the SGC in developing scenarios for the future.

**RR-512/1-SGC**


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**RR-513-SRF**


This study examines the counterinsurgency strategies and practices adopted by threatened regimes and the conditions under which U.S. “small-footprint” partnerships are likely to help these governments succeed. The report's findings are derived from a mixed-method research design incorporating both quantitative and qualitative analysis. Simple statistical analyses are applied to a dataset of counterinsurgencies that have terminated since the end of the Cold War (72 in all), and more in-depth analyses are provided of two recent cases of U.S. partnerships with counterinsurgent regimes, in the Philippines and Pakistan. The quantitative analysis finds that the cases of small-footprint U.S. operations that are commonly touted as “success stories” all occurred in countries approximating a best-case scenario. Such a verdict is not meant to deny the importance of U.S. assistance; rather, it is meant to highlight that similar U.S. policies with less promising partner nations should not be expected to produce anywhere near the same levels of success. The majority of insurgencies have taken place in worst-case conditions, and in these environments, counterinsurgent regimes are typically unsuccessful in their efforts to end rebellion, and they often employ violence indiscriminately. The case studies of the Philippines and Pakistan largely reinforce the findings of the quantitative analysis. They also highlight the challenges the United States faces in attempting to influence partner regimes to fight counterinsurgencies in the manner that the United States would prefer. The study concludes with policy recommendations for managing troubled partnerships.

**RR-514-OSD**

Planners and policymakers must be able to assess how compensation policy, including pay freezes and unpaid furloughs, affects retention. This study begins to extend the dynamic retention model (DRM)—a structural, stochastic, dynamic, discrete-choice model of individual behavior—to federal civil service employment. Models are developed and estimated, using 24 years of data, and then used to simulate the effects of pay freezes and unpaid furloughs. A permanent three-year pay freeze decreases the size of the retained General Service (GS) workforce with at least a baccalaureate degree by 7.3 percent in the steady state. A temporary pay freeze with pay immediately restored has virtually no impact on retention. When pay is restored after ten years, the retained GS workforce falls by 2.8 percent five years after the pay freeze and 3.5 percent ten years after it. An unpaid furlough, similar to the six-day federal furlough in 2013, has no discernible effect on retention. For all subgroups of GS employees for which the model is estimated, the model fit to the actual data is excellent, and all of the model parameter estimates are statistically significant. In future work, the DRM could be extended to provide empirically based simulations of the impact of other policies on retention; to estimate effects on other occupational areas, other pay systems, or specific demographic groups; or to create a “total force” model (military and civilian) of DoD retention dynamics and the effects of compensation on those dynamics.

RR-521-OSD


Most analyses of Chinese engagement in Africa focus either on what China gets out of these partnerships or the impacts that China’s aid and investment have had on African countries. This analysis approaches Sino-African relations as a vibrant, two-way dynamic in which both sides adjust to policy initiatives and popular perceptions emanating from the other. The authors focus on (1) Chinese and African objectives in the political and economic spheres and how they work to achieve them, (2) African perceptions of Chinese engagement, (3) how China has adjusted its policies to accommodate often-hostile African responses, and (4) whether the United States and China are competing for influence, access, and resources in Africa and how they might cooperate in the region. The authors find that Chinese engagement in the region is primarily concerned with natural resource extraction, infrastructure development, and manufacturing, in contrast to the United States’ focus on higher-technology trade and services as well as aid policies aimed at promoting democracy, good governance, and human development. African governments generally welcome engagement with China, as it brings them political legitimacy and contributes to their economic development. Some segments of African society criticize Chinese enterprises for their poor labor conditions, unsustainable environmental practices, and job displacement, but China has been modifying its approach to the continent to address these concerns. China and the United States are not strategic rivals in Africa, but greater American commercial engagement in African markets could generate competition that would both benefit African countries and advance U.S. interests.

RR-522-WWP


The Wounded Warrior Project (WWP) offers support and raises public awareness of service members who have experienced physical or mental health conditions associated with their service on or after September 11, 2001. In this report, the authors use WWP’s 2013 survey of its members (alumni) to understand the physical, mental, and economic challenges that Wounded Warriors face. The researchers find that at least half of alumni reported dealing with mental health conditions such as depression and posttraumatic stress disorder, and many of these alumni reported difficulties or delays in seeking mental health care, or not doing so at all. Alcohol misuse also poses a problem.
A large proportion of alumni are overweight or obese, conditions that negatively affect their daily lives, exercise routines, and overall health. Almost half of alumni are not working, and there is low participation in veteran-specific employment and education programs. This information can be used to better understand the needs of WWP alumni and the ways that WWP can serve and support this constituency.


The California Department of Industrial Relations asked RAND to examine the feasibility and appropriateness of procedures that are typically performed only in an inpatient setting on the workers' compensation Official Medical Fee Schedule for ambulatory surgical center facility fees. The authors used interviews, literature review, and data analysis to assemble information on the requirements applicable to ASCs, assess how the criteria that Medicare uses to assess whether procedures can be safely performed in an outpatient setting apply to the workers' compensation patient population, and to examine alternative methods for establishing fee schedule amounts. The study focused on 23 high-volume workers' compensation inpatient procedures with relatively short average lengths of stay. The report finds that most ASCs that are currently eligible for facility fees are equipped to provide services that do not require a one-night stay. However, the data analyses and literature review did not provide strong support for adding any procedures to the fee schedule with the possible exception of procedures related to cervical spinal fusions. Other than instrumentation used in conjunction with spinal fusions, relatively few of the study procedures are being performed in an ambulatory setting on either WC or privately insured patients ages 18–64. The literature suggests that two-level anterior cervical fusions and the use of instrumentation for one- or two-level fusions can be performed safely on an outpatient basis but does not include evidenced-based selection criteria to suggest which patients are appropriate candidates for having the procedures in an outpatient setting.

China's Strategy Toward South and Central Asia: An Empty Fortress. Andrew Scobell, Ely Ratner, Michael Beckley. 2014

This study analyzes what is driving China's Central Asia and Afghanistan-Pakistan policies, identifies China's overarching strategy, examines the extent of Chinese activities in the region, and assesses their implications for the United States. The authors contend that China's response to the complex challenges on its western borders during the past two decades has been to adopt an “Empty Fortress” strategy, whereby China boldly projects an image of considerable strength in Central and South Asia to mask serious frailty. They conclude that China is not a major threat to U.S. interests in Central Asia, Afghanistan, or Pakistan and is unlikely to pose one in the near future.


Since 2005, the William and Flora Hewlett Foundation, with collaboration and co-funding from research councils in the United Kingdom, the Netherlands, France, and Norway and from the World Bank, has invested in a portfolio of social science research on the relationship between population dynamics and micro- and macroeconomic outcomes. It is known as the Population and Poverty Research Initiative (PopPov), and its geographic focus is on sub-Saharan Africa (SSA). The starting premises that led to the development of PopPov were that evidence showing that population dynamics could affect economic outcomes might increase the interest of ministers of finance in funding population policies and that they might be most convinced by rigorous research done by respected economists. The core aim of the program has been to build or rebuild and advance the field of economic demography, orienting the work
toward research that would be relevant for policy and would increase recognition by economic policymakers of the value of lowering the rate of population growth and investing in family planning. The program also aimed to strengthen the capacity of researchers in SSA. PopPov tried to achieve these aims through four main components: (1) grants to support research on PopPov core topics of interest, (2) fellowships to support graduate students preparing their doctoral dissertations, (3) conferences and workshops to support the development of networking opportunities, and (4) other dissemination activities. This report provides results of a RAND Corporation evaluation of PopPov.

RR-527/1-WFHF

Since 2005, the William and Flora Hewlett Foundation, with collaboration and co-funding from research councils in the United Kingdom, the Netherlands, France, and Norway and from the World Bank, has invested in a portfolio of social science research on the relationship between population dynamics and micro- and macroeconomic outcomes. It is known as the Population and Poverty Research Initiative (PopPov), and its geographic focus is on sub-Saharan Africa (SSA). The starting premises that led to the development of PopPov were that evidence showing that population dynamics could affect economic outcomes might increase the interest of ministers of finance in funding population policies and that they might be most convinced by rigorous research done by respected economists. The core aim of the program has been to build or rebuild and advance the field of economic demography, orienting the work toward research that would be relevant for policy and would increase recognition by economic policymakers of the value of lowering the rate of population growth and investing in family planning. The program also aimed to strengthen the capacity of researchers in SSA. PopPov tried to achieve these aims through four main components: (1) grants to support research on PopPov core topics of interest, (2) fellowships to support graduate students preparing their doctoral dissertations, (3) conferences and workshops to support the development of networking opportunities, and (4) other dissemination activities. This report provides results of a RAND Corporation evaluation of PopPov.

RR-529
Evaluating the "Keep Your Health Plan Fix": Implications for the Affordable Care Act Compared
President Obama's promise that Americans could keep their existing health care plans under the Affordable Care Act (ACA) has received increased scrutiny in the wake of millions of Americans having their plans cancelled. These cancellations primarily occurred in the individual or nongroup market, where individuals purchase health care plans directly from an insurer instead of through an employer. Many such plans do not meet the minimum coverage requirements of the ACA, leading insurers to send plan-cancellation notices to their enrollees. This report describes a comparative analysis of three proposals to remedy the situation: one by the White House, another by Senator Mary Landrieu (D-LA), and a third by Representative Fred Upton (R-MI). The proposals are evaluated based on their potential impact on the ACA-compliant market and the cost and coverage of health insurance. The possibility of each proposal causing a "death spiral," in which rising premiums and decreasing enrollment undermine the viability of the ACA-compliant market, is also addressed. The authors find that the three proposals vary from slight to moderate impact on ACA premiums, enrollment, and federal spending, but none of them would result in the unraveling of the ACA-compliant market.

RR-531-NIJ

Even though there is a growing interest in predictive policing, to date there have been few, if any, formal evaluations of these programs. This report documents an assessment of a predictive policing effort in Shreveport, Louisiana, in 2012, which was conducted to evaluate the crime reduction effects of policing guided by statistical predictions. RAND researchers led multiple interviews and focus groups with the Shreveport Police Department throughout the course of the trial to document the implementation of the statistical predictive and prevention models. In addition to a basic assessment of the process, the report shows the crime impacts and costs directly attributable to the strategy. It is hoped that this will provide a fuller picture for police departments considering if and how a predictive policing strategy should be adopted. There was no statistically significant change in property crime in the experimental districts that applied the predictive models compared with the control districts; therefore, overall, the intervention was deemed to have no effect. There are both statistical and substantive possibilities to explain this null effect. In addition, it is likely that the predictive...
policing program did not cost any more than the status quo.

RR-534-ONDCP

In January 2012, the U.S. White House Office of National Drug Control Policy (ONDCP) asked RAND to generate national estimates of the total number of users, total expenditures, and total consumption for four illicit drugs from 2000 to 2010: cocaine (including crack), heroin, marijuana, and methamphetamine. Drug users in the United States spend on the order of $100 billion annually on these drugs (in 2010 dollars). While this total figure has been stable over the decade, there have been important compositional shifts. From 2006 to 2010, the amount of marijuana consumed in the United States likely increased more than 30 percent, while the amount of cocaine consumed in the United States decreased by approximately 50 percent. These figures are consistent with supply-side indicators, such as seizures and production estimates. Methamphetamine consumption rose sharply from 2000 through the middle of the decade, and this was followed by a large decline through 2008. Heroin consumption remained fairly stable throughout the decade, although there is some evidence of an increase in the later years. For all of the drugs, total consumption and expenditures are driven by the minority of users who consume on 21 or more days each month.

RR-538-OSD

On the 2012 Workplace and Gender Relations Survey on Active Duty Service Members, 23 percent of female and 4 percent of male service members indicated that they had experienced a completed or attempted sexual assault during their military service. In addition, official numbers show no decline in sexual assaults, despite the implementation of sexual assault prevention programs across the U.S. Department of Defense (DoD). Alcohol misuse is also a problem in the military: One-third of active-duty service members reported binge drinking, a rate that compares unfavorably with that of their civilian counterparts. DoD has invested considerable resources in universal sexual assault prevention programs and social media campaigns, but evaluation results are not yet available, and the effectiveness of these programs is unclear. Research on civilian populations—particularly college students, who share some characteristics with junior enlisted personnel—could provide insights for DoD. For example, the research indicates a connection between alcohol and aggression, including sexual aggression. Alcohol can also have a range of effects on the risk of victimization—from a reduced awareness of risk indicators to incapacitation or unconsciousness. An extensive review of the existing research provides some guidance for how DoD can implement and evaluate efforts to reduce alcohol misuse as part of a larger strategy to reduce the incidence of sexual assault among members of the armed forces.

RR-539-CSMC
Mapping Gender Differences in Cardiovascular Disease and Diabetes Care: A Pilot Assessment of LDL Cholesterol Testing Rates in a California Health Plan. Chloe E. Bird, Allen Fremont, Mark Hanson. 2014

Despite improvements over recent decades in care for cardiovascular disease (CVD) and diabetes, which is a major CVD risk factor, evidence suggests that the care women receive—and their health outcomes—continue to lag behind those of men, even for routine care, such as monitoring and control of cholesterol. Awareness of and action to address gender gaps in women's CVD care are limited, in part, because quality of care is not routinely measured and reported by gender. This pilot project describes and maps gender differences in CVD and diabetes care using data from a large health plan. The study aims to identify gender gaps in care in California and, where they are found, to increase awareness of potential gen-
nder disparities and begin to inform approaches to address gaps in care. The study assesses gender differences in one key aspect of routine CVD care and related prevention among patients with diabetes: low-density lipoprotein (LDL) cholesterol screening. The results from this study are intended to provide the basis for further work to learn and document what it will take to rapidly spread mapping approaches that prove to be helpful in understanding and addressing disparities in health and health care, particularly with regard to improving women's health outcomes. Key findings include that men had higher rates of LDL screening than did women in both the CVD and diabetes populations. These gaps varied by age and insurance type. In addition, mapping gender gaps revealed larger gaps at local levels than were apparent at the state or regional level.

RR-541-RC

Although two successive presidents have determined that weapons of mass destruction (WMD)—particularly nuclear weapons in the hands of violent extremists—pose the greatest threat to the American people, and have decided that countering their proliferation is a top strategic priority, neither administration has made countering WMD a priority when it comes to allocating budgetary resources to that overarching national mission. In the public domain, little analysis exists that assesses the capacity and capabilities required by military forces to conduct WMD elimination (WMD-E) operations. As a result, public discussion of what capabilities the military requires for such operations generally omits or gives short shrift to requirements for the WMD-E mission. In the public domain, little analysis exists that assesses the capacity and capabilities required by military forces to conduct WMD elimination (WMD-E) operations. As a result, public discussion of what capabilities the military requires for such operations generally omits or gives short shrift to requirements for the WMD-E mission. The purpose of this report is to address and analyze those requirements, namely, the ground force capacity (force size) and capabilities (force structure) needed to accomplish WMD-E missions and tasks. In particular, these analyses provide an informed description of the types and size of U.S. Army forces required to conduct WMD-E opera-

RR-543-OSD

This report provides a review of approaches used in the private sector and in government organizations for determining workforce supply and demand and describes the data sources available to U.S. Department of Defense managers to support workforce analysis from a total force perspective. Each of the approaches discussed in this document has strengths and weaknesses. The best approach will depend on the question that needs to be addressed and the resources (data and expertise) available. The report highlights critical workforce analysis choices facing managers regarding the scope of analysis, the level of aggregation, the type of projection techniques that will be used, the time period over which historical analysis of projections will be conducted, and the data sources to be used. The authors describe existing data sources and discuss their strengths and weaknesses as an input into the workforce supply and demand analysis approaches described in this report. They also evaluate existing data sources in light of their ability to support workforce gap analyses at the organizational and occupational levels, as well as by competency.

RR-544-PI

Real-world data (RWD) is an umbrella term for different types of data that are not collected in conventional randomised controlled trials. RWD in the healthcare sector comes from various sources and includes patient data, data from clinicians, hospital data, data from payers and social data. There are already examples of ways in which research has contributed to the provision, construction and capture of RWD to improve health
outcomes. However, to maximise the potential of these new pools of data in the healthcare sector, stakeholders need to identify pathways and processes which will allow them to efficiently access and use RWD in order to achieve better research outcomes and improved healthcare delivery. Current efforts to improve access to RWD and facilitate its use take place in a context of resource scarcity. Based on a literature review, case studies, a small set of interviews of experts from public and private organisations and a scenario based workshop, the study outlined possible strategies to illustrate how RWD standards development could facilitate RWD-based research. By investigating the current forms and uses of RWD in Europe, this study has highlighted their significant potential for assessing the (short- or long-term) impact of different drugs or medical treatments and for informing and improving healthcare service delivery. Although the potential of RWD use seems quite clear, this research reveals barriers that restrict further development towards its full exploitation: the absence of common standards for defining the content and quality of RWD; methodological barriers that may limit the potential benefits of RWD analysis; governance issues underlying the absence of standards for collaboration between stakeholders; privacy concerns and binding data protection legislation which can be seen to restrict access and use of data.

RR-546-DHHS

Excess morbidity and mortality in persons with serious mental illness is a public health crisis. Numerous factors contribute to this health disparity, including illness and treatment-related factors, socioeconomic and lifestyle-related factors, and limited access to and poor quality of general medical care. Primary and Behavioral Health Care Integration (PBHCI), one of the Substance Abuse and Mental Health Services Administration's service grant programs, is intended to improve the overall wellness and physical health status of people with serious mental illness, including individuals with co-occurring substance use disorders, by making available an array of coordinated primary care services in community mental health and other community-based behavioral health settings where the population already receives care. This report describes the results of a RAND Corporation evaluation of the PBHCI grants program. The evaluation was designed to understand PBHCI implementation strategies and processes, whether the program leads to improvements in outcomes, and which program models and/or model features lead to better program processes and consumer outcomes. Results of the evaluation showed that PBHCI grantee programs were diverse, varying in their structures, procedures, and the extent to which primary and behavioral health care was integrated at the program level. Overall, PBHCI programs also served many consumers with high rates of physical health care needs, although total program enrollment was lower than expected. The results of a small, comparative effectiveness study showed that consumers served at PBHCI clinics (compared to those served at matched control clinics) showed improvements on some (e.g., markers of dyslipidemia, hypertension, diabetes) but not all of the physical health indicators studied (e.g., smoking, weight). Finally, we found that program features, such as clinic hours, regular staff meetings, and the degree of service integration, increased consumer access to integrated care, but that access to integrated care was not directly associated with improvements in physical health. Implications of the study results for programs and the broader field, plus options for future PBHCI-related research are discussed.

RR-548/1
Mexico Is Not Colombia: Alternative Historical Analogies for Responding to the Challenge of Violent Drug-Trafficking Organizations. Christopher Paul, Colin P. Clarke, Chad C. Serena. 2014
Drug-related violence has become a very serious problem in Mexico. Of particular concern to U.S. policymakers, violent drug-trafficking organizations produce, transship, and deliver tens of billions of dollars' worth of narcotics into the United States annually. The activities of these organizations are not confined to drug trafficking; they extend to such criminal enterprises as human trafficking, weapon trafficking, kidnapping, money laundering, extortion, bribery, and racketeering. Then, there is the violence: Recent incidents have included assassinations of politicians and judges; attacks against rival organizations, associated civilians, and the police and other security forces; and seemingly random violence against innocent bystanders. Despite the scope of the threat to Mexico's security, these groups are not well understood, and optimal strategies to combat them have not been identified. Comparison between Mexico and Colombia is a tempting and frequently made analogy and source for policy recommendations. A review of these approaches, combined with a series of historical case studies, offers a more thorough comparative assessment. Regions around the world have faced similar challenges and may hold lessons for Mexico. One point is clear, however: Mexico is not Colombia. In fact, Mexico is not particularly like any other historical case characterized by “warlordism,” resource insurgency, ungoverned spaces, and organized crime. Despite the lack of a perfectly analogous case, Mexico stands to benefit from historical lessons and efforts that were correlated with the greatest improvements in countries facing similar challenges. A companion volume, Mexico Is Not Colombia: Alternative Historical Analogies for Responding to the Challenge of Violent Drug-Trafficking Organizations—Supporting Case Studies, presents in-depth profiles of each of these conflicts.

RR-550-BJA

The Bureau of Justice Assistance (BJA) aims to
improve community safety through effective programming throughout the United States. To maximize the impact of its investments, BJA has an interest in supporting programs that will be sustained beyond initial federal funding. This notion of program sustainability is becoming increasingly important as programs have been challenged to operate with increasingly scarce resources. RAND Corporation researchers aimed to better understand the characteristics and environments of programs that are likely to persist beyond federal seed funding and to delineate strategies that will enable BJA to assist programs that it funds in their efforts to sustain themselves. Using archival documentation and survey methods, they assessed 231 BJA grantee programs spanning three BJA funding domains—drug courts, human trafficking, and mental health—to identify characteristics associated with sustainability. They found evidence of program sustainment in most BJA grantees studied, particularly in sustained funding. They also examined the association between organizational and contextual factors and sustained operations and sustained funding. Finally, they recommend a plan for ongoing measurement of sustainability.

RR-551-OSD

The Department of Defense (DoD) has developed new sensor technologies to support military forces operating in Iraq and Afghanistan. These new capabilities may be useful in counterdrug (CD) operations along the southern U.S. border. DoD has held technology demonstrations to test and demonstrate new technologies along the southern border—because the field conditions along the border closely resemble those in current military theaters of operation and because they can also reveal whether new technologies are useful for CD operations led by domestic law enforcement agencies. However, there are legal questions about whether such technology demonstrations fully comply with U.S. law and whether advanced DoD sensors can legally be used in domestic CD operations when they are operated by U.S. military forces. In this report, the authors examine federal law and DoD policy to answer these questions. Some parts of U.S. law mandate information sharing among federal departments and agencies for national security purposes and direct DoD to play a key role in domestic CD operations in support of U.S. law enforcement agencies, while other parts of the law place restrictions on when the U.S. military may participate in law enforcement operations. Reviewing relevant federal law and DoD policy, the authors conclude that there is no legal reason why a DoD sensor should be excluded from use in an interagency technology demonstration or in an actual CD operation as long as a valid request for support is made by an appropriate law enforcement official and so long as no personally identifiable or private information is collected. The authors recommend DoD policy on domestic CD operations be formally clarified and that an approval process should be established for technology demonstrations with a CD nexus.

