

DATE: March 28, 2015

TO: Chair Charles Boustany, Subcommittee on Human Resources of the House Ways and Means Committee

SUBJECT: Testimony submission for the Hearing on “*Expanding Opportunity by Funding What Works: Using Evidence to Help Low-Income Individuals and Families Get Ahead*,” held Tuesday, March 17, 2015

Via Email: waysandmeans.submissions@mail.house.gov

The American Evaluation Association (AEA) is pleased to write in support of the work of this subcommittee regarding rigorous evaluation of federal social programs intended to help low-income Americans. This area has a rich tradition of applied research and experiments that have provided invaluable information to policy makers. We applaud your interest in applying evidence to identify those programs which can best help low-income individuals and families.

Program evaluation is essential because it contributes to assessing the strengths and weaknesses of programs, policies, and organizations to improve their effectiveness. It provides a useful and important tool to address the need for credible information, well-grounded decision making, and governmental transparency. Evaluation uses systematic data collection and analysis to address questions about how well government programs and policies are working, whether they are achieving their objectives, and why they are, or are not, effective. It produces evidence that can be used to compare alternative programs, guide program development and decision making, and reveal effective practices. By its very nature, it supplies the publicly accessible information that is at the heart of transparency and open government.

AEA heartily endorses the use of rigorous evidence about what works. However, we caution against over reliance on any one method. For example, ethical or logistical restrictions may constrain the assignment of program participants in a randomized control trial, yet strong quasi-experimental study designs might supply high-quality, credible evidence for decision making.

In general, depending on the focus of the inquiry and the circumstances under which programs operate, a range of evaluation study designs are available to provide high-quality actionable evidence about programs. Furthermore, evaluations of program impact are most likely to be useful in a broader portfolio of evaluation activity which includes attention to program enhancement, program implementation, and evidence about the generalizability of impact evaluation findings. For example, ancillary study of the operations and best practices of programs could inform managers and policy makers how best to modify promising programs in order to maximize their effectiveness.

AEA encourages Congress to ensure more social programs are evaluated to determine their impact and to consider how high-quality evidence can best be used to inform the design of social programs at the federal level. In particular, AEA believes that Congress should ensure that sufficient resources are made available for quality evaluation and encourage agencies to set guidelines for the conduct of evaluations, including the development of evaluation agendas and plans for disseminating evaluation findings to staff and the public.



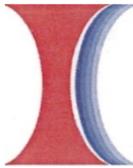
AEA has approximately 7,000 members representing all 50 states and the District of Columbia as well as over 80 foreign countries. Members have backgrounds in government, academia, foundations, and organizations, bringing with them a wealth of knowledge on evaluation approaches and the use of evaluation results. We offer our assistance to the committee on the issues you are reviewing. On the AEA website is posted a document we developed to help governments engage in effective evaluation: [*An Evaluation Roadmap for a More Effective Government*](#). [<http://www.eval.org/evaluationroadmap>] I hope you will find it useful.

AEA has long sponsored academic research and fostered exchanges among evaluation practitioners regarding evaluation methodologies that can most effectively shed light on the causes and remedies for poverty. If we can be of assistance, or if you need more information on our organization, please do not hesitate to contact me (Stewart.Donaldson@eval.org) or Dr. Cheryl Oros, our senior advisor for evaluation policy (EvaluationPolicy@eval.org; 202-367-1166).

Sincerely,

A handwritten signature in black ink, appearing to read "Stewart Donaldson", with a horizontal line extending to the right.

Stewart Donaldson, Ph.D.
President, American Evaluation Association



CAMPAIGN TO END OBESITY ACTION FUND

805 15th St. NW Washington DC 20015
(202) 466 8100 • www.obesityactionfund.org

United States House Committee on Ways and Means
Human Resources Subcommittee Hearing: "Expanding Opportunity by Funding What Works:
Using Evidence to Help Low-Income Individuals and Families Get Ahead"

March 17, 2015

Statement for the Record

Submitted by:

Chris Fox, Vice President, External Affairs

Today, two-thirds of U.S. adults and nearly one in three children struggle because they are overweight or have obesity. The effects of the nation's obesity epidemic are immense: taxpayers, businesses, communities and individuals spend hundreds of billions of dollars each year to address the challenges of obesity, including an estimated \$168 billion in medical costs alone. In fact, because of skyrocketing rates of obesity, the current generation of U.S. children are – for the first time ever -projected to have a shorter life expectancy than their parents.

The Campaign to End Obesity Action Fund advocates for changes in federal policy that will enable more Americans to eat healthy and be active, as well as those that provide appropriate medical treatment for patients. In its work, the Campaign to End Obesity Action Fund convenes leaders from across industry, academia, patient and disease communities and public health to speak with one voice for measures to reverse the obesity epidemic and promote healthy weight in children and adults.

The Campaign applauds House Ways and Means Human Resources Subcommittee Chairman Charles Boustany (R-LA) for his leadership and his dedication to ensuring that tax dollars are used wisely to help elevate the standard of living for many low income individuals across the country. The Campaign appreciates the opportunity to provide submission for the record following the hearing held on March 17 and looks forward to reviewing testimony and submissions from other stakeholders.

As the Committee continues to examine the Tax Code and its uses in society, the Campaign implores the Committee to carefully examine how tax policy can be used to advance health, nutrition, and opportunity for low income families that we know can lead healthy lifestyles. There is an important role for the Tax Code in addressing elements of this challenge. Indeed, the Tax Code has long been used to encourage actions which are valued by society and which are

likely to yield benefits to the taxpayer base as a whole. Reducing the U.S. obesity rate is doubtless a national policy goal that would yield enormous, immediate, and long-term benefits for taxpayers.

While there have been discussions in policy circles about tax approaches to penalize unwanted behaviors – and this submission takes no position on such measures – it is important to make clear that there are tax approaches that Congress can and should contemplate that can help to target desired policy and behavior outcomes at the personal, community and business level. It is that range of thoughtful, strategic, positive tax approaches that we believe has been missing from Congressional consideration, and that we urge policy-makers to consider at this critical time.

Indeed, there is significant evidence that certain obesity prevention and treatment interventions pay dividends. These interventions take place in a variety of settings and are generally categorized as community-based, school-based, workplace-based, surgical, or pharmaceutical in nature. Noted economist Alex Brill released a study on the "Long-Term Returns of Obesity Prevention Policies" in April 2013 that reviewed some of the obesity prevention measures which have been studied extensively, and for which effectiveness has been clinically demonstrated. One such program that his study highlighted is the diabetes prevention program (DPP), which was created by Congress and administered by the Center for Disease Control to help at-risk children prevent developing Type II diabetes by targeted efforts to improve their diets and increase physical activity¹. The program has resulted in medically significant weight management and a reduction in the prevalence of Type II diabetes among participants. Another program where the evidence demonstrates success is a community initiative to encourage 30 minutes or more of walking a day. In one state, a media campaign to promote this goal reported significant successes, including among older Americans.

Most successful obesity prevention programs have been conducted at the local and community level. The Stanford Five-City Project was a six-year community wide program to raise awareness of the health and weight reduction benefits of physical activity. At its conclusion, it was estimated that the ratio of cost to the quality-adjusted life-year was improved by \$68,557. More recently, New York City's Move to Improve program has reported a nearly ten-percent drop in "severe" obesity rates from 2006 to 2011 among public school students. The program educated teachers in the public schools on how to incorporate fitness into their lesson plans. It includes things like walking in place or standing desks to encourage fitness throughout the day.

As the primary source of health insurance for the working-age population within the United States, employers have also created workplace interventions with a focus on healthy weight control. This can take on a variety of programs including incentives for healthy activities, on-site work place fitness centers, individual counseling, and self-help educational materials. On

¹Brill, Alex. "The Long-Term Returns of Obesity Prevention Policies." April 2013.
<http://obesitycampaign.org/documents/FinalLong-TermReturnsofObesityPreventionPolicies.pdf>.

average, studies have found that these programs reduced medical costs by \$3.27 and absenteeism by \$2.73 for every dollar spent by the employer. Applying these programs to government healthcare programs like Medicare and Medicaid could produce large savings.