RR-553-EC
Breaking the cycle of disadvantage: Early Childhood interventions and progression to higher education in Europe. Benoit Guerin. 2014

The early years of childhood are crucial for the development of the cognitive and social-behavioural skills of an adult. Thus, they represent a unique challenge and opportunity to invest in children. Extensive research has shown that Early Childhood Education and Care (ECEC) is effective in tackling the inequality which can tend to spring from different experiences during these early years, and that ECEC can help to break the cycle of disadvantage. Experts have concluded that most of the gaps in cognitive ability that partly explain discrepancies in adult outcomes already exist at the age of five, emphasising the crucial role of early intervention, and the relatively minor role of subsequent schooling by comparison. One potential long-term measure of the success of
ECEC is access to higher education, particularly for underrepresented groups, such as those from low socio-economic status (SES) backgrounds. However, the magnitude of this unused potential has not yet been fully investigated in Europe, although the long-term returns of interventions and their ability to raise academic standards have been documented, as have the benefits of ECEC in the United States. What is clear is that in the long term, ECEC can boost the academic abilities of disadvantaged students, thus enabling them to pursue higher studies.

RR-554-EC

Most parents in Europe combine a variety of methods to reconcile their working lives with childcare duties, and their arrangements are related to their preferences, the age of their children, and the labour market opportunities to which they have access. These arrangements include formal childcare settings such as nurseries, preschools or registered child minders; informal arrangements where care is most often provided by grandparents or unregistered nannies, and parental leave arrangements. Paternity and maternity leave provides opportunities for parents to provide their own childcare, though length of leave, compensation and the share of leave between parents varies considerably between EU Member States. At the same time women are much more likely to reduce their working hours in order to care for their children and assume childcare responsibilities than men. This is the main cause of low labour market inactivity and low female employment rates in Europe. High participation rates in formal childcare settings are however not a prerequisite for high levels of female market participation but it seems also questionable whether informal childcare is enough to support women’s full-time labour market participation.

RR-555-EC
Social protection during the economic crisis: How do changes to benefits systems affect children?. Barbara Janta, Marie-Louise Henham. 2014

Children are more likely to be at risk of poverty and social exclusion than adults, the European Commission concluded in its 2013 recommendation ‘Investing in Children: breaking the cycle of disadvantage’. The economic crisis and its widespread effects have increased poverty and social exclusion risks, notably through cuts in public spending leading to underinvestment in child-focused policies. However, authorities increasingly realise that the austerity measures affecting the expenditure on early intervention and preventive policies may result in greater public spending in the future. As a result, new initiatives have been launched, focusing on implementing cost-effective measures to improve childcare services, education, and health care, and designed to help tackle unemployment and housing issues. All these elements are crucial for improving the well-being of children and families, as well as for promoting stability. A handful of European countries have proceeded with measures to mitigate the impact of economic crisis on children and families. Austria, Germany, France, and Italy have put in place new cash allowances, increased tax credit/breaks, childcare provision, and increased parental leave. Such initiatives aim to sustain and increase effective support for vulnerable members of society, who tend to be hit hardest by economic crises.

RR-556-CMEPP
Youth in Jordan: Transitions from Education to Employment. Ryan Andrew Brown, Louay Constant, Peter Glick, Audra K. Grant. 2014

Despite strong economic growth during the last decade, youth unemployment in Jordan remains stubbornly high, and labor-force participation markedly low. Young women in particular face labor market barriers in access to many career paths, and their job aspirations are often discouraged by their parents. Graduates of secondary and postsecondary institutions do not possess the requisite technical and soft skills needed for the jobs they expect to get. Facing poor econom-
ic prospects and inadequate income, youth are unable to marry, afford to live independently, or support a family. The youth unemployment crisis appears set to plague the country as well as the Middle East region for years to come in the absence of offsetting policy. This study examines the perceptions of young Jordanian men and women on issues relevant to their transitions into adult roles, specifically aspirations for work and family. To achieve the study objectives, we conducted 13 focus groups and 14 one-on-one qualitative interviews with young Jordanians (ages 15–30). Participants came from the nation’s capital, Amman, as well as the less urbanized nearby area of Zarqa. We place these subjective perceptions into perspective through a literature review and secondary analysis of national statistics, as well as interviews with experts.

RR-557-ME


This study reviews the legal and policy frameworks that govern the use of information and communications technology by European Union institutions and agencies in terms of the extent to which they account for information security and data privacy. The first set of findings is presented in Chapter 2, which suggests that legacy equipment, path dependency when it comes to law and policymaking, and the natural conservativeness of a large and complex administrative machine may act as inhibitors to building greater information security in EU institutions and agencies. Examining legal and policy frameworks that govern and regulate the use of ICT across EU institutions and agencies, Chapter 3 finds that the overall tone of EU policy and legal frameworks governing and regulating information security resonates with a model of security based on an internally secure organisation and insecure external environment, which appears to be inconsistent with the latest evolving canon of best practice concerning inter-organisational security. Moreover, key EU information security and data protection frameworks would appear poorly aligned with many modern models of technology service delivery and use, and the potential for security and privacy requirements to be built in from the start through Security Engineering or Privacy by Design principles appears to have little visibility in many EU legal and policy frameworks. Mapping legal and policy frameworks, which cover policy domains that are unique to EU institutions and agencies, Chapter 4 reveals that there is a complex landscape of very specific information security and data protection requirements for different EU policy domains. The unique nature of some of these policy domains and their attendant security or privacy considerations seem difficult to reconcile with the appetite for more innovative types of technology provision. The Chapter concluded by highlighting that information security governance and data protection remains a challenge within many EU frameworks, which are often managed in a federated fashion through obligatory standards and rules set at a strategic EU level and implementation at the national level.

RR-559-OSD


In response to the elevated rate of suicide among U.S. service members, a congressionally mandated task force recommended that the U.S. Department of Defense (DoD) create a unified, comprehensive strategic plan for suicide prevention research to ensure that DoD-funded studies align with DoD's goals. To help meet this objective, a RAND study cataloged the research funded by DoD and other entities that is directly relevant to military personnel, examined the extent to which current research maps to DoD's strategic research needs, and provided recommendations to ensure that proposed research strategies align with the national research strategy and integrate...
with DoD’s data collection and program evaluation strategies. The study found that although DoD is one of the largest U.S. funders of research related to suicide prevention, its current funding priorities do not consistently reflect its research needs. The study indexed each of 12 research goals according to rankings of importance, effectiveness, cultural acceptability, cost, and learning potential provided by experts who participated in a multi-step elicitation exercise. The results revealed that research funding is overwhelmingly allocated to prevention goals already considered by experts to be effective. Other goals considered by experts to be important and appropriate for the military context receive relatively little funding and have been the subject of relatively few studies, meaning that there is still much to learn about these strategies. Furthermore, DoD, like other organizations, suffers from a research-to-practice gap. The most promising results from studies funded by DoD and other entities do not always find their way to those responsible for implementing suicide prevention programs that serve military personnel. The RAND study recommended approaches to thoughtfully integrate the latest research findings into DoD’s operating procedures to ensure that evidence-based approaches can benefit suicide prevention programs and prevent the further loss of lives to suicide.

RR-560-DARPA

Satellite anomalies are mission-degrading events that negatively affect on-orbit operational spacecraft. All satellites experience anomalies of some kind during their operational lifetime. They range in severity from temporary errors in non-critical subsystems to loss-of-contact and complete mission failure. There is a range of causes for these anomalies, and investigations by the satellite operator or manufacturer to determine the cause of a specific anomaly are sometimes conducted at significant expense. Maintaining an anomaly database is one way to build an empirical understanding of what situations are more or less likely to result in satellite anomalies, and help determine causal relationships. These databases can inform future design and orbital regimes, and can help determine measures to prolong the useful life of an on-orbit spacecraft experiencing problems. However, there is no centralized, up-to-date, detailed, and broadly available database of anomalies covering many different satellites. This report describes the nature and causes of satellite anomalies, and the potential benefits of a shared and centralized satellite anomaly database. Findings indicate that a shared satellite anomaly database would bring significant benefits to the commercial community, and the main obstacles are reluctance to share detailed information with the broader community, as well as a lack of dedicated resources available to any trusted third party to build and manage such a database. Trusted third parties and cryptographic methods such as secure multiparty computing or differential privacy are not complete solutions, but show potential to be further tailored to help resolve the issue of securely sharing anomaly data.

RR-561-DH

This report is concerned with ‘standards of quality and safety’ within health and social care systems. Care standards are intended to support efforts in maintaining and improving the quality of care; they have been developed across countries, although the ways in which they are implemented and applied differs between nations. Taking a range of six countries, we review the regulatory mechanisms that have been implemented to ensure that essential standards of care are applied and are being adhered to, and consider the range of policy instruments used to encourage and ensure continuous quality improvement. We report on
Australia, England, Finland, Germany, the Netherlands and the USA. The report is intended to inform policy thinking for the Department of Health and others in developing the regulation of safety and quality of health and social care in England. It was prepared as part of the project An “On-call” Facility for International Healthcare Comparisons funded by the Department of Health in England through its Policy Research Programme.

RR-564-BJA

More than 2 million adults are incarcerated in U.S. prisons, and each year more than 700,000 leave federal and state prisons and return to communities. Unfortunately, within three years, 40 percent will be reincarcerated. One reason for this is that ex-offenders lack the knowledge, training, and skills to support a successful return to communities. Trying to reduce such high recidivism rates is partly why states devote resources to educating and training individuals in prison. This raises the question of how effective—and cost-effective—correctional education is—an even more salient question given the funding environment states face from the 2008 recession and its continuing aftermath. With funding from the Second Chance Act of 2007, the Bureau of Justice Assistance, U.S. Department of Justice, asked RAND to help answer this question as part of a comprehensive examination of the current state of correctional education for incarcerated adults and juveniles. The RAND team conducted a systematic review of correctional education programs for incarcerated adults and juveniles. This included a meta-analysis on correctional education’s effects on recidivism and postrelease employment outcomes for incarcerated adults, as well as a synthesis of evidence on programs for juveniles. The study also included a nationwide survey of state correctional education directors to understand how correctional education is provided today and the recidivism’s impact. The authors also compared the direct costs of correctional education with those of reincarceration to put the recidivism findings into a broader context.

RR-567-OSD
Ramifications of DARPA’s Programming Computation on Encrypted Data Program. Martin C. Libicki, Olesya Tkacheva, Chaoling Feng, Brett Hemenway. 2014

Programming Computation on Encrypted Data (PROCEED) is a Defense Advanced Research Projects Agency program whose primary purpose is to improve the efficiency of algorithms that allow people to carry out computations on encrypted data—without having to decrypt the data itself. RAND was asked to evaluate whether PROCEED—which expands the knowledge base of the global cryptographic community—is likely to provide more benefits to the United States than it does to its global rivals. The research team’s assessment focused on the degree to which PROCEED technologies may be adopted, under what circumstances, and for what purpose. The team then used the analytic framework generated to understand technological uptake decisions as a way of ascertaining how such factors would work in Russia and China vis-à-vis the United States (and, by extension, countries similar to the United States). Analysis of online searches for information about data encryption, information security, and data protection in Russia and China concluded that, given government approval of PROCEED technologies, their diffusion will be more rapid in China than in Russia. Whether PROCEED technologies will be adopted in the face of the processing penalties that will be associated with using them is difficult to determine at this time. If PROCEED is adopted, it is likely to be adopted more rapidly in the United States (and similar developed countries) than it is in Russia and China, in large part because PROCEED is compatible with the U.S. political culture, and in smaller part because it better accords to the U.S. business environment.

RR-569-NIJ
Police Department Investments in Information

In the wake of the economic downturn that began in 2007 and 2008, public service providers, including police departments, have been asked to tighten their financial belts and, in some instances, do more with less. Whereas some departments have cut their information technology (IT) investments and staffing as a way to avoid cutting sworn officers, others have increased their investments in IT, believing it can serve as a force multiplier, increasing the efficiency and effectiveness of the department. IT has become increasingly integrated into modern police organizations, particularly for systems related to records management, dispatch, crime investigation, personnel records, information sharing, fleet management, automated booking, and resource allocation. But the trade-offs among personnel, technology, and costs are not straightforward. With this report, the authors explored the rationale and evidence supporting the idea that IT investments can increase efficiency in policing, and do so cost-effectively.

The correlation modeling suggested both expected and unexpected relationships between IT and efficiency. For various reasons, the efforts to carry out a full statistical analysis of police IT use matched with activity types using existing survey data did not succeed. However, they did yield insights that are relevant to the design of future efforts to assess the effects of IT systems on law enforcement performance.

RR-570-A


The U.S. Army has contributed the bulk of deployed U.S. troops since September 11, 2001 and has accrued substantial levels of deployment-related experience. Between September 2001 and December 2012, the Army provided 1.65 million cumulative deployed troop-years; the Regular Army provided 70 percent of the Army’s contribution, while the Army National Guard of the United States (ARNGUS) provided 21 percent and the U.S. Army Reserve (USAR) provided 9 percent. However, as combat operations in Afghanistan conclude, soldiers separate from service, and Regular Army endstrength is reduced, the rate at which deployment experience is accumulated will decline, most likely resulting in a net decrease. The ARNGUS and USAR provide an additional option to retain deployment experience acquired in the Regular Army; however, the percentage of soldiers who transition to these components is on the decline. An analytical assessment of the benefits garnered from deployment experience may help the Army focus its efforts on retaining and transferring relevant knowledge and skills during deployment.

RR-571-RE


From September 2012 universities and other higher education institutions (HEIs) in England have been able to charge up to £9,000 per year in tuition fees, which had previously been capped at £3,375 per year. Against this backdrop, this report explores the relative importance of tuition fees on the choices made between universities by students, and parents of students, intending to go to university. The research uses a stated preference survey approach, which consisted of asking individuals to make choices within a survey context about which university they would choose across a range of hypothetical scenarios. From these choices it is then possible to analyse the decisions made, the extent to which they are influenced by different factors, and to observe the trade-offs being made. We see that tuition fee levels are not the only consideration which influences the judgement of parents and students when deciding to apply to university. Our analysis suggests that several factors influence university choice apart from tuition fees, including employment prospects, living expenses, location and quality of the course offered. We also quantify the trade-offs that students and parents are willing to make; specifically their willingness to pay, through tuition fees, for other aspects that may differentiate universi-
ties and their courses. This report provides new empirical evidence to support the debate around the relative influence that tuition fee levels have in influencing the decisions of those choosing between universities, and provides a foundation for future econometric analysis.

RR-572-HBI

Substance use disorders are common among juvenile justice populations, and few resources exist to address this problem as young offenders transition into the community upon release. To address this need, in October 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), awarded three-year grants to community-based organizations to expand and/or enhance substance abuse treatment and recovery and reentry services to sentenced offenders returning to the community. Homeboy Industries, Inc., in collaboration with Behavioral Health Services, Inc., and the RAND Corporation, was awarded a grant to serve up to 220 16–25-year-olds recently released from juvenile detention to receive substance use treatment and recovery services at Homeboy Industries in downtown Los Angeles. This report represents the evaluation of that Substance Use Treatment and Reentry (STAR) Program. Ninety-four percent of the proposed population was enrolled into the program. Ninety percent of participants received at least one substance use treatment session, and 73 percent successfully completed the five-session treatment in six months. Analysis of the client outcome data following participation showed improvements or stability over time in housing and social connectedness. Over 70 percent of participants who completed a 12-month interview reported continued employment, and self-reported arrests were below 15 percent. Abstinence rates did not change much throughout the project (about 30 percent); however, those reporting use at intake showed reductions in use over time. These findings reveal a continued need among the population for substance use treatment and recovery support.

RR-573-CCRMC

Congress enacted the Terrorism Risk Insurance Act (TRIA) in 2002, in response to terrorism insurance becoming unavailable or, when offered, extremely costly in the wake of the 9/11 attacks. The law provides a government reinsurance backstop in the case of a terrorist attack by providing mechanisms for avoiding an immediate drawdown of capital for insured losses or possibly covering the most extreme losses. Extended first in 2005 and again in 2007, TRIA is set to expire at the end of 2014, and Congress is again reconsidering the appropriate government role in terrorism insurance markets. This policy brief examines the potential national security implications of allowing TRIA to expire. Examining the history of terrorism in the United States since the passage of TRIA and reviewing counterterrorism studies, the authors find that terrorism remains a real national security threat, but one that is very difficult for insurers to model the risk of. They also find that terrorism risk insurance can contribute to making communities more resilient to terrorism events, so, to the extent that terrorism insurance is more available with TRIA than without it, renewing the legislation would contribute to improved national security.

RR-576-A

In keeping with the coming drawdown in military end strength, the Department of Defense is planning to scale back its civilian workforce over the next several years. After reaching nearly 295,000 full-time employees in fiscal year (FY) 2010, the size of the Army’s civilian workforce has started to fall. It is necessary to manage this drawdown so that sufficient people remain available in key posi-
tions. The authors projected the future supply of Army civilians under various scenarios and examined how the Army might manage supply to meet projected demand, by bringing together workforce supply and demand models. The RAND Inventory Model was used to project the supply of Army civilians, by command and occupation, based on historical patterns of internal transfers and separations, and various scenarios for future hiring. The supply projections were matched with demand projections from RAND’s Generating-Force-to-Operator model, which translates budgets for the Army’s operating force into projected changes in the institutional Army, to estimate the numbers of new hires or force reductions needed to meet the demand for civilians. The findings suggest that meeting future targets will require reducing hiring rates below historical levels but that substantial hiring will still be needed in most commands. If demand drops considerably below current projections, larger cuts would likely be required. Workforce cost is projected to change largely in line with the number of personnel. If requirements based on the FY 2014 President’s Budget are met by FY 2017, nominal costs are projected to remain approximately constant, with expected civilian pay raises offsetting workforce reductions.

RR-577-SRF
Libya After Qaddafi: Lessons and Implications for the Future. Christopher S. Chivvis, Jeffrey Martini. 2014

In 2011, NATO and a number of Arab and other countries backed a rebel overthrow of longstanding Libyan dictator Muammar Qaddafi. When Qaddafi was killed in October, the intervening powers abruptly wrapped up military operations. A small United Nations mission was given responsibility for coordinating post-conflict stabilization support. The essential tasks of establishing security, building political and administrative institutions, and restarting the economy were left almost entirely up to Libya’s new leaders. The results of this very limited international approach have been lackluster at best. Libya has fallen behind on a number of critical post-conflict fronts, jihadist groups have made inroads, and there is still a possibility that this newly freed nation could once again collapse into civil war. Although Libya’s fate is ultimately in the hands of Libyans themselves, international actors could have done more to help and could still take steps to avert further deterioration of Libya itself as well as the broader region. This report is based on research and interviews with officials in Washington, London, Paris, Brussels, and Tripoli and draws on existing RAND work on post-conflict reconstruction. It explains the challenges that Libya faced after the war, assesses the steps taken to overcome them, draws implications for future post-conflict efforts, and sketches a way forward in Libya itself.

RR-581-AF

As operations become more jointly connected with other military services and the Air Force becomes smaller, there is concern that more leadership responsibility and authority is being pushed down to noncommissioned officers. As the first level of senior noncommissioned officers, the ability of master sergeants to be effective leaders is especially critical. A key component of ensuring that master sergeants have the knowledge, skills, and abilities to fulfill the required leadership responsibilities is having an effective system to promote airmen with the greatest potential. Despite changes in force size, operational requirements, airmen’s responsibilities, the current promotion system has remained largely unchanged since it was developed more than 40 years ago. Therefore, RAND researchers assessed the current system and explored areas for possible improvement.

RR-596-RE

Launched in 2011, the multi-national Map-
ping Pathways project provides a community-led, research-driven, multi-layered synthesis about the use of antiretroviral-based prevention strategies. Project partners included RAND, AIDS Foundation of Chicago, AIDS United, Desmond Tutu HIV Foundation, Naz India, and Bairds CMC. After two years of data collection and analysis in the United States, South Africa and India, we published a synthesis in a report titled Mapping Pathways: Developing Evidence-Based, People-Centred Strategies for the Use of Antiretrovirals as Prevention.In the latter half of 2013, a subset of the Mapping Pathways team from RAND Europe and AIDS Foundation of Chicago conducted a series of three “knowledge exchange” scenario development workshops with a focus on the United States, held in San Francisco, California; Atlanta, Georgia; and Washington, DC. The aim of the workshops was to further share the findings of the report and to continue enhancing the community-driven, locally informed approach to the wider evidence base for ARV-based prevention. This report summarizes the outputs of those three workshops. The intended audience extends beyond those who attended the workshops, to interested policymakers, researchers, community members, advocates, activists, and other stakeholders in the HIV community. We aim to provide a report that is thought-provoking and one which will stimulate new ideas and thinking amongst local, national, and global communities engaged in HIV prevention.

RR-597
Improving Dementia Long-Term Care: A Policy Blueprint. Regina A. Shih, Thomas W. Concannon, Jodi L. Liu, Esther M. Friedman. 2014

In 2010, 15 percent of Americans older than age 70 had dementia, and the number of new dementia cases among those 65 and older is expected to double by the year 2050. As the baby boomer generation ages, many older adults will require dementia-related long-term services and supports (LTSS). This blueprint is the only national document to date that engages local, state, and national stakeholders to specifically focus on policy options at the intersection of dementia and LTSS. The authors undertook five major tasks that resulted in a prioritized list of policy options and research directions to help decisionmakers improve the dementia LTSS delivery system, workforce, and financing. These were to (1) identify weaknesses in the LTSS system that may be particularly severe for persons with dementia; (2) review national and state strategies addressing dementia or LTSS policy; (3) identify policy options from the perspective of a diverse group of stakeholders; (4) evaluate the policy options; and (5) prioritize policy options by impact and feasibility. Stakeholders identified 38 policy options. RAND researchers independently evaluated these options against prespecified criteria, settling on 25 priority options. These policy options can be summarized into five objectives for the dementia LTSS system: (1) increase public awareness of dementia to reduce stigma and promote earlier detection; (2) improve access to and use of LTSS; (3) promote high-quality, person- and caregiver-centered care; (4) provide better support for family caregivers of people with dementia; and (5) reduce the burden of dementia LTSS costs on individuals and families. This policy blueprint provides a foundation upon which to build consensus among a larger set of stakeholders to set priorities and the sequencing of policy recommendations.

RR-600-1-AETNA

After having successfully expanded health insurance coverage, China now faces the challenge of building an effective and efficient delivery system to serve its large and aging population. The country finds itself at a crossroads—it can emulate the models of Western countries with their well-known limitations, or embark on an ambitious endeavor to create an innovative and sustainable model. We recommend that China choose the second option and design and implement a health care system based on population health management principles and sophisticated health information technol-
ogy. Taking this path could yield a triple dividend for China: Health care will contribute to the growth of service sector employment, stimulate domestic demand by unlocking savings, and enable China to export its health system development capabilities to other emerging economies, mirroring its success in building other critical infrastructure. These forces can help turn the Chinese Dream into a reality.

RR-600-AETNA

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RR-604-OFCOM
Living Room Connected Devices: Opportunities, security challenges and privacy implications for users and industry. Neil Robinson, Jon Freeman, Jan Gaspers, Veronika Horvath, Tess Hellgren, Alex Hull. 2014

RAND Europe was commissioned by Ofcom, the UK communications regulator, to investigate and prepare an independent expert report on the growth of the connected living room and the implications of this growth for UK citizens and consumers. As the living room becomes an Internet connected space, this shift offers opportunities to consumers and industry while also raising potential privacy and security concerns. Although currently a nascent market, the uptake of living room connected devices is expected to grow significantly in the coming years. However, it appears that there is a low awareness of how the capabilities of living room connected devices might be used, either legitimately by industry or illegitimately by criminal actors. This report addresses the security and privacy implications of the Internet connected living room for both industry and consumers, discussing potential benefits and emerging threats associated with living room connected devices and their technical capabilities.

RR-605-DOS

The United States faces a unique set of challenges and opportunities in strengthening security and justice sector partnerships in the Middle East and North Africa. Against the backdrop of the Arab uprisings, the U.S. government has issued policy guidance relating to foreign assistance more broadly and security sector assistance in particular. RAND researchers analyzed potential new partnership models that could help implement this guidance, simultaneously strengthening security and justice sector cooperation and promoting reform across the Arab world and beyond. They devised the Enhanced Partnership Planning Model, which focuses on improving collaborative planning, rather than on using assistance as leverage to require partner nations to do what the United States wants. The model serves as a flexible framework that could support tailored, rigorous SJS planning by U.S. and partner nation stakeholders. This framework can support both policy-makers and program managers as they seek to implement new policy guidelines that integrate elements of accountability and reform while
continuing to advance core U.S. interests and equities in a rapidly evolving regional context.

RR-606-DOEL

Delaware was in the first group of states to receive a federal grant in 2012 to improve early care and education services and increase the number of infants, toddlers, and preschool-age children in high-quality programs. One component of the state’s grant is a rigorous validation process for Delaware Stars for Early Success, a voluntary quality rating and improvement system (QRIS), including a study to assess the relationship between the quality ratings and the developmental outcomes of children. To support Delaware’s efforts to ensure that the QRIS is working as intended, RAND researchers examined prior validation research, analyzed Delaware Stars administrative data, conducted a series of key stakeholder interviews and focus groups, and implemented a virtual pilot test of Delaware Stars using national data to identify relationships between program quality and child developmental outcomes. The results provide a baseline understanding of the types of child care providers that participate in Delaware Stars, their Delaware Stars quality ratings, how quickly they progress to higher quality levels and which standards they are meeting, how enrolled children are distributed across participating and nonparticipating programs, and the experiences of administrators, providers, and families with the current system. Although this initial study was not intended to provide definitive recommendations for improving Delaware Stars, the findings point to ways to reinforce initiatives already under way in Delaware Stars or that could be considered for the future.

RR-609-OSD
Spillover from the Conflict in Syria: An Assessment of the Factors that Aid and Impede the Spread of Violence. William Young, David Stebbins, Bryan A. Frederick, Omar Al-Shahery. 2014

All roads lead to Damascus and then back out again, but in different directions. The financial and military aid flowing into Syria from patrons and neighbors is intended to determine the outcome of the conflict between a loose confederation of rebel factions and the regime in Damascus. Instead, this outside support has the potential to perpetuate the existing civil war and to ignite larger regional hostilities between Sunni and Shia areas that could reshape the political geography of the Middle East. This report examines the main factors that are likely to contribute to or impede the spread of violence from civil war and insurgency in Syria, and then examines how they apply to Turkey, Lebanon, Iraq, and Jordan.

RR-610-JNI

Criminal activities in cyberspace are increasingly facilitated by burgeoning black markets for both tools (e.g., exploit kits) and take (e.g., credit card information). This report, part of a multiphase study on the future security environment, describes the fundamental characteristics of these markets and how they have grown into their current state to explain how their existence can harm the information security environment. Understanding the current and predicted landscape for these markets lays the groundwork for follow-on exploration of options to minimize the potentially harmful influence these markets impart. Experts agree that the coming years will bring more activity in darknets, more use of crypto-currencies, greater anonymity capabilities in malware, and more attention to encrypting and protecting communications and transactions; that the ability to stage cyberattacks will likely outpace the ability to defend against them; that crime will increasingly have a networked or cyber component, creating a wider range of opportunities for black markets; and that there will be more hacking for hire, as-a-service offerings, and brokers. Experts disagree, however, on who will be most affected by the growth of the black market (e.g., small or large businesses, individuals), what products will be on the rise (e.g.,
fungible goods, such as data records and credit card information; non-fungible goods, such as intellectual property), or which types of attacks will be most prevalent (e.g., persistent, targeted attacks; opportunistic, mass “smash-and-grab” attacks).

RR-611-CCRMC


Congress enacted the Terrorism Risk Insurance Act (TRIA) in 2002, in response to terrorism insurance becoming unavailable or, when offered, extremely costly in the wake of the 9/11 attacks. The law creates an incentive for a functioning private terrorism insurance market by providing a government reinsurance backstop for catastrophic terrorist attack losses. Extended first in 2005 and again in 2007, TRIA is set to expire at the end of 2014, and Congress is again considering the appropriate government role in terrorism insurance markets. This policy brief examines the potential federal spending implications of allowing TRIA to expire. Combining information on federal spending through TRIA, the influence of TRIA on the availability of terrorism insurance coverage, and the relationship between uninsured losses and federal disaster assistance spending, the authors find that, in the absence of a terrorist attack, TRIA costs taxpayers relatively little, and in the event of a terrorist attack comparable to any experienced before, it is expected to save taxpayers money.

RR-614-OSD


To demonstrate the potential of existing data to provide information on the defense supplier base, the researchers conducted some illustrative analyses using, among other sources, the System for Award Management, the Federal Procurement Data System—Next Generation, the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS), and the U.S. Geological Survey. Of these, the FSRS is the most recent and its coverage of subaward dollars is expanding as older contracts expire and are replaced with ones with FSRS reporting requirements. Using these data can identify small-business participation in the supply base as well as the vulnerability of contractors and subcontractors to changes in their federal government prime contract and subcontract revenue or environmental risks. Such information can help policymakers better understand potential risks in the supply chain and better shape industrial-base policies. Adding data on natural-disaster risks can also help identify external sources of supply disruption and point to potential buffering strategies.

RR-616


This study explores Iranian influence in Afghanistan and the implications for the United States after the departure of most American forces from Afghanistan. Iran has substantial economic, political, cultural, and religious leverage in Afghanistan. Kabul faces an obdurate insurgency that is likely to exploit the U.S. and international drawdown. The Afghan government will also face many economic difficulties in future years, and Afghanistan is highly dependent on international economic aid. Additionally, the biggest problem facing Afghanistan may be political corruption. Iranian influence in Afghanistan following the drawdown of international forces need not necessarily be a cause of concern for the United States though. Although Tehran will use its cultural, political, and economic sway in an attempt to shape a post-2016 Afghanistan, Iran and the United States share core interests there: to prevent the country from again becoming dominated by the Taliban and a safe haven for al Qaeda. This study examines Iran's historic interests in Afghanistan and its current policies in that country, and explores the potential implications for U.S. policy. The research is based on field interviews in Afghanistan, the use of primary sources in Dari and Persian, and scholarly
Processes for determining U.S. Air Force manpower requirements vary considerably across and within the variety of workforces employed to meet Air Force missions, including active duty military personnel, full-time and part-time Air Force Reserve and Air National Guard military personnel, civilian employees, and contractors. Distinctive processes have been developed for quantifying needs for operational, maintenance, and non-maintenance agile combat support workforces. The primary focus of this report is on those quantitatively oriented manpower requirements processes and the extent to which they are validated, coordinated, and consistent. Since some requirements are based on wartime or deployment needs rather than peacetime or garrison needs, the report seeks to determine if a common-sight picture of wartime demands is available. It also explores the qualitative side of personnel requirements. The resources of the Air Force’s manpower requirements squadrons and flights appear to be inadequate to their task, as evidenced by both the limited coverage of requirements by standard processes and the age distribution of current manpower standards. Another area of concern is the separation of manpower standards by component, leading to inefficiencies. Also, restrictions on the duties of reserve component personnel tend to mandate more training than is needed and invite circumventions to allow greater participation by reservists in active missions. In addition, the linkage between individual mobilization augmentee authorizations and wartime requirements is tenuous. Finally, looking at qualitative requirements, there appears to be a need for additional attention to officer education prerequisites.

RR-622-KBV
Best practice: Medical training from an interna-
tional perspective. Celine Miani, Saba Hinrichs, 
Emma Pitchforth, Teresa Bienkowska-Gibbs, Ste-
fanie Disbeschl, Martin Roland, Ellen Nolte. 2014

This report seeks to help inform the further development of medical education and training for primary care in Germany. It explores approaches to medical education and training in a small number of high-income countries and how these seek to address shortages of doctors practising in primary or ambulatory care through reforming their education and training systems. It does so by means of an exploratory analysis of the experiences of three countries: England, France and the Netherlands, with Germany included for comparison. Data collection involved a review of the published and grey literature, using a structured template, complemented by information provided by key informants in the selected countries. The report sets out the general context within which the medical education and training systems in the four countries operate, and describe the education and training pathways for general practice for each. We highlight options for medical education and training in Germany that arise from this study by placing our observations in the context of ongoing reform activity. This study will be of relevance for decisionmakers and practitioners concerned with ensuring a medical workforce that is prepared for the demands in a changing healthcare environment.

RR-624-LACPD
Terry Fain, Sarah Michal Greathouse, Susan 
Turner. 2014

California’s Juvenile Justice Crime Prevention Act was designed to provide a stable funding source for juvenile programs that have been proven effective in curbing crime among at-risk and young offenders. It provides funds to counties to add evidence-based programs and services for juvenile probationers identified with higher needs for special services than those identified for routine probationers, at-risk youth who have not entered the probation system but who live or attend school in areas of high crime or who have other
factors that potentially predispose them to criminal activities, and youth in juvenile halls and camps. The Board of State and Community Corrections is required to submit annual reports to the California state legislature measuring the program's success for six outcome measures: (1) successful completion of probation, (2) arrests, (3) probation violations, (4) incarcerations, (5) successful completion of restitution, and (6) successful completion of community service. Each county can also measure supplemental outcomes. For the six state-mandated outcomes, differences between program participants and comparison-group youth are mostly positive, though relatively small. County-developed supplemental outcomes, which measure performance of program participants at program entry and again at a later time, tend to be more favorable.

RR-626-OSD

Current unmanned systems (UxSs) use different communication systems and have limited autonomy, which can contribute to interoperability problems and limit the degree to which information collected by these systems can be shared with warfighters and other UxSs operating in the same area. UxSs may also face survivability and mission effectiveness challenges when they operate in contested environments or against adversaries with significant electronic or cyber warfare capabilities. Improving UxS autonomy can address these challenges. This report identifies a partially open systems architecture (POSA) approach that can improve system interoperability and autonomy. A POSA reference model is proposed for unmanned aircraft vehicles that can enable new autonomous capability modules to be inserted into the system.

RR-628-RCN

The HelseOmsorg21 initiative was set up by the Ministry of Health and Care Services to develop a new research and innovation strategy for health and care services in Norway. The HelseOmsorg21 Strategy Group, through the Research Council of Norway which is providing the secretariat for the strategy development, asked RAND Europe to support the strategic review process. RAND Europe's role was to conduct a series of rapid evidence reviews around the recommendations arising from the five working groups that comprise Hanney, Jonathan Grant. 2014

In 2012, RAND Europe and the Health Economics Research Group (Brunel University) were commissioned by the Wellcome Trust, Cancer Research UK, the National Institute for Health Research and the Academy of Medical Science to conduct a study of the returns to the public/charitable investment in cancer-related research. This study built on previous work published in the 2008 “What’s it worth?” report that estimated the economic returns to medical research in terms of spill-over benefits and health gain. The 2008 study was extensively quoted and cited as a clear justification for the economic importance of medical research and appears to have played a role in achieving the protection of the medical science budget in the recent public expenditure cuts. This cancer study used a similar approach to that used in the previous study, but with some methodological developments. One of the methodological developments was the inclusion of case studies to examine the validity and variability of the estimates on elapsed time between funding and health gains, and the amount of health gains that can be attributed to UK research. This report provides the full text of the five case studies conducted as well as some discussion of observations emerging across the case study set.

RR-627-WT
Investigating time lags and attribution in the translation of cancer research: A case study approach. Susan Guthrie, Alexandra Pollitt, Stephen
the initiative. The reviews were conducted around networks and collaboration, data linkage and exchange, culture, values and leadership, and incentives for innovation, while capacity building was a recurrent theme throughout. This report presents the rapid evidence reviews, summarising relevant literature and highlighting international examples of particularly relevant or innovative approaches. The issues and ideas identified around each theme are then pulled together in a suggested conceptual representation of the Norwegian health and care research system.

RR-629-OSD

This report describes a method for detecting, characterizing, and analyzing the development of commercial interest in technology areas, which we call technology emergence. The U.S. Patent and Trademark Office’s formal categorization system has been used to classify literally millions of technical documents. The classification is not merely a single technical descriptor, but a categorization of all the areas of science and technology advanced in the document as recognized by the patent examiner. A rapid increase in patent applications filed related to a specific classification thus can represent its dissemination into new and often unrelated technological areas. This rapid increase in patent application filing is a signal of technology emergence and industry acceptance. By placing their patent portfolios on s-curves, a patenting organization or sponsor can learn: (1) the level of interest in the broader patenting community in the technology areas in which the organization (and its staff) are patenting; and (2) how early or late their specific patents are with respect to when the technology area first emerged.

RR-636-IFMO
The Future of Driving in Developing Countries. Liisa Ecola, Charlene Rohr, Johanna Zmud, Tobias Kuhnimhof, Peter Phleps. 2014

The level of automobility, defined as travel in personal vehicles, is often seen as a function of income: The higher a country’s per capita income, the greater the amount of driving. However, levels of automobility vary quite substantially between countries even at similar levels of economic development. This suggests that countries follow different mobility paths. The research detailed in this report sought to answer three questions: What are the factors besides economic development that affect automobility? What is their influence on automobility? What will happen to automobility in developing countries if they progress along similar paths as developed countries? To answer these questions, the authors developed a methodology to identify these factors, model their impact on developed countries, and forecast automobility (as defined by per capita vehicle-kilometers traveled [VKT]) in four developing countries. This methodology draws on quantitative analysis of historical automobility development in four country case studies (the United States, Australia, Germany, and Japan) that represent very different levels of per capita automobility, in combination with data derived from an expert-based qualitative approach. The authors used the latter to assess how these experiences may affect the future of automobility in the BRIC countries: Brazil, Russia, India, and China. According to this analysis, automobility levels in the four BRIC countries will fall between those of the United States (which has the highest per capita VKT level of the four case studies) and Japan (which has the lowest). Brazil is forecasted to have the highest per capita VKT and India the lowest.

RR-637-OSD
A Persistent Threat: The Evolution of al Qa’ida and Other Salafi Jihadists. Seth G. Jones. 2014

This report examines the status and evolution of al Qa’ida and other Salafi-jihadist groups, a subject of intense debate in the West. Based on an analysis of thousands of primary source documents, the report concludes that there has been an increase in the number of Salafi-jihadist groups, fighters, and attacks over the past several years. The author uses this analysis to build a framework for addressing the varying levels of threat in different countries, from engagement in high-threat, low government capacity countries; to
forward partnering in medium-threat, limited government capacity environments; to offshore balancing in countries with low levels of threat and sufficient government capacity to counter Salafi-jihadist groups.

RR-639-REC

This report describes the evaluation of the New Mexico Home Visiting Competitive Development Grant, which sought to pilot test the use of implementation supports to improve the development and implementation of home visiting programs. Each community was to use Getting To Outcomes® (GTO) and ECHO® (Extension for Community Healthcare Outcomes) to support their work. The GTO framework promotes capacity for high-quality programming by specifying ten steps that practitioners should take and by providing support to complete those steps. ECHO involves specialists providing training and technical assistance via distance technology to community practitioners in rural areas to improve the quality of services. The grant was delayed, and the project's scope shifted significantly from the original plan. The evaluation documents significant challenges in meeting grant goals. A local team hired to facilitate GTO did not use it as designed, and no communities were trained in GTO. The coalitions that were developed operated with few resources or accountability, and made little progress on plans to enhance services. Only two of the four communities started home visiting after nearly a year and a half. ECHO was used with fidelity with those two programs. There was no change in the continuum of services to support children and families. Due to delays and lack of implementation of the proposed intervention, the evaluation was not able to assess the project's impact on child or family outcomes, nor did the project serve as a robust pilot test of the use of GTO and ECHO to improve home visiting implementation.

RR-641-DEFRA
Estimating the value of mobile telephony in mobile network not-spots. Hui Lu, Charlene Rohr, Peter Burge, Alison Grant. 2014

In this study the social and economic impacts associated with eliminating mobile not-spots area are examined using a mix of qualitative and quantitative methods, including a survey incorporating a stated preference discrete choice experiment. A high-quality representative sample of responses is collected, which forms the basis for the choice modelling analysis. The resulting models quantify the value that residents and businesses in not-spot areas and local visitors and tourists to not-spot areas are willing to pay for mobile phone coverage. We find that individuals are willing to pay to reduce the distances that they have to travel to obtain mobile phone coverage, and that they are willing to pay for a high-quality and reliable signal. These benefits can then be compared to the costs of providing these services to provide an assessment of the social benefit of these investments. We did not find substantial evidence for willingness to pay for better services (3G/4G), although this may emerge as these services become more mainstream. Moreover, not-spots were found to have a negative impact on local businesses located in these areas and may impact the long-term sustainability of rural communities.

RR-641/1-DEFRA

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**RR-643-CCRMC**

Congress enacted the Terrorism Risk Insurance Act (TRIA) in 2002, in response to terrorism insurance becoming unavailable or, when offered, extremely costly in the wake of the 9/11 attacks. The law provides a government reinsurance backstop in the case of a terrorist attack by providing mechanisms for avoiding an immediate drawdown of capital for insured losses or possibly covering the most extreme losses. Extended first in 2005 and again in 2007, TRIA is set to expire at the end of 2014, and Congress is again reconsidering the appropriate government role in terrorism insurance markets. This policy brief examines how markets for workers' compensation (WC) insurance would be affected if TRIA were to expire. They explain that TRIA expiration would affect WC insurance markets differently from other insurance markets because WC statutes rigidly define the terms of coverage, such that in a post-TRIA world insurance companies would limit their terrorism risk exposure by declining coverage to employers facing high terrorism risk. Because WC coverage is mandatory for nearly all U.S. employers, employers that cannot purchase coverage would be forced to obtain coverage in markets of last resort. Migration of terrorism risk to these markets of last resort would increase the likelihood that WC losses from a catastrophic terror attack would largely be financed by businesses and taxpayers throughout the state in which the attack occurs, adding to the challenge of rebuilding in that state. TRIA, in contrast, spreads such risk across the country.

**RR-644-OSD**
Drivers of Long-Term Insecurity and Instability in Pakistan: Urbanization. Jonah Blank, Christopher Clary, Brian Nichiporuk. 2014

Already one of the most urbanized nations in South Asia, Pakistan is projected to have a majority of its population living in cities within three decades. This demographic shift will alter Pakistan's politics and threaten its stability, but the political and security implications of Pakistan's urbanization remain underanalyzed. This report examines urbanization as a potential driver of long-term insecurity and instability, with particular attention to the cities of Karachi, Lahore, and Quetta. Drawing on demographic trends, election results, and survey data, the authors conclude that urbanization may fuel anti-American sentiment and help recruitment by transnational Islamist groups (but not necessarily Islamist political parties) in the short term. Urbanization is also likely to increase popular demand for political reform in Pakistan. In the near future, a Pakistani government more directly accountable to its electorate might be less willing to cooperate with the United States in unpopular security policies. In the long run, however, a Pakistani government more responsive to its citizens could be a better security partner for the United States. By spurring Pakistani policymakers to focus on provision of good governance and public services rather than on scapegoating external actors, political reform may eventually help reduce anti-American attitudes.