The evidence is clear and compelling that many local, community based programmatic interventions – a number of which have been supported or prompted by Congressional policy-making -help prevent and, in some cases, reverse obesity. From a tax policymaking perspective, then the question, is where and how Congress might use tax policy tools to make more progress, leveraging the kinds of programs where evidence tells us there will be a beneficial impact and multiplying that impact many times over. Since there is so much to be gained for taxpayers in terms of long-term budget benefits from lowering the U.S. obesity rates, it's clear that now is a vital time to contemplate such measures.

One of the main contributors to the obesity epidemic in America is the lack of access to healthy foods and opportunities to be physically active. Data shows that obesity rates are positively impacted by meaningfully increasing access to healthy, affordable foods and safe recreational spaces. For instance, according to a study by Ernst and Young, there is a direct correlation between obesity rates and the inability to access fresh, affordable, healthy foods. The data show that for every one percentage point increase in households able to access these foods, there is a nearly one percent decrease in the obesity rate in those counties. For the average county, that would mean 875 fewer individuals with obesity.²

Additionally, accessing recreational spaces can have a meaningful impact on obesity rates. The same study found that an increase in the number of fitness facilities in a county from one facility per 10,000 residents to two facilities per 10,000 would lower the average obesity rate from nearly 30 percent to under 28 percent and lower the diabetes rate from ten percent to nine percent. For an average county, that would result in nearly 1,000 fewer individuals with obesity and nearly 450 fewer cases of diabetes.

Finally, while there are some tax policies that may have an indirect, albeit beneficial impact on obesity prevention and reduction, we believe that now is the time to advance strategic tax measures that are explicitly designed to promote healthier communities, prevent obesity, reverse the current epidemic, and generate hundreds of billions of dollars of benefits for U.S. taxpayers in the near and long term.

Tax policy does, to a modest extent, already contemplate lifestyle improvements that can result in effective obesity prevention. In the Ernst and Young study, they issued an analysis of the impact of the New Markets Tax Credit (NMTC) on health outcomes associated with access to

² Ernst and Young. The New Markets Tax Credit: Opportunities for Investment in Healthy Foods and Physical Activity, December 2013. <http://campaigntoendobesity.org/documents/EYCEONMTC-OpportunitiesforInvestmentinHealthFinal.pdf>.

healthy foods and opportunities for physical activity.³ The NMTC is targeted at communities that often lack access to health food, basic transportation, and poor health outcomes in addition to a lack of private sector investment. The study showed that low-income individuals face barriers to safe recreation facilities and over 38% have limited access to healthy food. The NMTC has the potential to increase nutritious food access and access to safe recreation facilities in low-income communities. NMTC funded supermarkets and grocery stores have improved access to healthy foods for more than 345,000 Americans, including 197,000 children. Providing access to a wide array of nutritious foods in these at-risk neighborhoods shows the ability for the NMTC to address the obesity crisis with private sector investment in at risk communities.

Ultimately, the analysis from Ernst and Young showed that, while the NMTC is a valued tax tool, it is not enough to specifically address the U.S. obesity epidemic by promoting positive, obesity-related health outcomes, likely because it was not designed specifically to achieve these purposes. Accordingly, we believe that tax policy should also include more intentional, targeted measures to promote the type of infrastructure investments that will help make healthy lifestyles more accessible in communities where they currently are not.

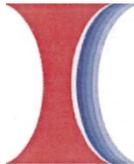
Specifically, we believe that tax policy should embrace new approaches that will:

- Spur private interests to increase access to healthy, affordable foods in economically disadvantaged communities;
- Yield increased access by these communities to safe recreational spaces;
- Support economically disadvantaged individuals specifically for their efforts to adopt health lifestyle choices that are likely to reverse or prevent obesity and other chronic diseases, as well as businesses who invest in tools and resources for these consumers to effect such choices; and
- Be targeted to benefit those individuals and communities most at risk for obesity and other chronic diseases.

Please find attached a letter restating these principals from the Campaign with signatures from a wide range of interested parties that care about the ongoing obesity epidemic.