**RR-650-ASAI**
The Anesthesiologist Workforce in 2013: A Final Briefing to the American Society of Anesthesiologists. Matthew Baird, Lindsay Daugherty, Krishna B. Kumar, Aziza Arifkhanova. 2014

Important changes are taking place in the health care sector that have implications for future supply and demand of anesthesiologists, includ-
ing expansion of coverage, an aging population, greater movement of women into the physician workforce, increasing cost pressures, and shifting modes of delivery. To determine what the implications of these changes might be for the anesthesiologist workforce, RAND Corporation researchers conducted a national survey of American Society of Anesthesiologists (ASA) members, who include more than 90 percent of all practicing anesthesiologists in the United States. This survey was a follow-up to a 2007 survey, also conducted by the RAND Corporation. The authors document large and persistent regional differences in anesthesiologists’ practices. In addition, there were several large differences by gender. With regard to shortage, the survey reveals substantial evidence for variation in anesthesiologist shortages across states, from which the authors argue that certain areas of the country are experiencing shortages. However, the national level of shortage has decreased since 2007 by approximately 2,000 full-time-equivalent anesthesiologists. The authors estimate that midwestern and western states were more likely than states in other regions to have a shortage of anesthesiologists in 2013.

The potential for health information technology (IT) to improve health care delivery has been appreciated for decades, but “digitizing” health care can also introduce new risks and even harm. As the use of health IT has grown, these risks have become more apparent. The authors of this report evaluated the efforts of 11 hospitals and ambulatory practices to use an improvement strategy and tools developed to promote safe use of health IT and to diagnose, monitor, and mitigate health IT–related safety risks. Through interviews, the authors discovered that some health care organizations (especially hospitals) with expertise in process improvement were able to identify and begin to mitigate health IT–related safety risks, but in most others, awareness of these risks was limited (especially in ambulatory practices). The authors concluded that better tools like the recently released Safety Assurance Factors for EHR Resilience (SAFER) Guides are needed to help organizations optimize the safe use of health IT. However, health care organizations will require a better understanding of the safety risks posed by electronic health record (EHR) use to take full advantage of the SAFER Guides. There may also be a need for additional tools and metrics (and further usability studies of existing tools and metrics) to better support the needs of health care organizations as they increasingly rely on health IT to improve the quality and safety of patient care.

Since 2001, the U.S. military has been functioning at an operational tempo that is historically high for the all-volunteer force in which service members are deploying for extended periods on a repeated basis. Even with the drawdown of troops from Iraq in 2011, some service members are returning from deployment experiencing difficulties handling stress, mental health problems, or deficits caused by a traumatic brain injury (TBI). In response to these challenges, the U.S. Department of Defense (DoD) has implemented numerous programs to support service members and their families in these areas. In 2009, the Assistant Secretary of Defense for Health Affairs asked the RAND National Defense Research Institute to develop a comprehensive catalog of existing programs sponsored or funded by DoD to support psychological health and care for TBI, to create tools to support ongoing assessment and evaluation of the DoD portfolio of programs, and to conduct evaluations of a subset of these programs. This report describes RAND’s assessment of an Air Force program, Airman Resilience Training (ART), a psychoeducational program designed to improve airmen’s reactions to stress during and after deployment and to increase the use of...
mental health services when needed. ART was initiated in November 2010, replacing a previous program named Landing Gear, which had been in place since April 2008. The RAND study took place from August 2011 through November 2011. This report will be of particular interest to officials within the Air Force who are responsible for the psychological health and well-being of airmen, as well as to others within the military who are developing programs for service members to help them cope with stress while in combat situations and after returning from deployment.

**RR-656-RC**


RAND’s Health Reform Opinion Study (HROS) allows for an estimation of how many people have become enrolled in all sources of health care coverage since the implementation of the Affordable Care Act (ACA). The HROS is conducted using the RAND American Life Panel, a nationally representative panel of individuals who regularly participate in surveys; this particular analysis, is focused on respondents age 18–64. In addition to asking them about their opinions of the ACA, each month RAND collected information about enrollment in health insurance, including employer-sponsored insurance (ESI), Medicaid, Medicare, insurance purchased on a marketplace, and other insurance purchased on the individual market. This detailed information about insurance coverage combined with the fact that the same individuals were surveyed each month provides a unique ability to track how insurance coverage has changed since the major health insurance coverage provisions of the ACA took effect on January 1, 2014. The analysis presented here examines changes in health insurance enrollment between September 2013 and March 2014; overall, the authors estimate that 9.3 million more people have health care coverage in March 2014, lowering the uninsured rate from 20.5 percent to 15.8 percent. This increase in coverage is driven not only by enrollment in health insurance marketplace plans, but also by gains in ESI and Medicaid. Enrollment in ESI plans increased by 8.2 million and Medicaid enrollment increased by 5.9 million, although some individuals did lose coverage during this period. The authors also found that 3.9 million people are now covered through the state and federal marketplaces—the so called insurance exchanges—and less than 1 million people who previously had individual-market insurance became uninsured during the period in question. While the survey cannot tell if this latter group lost their insurance due to cancellation or because they simply felt the cost was too high, the overall number is very small, representing less than 1 percent of people between the ages of 18 and 64.

**RR-657-CMS**


The Centers for Medicare & Medicaid Services (CMS) has implemented care experience surveys for a variety of settings but none for hospice care. In September 2012, CMS contracted the RAND Corporation to design and field-test a future Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to measure the experiences that patients and their caregivers have with hospice care. The survey was developed to (1) provide a source of information from which selected measures could be publicly reported to beneficiaries and their family members as a decision aid for selection of a hospice program, (2) aid hospices with their internal quality improvement efforts and external benchmarking with other facilities, and (3) provide CMS with information for monitoring the care provided. This report briefly summarizes the work conducted to develop and field-test the new survey, the Hospice Experience of Care Survey (HECS). It provides an overview of the survey development process, describes the field test design and procedures, presents analytic methods and findings from the field test, and presents the final survey instrument for national
implementation.

RR-659-AF

In evaluating the health of its science, technology, engineering, and mathematics workforce, the U.S. Air Force has focused on functional areas where STEM degrees are mandatory. To date there has been no rigorous review of the needs for STEM academic degrees in other functional areas. Understating the needs for officers and civilians with STEM degrees can diminish the Air Force’s ability to maintain the technical skills it heavily relies upon to support air, space, and cyberspace operations. Analysis must begin with a definition of STEM versus non-STEM degrees. RAND researchers established a set of broad academic disciplinary groups that should be considered in the set of STEM degrees, as well as disciplines at the most detailed levels of Air Force degree codes. This categorization has been approved as the Air Force definition of STEM. Career field managers across the Air Force were interviewed and asked to identify the STEM academic degrees necessary now and in the future for particular missions in their functional areas. Senior functional authorities at the two- and three-star level reviewed and in some cases revised what their own career field managers identified as STEM needs and validated the overall direction and the numbers of these degree requirements. Although this approach lacks a method to determine the magnitude of future STEM needs in the programs identified, it does point to specific areas that the Air Force should review for emerging STEM needs, especially in light of force management actions in key technology areas.

RR-660-OSD
Measuring Cooperative Biological Engagement Program (CBEP) Performance: Capacities, Capabilities, and Sustainability Enablers for Biological Risk Management and Biosurveillance. Stephanie Young, Henry H. Willis, Melinda Moore, Jeffrey Engstrom. 2014

The Cooperative Biological Engagement Program (CBEP) is the biological threat component of the Cooperative Threat Reduction program. It grew out of efforts to address risks associated with legacy biological agents, related materials, and technical expertise developed as part of the biological weapon program in the former Soviet Union. CBEP now partners with about 20 countries in different regions around the world and works with them to address diverse threats to international security, including terrorist organizations seeking to acquire pathogens of security concern; human, animal, and agricultural facilities operating with inadequate safety and security safeguards; and the spread of diseases with potential security or economic consequences. As the program has evolved since its inception two decades ago, so too have its content and approaches to performance measurement. The objective of the research reported here was to build on existing work to develop a comprehensive evaluation framework and recommend metrics for assessing and communicating progress toward CBEP’s goals. The report ultimately recommends a number of qualitative and quantitative indicators of CBEP performance, some that can be implemented immediately, some to be implemented later.

RR-670-NYSHF
An Examination of New York State’s Integrated Primary and Mental Health Care Services for Adults with Serious Mental Illness. Deborah M. Scharf, Joshua Breslau, John W. Schmidt, Daniela Kusuke, B. Lynette Staplefoote, Harold Alan Pincus. 2014

The poor physical health of adults with serious mental illnesses is a public health crisis. Greater integration of mental health and primary medical care services at the clinic and system levels could address this need. In New York state, there are several ongoing initiatives that promote integrated care for adults with serious mental illness, provided or coordinated by community mental health center staff. This report examines three ini-
Data were collected by RAND through site visits and surveys of mental health clinic administrators and associated professionals. Results showed that Primary and Behavioral Health Care Integration grantees developed infrastructure that supported a broad scope of primary and preventive health care services; these broad changes appeared to contribute to clinicwide culture shifts toward integration and shared accountability for consumers’ “whole person” health. Clinics participating in the Medicaid Incentive tended to implement only those services for which they could bill, which resulted in newly identified consumer physical health care needs but did not help consumers to connect to physical health care services. Finally, while administrators and providers were optimistic that Medicaid Health Homes have potential to improve access to care for adults with serious mental illness, the newness of the initiative made it difficult to assess the degree to which Health Home networks would meet these goals. We conclude with recommendations to state policymakers, clinical providers, and technical assistance providers and recommendations for future research, all designed to strengthen New York state’s integrated care initiatives for adults with serious mental illness.

RR-671-EC

The European Commission commissioned RAND Europe and the Institute for the Study of Labor (IZA) to conduct a study mapping diasporas in the European Union and the United States. This study aimed to provide an overview of diasporas present in Europe and the US, and to deliver concrete recommendations for engaging with diasporas as a bridge to their countries of origin, especially where improvement is sought in relations with those countries. Our analysis revealed several noteworthy patterns which may help policymakers better understand the characteristics, priorities and concerns of relevant diasporas. In comparison with their countries of origin, diaspora groups on the whole achieve better outcomes on a range of socioeconomic indicators. Diaspora groups generally show higher rates of high educational attainment, labour force participation in their receiving countries, and, unsurprisingly, tend to have a higher share of working-age population compared with their counterparts in countries of origin. The comparison with receiving countries offers a more complex picture. Diaspora groups have a higher share of working-age population than the populations in the countries where they settled, but are generally lagging behind with respect to labour force and education outcomes. The size of this gap is much larger for labour force participation rates than for educational outcomes. Through synthesis of our quantitative mapping and analysis of engagement strategies and diaspora survey results, we provided a set of eight recommendations for actors seeking to engage with diaspora groups.

RR-671/1-EC

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RR-673/1-PNC

Technology use among young children is increasingly a fact of life, and establishing a clear set of goals that are broadly accepted by stakeholders is critical to planning for the successful integration of technology into early childhood education (ECE). However, debates about the role of technology in ECE settings are ongoing, with some stakeholders unwilling to accept any role for technology in ECE. It has been difficult, therefore, to make progress toward identifying common goals, and toward ensuring that technology is integrated in a way that aligns with those goals, once defined. Based on findings from a forum and review of the literature, the authors offer ways to move past that debate and suggest several core goals that might be adopted to guide technology use in ECE.

RR-673/2-PNC
Moving Beyond Screen Time: Redefining Developmentally Appropriate Technology Use in Early Childhood Education. Lindsay Daugherty, Rafiq Dossani, Erin-Elizabeth Johnson, Cameron Wright. 2014

Conversations about what constitutes “developmentally appropriate” use of technology in early childhood education have, to date, focused largely on a single, blunt measure—screen time—that fails to capture important nuances, such as what type of media a child is accessing and whether technology use is taking place solo or with peers. Using screen time as the primary measure of developmentally appropriate use has become increasingly inappropriate as new technologies are ever more rapidly introduced and integrated into all aspects of life, and as we learn more about the potential benefits of technology. The authors challenge the traditional emphasis on screen time and discuss how to move toward a more comprehensive definition of developmentally appropriate technology use for young children.

RR-673/3-PNC

To realize the potential benefits of technology use in early childhood education (ECE), and to ensure that technology can help to address the digital divide, providers, families of young children, and young children themselves must have access to an adequate technology infrastructure. The goals for technology use in ECE that a technology infrastructure should support are to improve learning and to build digital literacy. Identifying specific requirements for this infrastructure of devices, software, and connectivity is neither a straightforward nor an easy undertaking, because many factors—such as the absence of agreed standards of performance for technology infrastructure and the rapid pace of technology development—make an “adequate infrastructure” a moving target. In this policy brief, the authors identify challenges and examine how a wide variety of government and nongovernmental stakeholders might collaborate to define what constitutes an adequate technology
Providers of early childhood education (ECE) are well positioned to help ensure that technology is used effectively in ECE settings. Indeed, the successful integration of technology into ECE depends on providers who have the ability to curate the most appropriate devices and content, facilitate effective patterns of use, guide families and caretakers on developmentally appropriate practice, and use technology to support provider needs. But ECE providers face significant obstacles that might limit their ability to successfully incorporate technology into the learning process. In this policy brief, we describe both the barriers providers face and the efforts that might be helpful in creating confident, knowledgeable providers who can help ensure appropriate, intentional, and productive use of technology among young children.


Family engagement in the education of young children is associated with numerous positive outcomes for those children, and parents and other family members play an important role as “teachers” during the time children spend outside the classroom. Home-based involvement (e.g., a parent-led educational activity), school-based involvement (e.g., volunteering in the classroom), and school-home conferencing (e.g., speaking to a teacher about a child’s progress) are the key components of family engagement, but there are barriers to all three. In this policy brief, we describe both the barriers that hinder family engagement and the ways in which technology may afford new opportunities to improve early childhood education outcomes—empowering families to become better educators at home, and strengthening connection and communication between school and home.


Little is known about the effect of compensation changes on the federal civilian workforce in the Department of Defense (DoD)—even as civilian employees experienced three straight years of pay freezes between 2011 and 2013 and a mandated increase in the retirement contribution rate for employees hired after 2012. For civil service managers, a key concern is whether the reduction in pay and benefits is making it more difficult for the federal government to recruit and sustain an adequate workforce, especially in critical skill areas. Understanding civil service retention is particularly important for DoD, given the significant contribution made by the federal civil service workforce to military readiness. RAND has begun to extend the dynamic retention model to federal civil service employment. This study demonstrates the use of this capability to assess the effect of pay freezes, unpaid furloughs, and changes to civil service retirement on retention in a portion of the federal civil service workforce—specifically General Service workers with at least a bachelor’s degree. Our analysis showed that permanent pay freezes decrease the workforce retained by 7.3 percent. There is no discernable change in retention from a six-day unpaid furlough. The effect on retention of increasing employee contributions to the federal retirement defined-benefit plan, as recently mandated in law, depends on employees’ savings behavior—for example, whether employees were already saving enough to cover the higher contribution or whether they might shift contributions from one part of the retirement plan to another, losing matched contributions by the employer by doing so. RAND analyzed a number of cases and found that higher employee contributions could result in as much as an 8.6 percent drop in the number of employees retained over the long run.
In the future, this capability could be used to assess a wide range of compensation policies—in other occupational areas; for demonstration pay systems such as for the STEM workforce; specific demographic groups, such as women and minorities; and specific locations of interest.

RR-681-CMHSA
Where Would California Adults Prefer to Get Help If They Were Feeling Suicidal?. Amariah Becker, Rajeev Ramchand. 2014

Report assesses the types of resources, ranging from face-to-face interactions with mental health professionals to texting a crisis line, that adults in California prefer to utilize for suicidal thoughts or feelings.

RR-682-CMHSA
Racial and Ethnic Differences in Exposure to Suicide Prevention Messaging, Confidence in One’s Ability to Intervene with Someone at Risk, and Resource Preferences. Rajeev Ramchand, Elizabeth Roth. 2014

Report assesses differences in racial and ethnic groups’ exposure to suicide prevention messaging, preferences for suicide crisis services, and confidence in their ability to intervene with persons at risk of suicide.

RR-683-CMHSA
Findings from the School-Based Theatrical Performance "Walk In Our Shoes". Eunice C. Wong, Jennifer L. Cerully, Rebecca L. Collins, Elizabeth Roth. 2014

Report examines the effects of a school-based theatrical performance, Walk In Our Shoes, designed to educate youth about and reduce stigma and discrimination toward mental illness.

RR-684-CMHSA
Racial and Ethnic Differences in Mental Illness Stigma in California. Rebecca L. Collins, Eunice C. Wong, Jennifer L. Cerully, Elizabeth Roth. 2014

Report identifies racial and ethnic groups in California that are more likely to stigmatize those with mental illness, thereby helping understand who is at greatest risk of experiencing stigma within their own communities.

RR-685-CMHSA

Report provides the results of a California survey of colleges and universities on mental health experiences and attitudes, perceptions of campus mental health services, and perceptions of overall campus climate toward mental health and well-being.

RR-686-CMHSA
Adults Exposed to "Know the Signs" Are More Confident Intervening with Those At Risk for Suicide. Joie D. Acosta, Rajeev Ramchand. 2014

Report evaluates the effects of a California mass media program that aims to prepare more Californians to prevent suicide by encouraging them to know the warning signs, offer support to persons at risk, and reach out to local resources.

RR-687-CMHSA

Report evaluates the development, quality, and effectiveness of collaboration activities among California K–12 Student Mental Health program partners.

RR-688-CMHSA

Report evaluates the development, quality, and effectiveness of collaboration activities among California Student Mental Health program partners in higher education.

This report presents the findings from a pioneering exploratory survey of 3,479 active-duty, guard, and reserve Airmen on their use of information and communication technology (ICT), the association between ICT use and social and psychological well-being, and the potential for Air Force mental-health professionals to use ICT to meet the needs of Airmen. The survey data were weighted to ensure that the analytic sample would be representative of the gender, age group, rank (officer, enlisted), and affiliation (active, guard, reserve) composition of the U.S. Air Force. Rates of ICT usage by Airmen are presented, along with Airmen's perceptions of the relationship between social support and ICT use, their attitudes about seeking and receiving health information via technology, and the differences in ICT use, social support, and psychological well-being among different groups of Airmen. Finally, recommendations are presented on ways the Air Force can leverage ICT to promote the social and psychological well-being of Airmen.

RR-698-DEFRA


The European Bathing Directive (2006/7/EC) stipulates water quality standards for recreational bathing waters based on specified limits of faecal indicator organisms (FIOs). Presence of FIOs above the limits is considered to be indicative of poor water quality and to present a risk to bathers' health. The European Bathing Directive (2006) is to be reviewed in 2020. We conducted a rapid evidence assessment on recreational bathing waters and gastrointestinal illness (GI) to identify the extent of the literature published since the previous review period in 2003 and to determine whether there is any new evidence which may indicate that a revision to the Directive would be justified. Overall, 21 papers (from 16 studies), including two RCTs, met the inclusion criteria; 12 were conducted in marine waters and four were conducted in freshwater. Considerable heterogeneity existed between study protocols and the majority had significant methodological limitations, including self-selection and misclassification biases. Moreover, there was limited variation in water quality among studies, providing a limited evidence base on which to assess the classification standards. Overall, there appears to be a consistent significant relationship between faecal indicator organisms and GI in freshwater, but not marine water studies. Given the apparent lack of relationship between GI and water quality, it is unclear whether the boundaries of the Bathing Waters Directive are supported by studies published in the post-2003 period. We suggest that more epidemiological evidence is needed to disprove or confirm the original work that was used to derive these boundaries for marine waters.

RR-706-CMS


Increasing use of advanced medical imaging is often cited as a key driver of cost growth in medical spending. In 2011, the Medicare Imaging Demonstration from the Centers for Medicare & Medicaid Services began testing whether exposing ordering clinicians to appropriateness guidelines for advanced imaging would reduce ordering inappropriate images. The evaluation examined trends in advanced diagnostic imaging utilization starting January 1, 2009—more than two years before the beginning of the demonstration—to November 30, 2013—two months after the close of the demonstration. Small changes in ordering patterns were noted, but decision support systems were unable to assign appropriateness ratings to many orders, thus limiting the potential effectiveness of decision support. Many opportunities to refine decision
support systems have been identified.

RR-707-WT


In 2009, the Wellcome Trust launched a research capacity strengthening programme known as the ‘African Institutions Initiative’ (AII). The AII is innovative in its methods and organization. The Initiative funded networked consortia (7 consortia involving 54 institutions in 18 African countries, and Northern partners). RAND Europe was commissioned to undertake a four year evaluation and learning project for the AII. The aims of the project were to (i) evaluate the performance of each consortium and ultimately the Initiative as a whole, based on high quality evidence; (ii) to support intra, inter and extra consortium networking for learning and exchange; and (iii) to extract lessons learnt from the Initiative and disseminate these to the Trust, other funders and relevant stakeholders in academic, policy and practice communities. The objectives of the Initiative represent an ambitious departure from traditional modes of strengthening research capacity in LMICs. While the Initiative is at an early phase, evidence gathered in this evaluation show that consortia are contributing in multiple ways to developing sustainable research capacity. The unique features of the Initiative — an African-led, networked approach — have facilitated many of these achievements. The diversity of networking models for capacity building developed by consortia present the Wellcome Trust with a range of models with differing strengths and weaknesses.

RR-708-DHHS


The goals of the Affordable Care Act (ACA) are to enable all legal U.S. residents to have access to affordable health insurance and to prevent sicker individuals (such as those with preexisting conditions) from being priced out of the market. The ACA also instituted several policies to stabilize premiums and to encourage enrollment among healthy individuals of all ages. The law’s tax credits and cost-sharing subsidies offer a “carrot” that may encourage enrollment among some young and healthy individuals who would otherwise remain uninsured, while the individual mandate acts as a “stick” by imposing penalties on individuals who choose not to enroll. In this report, the authors use the using the COMPARE microsimulation model, an analytic tool that uses economic theory and data to predict the effects of health policy reforms, to estimate how eliminating the ACA’s individual mandate, eliminating the law’s tax credits, and combined scenarios that change these and other provisions of the act might affect 2015 individual market premiums and overall insurance coverage. Underlying these estimates is a COMPARE-based analysis of how premiums and insurance coverage outcomes depend on young adults’ propensity to enroll in insurance coverage. The authors find that eliminating the ACA’s tax credits and eliminating the individual mandate both increase premiums and reduce enrollment on the individual market. They also find that these key features of the ACA help to protect against adverse selection and stabilize the market by encouraging healthy people to enroll and, in the case of the tax credit, shielding subsidized enrollees from premium increases. Further, they find that individual market premiums are only modestly sensitive to young adults’ propensity to enroll in insurance coverage, and ensuring market stability does not require that young adults make up a particular share of enrollees.

RR-714-RF

The Socioeconomic Effects of the Working Poor Moving to Permanent Dwellings: The Case of the Ashray Affordable Housing Pilot Project in India. Nicholas Burger, Italo Gutierrez, Krishna B. Kumar, Jill E. Luoto, Dhaval Monani, Kavita Raichura. 2014

RAND Corporation researchers assessed the socioeconomic effects that moving into permanent dwellings—in particular, into the Ashray Af-
fordable Housing Pilot Project in India—has on the working poor. The aim of projects like Ashray is to build houses in peri-urban zones on the outskirts of large metropolitan areas that are home to manufacturing and industrial bases. By capitalizing on cheaper land, the demand for affordable housing from local workers, and creditworthy risk profiles of employed workers seeking home loans, low-cost housing projects may help low-income workers and their families improve their living conditions, while still allowing developers to recover their costs. RAND researchers, in collaboration with ISB, undertook a mixed-methods evaluation of the Ashray project as an initial step to understand the impacts that such private-sector affordable-housing projects can have on the well-being of low-income households. They collected qualitative data through focus-group discussions of current Ashray residents and carried out a quantitative survey of the residents and owners of the Ashray units in late 2013 and early 2014. Together, these two data sources provide early evidence into the ways in which this new housing project has affected the lives of its residents. They asked residents about their living situations, housing amenities, commute times to work, social networks, and financial situations, both prior to moving to Ashray and currently while living there.

RR-719-MTF

In the context of the conflicts in Iraq and Afghanistan over the past decade, there have been a growing number of efforts designed to support service members, veterans, and their families as they cope with deployment and ensure that those who experience mental health problems following their service have access to high-quality care for themselves and their families. Among these is the Welcome Back Veterans (WBV) Initiative, launched in 2008 by Major League Baseball and the Robert R. McCormick Foundation. During 2011–2013, the WBV Initiative issued grants to academic medical institutions around the nation to create and implement programs and services designed to address the mental health needs of returning veterans and their families. In 2010, the McCormick Foundation asked RAND to join the WBV Initiative in a performance monitoring role. RAND designed a system of regular data reporting to assess performance and impact of the WBV-funded activities at each site. This report provides an overview of the WBV Initiative, summarizes the impact of WBV-funded programs during their funding cycle between February 2011 and June 2013, and outlines the lessons learned in implementing veteran support programs. It also discusses the role of partnerships and innovative strategies for outreach.

RR-725-EC
The international dimension of research and innovation cooperation addressing the grand challenges in the global context. Cecile Hoareau McGrath, Veronika Horvath, Ben Baruch, Salil Gunashekar, Hui Lu, Shelly Culbertson, Paulina Pankowska, Joanna Chataway. 2014

Grand challenges, such as global warming or chronic and infectious diseases, are increasingly global and complex. Solving these challenges often requires international research collaboration. The European Commission is playing an increasing role in supporting research and innovation through Horizon 2020, the European Union’s comprehensive Framework Programme for Research and Technological Development. This policy brief provides an overview of the main research priorities, the main collaborative efforts in international research collaboration regarding grand challenges, and summarises the outcomes of an expert and stakeholders’ workshop conducted on the 3rd of April 2014. The brief is written to inform the European Research and Innovation Area Board regarding the state of research collaboration on grand challenges and what the EU could do to further improve research collaboration on these grand challenges.

RR-728-DH
The nature of hospital activity is changing in many countries, with some experiencing a broad trend towards the creation of hospitals groups or chains and multi-hospital networks. This report seeks to contribute to the understanding of experiences in other countries about the extent to which different hospital ‘models’ may provide lessons for hospital provision in England by means of a review of four countries: France, Germany, Ireland and the United States, with England included for comparison. We find that here has been a trend towards privatisation and the formation of hospital groups in France, Germany and the United States although it is important to understand the underlying market structure in these countries explaining the drivers for hospital consolidation. Thus, and in contrast to the NHS, in France, Germany and the United States, private hospitals contribute to the delivery of publicly funded healthcare services. There is limited evidence suggesting that different forms of hospital cooperation, such as hospital groups, networks or systems, may have different impacts on hospital performance. Available evidence suggests that hospital consolidation may lead to quality improvements as increased size allows for more costly investments and the spreading of investment risk. There is also evidence that a higher volume of certain services such as surgical procedures is associated with better quality of care. However, the association between size and efficiency is not clear-cut and there is a need to balance ‘quality risk’ associated with low volumes and ‘access risk’ associated with the closure of services at the local level.

RR-729-GECO

Metropolitan Cincinnati residents have traditionally had among the highest health care costs in the United States, yet little evidence exists that residents are getting their money’s worth, especially in terms of preventive and primary care. Recently, large employers, health plans, and health care providers in the Cincinnati area joined with community organizations in an effort to improve health care and population health, as well as reduce health care costs by focusing on five priority areas: coordinated primary care, health information exchange, quality improvement, public reporting and consumer engagement, and payment innovations. Spearheaded by General Electric (GE) Cincinnati, the resulting Healthy Communities Initiative in Cincinnati was implemented in 2009. In 2012, GE asked RAND Health Advisory Services to assess progress over the first three years of the initiative. Overall, the findings were largely inconclusive because of a concomitant marketwide shift to high-deductible health policies (which are known to have profound effects on care-seeking behavior) and the early stage of the intervention. However, there were some encouraging signs that better care coordination bears fruit, such as less illness-related work loss and fewer avoidable hospital admissions and readmissions. These early impacts suggest that the initiative may succeed in improving care, lowering cost, and improving health status if given sufficient time.

RR-732-BMGF

In 2011, the Bill & Melinda Gates Foundation created the Project Mastery grant program to support competency-based education initiatives in large school systems that serve a high proportion of disadvantaged youth. Competency-based education meets students where they are academically, provides students with opportunities for choice, and awards credit for evidence of learning, not for the time students spend studying a subject. The Foundation asked RAND to evaluate these efforts in terms of implementation, students’ experiences, and student performance. This report presents final results from that evaluation, offering an overview of competency-based education and the Project Mastery grant projects and describing the implementation of competency-based educa-
tional features under each project. The report concludes with six lessons for policy, partnerships, and practice.

RR-735-SFSC

Does San Francisco’s Community Justice Center Reduce Criminal Recidivism?. Beau Kilmer, Jesse Sussell. 2014

In 2009, San Francisco opened a community court, the Community Justice Center (CJC), to serve the Tenderloin and adjacent neighborhoods, a traditionally high-crime area. Community courts are expressly oriented toward improving outcomes for offenders by addressing factors often linked to criminal behavior (by incorporating access to treatment and services within the criminal case management process); they also emphasize ties to a specific neighborhood. This report examines whether the CJC reduces the risk of rearrest when compared to more traditional approaches for addressing arrestees. Using a differences-in-differences (DD) design that exploits temporal and geographic variation in CJC eligibility, a RAND research team examined one-year rearrest rates among those arrested for eligible offenses within the four police districts that include a part of the CJC catchment area, including offenses inside and outside the catchment area both before and after the CJC opened. After controlling for a number of arrestee-level factors (including criminal history), as well as month- and police district-level fixed effects, the DD estimator from our preferred models ranges from −8.2 to −7.1 percentage points, which corresponds to an 8.9 percent to 10.3 percent reduction in the probability of being rearrested within one year. These findings support the hypothesis that the CJC reduces criminal recidivism and are robust to a number of sensitivity analyses.

RR-736-AF


Treaties and agreements are powerful foreign policy tools that the United States uses to build and solidify relationships with partners and to influence the behavior of other states. As a result, the overall U.S. portfolio of treaties and agreements can offer insight into the distribution and depth of U.S. commitments internationally, including its military commitment, relationships, capabilities, and vulnerabilities in a given area. While there are many sources of information on security-related treaties and agreements, there is currently no comprehensive record of current or historical security-related treaties signed by the United States that can be used for empirical analysis. To address the shortcomings in existing datasets and indexes to contribute to the study of U.S. security treaties and agreements, the author has developed a new, more comprehensive treaty database that will enhance the ability of researchers to study the full portfolio of U.S. security agreements. This report summarizes the approach used to identify and code treaties included in the database. It provides a definition of each data field as well as a brief discussion of the methodological decisions made during the development of the database. It also offers a general review of the treaties included in the database and a limited treatment of the country-year dataset that can be used in empirical analysis. Finally, it discusses some of the database’s limitations and possible next steps to expand the database and its utility.

RR-743-DTRA


The proliferation of weapons of mass destruction (WMD) becomes a greater threat when accompanied by the proliferation of effective means of delivery. The threat of one means of delivery, cruise missiles, will increase if proliferators can acquire effective countermeasures against missile defenses. Such countermeasures, when incorporated in an attacker’s missile, are known as penetration aids or penaids. As proliferator nations acquire ballistic and cruise missiles for this purpose, it will be important to establish effective measures to counter WMD attacks. This research was designed to assist U.S. agencies charged with generating policies to discourage the proliferation of WMD and cruise missile delivery systems,
thereby strengthening deterrence. Specifically, it recommends controls on potential exports of pentaed-related items according to the structure of the current international policy against missile proliferation, the Missile Technology Control Regime. The recommendations account for 18 classes of such items and are based on structured interviews with government and nongovernment experts, as well as an independent technical assessment to develop a preliminary characterization of the technologies and equipment most critical to the emerging pentaed threat. The project also brought together a selected group of experts to participate in a workshop to review the initial characterization of pentaed technologies and equipment. An earlier report by the same authors, Pentaed Nonproliferation: Hindering the Spread of Countermeasures Against Ballistic Missiles (RR-378-DTRA), presented a similar approach to controlling the proliferation of ballistic missile pentaeds.

RR-745-CFAT
Assessing the Potential to Expand Community College Baccalaureate Programs in Texas. Lindsay Daugherty, Charles A. Goldman, Lindsay Butterfield, Trey Miller. 2014

Many workforce-development needs, particularly those requiring baccalaureate degrees, remain unmet in some areas of Texas. Employers and students are calling for additional programs to develop workplace skills and to provide opportunities for career advancement. On May 22, 2013, the Texas Legislature approved a bill mandating a study on whether community college baccalaureate degree programs should be expanded in Texas. The Texas Higher Education Coordinating Board asked the RAND Corporation to partner with the Texas Higher Education Policy Initiative to conduct the study. This report summarizes a longer research report in which the authors assess unmet workforce-development needs in nursing and the applied sciences, assess the arguments for and against baccalaureate expansion, and recommend potential activities to support implementation of any new policies undertaken to expand community college baccalaureate programs. They find significant need for more baccalaureate nurses, although rapidly growing distance learning programs may be able to meet this need. The authors find varying needs for the four applied science occupations they examined: computer and information technology, management of fire sciences, management of production/operations technicians, and health information technology. While expanding community college baccalaureate degree programs could help meet unmet needs and increase degree attainment among students, there are concerns about costs, mission creep at community colleges, counterproductive competition between community colleges and universities, and a decline in the overall quality of a Texas baccalaureate. The authors discuss the inherent tradeoffs that policymakers face in this regard.

RR-745/1-CFAT
Assessing the Potential to Expand Community College Baccalaureate Programs in Texas: Executive Summary. Lindsay Daugherty, Charles A. Goldman, Lindsay Butterfield, Trey Miller. 2014

Many workforce-development needs, particularly those requiring baccalaureate degrees, remain unmet in some areas of Texas. Employers and students are calling for additional programs to develop workplace skills and to provide opportunities for career advancement. On May 22, 2013, the Texas Legislature approved a bill mandating a study on whether community college baccalaureate degree programs should be expanded in Texas. The Texas Higher Education Coordinating Board asked the RAND Corporation to partner with the Texas Higher Education Policy Initiative to conduct the study. This report summarizes a longer research report in which the authors assess unmet workforce-development needs in nursing and the applied sciences, assess the arguments for and against baccalaureate expansion, and recommend potential activities to support implementation of any new policies undertaken to expand community college baccalaureate programs. They find significant need for more baccalaureate nurses, although rapidly growing distance learning programs may be able to meet this need. The authors find varying needs for the four applied
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RR-748-OSD
Retention and Promotion of High-Quality Civil Service Workers in the Department of Defense Acquisition Workforce. Christopher Guo, Philip Hall-Partyka, Susan M. Gates. 2014

The defense acquisition workforce (AW) includes more than 151,000 military and civilian personnel who provide a range of acquisition, technology, and logistics support (products and services) to the nation's warfighters. This report examines data from Defense Manpower Data Center files and draws from previous related RAND analyses to address questions about factors that affect personnel retention and career advancement in the AW. First, it examines available measures of personnel quality and explores whether personnel retention and career advancement vary by quality. A higher average performance rating is generally associated with an increased hazard of separation (decreased retention). On the other hand, individuals with advanced education degrees (bachelor's, master's, or PhD) are more likely to be retained than those with less than a bachelor's degree. Second, the report describes the characteristics of workers who rise to the senior executive service within the AW. Third, it explores how being in the Acquisition Demonstration pay plan or another demonstration pay plan affects retention, after controlling for workforce quality metrics. People who were in the Acquisition Demonstration pay plan and, in fact, any demonstration pay plan were retained longer than those in the General Schedule.

RR-750-AF

USAF pararescue and combat controllers routinely recover downed or injured military personnel and direct military aircraft in hostile or denied regions. Consequently, to be effective in these careers requires the ability to cope with severe stress. The USAF uses many strategies to ensure that battlefield airmen perform well under stress but one strategy, termed stress inoculation training (SIT), has not been fully incorporated as a training element. Current Air Force strategies include screening out individuals unable to tolerate stress during initial selection and in training, exposing candidates to a variety of stressors during training, and providing airmen with education and support, both predeployment and postdeployment. Although some of these strategies are consistent with SIT principles, additional training should focus on the cognitive and behavioral skills (e.g., goal-setting, energy/arousal control) to help airmen perform effectively under stress. The authors conducted an extensive literature review to better understand modern stress theories, and they interviewed Air Force instructors from the Air Education and Training Command and formed small focus groups with combat controllers and pararescuemen. The goal of the focus groups was to identify what preparation, if any, battlefield airmen had to optimize their performance under stress. The authors also reviewed key official training documents, training plans, and instruction plans.

RR-754-CMHSA
Language Differences in California Adults' Exposure to Suicide Prevention Messaging, Confidence in One's Ability to Intervene with Someone at Risk, and Resource Preferences. Rajeev Ramchand, Elizabeth Roth. 2014

Assesses the results of a statewide survey to determine language differences among California adults' exposure to suicide prevention messaging, confidence to intervene with someone at risk of
suicide, and resource preferences.

RR-755-CMHSA
A Case Study Evaluating the Fidelity of Suicide Prevention Workshops in California. Karen Chan Osilla, Dionne Barnes-Proby, Mary Lou Gilbert, Rajeev Ramchand. 2014

Reports on an evaluation of California suicide intervention training workshops to provide evidence that training is delivered with fidelity and adherence to the workshop's design, as well as with high quality.

RR-761-CMS

The Centers for Medicare & Medicaid Services (CMS) have implemented Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys to assess patient experience in a number of settings. Following CAHPS principles, RAND researchers designed and field tested an Emergency Department Patient Experience of Care Survey that consists of three survey instruments for use with adult patients who have visited the emergency department (ED). One instrument is for use with those patients who are discharged to the community following their ED visit; the other two are for use with those patients who are admitted to the hospital from the ED (one for use on its own and one to supplement an existing inpatient survey). The authors conducted a field test of these instruments in 12 hospitals in late 2013 and early 2014 and analyzed the resulting data from 4,101 ED patients. The analyses identified four composite measures (measures composed of responses to multiple survey questions) and ten measures that are each composed of a single survey question. As of September 2014, CMS plans to conduct additional testing on these instruments, which are presented in the report.

RR-764-OSD

The U.S. Department of Defense (DoD) needs the capability to assess alternative policies to enhance the retention of officers. This capability should be founded on empirically based estimates of behavioral response to policy and recognize that, when making decisions, members are forward-looking and take into account future opportunities and uncertainty and the outcomes of past decisions and policies. Further, the capability should enable DoD to simulate or predict the effects of alternative policies on officer retention and the costs of those policies. This report documents efforts to implement such a capability for officers and illustrates its use. The authors statistically estimate the parameters of a dynamic retention model of officer behavior and use the parameter estimates in a simulation model to help evaluate the effect that changes in compensation can have on the retention of officers and to show how policies that change the retention behavior of these officers can also change the aggregate retention of the population of officers at earlier or later years of their careers. The model can also be used to gauge the effect of alternative policies to enhance retention. In addition, the authors have created a spreadsheet version of the model that can provide quick estimates of the effect that bonuses, gate pays, and separation pays can have on retention in all years of service. This report provides the mathematical foundations and the source code for the spreadsheet model. The spreadsheet model is also available on request from the RAND Forces and Resources Policy Center.

RR-767-AUS

This study provides a program overview of acquisition options available for the Commonwealth
of Australia’s next generation naval surface combatant and identifies internal and external factors that can influence a major ship acquisition program. The authors address questions relating to available ship design and build options; various phases, options, and decisions; and aspects that can contribute to the success of an acquisition program. Three broad options for designing and building the new ship include a new design, tailor-made to Royal Australian Navy specifications and requirements; a military off-the-shelf design, which would involve making only minor modifications to an existing ship design; and an evolved military off-the-shelf design, which would involve making more significant modifications to an existing ship design. The authors discuss lessons learned as they apply to different phases of a shipbuilding program and highlight the lessons most applicable to the acquisition strategy selected.


The history of wars caused by misjudgments, from Napoleon’s invasion of Russia to America’s invasion of Iraq, reveals that leaders relied on cognitive models, or simplified representations of their worlds, that were seriously at odds with objective reality. Blinders, Blunders, and Wars analyzes eight historical examples of strategic blunders regarding war and peace and four examples of decisions that turned out well, and then applies those lessons to the current Sino-American case. Leaders’ egos, intuitions, unwarranted self-confidence, and aversion to information that contradicted their views prevented them from correcting their models. Yet advisors and bureaucracies can be inadequate safeguards and can, out of fawning or fear, reinforce leaders’ flawed thinking. War between China and the United States is more likely to occur by blunder than from rational premeditation. Yet flawed Chinese and American cognitive models of one another are creating strategic distrust, which could increase the danger of misjudgment by either or both, the likelihood of crises, and the possibility of war. Although these American and Chinese leaders have unprecedented access to information, there is no guarantee they will use it well when faced with choices concerning war and peace. They can learn from Blinders, Blunders, and Wars. As a general remedy, the authors recommend the establishment of a government body providing independent analysis and advice on war-and-peace decisions by critiquing information use, assumptions, assessments, reasoning, options, and plans. For the Sino-U.S. case, they offer a set of measures to bring the models each has of the other into line with objective reality.

France’s War in Mali: Lessons for an Expeditionary Army. Michael Shurkin. 2014

French Army operations in Mali (Operation Serval) in 2013 provide a model for designing and operating an expeditionary force, one that has a number of attributes and competencies that United States Army Chief of Staff General Raymond Odierno has indicated to be requirements for the Army. The model therefore provides a living example that illustrates what meeting those requirements entails, as well as the associated risks. As France’s War in Mali: Lessons for an Expeditionary Army details, the French in Serval demonstrated that they are adept at quickly fielding small yet highly capable forces tailored for specific needs and objectives and reiteratively task organizing as the situation evolves. They have done so in part by pushing modularity below the battalion level, enabling them to disaggregate and reaggregate elements of their brigades. The French have also invested in technologies and vehicles designed to enhance the capabilities of its units at all echelons. Moreover, the French Army, particularly its expeditionary brigades, is for all intents and purposes a regionally aligned force that has a demonstrated ability to leverage its area-specific expertise to compensate for its small size and to work effectively with and among local populations. The French Army also appears to have an operational culture well suited for expeditionary warfare, particularly in austere environments and with limited resources. The aspects of French Army operations in Mali discussed in this report make the French Army a model for building the kind of expeditionary force envisioned by Odierno, and perhaps one
that is also increasingly in line with future United States Army budgets. The French example also highlights compromises that are associated with becoming more expeditionary and the attendant risks.

**RR-774-NRPA**

Quantifying the Contribution of Public Parks to Physical Activity and Health: Introducing SOPARC. Deborah A. Cohen, Roland Sturm, Bing Han, Terry Marsh. 2014

As important venues for physical activity, public parks contribute to the health and well-being of the communities that surround them. It is therefore in the best interests of park administrators to have a method to measure this contribution. This paper introduces the System for Observing Play and Recreation in Communities (SOPARC), a reliable, valid, and easy-to-use tool for quantifying park use and park-based physical activity. Park administrators should understand how to use SOPARC to collect data that justify expenditures in parks and recreation departments. To that end, this paper lays out in some detail what SOPARC is and how it is used, as well as provides background information on the importance of physical activity to health.

**RR-777-CFGNH**


In 2009, the City of New Haven and New Haven Public Schools (NHPS) announced a sweeping K–12 educational reform, New Haven School Change. The district had three primary goals for School Change: (1) close the gap between the performance of NHPS students' and Connecticut students' averages on state tests, (2) cut the high school dropout rate in half, and (3) ensure that every graduating student has the academic ability and the financial resources to attend and succeed in college. Concurrent with School Change, in 2010 the City of New Haven partnered with the Community Foundation for Greater New Haven, NHPS, and Yale University to create New Haven Promise, a scholarship program that aims to improve the college-going culture in the city and postsecondary enrollment and graduation rates of NHPS graduates as a way to enhance the economic development of the city, attract more residents to New Haven, reduce crime and incarceration, and improve residents' quality of life. The 2010–2011 school year marked the first year of a staged implementation for both efforts. In June 2013, the New Haven Promise Board of Directors asked the RAND Corporation to conduct a study to document and describe baseline conditions and early progress of these programs. Researchers worked with state and district data and conducted interviews with Promise Scholars and parents to document early trends and possible areas for improvement. This report and its companion volume document the resulting study.

**RR-777/1-CFGNH**


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RR-780-A
The Other Quiet Professionals: Lessons for Future Cyber Forces from the Evolution of Special Forces. Christopher Paul, Isaac R. Porche III, Elliot Axelband. 2014

With the establishment of U.S. Cyber Command in 2010, the cyber force is gaining visibility and authority, but challenges remain, particularly in the areas of acquisition and personnel recruitment and career progression. A review of commonalities, similarities, and differences between the still-nascent U.S. cyber force and early U.S. special operations forces, conducted in 2010, offers salient lessons for the future direction of U.S. cyber forces. Although U.S. special operations forces (SOF) have a long and storied history and now represent a mature, long-standing capability, they struggled in the 1970s and 1980s before winning an institutional champion and joint home in the form of U.S. Special Operations Command. U.S. cyber forces similarly represent a new but critical set of military capabilities. Both SOF and cyber forces are, at their operating core, small teams of highly skilled specialists, and both communities value skilled personnel above all else. Irregular warfare and SOF doctrine lagged operational activities, and the same is true of the cyber force. Early SOF, like the contemporary cyber force, lacked organizational cohesion, a unified development strategy, and institutionalized training. Perhaps most importantly, the capabilities of both forces have traditionally been inadequate to meet demand. The analogy holds for issues of acquisition, the two forces' relationship with the conventional military, their applicability across the spectrum of combat, and their historic need for a strong advocate for reform. The analogy is not perfect, however. In terms of core capabilities, force accession, and tradition, the forces are also very different. But even these differences offer fundamental lessons for both the U.S. Department of Defense and the U.S. Army with regard to the future and potential of the cyber force.

RR-782-COHF
Barriers to Enrollment in Health Coverage in Colorado. Laurie T. Martin, Nazleen Bharmal, Janice C. Blanchard, Melody Harvey, Malcolm V. Williams. 2014

As part of the implementation of the Affordable Care Act, Colorado has expanded Medicaid and also now operates its own health insurance exchange for individuals (called Connect for Health Colorado). As of early 2014, more than 300,000 Coloradans have newly enrolled in Medicaid or health insurance through Connect for Health Colorado, but there also continues to be a diverse mix of individuals in Colorado who remain eligible for but not enrolled in either private insurance or Medicaid. The Colorado Health Foundation commissioned the RAND Corporation to conduct a study to better understand why these individuals are not enrolled in health insurance coverage and to develop recommendations for how Colorado can strengthen its outreach and enrollment efforts during the next open enrollment period, which starts in November 2014. RAND conducted focus groups with uninsured and newly insured individuals across the state and interviews with local stakeholders responsible for enrollment efforts in their regions. The authors identified 11 commonly cited barriers, as well as several that were specific to certain regions or populations (such as young adults and seasonal workers). Collectively, these barriers point to a set of four priority recommendations that stakeholders in Colorado may wish to consider: (1) Support and expand localized outreach and tailored messaging; (2) Strengthen marketing and messaging to be clear, focused on
health benefits of insurance (rather than politics and mandates), and actionable; (3) Improve the clarity and transparency of insurance and health care costs and enrollment procedures, and (4) Revisit the two-stage enrollment process and improve Connect for Health Colorado website navigation and technical support.

RR-787-CMHSA

Provides preliminary advice about which of the California Mental Health Services Authority’s Prevention and Early Intervention activities seem most valuable to sustain or, in some cases, enhance.

RR-789-EPIM
Evaluation of EPIM III: Emerging insights from the evaluation so far. Emily Scraggs, Emma Disley, Jennifer Rubin, Joachim Krapels, Ben Baruch. 2014

This report sets out some emerging insights from the ongoing evaluation of the European Programme for Integration and Migration (EPIM) 2012-2015 programme. The activities of EPIM and this evaluation lie at the very heart of EPIM’s efforts to strengthen the capacity of NGOs active in migration and integration issues, to engage with and influence decision-making at EU and Member state levels, and to do so by drawing on a rigorous evidence base, and through a pragmatic approach. Founded in 2005 as an activity of the Network of European Foundations (NEF) in a unique effort to fund European migration and integration organisations, EPIM’s activities include strategic grant-making as well as networking, capacity-building, supporting advocacy and policy work. The Programme has now disbursed over €3m to more than 24 grantee organisations.

RR-791-NIMSP

The National Institute on Money in State Politics collects, processes, and makes public information on campaign contributions made to state-level candidates for public office. The Institute asked the RAND Corporation to probe user perspectives on the Institute and its data, on how the data are being used, and on how the utility of the data might be improved in the future. Drawing on experiences of a variety of users, as well as a review of the publications that have used the Institute’s data and research reports, this report provides an evaluation of the Institute’s impact on the public discourse over campaign finance at the state level. It is our view that the Institute serves an important purpose—to undertake the collection, centralization, and dissemination of state-level campaign finance data. No other organization has been successful in this effort or is likely to be so. All the audiences that the Institute seeks to engage have found value in the Institute’s efforts. The most successful of these are the scholarly, journalistic, and advocacy communities. The interviewees we spoke with were impressed, felt indebted to the Institute, and expressed an inability to do the sort of research, reporting, and advocacy on state campaign finance without the Institute. Overall, a variety of influential users engaged in campaign finance and public policy view the Institute’s work as being of high quality and adding value.

RR-794-DOS

The struggle between those promoting Internet freedom and those trying to control and monitor the Internet is a fast-paced game of cat and mouse, and the DRL Internet freedom program seeks to fund projects that promote preserving the open character of the Internet. Employing portfolio analysis techniques, the authors assessed DRL’s Internet freedom portfolio for fiscal year 2012–2013. The assessment showed good alignment
between the State Department's strategy and the cumulative effect of the 18 funded projects. Additionally, the portfolio was assessed to be well balanced with an unrealized potential for supporting emergent State Department needs in enlarging political space within authoritarian regimes. The assessment revealed that the investment in developing Internet freedom capacity and capabilities would likely have residual value beyond the portfolio's funded lifespan, with positive, but indirect, connections to civic freedom. Moreover, promoting Internet freedom appears to be a cost-imposing strategy that simultaneously aligns well with both U.S. values and interests, pressuring authoritarian rivals to either accept a free and open Internet or devote additional security resources to control or repress Internet activities. Finally, the authors determined that the value of such analysis is best realized over multiple stages of the portfolio's lifecycle. Among the authors' recommendations were for DRL to enhance the synergy within the portfolio and among its grantees and to maintain a relatively balanced Internet freedom strategy that includes projects working on access, anonymity, awareness, and advocacy.

RR-806-UNHF

Ensuring that military veterans and their families have access to high-quality mental health care is a national priority. Over the past several years, the Departments of Defense and Veterans Affairs have increased the number of mental health professionals working within their facilities and have rolled out training and quality improvement initiatives designed to promote the use of evidence-based treatments. Despite these important efforts, research continues to demonstrate that many veterans prefer to seek services outside the Department of Defense and/or the Department of Veterans Affairs. Thus, providers working in the civilian sector are an increasingly important part of the overall workforce addressing veterans' mental health needs. To better understand a key aspect of our nation's ability to provide veterans and their families with access to high-quality mental health care, RAND conducted a survey of civilian mental health providers to gather information about their competency with military and veteran culture and their training and experience treating posttraumatic stress disorder and depression. This report provides the results of that survey. The findings
and recommendations from this study should be relevant to individuals, organizations, and policy officials concerned about the capacity of the civilian health care sector to deliver culturally competent, high-quality services to veterans and their families.

RR-814-AF

This document discusses how personnel research within the U.S. Air Force supports organizational policy decisions. It discusses the history of personnel research in the Air Force and the present personnel research efforts and the organizations that house them. Though the Air Force has undergone a reorganization that affects some of the organizational units we discuss herein, to the extent that these units undertake the same independent personnel research–related activities, the findings still pertain. The authors highlight some challenges in the situation and the components that need to be included in the Air Force’s solution. The report focuses on three objectives: (1) describe the Air Force organizations collecting personnel-related data and conducting personnel-related research, identifying the type of data collected, type of research and studies conducted, and how these initiatives fit into the organization’s mission; (2) examine how much these organizations communicate and coordinate their efforts, share data, potentially overlap in their current work, and have the necessary resource capacity and expertise; and (3) identify potential gaps in the structure of personnel research efforts and recommend strategies for eliminating those gaps.

RR-815-WF

Prior research has determined that low-income students lose more ground over the summer than their higher-income peers. Prior research has also shown that some summer learning programs can stem this loss, but we do not know whether large, district-run, voluntary programs can improve students’ outcomes. To fill this gap, The Wallace Foundation launched the National Summer Learning Study in 2011. This five-year study offers the first-ever assessment of the effectiveness of large-scale, voluntary, district-run, summer learning programs serving low-income elementary students. The study, conducted by RAND, uses a randomized controlled trial to assess the effects of district-run voluntary summer programs on student achievement and social and emotional skills over the short and long run. All students in the study were in the third grade as of spring 2013 and enrolled in a public school in one of five urban districts: Boston; Dallas; Duval County, Florida; Pittsburgh; or Rochester, New York. This report, the second of five that will result from the study, looks at how summer programs affected student performance on mathematics, reading, and social and emotional assessments in fall 2013.

RR-816-A

This report contributes to the ongoing debate about the lessons from the past 13 years of war and the requirements for addressing future conflicts. It addresses a particular disconnect in the current debate on the future of national security strategy and the role of landpower caused by an inadequate examination of the national level of strategy made by the U.S. government. The disconnect exists because there has been no systematic effort to collect and analyze insights from those who have been actively engaged in making policy and strategy from 2001 to 2014. A RAND Arroyo Center workshop provided a mechanism for eliciting insights from policymakers and academic experts involved in the formation of national-level strategy and its implementation over the past 13 years. This study analyzes and develops those in-
sights in the context of the debate on future national security strategy. It applies those insights to the future operating environment, which will include irregular and hybrid threats, and identifies critical requirements for land forces and special operations forces to operate successfully in conjunction with other joint, interagency, and multinational partners.

RR-818-CMHSA

Reports the findings of an evaluation by a panel of experts on the extent to which a suicide prevention media campaign in California is aligned with best practices in the field.

RR-819-CMHSA
Beliefs Related to Mental Illness Stigma Among California Young Adults. Rebecca L. Collins, Elizabeth Roth, Jennifer L. Cerully, Eunice C. Wong. 2014

Report examines mental illness stigma and related beliefs among young adults in California, especially whether levels of stigma are higher or lower than those observed in older adults.

RR-828-A

This report demonstrates the need for special warfare, a strategic and operational approach to securing U.S. interests. The U.S. requires new approaches for exerting influence to fill the missing middle between the costly indefinite commitment of conventional forces and the limitations of distant-strike options presented by drones and Tomahawk missiles. Because special warfare works principally through local actors, employs political warfare methods, and requires the integration of a much broader suite of U.S. government agency capabilities than are typically envisioned in conventional campaigns, the United States must ad-

just its conceptual models for military campaigns to achieve its goals through special warfare. The report has four specific aims: (1) to adapt conventional operational art to the unique characteristics of special warfare, (2) to identify the strategic advantages and risks associated with special warfare, (3) to explore how special warfare campaigns could be used to address challenges identified in strategic guidance, and (4) to provide guidance to military and civilian leaders and planners in designing and executing these campaigns. RAND authors recommend that DoD strengthen its special warfare planning capacity and culture, conduct institutional reforms to facilitate unified action among relevant U.S. government agencies, and place greater emphasis on developing capabilities required to prevail in the human domain.

RR-830/1-ACPO

While the use of mounted police (i.e. police horses and riders) can be traced back to before the advent of the modern police service in 1829, very little is known about the actual work of mounted police from either academic or practitioner standpoints. In recent years, mounted units have come under resource scrutiny in the UK due to austerity measures. Some forces have eliminated their mounted capacities altogether, while others have developed collaborative or mutual assistance arrangements with neighbouring forces. The relative costs and benefits of the available options – maintaining units, merging and centralizing mounted resources, or eliminating them in whole or part – cannot at present be assessed confidently by individual forces or by national coordinating agencies. To address this limitation in available evidence, the Association of Chief Police Officers' Mounted Working Group commissioned a project to consider ways in which the relative value of mounted police work may be measured and understood, as well as provide evidence testing the value of mounted police in various deployment scenarios. The research undertaken for this
The project was multi-method and exploratory in nature, examining mounted police in neighbourhood policing, football policing and public order policing in festival and demonstration settings. This project also includes research activities designed to understand the costs of mounted policing, and an international survey of senior mounted police in other countries. The project has been undertaken through the Centre for Criminology, University of Oxford in partnership with RAND Europe.

RR-836-JPMCF  

Eleven companies cofounded the 100,000 Jobs Mission in 2011 to promote veteran employment, with a goal of hiring 100,000 veterans by 2020. The coalition has grown to over 175 companies, which have exceeded the initial goal and are now on track to hire 200,000 veterans by the end of 2014. These companies represent nearly every U.S. industry and vary in size, geographic location, and in the types of veterans they hire. Reflecting on the first three years of operation, JPMorgan Chase & Co. asked the RAND Corporation to capture the lessons and experiences from the 100,000 Jobs Mission to identify further improvements to veteran employment opportunities. RAND researchers conducted qualitative interviews with representatives of a sample of member companies, delving into the ways they recruit and hire veterans, help veterans transition into their new jobs, and manage and develop veteran employees and the value veterans bring as employees. Interviewees pointed out that veterans are most noted for their leadership skills and teamwork; for their flexibility and ability to work in a fast-paced, changing environment without undue stress; for their dependability, integrity, and loyalty; and for their experience working in a culturally diverse or global environment. This research also explored the challenges to hiring and employing veterans and provides recommendations to assist employers and promote veteran employment opportunities more broadly.

RR-839-TII  

Corruption is a major problem that can inhibit global business investment, especially in emerging markets; however, businesses operating overseas have inadequate tools for assessing business bribery risk and their potential risk of violating various anti-corruption laws. This report introduces a new index, the TRACE Matrix, for business bribery risk assessment that we believe has advantages over existing alternatives. The TRACE Matrix provides a quick and useful guide for businesses operating overseas that is based on a conceptual model of bribery risk and supported by data specific to firms. The objective of this index is to help firms assess the propensity for government bribery and its associated business risk and to provide data to inform compliance processes. We have developed a business bribery risk methodology using existing, publicly available cross-country data about risk factors, drawing on diverse data sources focused on business information. We have aggregated the data to provide a composite score for each country based on distinct categories of risk, much like a health index score that combines the key factors important to health (e.g., blood pressure, heart rate). Although countries are ranked by their composite scores, it is also possible to view the results for the different factors included in the composite score and identify the key drivers of that score. This allows firms to adjust their risk assessment and compliance practices to better suit country-specific conditions.

RR-854-RC  

The RAND Midterm 2014 Election Panel uses the American Life Panel (ALP) to study voting intentions, public opinion, and voter behavior. The ALP is a scientifically recruited Internet panel. Using the ALP allows us to contact the same people over time to study the evolution of their voting in-
tentions, behavior, and opinions. Furthermore, we follow previous RAND election polling by asking respondents about their voting intentions in probabilistic terms (percent chance), which improves forecasts. This document provides a detailed description of our methodology.

RR-858-RC
Methodology of the RAND Continuous 2012 Presidential Election Poll. Arie Kapteyn, Erik Meijer, Bas Weerman. 2014

The RAND Continuous 2012 Presidential Election Poll (CPEP) is conducted within the American Life Panel, which is an internet panel recruited through traditional probability sampling to ensure representativeness. The CPEP differs from other polls in that it asks the same respondents repeatedly about their voting preferences. Thus, it leads to more stable outcomes and changes are due to individuals' changing their minds and not due to random sampling fluctuations. The CPEP is also different because it asks respondents to state their preferences for a candidate and the likelihood that they will vote in probabilistic terms (percent chance), which has been shown to improve forecasts several months before the election. This document gives a detailed account of the methodology underlying the CPEP.

RR-862-EP

Cost of Non-Europe Reports identify the possibilities for economic or other gains and/or the realisation of a 'public good' through common action at EU level in specific policy areas and sectors. This Cost of Non-Europe Report seeks to analyse the costs for citizens, businesses and relevant stake-holders of remaining gaps and barriers in the European Single Market, building on and updating the 1988 Cecchini Report, which quantified its potential benefits. This particular study uses an econometric model to estimate the potential benefits of removing existing barriers to foreign direct investment and non-tariff trade barriers within the European Union. The removal of existing trade barriers could boost total intra-EU merchandise exports up to 7 per cent in the long-term. These effects will vary by Member State, and by sector of the internal market.

RR-863-WFHF

Efforts to prepare students for college, careers, and civic engagement have traditionally emphasized academic skills, but a growing body of research suggests that interpersonal and intrapersonal competencies, such as communication and resilience, are important predictors of post-secondary success and citizenship. One of the major challenges in designing educational interventions to support these outcomes is a lack of high-quality measures that could help educators, students, parents, and others understand how students perform and monitor their development over time. This report provides guidelines to promote thoughtful development of practical, high-quality measures of interpersonal and intrapersonal competencies that practitioners and policymakers can use to improve valued outcomes for students.

RR-870-OSD

In early 2014, the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) asked the RAND National Defense Research Institute (NDRI) to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by the department itself with the Workplace and Gender Relations Survey of Active Duty Personnel (WGRA). This report provides initial top-line estimates from the resulting study, the RAND Military Workplace Study (RMWS), which included a survey of 560,000 U.S. service members fielded in August and September of 2014. Compared to
the prior DoD studies, the RMWS takes a new approach to counting individuals in the military who experienced sexual assault, sexual harassment, or gender discrimination. Our measurement of sexual assault aligns closely with the definitions and criteria in the Uniform Code of Military Justice (UCMJ) for Article 120 crimes. The survey measures of sexual harassment and gender discrimination, which together we refer to as sex-based military equal opportunity (MEO) violations, use criteria drawn directly from DoD Directive 1350.2. Compared with past surveys that were designed to measure a climate of sexual misconduct associated with illegal behavior, the approach used in the RMWS offers greater precision in estimating the number of crimes and MEO violations that have occurred. However, recognizing that DoD is also interested in trends in sexual assault, sexual harassment, and gender discrimination, RAND fielded a portion of the 2014 surveys using the same questions as previous DoD surveys on this topic.

Evidence review of car traffic levels in Britain: A rapid evidence assessment. Charlene Rohr, James Fox. 2014

This study presents findings of a rapid evidence assessment of literature to understand the factors and trends influencing the recent levelling off in total miles driven in Britain since the 1990s. We find that the literature provides a good description of trends influencing car mileage; including: (i) changes in traditional economic factors, including fuel price increases and income growth, (ii) reductions in driving levels for young people, (iii) population increases in urban areas, where car ownership and car use levels are lower (although the impact of growing population in conurbations and cities on per capita car mileage appears to be relatively small), (iv) increasing levels of car travel for women, although women are observed to still drive less than men, (v) that the elderly drive less than other population groups, although their car mileage is also increasing, (vi) increased immigration levels, although migrants are observed to use their cars less than the those born in Britain, even after taking account that migrants tend to live in urban areas, (vii) reductions in company car ownership, and associated reductions in car mileage, particularly for men. However, the size of many of these trends on overall car mileage levels, and the drivers impacting these trends, are less clear. We found little information on how the following trends impact car travel: (i) employment levels or type, (ii) use of internet technology, (iii) substitutes, in terms of mode shifts or switching to new destinations, (iv) network supply effects, such as congestion, and (v) attitudinal changes.


Twenty years ago, Betsy Lehman, an award-winning health columnist for the Boston Globe, received a massive overdose of chemotherapy at one of the nation's most prestigious cancer hospitals. The discovery of these and other avoidable
errors and adverse events was a wake-up call. During the 1990s, health care leaders and researchers began studying and documenting the scale of the safety problem in health care. However, urgent questions about patient safety remain unanswered. To begin to answer these questions, the Betsy Lehman Center for Patient Safety and Medical Error Reduction commissioned a RAND study about the landscape of patient safety in the Commonwealth of Massachusetts. RAND researchers interviewed expert observers (patients, health care leaders, academic experts, advocates, and others) about progress to date and future opportunities to produce safer patient care. These expert observers asserted that some progress has been made in Massachusetts but that it has mostly set the stage for the vital work that remains. Key areas for progress include standardization of care, improvements in communication across settings, reducing diagnostic error, and transferring the lessons learned in the hospital to other care settings. This report summarizes the results of the interviews and suggests several questions that could guide the design of an organized effort to improve patient safety in Massachusetts.

RR-899-DH


This report explores the range of possible causes that might explain observed international variations in the usage of medicines for selected disease areas: dementia, osteoporosis, cancer, diabetes and hepatitis C. Commissioned by the UK Department of Health, through its Policy Research Programme, it complements a quantitative analysis of medicines uptake carried out by the Office for Health Economics (OHE) of medicines uptake across 16 classes of medicines in 13 high-income countries in 2012/13. Both studies build on an earlier study led by Professor Sir Mike Richards (UK) into the extent and causes of international variations in drug usage, published in 2010. Drawing on a rapid evidence assessment, we explore, for each of the five disease areas, epidemiological factors such as the disease burden and aspects of health system and service organisation that were shown to have a direct or indirect impact on drug usage, such as reimbursement mechanisms, access to diagnosis and treatment more broadly. We also provide a summary overview of key features of the health systems and of the principles of drug assessment or approval processes across the countries included in the OHE analysis. We find that a range of factors are 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. Any given level of use of a given medicine in one country is likely determined by a set of factors the combination and the relative weight of which will be different in another country.

RR-911-WT


The independent Review on AMR led by the economist Jim O’Neill commissioned RAND Europe to conduct a study estimating the global costs of antimicrobial resistance until 2050 in the absence of any progress in tackling the challenge. We developed a general equilibrium model, which calculated the extent of losses to the world economy caused by decreases in the supply of labour resulting from resistant hospital acquired infections and selected major infectious diseases (HIV, TB, malaria). Our approach incorporated a set of seven scenarios with varying rates of future resistance, time of onset of increases in resistance, and availability of effective second-line therapy.

RR-944-USCG


In early 2014, the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) asked the RAND National Defense Re-
search Institute (NDRI) to conduct an independent assessment of sexual assault, sexual harassment, and gender discrimination in the military—an assessment last conducted in 2012 by the department itself with the Workplace and Gender Relations Survey of Active Duty Personnel (WGRA). Separately, the Coast Guard requested that we expand the 2014 study to include an assessment of its active and reserve force. This report provides initial top-line active-duty Coast Guard estimates from the resulting RAND Military Workplace Study, which invited close to 560,000 service members to participate in a survey fielded in August and September of 2014. The RMWS takes an approach to counting individuals in the military who experienced sexual assault, sexual harassment, or gender discrimination that measures the incidence of specific crimes and violations. Our measurement of sexual assault aligns closely with the definitions and criteria in the Uniform Code of Military Justice (UCMJ) for Article 120 crimes. The survey measures of sexual harassment and gender discrimination, which together we refer to as sex-based military equal opportunity (MEO) violations, use criteria drawn from DoD Directive 1350.2. Compared with past surveys that were designed to measure a climate of sexual misconduct associated with illegal behavior, the approach used in the RMWS offers greater precision in estimating the number of crimes and MEO violations that have occurred.

RR-977-WRF


RAND researchers and collaborators present a comprehensive approach for water utilities to assess climate risks to their systems and evaluate adaptation strategies. The approach, based on Robust Decision Making, is demonstrated through pilot studies with two water utilities: Colorado Springs Utilities and New York City Department of Environmental Protection.

TOOLS

TL-109/1

Emergency preparedness can get you through the first few days following a disaster. But how can your community bounce back over the long term? With disasters becoming more common and costly, and with some areas enduring multiple disasters, the importance of building community resilience has never been greater. This video is a Spanish translation of an excerpt from Building Resilient Communities: An Online Training, which shows organizations and communities how to strengthen their resilience against manmade and natural disasters.

TL-129-A

The U.S. Army Asymmetric Warfare Group has used the Vulnerability Assessment Method (VAM) for a variety of large-scale interagency exercises at the operational and theater levels and previously commissioned a handbook for that purpose. Because the group also advises deployed tactical units, it asked RAND Arroyo Center to revise the existing handbook to make it more useful at the operational and tactical levels, with a primary audience of brigade combat team commanders and staffs. The resulting document is designed to fit into a cargo pocket. It explains how the VAM can be embedded into doctrinal planning processes and describes a process for identifying adversary, friendly, and other key stakeholder centers of gravity to support the development of plans that will exploit adversary vulnerabilities while protecting friendly ones. It can help commanders and staffs, and other leaders and planners, identify what is most important in the adversary and non-adversary systems to avoid wasting resources by
pursuing less-productive courses of action.

**TL-130-AF**


This is a user guide for Diversity Outreach and Recruiting Event Site Selection (DORESS), a piece of software created by RAND to assist the Air Force in identifying diversity outreach and recruiting event sites. By combining user preferences with information on student populations and Air Force locations, DORESS helps users find sites at which to locate events. The populations that users can search for include college students; college students from selective schools; college students majoring in science, technology, engineering, and math (STEM) fields; college students majoring in STEM fields at schools with U.S. News & World Report—ranked STEM programs; public high school students; and public high school students from highly ranked high schools. Users can then select gender and racial/ethnic groups from within these populations. Users can also see where Air Force bases, Air Force recruiters, and Air Force Reserve Officers’ Training Corps (ROTC) detachments are located. There are three broad functions of this tool: evaluating a specific area, allocation, and planning events. We have also provided a layer for use in Google Earth containing the Air Force data and some of the student data.

**TL-133-AF**


Treaties and agreements are powerful foreign policy tools that the United States uses to build and solidify relationships with partners and to influence the behavior of other states. As a result, the overall U.S. portfolio of treaties and agreements can offer insight into the distribution and depth of U.S. commitments internationally, including its military commitment, relationships, capabilities, and vulnerabilities in a given area. While there are many sources of information on security-related treaties and agreements, there is currently no comprehensive record of current or historical security-related treaties signed by the United States that can be used for empirical analysis. To address the shortcomings in existing datasets and indexes to contribute to the study of U.S. security treaties and agreements, the author has developed a tool—displayed in an Excel spreadsheet—that provides a new, more comprehensive treaty database that will enhance the ability of researchers to study the full portfolio of U.S. security agreements.

**TL-136-NIDA**


The Toolkit for Weighting and Analysis of Nonequivalent Groups, or TWANG, contains a set of functions to support causal modeling of observational data through the estimation and evaluation of propensity score weights. The TWANG package was first developed in 2004 by RAND researchers for the R statistical computing language and environment. The R version of the package contains functions for creating high-quality propensity score weights which can be used to estimate treatment effects with two or more treatment groups. In 2014, TWANG macros were developed for SAS to support the use of these tools without requiring researchers and analysts to learn R. At this time, the SAS TWANG macros can support estimation of propensity scores and their associated weights for comparisons involving two treatment groups. SAS macros will be made available shortly for handling the case of three or more treatment groups.

**TL-136/1-NIDA**


This tutorial describes the use of the TWANG package in R to estimate propensity score weights when there are two treatment groups, and how to use TWANG to estimate nonresponse weights. Specifically, it describes the "ps" function (which
stands for Propensity Scores), the proper syntax for using the function, and the features the function contains.

TL-141

Well-designed, well-executed workplace wellness programs can reduce health risks (such as smoking and physical inactivity), lower health care costs, and improve productivity. RAND researchers determined that these programs are becoming a standard component of benefits packages but that not all of them are created equal: Some generate cost savings whereas others do not, and there are substantial differences in how programs are being designed and implemented. This toolkit synthesizes the lessons learned and best practices from multiple projects and many years of research into a five-step guide for the planning, implementation, and evaluation of a successful workplace wellness program.

TL-145
Programs That Work, from the Promising Practices Network on Children, Families and Communities. M. Rebecca Kilburn, Jill S. Cannon, Teryn Mattox, Rebecca Shaw. 2014

The Promising Practices Network (PPN) on Children, Families and Communities (www.promisingpractices.net) began as a partnership between four state-level organizations that help public and private organizations improve the well-being of children and families. The PPN website, archived in June 2014, featured summaries of programs and practices that are proven to improve outcomes for children. The information on this website pertained to children from the prenatal period to age 18, as well as the families and communities in which they live. This site provided useful information to decisionmakers, practitioners, and program funders who had to choose among many possibilities for improving results for children, youth, and families. The website content included summaries of evidence-based programs, issue briefs, and other products that helped decisionmakers access high-quality research relevant to child and family policy. This document contains the summaries of the Programs That Work section of the PPN website, as of June 2014. PPN staff reviewed hundreds of programs' evaluations and assessed whether the evidence of effectiveness met the preestablished criteria. Programs with evidence meeting the criteria were summarized in a brief description in this section of the PPN website. We reproduce the summaries here to serve as a permanent archive for policymakers, researchers, and other stakeholders.

TL-153-OSD
Identifying Acquisition Framing Assumptions Through Structured Deliberation. Mark V. Arena, Lauren A. Mayer. 2014

This report documents the structured process that was developed to help project teams identify acquisition framing assumptions (FAs), which are useful in defining and tracking key program assumptions throughout the life of an acquisition program. The process describes a structured deliberation workshop (in the form of a briefing) used to facilitate a deliberation with the aim of identifying candidate FAs. The report provides an introduction to the concept of FAs and an overview of the approach used in the briefing to identify FAs. It includes an overview of structured deliberation, some of the important concepts in having a successful session, and suggestions on how to tailor questions related to program risk areas to help elucidate FAs.

TECHNICAL REPORTS

TR-1288/1-SOY/NIA
A Noncontributory Pension Program for Older Persons in Yucatan, Mexico: Implementing and Designing the Evaluation of the Program in Valladolid. Emma Aguila, Arie Kapteyn, Rosalba Robles, Oscar Vargas, Beverly A. Weidmer. 2014

Mexico's population is aging, and a high proportion of its elderly are poor. This report describes a collaborative effort by the Yucatan government and the RAND Corporation to design, implement,
and evaluate a state government program to provide cash benefits to the elderly to improve their well-being as measured by a comprehensive socioeconomic survey and more than 15 anthropometric and biomedical indicators. The program has been introduced in phases in 37 localities in Yucatan over a period of four years. Phases I and II, Reconocer Rural, were implemented in rural areas. Phase III, Reconocer Urbano, expanded the program to urban areas. Program evaluation, Escuchar, began when the program was expanded in phase III to the cities of Valladolid and Merida. The evaluation is gathering extensive data on program beneficiaries, as well as control or comparison groups. For the Merida evaluation, the surveys used in Valladolid were modified including new questions about the educational performance (school enrollment and attendance and time spent in educational activities) of children age 5 to 13 living with the older adult, questions on mortality expectations, and collection of dried blood spots for possible indicators (e.g., high levels of blood sugar) of chronic diseases in older adults. This document provides context and background for the program and describes its design and implementation. It also describes the design of the evaluation of the program impact in Valladolid. Later documents will provide more details about the data analysis and findings from all the evaluations.

TR-1288/3-SOY-NIA

Mexico’s population is aging, and a high proportion of its elderly are poor. This report describes a collaborative effort by the Yucatan government and the RAND Corporation to design, implement, and evaluate a state government program to provide cash benefits to the elderly to improve their well-being as measured by a comprehensive socioeconomic survey and more than 15 anthropometric and biomedical indicators. The program has been introduced in phases in 37 localities in Yucatan over a period of four years. Phases I and II, Reconocer Rural, were implemented in rural areas. Phase III, Reconocer Urbano, expanded the program to urban areas. Program evaluation, Escuchar, began when the program was expanded in phase III to the cities of Valladolid and Merida. The evaluation is gathering extensive data on program beneficiaries, as well as control or comparison groups. For the Merida evaluation, the surveys used in Valladolid were modified including new questions about the educational performance (school enrollment and attendance and time spent in educational activities) of children age 5 to 13 living with the older adult, questions on mortality expectations, and collection of dried blood spots for possible indicators (e.g., high levels of blood sugar) of chronic diseases in older adults. This document provides context and background for the program and describes its design and implementation. It also describes the design of the evaluation of the program impact in Valladolid. Later documents will provide more details about the data analysis and findings from all the evaluations.
program into Merida (the capital city of Yucatan), and findings from all the evaluations.

TR-1288/4-SOY-NIA


Mexico’s population is aging, and a high proportion of its elderly are poor. This report describes a collaborative effort by the Yucatan government and the RAND Corporation to design, implement, and evaluate a state government program to provide cash benefits to the elderly to improve their well-being as measured by a comprehensive socioeconomic survey and more than 15 anthropometric and biomedical indicators. The program has been introduced in phases in 37 localities in Yucatan over a period of four years. Phases I and II, Reconocer Rural, were implemented in rural areas. Phase III, Reconocer Urbano, expanded the program to urban areas. Program evaluation, Es- cuchar, began when the program was expanded in phase III to the cities of Valladolid and Merida. The evaluation is gathering extensive data on program beneficiaries, as well as control or comparison groups. For the Merida evaluation, the surveys used in Valladolid were modified including new questions about the educational performance (school enrollment and attendance and time spent in educational activities) of children age 5 to 13 living with the older adult, questions on mortality expectations, and collection of dried blood spots for possible indicators (e.g., high levels of blood sugar) of chronic diseases in older adults. This document provides context and background for the program and describes its design and implementation. It also describes the design of the evaluation of the program impact in Merida. Later documents will provide more details about the data analysis and findings from all the evaluations.

TR-1288/5-SOY-NIA


In 2007, the government of Yucatan, Mexico, and the RAND Corporation established a collaborative agreement to design and implement a noncontributory pension program and simultaneously evaluate it through a longitudinal study. This report describes the administration and results of two surveys in Merida, a social observation and a local observation designed to measure socioeconomic characteristics by geographic unit. In particular, it discusses application of observation instruments in May and June 2009 to 112 blocks for 22 basic geostatistical areas to create a social-gap index. The goal was to compare the results of the social-gap index based on local and social observations at the block level with other marginalization and social-gap rates used to target other social-welfare programs in Mexico and to assess the feasibility of targeting delivery of noncontributory pensions for older persons who live in urban areas.

TR-1288/6-SOY-NIA


Individual subjective forecasts of one’s own mortality or survival, referred to as mortality expectations, can affect economic decisions, such as consumption and saving. Such measures may be particularly useful when evaluating social programs serving older populations or otherwise analyzing populations with potentially high mortality rates. In an evaluation of a pension program in Yucatan, researchers found that low literacy, language barriers, and cultural biases hindered older adult respondents’ ability to answer mortality-expectation questions and experimented with new ways of asking the questions. The initial version of the questions used a ruler with a numeric scale representing a percentage chance of living five more years. Researchers tried direct and indirect versions of the questions, versions with possible answers being contingent on answers to previous questions, and versions incorporating use of vi-
visual aids, and combinations of these variations. Through cognitive interviewing, they studied how respondents understood, processed, and responded to the survey items. They then used what they learned to revise the survey measures. The visual aids tested were the original numeric-scale ruler, a sliding ruler, stones, and stick figures. With their survey population, they had the most success using the stick figures for conditional questions and the stones for direct questions.

TR-1288/7-SOY-NIA


In an effort to improve the quality of life for older adults, the government of Yucatan, Mexico, and the RAND Corporation collaborated to design, implement, and evaluate a noncontributory pension program in Yucatan. Although the program initially distributed its monthly benefit in cash, it later selected a small group of recipients to receive the pension through a debit card. From March 2010 to February 2012, a pilot study was conducted in the city of Merida, the Yucatan state capital. The program paid monthly pensions of MXN $550 through deposits to a bank account established for each beneficiary that is linked to a debit card. This report is one of a series of RAND reports describing the noncontributory pension program in Yucatan, its implementation, its evaluation, and related topics. This report describes how the pilot test was conducted and explores the results from several surveys of this pilot group. Results indicated that debit-card pension disbursal is feasible for an elderly Mexican population and that the state should expand the number of beneficiaries receiving the benefit through the debit-card method.

TR-1288/8-SOY-NIA


Ethical and legal considerations require that human research subjects who provide certain kinds of information be able to provide informed consent when doing so. Obtaining consent from older people and from people with low levels of literacy or limited language fluency can pose challenges. For field trials, researchers evaluating the impact of a pension program in Yucatan sought to develop an informed-consent procedure that was culturally sensitive and complied with Mexican norms and standards and with U.S. government and RAND Corporation ethical standards for conducting research with human subjects. This report documents the process the research team developed to obtain informed consent from those choosing to participate in the research; provides background on the development of norms and regulations for conducting research involving human subjects in the United States and Mexico; and reviews how the team developed and tested a culturally sensitive approach for collecting informed consent among the elderly in Yucatan, including testing of methods and subsequent adaptations. Finally, it reviews the implications of the findings for similar future research efforts.

WORKING PAPERS

WR-1014-ICJ


There is a large empirical literature examining the relationship between medical liability reform and the supply of physician services. Despite the general consensus that malpractice reform leads to an increase in physician supply, usually targeted amongst a subset of physicians, debates rage at the state level over the effectiveness of any given reform. This paper reviews the evidence on the relationship between tort reform and physician supply and assess the implications for any given state. Although our difference in difference methodology prevents drawing conclusions about the impact of reforms on overall physician supply, we find that noneconomic damage caps increase the supply of physicians in high risk specialties. How-
ever, these effects, even for the high risk specialties, vary significantly across states. It is unclear whether these differences represent heterogeneous treatment effects across states, or simply random error in the estimates. New approaches are needed to estimating state-specific effects of tort reform to have the most impact on local policy debates.

WR-1016-DIR
Fee Schedule Options for Services Furnished by Hospitals to Outpatients under the California Workers’ Compensation Program. Barbara O. Wynn, Hangsheng Liu, Andrew W. Mulcahy, Edward N. Okeke, Neema Iyer, Lawrence S. Painter. 2014

A RAND study used 2011 medical data to examine fee schedule options for setting maximum allowable amounts for certain facility services provided by hospitals on an outpatient basis under California’s workers’ compensation system. These are mostly diagnostic procedures and clinic visits that prior to January 1, 2014 were paid under the same fee schedule as physician and other practitioner services. They account for approximately seven percent of total workers’ compensation allowances for hospital outpatient services. In consultation with the California Division of Workers’ Compensation, two fee schedule options based on Medicare fee schedules were modeled. The first option set the allowances for the hospital’s facility costs at 1.2 times the Medicare allowance paid to physicians for their practice expenses when comparable services are provided in office settings. This is the same as the amount paid for practice expenses under the resource-based relative value scale that was implemented for physician and other practitioner services effective January 1, 2014. Under this option, aggregate allowances for the services would decrease 7.6 percent, which represents an estimated 0.5 percent reduction in total expenditures for services furnished by hospitals to outpatients. The second option set the allowances at the Medicare payment rates for hospital outpatient services (with no multiplier). This option would increase aggregate allowances 48-65 percent, which represents an estimated 3-5 percent increase in overall expenditures for hospital outpatient services under California’s workers’ compensation program.

WR-1023
How Do Management Fees Affect Retirement Wealth Under Mexico’s Personal Retirement Accounts System?. Emma Aguila, Michael D. Hurd, Susann Rohwedder. 2014

In 1997, Mexico transformed its pay-as-you-go social-security system to a fully funded system with personal retirement accounts, including management fees. This paper examines changes in retirement wealth resulting from this new system. It found management fees drained a significant proportion of individuals’ retirement wealth and had the effect of increasing the number of persons claiming a government-subsidized minimum pension, particularly from the time the system was introduced in 1997 until adjustment to management fees in 2008. Since 2008, retirement wealth accumulation has been similar to that of the previous system.

WR-1027

This Working Paper grew out a conference paper presented at the Munk School of the University of Toronto, October 18-20, 2013. The conference, Deterrence by Denial: Theory, Practice, and Empiricism, was co-organized by the Munk School of Global Affairs and the Center for Security Studies, ETH Zurich. It included a number of international scholars from a broad range of university and research institutions. This Working Paper extends the author’s conference paper and is intended to invite informal peer review before it is completed it at a later date.

WR-1028
Medical Care Spending and Labor Market Outcomes: Evidence from Workers’ Compensation Reforms. David Powell, Seth A. Seabury. 2014

There is considerable controversy over whether much of the spending on health care in the United States delivers enough value to justify the cost.
This paper contributes to this literature by studying the causal relationship between medical care spending and labor outcomes, exploiting a policy which directly impacted medical spending for reasons unrelated to health and using a unique data set which includes medical spending and labor earnings. The focus on labor outcomes is motivated by its potential usefulness as a measure of health, the importance of understanding the relationship between health and labor productivity, and the policy interest in improving labor outcomes for the population that it studies - injured workers. It exploits the 2003-2004 California workers' compensation reforms which reduced medical care spending for injured workers with a disproportionate effect on workers suffering lower back injuries. It links administrative data on workers' compensation claims to earnings and test the effect of the reforms on labor force outcomes for workers who experienced the biggest drop in medical care costs. Adjusting for the severity of injury and selection into workers' compensation, it finds that workers with low back injuries experienced a 7.3% greater decline in medical care after the reforms, and that this led to an 8.3% drop in post-injury earnings relative to other injured workers. These results suggest jointly that medical care spending can impact health and that health affects labor outcomes.

WR-1028-1
Medical Care Spending and Labor Market Outcomes: Evidence from Workers' Compensation Reforms. David Powell, Seth A. Seabury. 2014

Injuries sustained at work represent large income and welfare losses to households and there is a significant policy interest in reducing these burdens. Workers' compensation program is a large government program which provides monetary and medical benefits to injured workers. Despite the potential importance of medical care in improving the health and labor productivity of injured workers, little research has addressed the relationship between medical care provided through workers' compensation and post-injury labor outcomes. This paper exploits the 2003-2004 California workers' compensation reforms which reduced medical care spending for injured workers with a disproportionate effect on workers suffering low back injuries. We study the differential impact of this reduction in medical care generosity on post-injury outcomes, using administrative data which includes claim-level medical costs, pre- and post-injury labor earnings, and earnings information for matched (uninjured) workers at the same preinjury firm. Our focus on labor outcomes is motivated by the importance of understanding the relationship between health and labor productivity more broadly and by the policy interest in mechanisms to improve the labor outcomes of injured workers. Adjusting for injury severity and selection into workers' compensation, we find that workers with lower back injuries experienced a 7.3% greater decline in medical care after the reforms, and that this led to an 8.3% reduction in post-injury earnings relative to other injured workers. We estimate that this earnings decline is due both to an increase in injury duration and to lower earnings conditional on working.

WR-1029

As health insurance becomes available outside of the employment relationship as a result of the Affordable Care Act (ACA), the cost of applying for Social Security Disability Insurance (SSDI)—potentially going without health insurance coverage during a waiting period totaling 29 months from disability onset—will decline for many people with employer-sponsored health insurance. At the same time, the value of SSDI and Supplemental Security Income (SSI) participation will decline for individuals who otherwise lacked access to health insurance. This paper studies the 2006 Massachusetts health insurance reform to estimate the potential effects of the ACA on SSDI and SSI applications.

WR-1032
Moral Hazard and Adverse Selection in Private Health Insurance. David Powell, Dana P. Goldman. 2014
Moral hazard and adverse selection create inefficiencies in private health insurance markets. The authors use claims data from a large firm to study the independent roles of both moral hazard and adverse selection. Previous studies have attempted to estimate moral hazard in private health insurance by assuming that individuals respond only to the spot price, end-of-year price, average price, or a related metric. There is little economic justification for such assumptions and, in fact, economic intuition suggests that the nonlinear budget constraints generated by health insurance plans make these assumptions especially poor. They study the differential impact of the health insurance plans offered by the firm on the entire distribution of medical expenditures without parameterizing the plans by a specific metric. They use a new instrumental variable quantile estimation technique introduced in Powell [2013b] that provides the quantile treatment effects for each plan, while conditioning on a set of covariates for identification purposes. This technique allows us to map the resulting estimated medical expenditure distributions to the nonlinear budget sets generated by each plan. Their method also allows them to separate moral hazard from adverse selection and estimate their relative importance. They estimate that 77% of the additional medical spending observed in the most generous plan in their data relative to the least generous is due to adverse selection. The remainder can be attributed to moral hazard. A policy which resulted in each person enrolling in the least generous plan would cause the annual premium of that plan to rise by over $1,500.

WR-1033-BMGF


This report describes the implementation of professional development (PD) reforms and efforts to use teacher effectiveness (TE) data to inform PD through the third year of the initiative for all seven sites: Hillsborough County Public Schools (HCPS), Shelby County Schools (SCS, formerly Memphis City Schools), Pittsburgh Public Schools (PPS), and the four charter management organizations that operate under the umbrella of The College Ready Promise (TCRP). These charter management organizations include Alliance College-Ready Public Schools, Aspire Public Schools, Green Dot Public Schools, and Partnerships to Uplift Communities (PUC). This report briefly describes the approach each site is taking to link TE data to PD opportunities and compare the main features of those efforts across sites. It also documents the responses of teachers to the PD opportunities provided as of spring 2013. The report addresses two broad research questions: (1) What programs and practices have IP sites adopted to offer PD that is customized to teachers’ needs, and how do key features of these efforts differ across the sites? (2) What opinions have teachers (and, to a lesser extent, school leaders) expressed about the evaluation and PD practices their sites have adopted?

WR-1034-BMGF


On November 19, 2009, the Bill & Melinda Gates Foundation announced that it would invest $290 million to support effective teaching as a means to ensure all students receive the education they need to succeed in high school and beyond. The foundation made six-year grants to support four Intensive Partnership for Effective Teaching (IP) sites that have developed plans to improve teacher effectiveness. Each site has obtained commitments from local organizations to match the foundation grants. Each site has embarked on efforts to develop its own measure of teacher effectiveness and use the measure to manage its teacher workforce in more strategic ways. A team from the
RAND Corporation and the American Institutes for Research (AIR) was chosen to conduct a broad, longitudinal evaluation of these strategic human resource (HR) reforms. Beginning in 2010-11 and continuing through 2015-16, RAND/AIR is collecting information annually from the IP sites to explore how reforms are being implemented and to examine the impact of the IP reforms on students and teachers.

WR-1035-DOS

RAND researchers conducted an assessment of the State Department's Bureau of Democracy, Human Rights, Labor (DRL) Internet freedom portfolio for Fiscal Year 2012-13. Applying an analytical methodology employing both multi-attribute utility analysis and portfolio analysis techniques, the assessment showed good alignment between State's strategy and the cumulative effect of the eighteen funded projects. Additionally, the portfolio was assessed to be well balanced with an unrealized potential for supporting emergent State Department needs in enlarging political space within authoritarian regimes. They found that the investment in developing Internet freedom capacity and capabilities would likely have residual value beyond the portfolio's funded lifespan, with positive, but indirect, connections to civic freedom. Moreover, promoting Internet freedom appears to be a cost-imposing strategy that simultaneously aligns well with both U.S. values and interests, pressuring authoritarian rivals to either accept a free and open Internet or devote additional security resources to control or repress Internet activities. Finally, it was assessed that the value of such analysis is best realized over multiple stages of the portfolio's lifecycle.

WR-1036-BMGF

Studies the distribution of teacher effectiveness in the Intensive Partnerships for Effective Teaching program.

WR-1038
In with the Big, Out with the Small: Removing Small-Scale Reservations in India. Leslie A. Martin, Shanthi Nataraj, Ann E. Harrison. 2014

For the past 60 years, India has promoted small-scale industries (SSI). Industrial promotion took the form of reserving certain products for manufacture by small and medium firms. The stated goal of Indian policy makers was to promote employment growth and income redistribution. In this paper, the authors use a new version of the Annual Survey of Industries (ASI) that allows them to follow plants over time, and to examine whether small factories in India exhibit faster employment growth than larger factories. They find that, as in the United States, larger, younger factories grow more quickly, and create more jobs than smaller, older factories. They then exploit the fact that India eliminated SSI reservations for more than half of all reserved products between 1997 and 2007 to identify the consequences of removing these policies. They find that districts more exposed to the de-reservation experienced higher employment and wage growth than those that were less exposed. These effects are driven by the growth of factories that moved into the de-reserved product space, whose expansion more than compensated for the shrinking of smaller, incumbent firms.

WR-1039

Uptake of safe water products remains low, in spite of modest cost. We experimented with a sales offer that combined a free trial and rent-to-own payments for durable filters. Purchase rates doubled under this sales offer to 31% compared to a traditional lump-sum sales contract. To lower transaction costs we collected payments using Kenya's vast mobile banking network, MPESA. Mobile repayment rates were low; many filters were paid only when a vendor came in-person to request payment, which adds social pressure. While the rent-to-own offer is attractive, more work is needed to reduce transaction costs in rural and peri-urban Kenya.

The onset of a work-limiting disability sets in motion a sequence of events that for a growing number of workers ends in early retirement from the labor force, SSDI application and, ultimately, long-term program participation. Exactly how this sequence of events plays out is not well understood. While there exist large bodies of literature that address the effects of health insurance coverage on a wide range of outcomes, few papers have sought to examine how source of health insurance coverage generally and employer sponsored health insurance (ESHI) specifically affect the employment trajectory following onset of disability. The authors use the nationally representative, longitudinal data from the Health and Retirement Study (HRS) to observe individuals before and after they experience a self-reported work limiting disability. To estimate the effect of ESHI on labor supply and disability claiming, they compare individuals covered by ESHI with no other employer-sponsored option (i.e., spousal coverage) with individuals covered by ESHI but whose spouses are offered coverage from their own employer. They find evidence of an “employment lock” effect of ESHI only among the 20 percent of individuals whose disabilities do not impact their immediate physical capacity but are associated with high medical costs. They do not find any evidence of differential disability insurance application rates between those with ESHI and the comparison group. With the passage of the Affordable Care Act, there is concern that disability insurance applications may swell because the incentive to remain employed will diminish for disabled workers reliant on ESHI. Their results suggest that the availability of non-employment-based health insurance may cause disabled workers with high cost/low severity conditions to leave the workforce but it will not necessarily lead to increased disability insurance application among individuals with ESHI.

How Are School Leaders and Teachers Allocating Their Time Under the Partnership Sites to Empower Effective Teaching Initiative?. Jay Chambers, Iliana Brodziak de los Reyes, Antonia Wang, Caitlin O'Neil. 2014

Summarizes key findings about how school leaders and teachers have changed the way they allocate their time among various activities in the Intensive Partnership initiative.

How Are School Leaders and Teachers Allocating Their Time Under the Partnership Sites to Empower Effective Teaching Initiative?. Jay Chambers, Iliana Brodziak de los Reyes, Antonia Wang, Caitlin O'Neil. 2014

Summarizes key findings about how school leaders and teachers have changed the way they allocate their time among various activities in the Intensive Partnership initiative.


As the United States continues its draw-down from Afghanistan and Iraq, and with an increasing number of troops returning home, the challenges of reintegration have become critical foci for the U.S. forces. Understanding factors that may either promote or hinder servicemembers' ability to re-integrate and rebuild their lives post-deployment is therefore essential to support service member mental and physical health and operational readiness. The Department of Defense's (DoD) Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) commissioned RAND National Defense Research Institute (RAND NDRI) in August 2012 to conduct a 2-year independent study to review existing policies and programs related to sleep in the post-deployment period, with the ultimate goal of optimizing healthy sleep in service members. As part of this project, RAND convened a multi-disciplinary group of stakeholders across all servic-
es to identify barriers to achieving healthy sleep among servicemembers, and recommendations to address those barriers. The current report is a working paper that describes the proceedings of this one-day meeting on sleep in the armed forces held in RAND's Arlington Office on February 21, 2014. The goal of this working paper document is to provide preliminary findings to DCoE and the meeting attendees.

WR-1043

The Longitudinal Aging Study in India (LASI) is designed to be a nationally representative study of the physical, financial, and social well-being of India's 45+ population. The instrument is designed to be comparable to the Health and Retirement Study (HRS), which is a model for several studies across the world. This harmonization in instruments allows for cross-national comparative studies. In addition to a harmonized set of core questions, the instrument also reflects circumstances specific to Indian culture and institutions. The LASI instrument has three components: (1) the household survey; (2) the individual survey; and (3) the biomarker collection. Direct assessment of biomarkers, which can yield objective health measures, is particularly important in India. This report describes the following: (1) Data collection protocol, including sample sizes and response rate; (2) Laboratory protocol for the DBS assays (with the description of our quality control protocol) and the results of validation study; and (3) The distributional characteristics of biomarker data, the list of biomarker variables available in public data file, and the application procedure to obtain restricted biomarker data file.

WR-1044-IBO
Academic Civic Mindedness and Model Citizenship in the International Baccalaureate Diploma Programme. Anna Rosefsky Saavedra. 2014

Originally founded as a private means for diplomats' children to earn an internationally recognized high school diploma, today the International Baccalaureate (IB) Diploma Programme (DP) serves students from a variety of backgrounds in 144 countries. The IB mission and Learner Profile—consisting of ten attributes to foster in students—suggest that development of students' citizenship is the core purpose of an IB education. In this study, in four public schools in California that offer the DP, I interviewed DP Coordinators, teachers (n=15) and students (n=24) to learn their perspectives about how and the extent to which the DP develops students' citizenship. I also surveyed students using items that were administered as part of other surveys to large samples of high school-enrolled 17 and 18 year olds. The results indicate that the DP's heavy pedagogical reliance on discussions, debates, oral presentations, written assignments and teamwork, enables students to develop many of the skills that are necessary for civic advocacy. Results also indicate that the DP places a strong emphasis on students' knowledge of issues related to public policy. Interview results indicate that the DP does not seem to strongly prioritize students' knowledge of U.S. government structure and functioning. The student survey results, however, show that compared to nationally representative samples of similarly aged 12th-grade students, the sample of IB students scored higher on nine of ten items that tested their knowledge of U.S. government history and functioning. The DP develops students' citizenship through promoting their awareness of political and social issues and required active engagement with a local or global issue. Most IB students and teachers feel that the DP develops students' academic civic mindedness and model citizenship to a considerably greater extent than other curricular alternatives (including California College Prep and Advanced Placement courses). Finally, teachers feel that the strongest limitation to their prioritization of students' citizenship development is their lack of clarity on how to frame the civic implications of the knowledge, skills and attitudes they seek to develop.

WR-1047
Employer Accommodation and Labor Supply of
Disabled Workers. Matthew J. Hill, Nicole Maestas, Kathleen J. Mullen. 2014

The authors use longitudinal data from the Health and Retirement Study to examine what factors influence employer accommodation of newly disabled workers and how effective such accommodations are in retaining workers and discouraging disability insurance applications. They find that only a quarter of newly disabled older workers are accommodated by their employers in some way following onset of a disability. Importantly, they find that few employer characteristics explain which workers are accommodated; rather, employee characteristics, particularly the presence of certain personality traits correlated with assertiveness and open communication, are highly predictive of accommodation. This suggests that policies targeting employer incentives may not be particularly effective at increasing accommodation rates since employers may not even be aware of their employees' need for accommodation. They also find that if employer accommodation rates can be increased, disabled workers would be significantly more likely to delay labor force exit, at least for two years. However, they do not find significant effects on the disability insurance claiming margin.

WR-1049


WR-1050-DEIES
Addendum to Effectiveness of Cognitive Tutor Algebra I at Scale. John F. Pane, Beth Ann Griffin, Daniel F. McCaffrey, Rita Karam. 2014

This addendum to previously published results presents alternative analyses of data from large-scale effectiveness studies of Cognitive Tutor Algebra I in middle schools and high schools. These alternative analyses produce results that are substantively the same as previously reported. It finds a significant positive effect of .21 standard deviation units for high school students in the second year of the study.

WR-1051-DOEL

As early care and education (ECE) quality rating and improvement systems (QRISs) have advanced and matured, a number of states and localities have undertaken evaluations to validate the systems. Such efforts stem from the desire to ensure that the system is designed and operating in the ways envisioned when the system was established. Given that a central component in a QRIS is the rating system, a key concern is whether the rating process, including the use of particular measures and the manner in which they are combined and cut scores are applied, produces accurate and understandable ratings that capture meaningful differences in program quality across rating levels. The aim of this paper is to review the set of studies that seek to validate QRIS rating systems in one of several ways: by examining the relationship between program ratings and objective measures of program quality; by determining if program ratings increase over time; and by estimating the relationship between program ratings and child developmental outcomes. Specifically, we review 14 such validation studies that address one or more of these three questions. Together, these 14 studies cover 12 QRISs in 11 states or substate areas: Colorado, Florida (two counties), Indiana, Maine, Minnesota, Missouri, North Carolina, Oklahoma, Pennsylvania, Tennessee, and Virginia. In reviewing the literature, we are interested in the methods and measures they employ, as well as the empirical results. To date, most validation studies have found that programs with higher ratings had higher environment rating scores (ERSs), but the ERS is often one of the
rating elements. Independent measures of quality have not always shown the expected positive relationship with quality. The handful of studies that have examined how ratings change over time have generally shown that programs participating in the QRIS did improve their quality or quality ratings. Studies that examine the relationship between QRIS ratings and child development are the most challenging to implement and can be costly to conduct when independent child assessments are performed. Consequently, there has been considerable variation in methods to date across these studies. Among the four studies with the stronger designs, two found the expected relationship between QRIS ratings and child developmental gains. The lack of robust findings across these studies indicate that QRISs, as currently configured, do not necessarily capture differences in program quality that are predictive of gains in key developmental domains. Based on these findings, the paper discusses the opportunities for future QRIS validation studies, including those conducted as part of the Race to the Top–Early Learning Challenge grants, to advance the methods used and contribute not only to improvement of the QRIS in any given state, but also to add to the knowledge base about effective systems more generally.

WR-1052


Security cooperation, through which the United States provides a wide range of military training and assistance to partner states, is a central element of U.S. foreign policy. This working paper examines the challenges that may arise when the United States seeks to intervene in uncertain political environment, such as instances in which the United States’ partner – which may be a besieged government or a non-state actor – is actively engaged in military conflict. A fair amount of literature exists that can help assess whether and to what extent security cooperation may be a useful tool for shaping such environments. This literature identifies five key issues that the U.S. government should consider before deciding whether or not to offer military training and equipment to potential partners operating amidst uncertainty: (1) Identifying the parameters that guide security cooperation decisions, including statutory requirements that may prevent the provision of certain types of assistance to certain types of recipients; (2) Identifying the criteria according to which the United States will decide which party to a conflict it should support; (3) Assessing potential partners; (4) Evaluating the potential usefulness of security cooperation tools in different scenarios; and finally, (5) Examining the potentially adverse implications of offering security assistance in the midst of political uncertainty, including the dangers of choosing the “wrong” partner, choosing the “wrong” timing for intervention, or remaining uninvolved in circumstances in which the United States would have benefited from direct intervention. Based on a careful review of these five challenges, the working paper suggests avenues for future research.

WR-1053


I analyze the impact of India’s public employment generation program (NREGS) on entrepreneurship. One of the main barriers to entrepreneurship in India is a lack of access to capital. My hypothesis is that NREGS allows liquidity constrained individuals to accumulate savings, enabling subsequent investment in a risky, but more profitable, venture, and ideally, permanent graduation from poverty. Taking advantage of the quasi-experimental nature of the program, I use a nationally representative data set to estimate the impact of NREGS on selection into entrepreneurship. I find that rates of non-agricultural entrepreneurship increase by 3 percentage points in NREGS districts (increasing rates from 15% to 18%), compared to areas that did not receive the program. This result is robust to various specifications, including two falsification tests. The results suggest that by acting as a source of credit, NREGS impacts household occupational choice, contributing to in-
creased income, and ultimately promoting current and future family welfare.

WR-1054

This paper reports results from a resume-based field experiment designed to examine employer preferences for job applicants who attended for-profit colleges. For-profit colleges have seen sharp increases in enrollment in recent years despite alternatives such as public community colleges being much cheaper. We sent almost 9,000 fictitious resumes of young applicants who recently completed their schooling to online job postings in six occupational categories and tracked employer callback rates. We find no evidence that employers prefer applicants with resumes listing a for-profit college relative to those whose resumes list either a community college or no college at all.

WR-1055

Many Americans save too little, leaving them vulnerable to unexpected financial shocks. Finding ways to help Americans develop emergency savings funds could greatly improve welfare. A wealth of previous literature has demonstrated the central roles played by patience and self-control in achieving sufficient savings. When people lack patience or self-control, well-designed interventions may help improve financial stability. Increasingly, interventions intended to improve savings behavior have taken the form of externally restricted accounts such as ‘commitment accounts’ that include hefty fees for early withdrawal or that disallow withdrawals altogether for a pre-specified time. Yet, such hard commitment accounts may not appeal to impatient individuals, those who do not anticipate their own self-control problems, or to the poor for whom restrictions on scarce funds can be particularly painful. We test a new ‘soft’ commitment account that asks borrowers to think about their savings goals, how it would feel to achieve them, and make a pledge to work towards these goals (potentially increasing one’s intrinsic motivation), yet has no external restrictions on savings behavior. In a six-month randomized savings experiment we find that such soft commitments can significantly increase amounts saved on day one relative to either a hard commitment account (with external restrictions on withdrawals) or a traditional savings account. Additionally, the soft commitments significantly increased final savings balances relative to no form of commitment and were particularly effective for impatient individuals. However, despite the inherent illiquidity, the hard commitment account proved most effective in building savings balances amongst our participants at the end of six months.

WR-1060

Little attention has been given to the effect of higher order kernels for bandwidth selection for multidimensional derivatives of densities. This paper investigates the extension of cross validation methods to higher dimensions for the derivative of an unconditional joint density. I present and derive different cross validation criteria for arbitrary kernel order and density dimension, and show consistency of the estimator. Doing a Monte Carlo simulation study for various orders of kernels in the Gaussian family and additionally comparing a weighted integrated square error criterion, I find that higher order kernels become increasingly important as the dimension of the distribution increases. I find that standard cross validation selectors generally outperform the weighted integrated square error cross validation criteria. Using the infinite order Dirichlet kernel tends to have the best results.

WR-1061-BMGF
Methods Used to Estimate Achievement Effects in Personalized Learning Schools. John F. Pane, Matthew Baird. 2014
The purpose of this document is to describe the methods RAND used to analyze achievement for 23 personalized learning (PL) schools for the 2012-13 through 2013-14 academic years. This work was performed at the request of the Bill & Melinda Gates Foundation (BMGF), as part of a multi-year evaluation contract. The 23 schools were selected from a larger portfolio of PL schools funded directly or indirectly by BMGF because they implemented PL school-wide during both of the two academic years and they also administered Northwest Evaluation Association's (NWEA) Measures of Academic Progress (MAP) both years.

WR-1062-BMGF
Personalized Learning Instructional Staff Survey Results (Spring 2014). Kyle Siler-Evans, Elizabeth D. Steiner, Laura S. Hamilton, John F. Pane. 2014

The purpose of this document is to descriptively summarize instructional staff responses to a survey administered by RAND in 23 personalized learning (PL) schools in Spring 2014. This work was performed at the request of the Bill & Melinda Gates Foundation (BMGF), as part of a multi-year evaluation contract. The 23 schools were selected from a larger portfolio of PL schools funded directly or indirectly by BMGF because they implemented PL school-wide during both of the two academic years and they also administered Northwest Evaluation Association's (NWEA) Measures of Academic Progress (MAP) both years.

WR-1063

Population aging is widely expected to have detrimental effects on aggregate economic growth. However, we have little empirical evidence about the actual existence or magnitude of such effects. In this paper, we exploit differential aging patterns at the state level in the United States between 1980 and 2010. Many states have already experienced high growth rates of the 60+ population, comparable to the predicted national growth rate over the next several decades. Furthermore, these differential growth rates occur partially for reasons unrelated to economic growth, providing a natural approach to isolate the impact of aging on growth. We predict the magnitude of population aging at the state-level given the state's age structure in an initial period and exploit this predictable differential growth to estimate the impact of population aging on Gross Domestic Product (GDP) growth, and its constituent parts, labor force and productivity growth. We estimate that a 10% increase in the fraction of the population ages 60+ decreases GDP per capita by 5.7%. We find that this reduction in economic growth caused by population aging is primarily due to a decrease in growth in the supply of labor. To a lesser extent, it is also due to a reduction in productivity growth. We present evidence of downward adjustment of earnings growth to reflect the reduction in productivity.

WR-1068

This paper exploits a combination of policy variation from multiple pension reforms in Austria and administrative data from the Austrian Social Security Database. Using the policy changes for identification, we estimate social security wealth and accrual elasticities in individuals' retirement decisions. Next, we use these elasticities to estimate a dynamic programming model of retirement decisions. Finally, we use the estimated model to examine the labor supply and welfare consequences of potential social security reforms.

WR-987-1

This paper studies the impact of income taxes on intensive and extensive labor supply decisions for older workers. The literature provides little evidence about the responsiveness of the older population to tax incentives, though the tax code is a potentially important mechanism for affecting
retirement behavior. We estimate the intensive and extensive margins jointly with a new approach accounting for selection into labor force participation. On the extensive margin, we find substantial effects of income taxes on labor force participation and retirement decisions, estimating participation elasticities with respect to after-tax labor income of 0.76 for women and 0.55 for men. About half of the magnitude of these labor force participation elasticities are associated with tax-driven reductions in retirement. We find statistically insignificant compensated elasticities on the intensive margin. We simulate the effects on labor supply of two possible age-targeted tax reforms. We find that eliminating the employee portion of the payroll tax at age 65 would decrease the percentage of workers exiting the labor force by 6-7%. An EITC expansion which extends the tax credit to older ages (irrespective of their number of dependents) would decrease the probability that workers exit the labor force by 3 percentage points for men and by 6 percentage points for women, reductions of 11% and 23% from baseline rates.