Finally, the Campaign has begun an effort to examine measures that could spur market based solutions to increase access to healthy foods and safe activity spaces in underserved communities. As the Committee continues to study this important issue, the Campaign looks forward to being part of the conversation and would hope that you will use our expertise and that of other like-minded groups to resolve the obesity crisis that is affecting America.

³ Ernst and Young. The New Markets Tax Credit: Opportunities for Investment in Healthy Foods and Physical Activity, December 2013. <http://campaigntoendobesity.org/documents/EYCEONMTC-OpportunitiesforInvestmentinHealthFina1.pdf>.



**CAMPAIGN TO END OBESITY
ACTION FUND**

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(202) 466 8100 • www.obesityactionfund.org

January 23, 2014

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Orrin Hatch
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Dave Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

The Honorable Sander Levin
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen and Ranking Members :

We are writing to encourage you to use the opportunity presented by ongoing efforts to improve the Tax Code to advance cost-effective policies that can bolster healthy lifestyles in key populations, and hold promise for halting or reversing the nation's costly and unsustainable obesity epidemic.

As you know, the nation's obesity epidemic has the potential to bankrupt the healthcare system. Today, there are nearly 100 million Americans – children and adults – with obesity. American taxpayers spend nearly \$200 billion on medical costs associated with obesity each year. Current projections show that, absent major changes, 50 percent of the American population will have obesity by 2030, driving health care costs even further.

There is an important role for the Tax Code in addressing elements of this challenge. Indeed, the Tax Code has long been used to reward priority corporate and individuals' actions which are valued by society and which are likely to yield benefits to the taxpayer base as a whole.

Against this backdrop, we ask you to champion new tax policies that can drive private sector efforts to bolster access among high-risk populations to improved food options and opportunities for safe physical activity. We believe that tax policy should include measures specifically designed to promote the type of infrastructure investments that will help make healthy lifestyles more accessible in communities where they currently are not.

Specifically, we believe that tax policy should embrace new approaches that will:

- Spur private interests to increase access to healthy, affordable foods in economically disadvantaged communities;
- Yield increased access by these communities to safe recreational spaces;
- Support economically disadvantaged individuals specifically for their efforts to adopt health lifestyle choices that are likely to reverse or prevent obesity and other chronic diseases, as well as businesses who invest in tools and resources for these consumers to effect such choices; and
- Be targeted to benefit those individuals and communities most at risk for obesity and other chronic diseases.

We look forward to working with you to advance more specific measures which can fulfill these principles and, in doing so, yield crucial and urgent health and economic benefits for our nation.

Sincerely,

Campaign to End Obesity Action Fund
 American College of Preventive Medicine
 American College of Sports Medicine
 American Council on Exercise
 American Heart Association
 American Hiking Society
 Arena Pharmaceuticals
 Change Lab Solutions
 Health Education Council, Break Free Alliance
 Hepatitis Foundation International
 Humana
 International Health, Racquet and Sportsclub Association
 MEND Foundation
 MomsRising.org
 NAACP
 National Association of Chronic Disease Directors
 National Association of County and City Health Officials
 National Center for Weight and Wellness
 National Coalition for Promoting Physical Activity
 National Hispanic Medical Association
 Orexigen Therapeutics, Inc.
 United States Soccer Foundation
 Weight Watchers International

The New Markets Tax Credit: Opportunities for Investment in Healthy Foods and Physical Activity

Prepared for the Campaign to End Obesity

December 2013



EY

Building a better
working world

Executive summary

The Campaign to End Obesity asked Ernst & Young (EY) to analyze the impact of the New Markets Tax Credit (NMTC) on health outcomes associated with access to healthy foods and opportunities for physical activity. The NMTC, which is administered by the US Department of the Treasury, was established in 2000 to encourage new and increased investment in low-income communities.

Since the program's inception it has distributed \$39.5 billion in federal tax credit authority matched by private sector investments in qualifying locations. By statute, NMTC investments are targeted at low-income areas, which are often characterized by limited access to healthy food, limited opportunities for safe physical activity, and poor health outcomes.

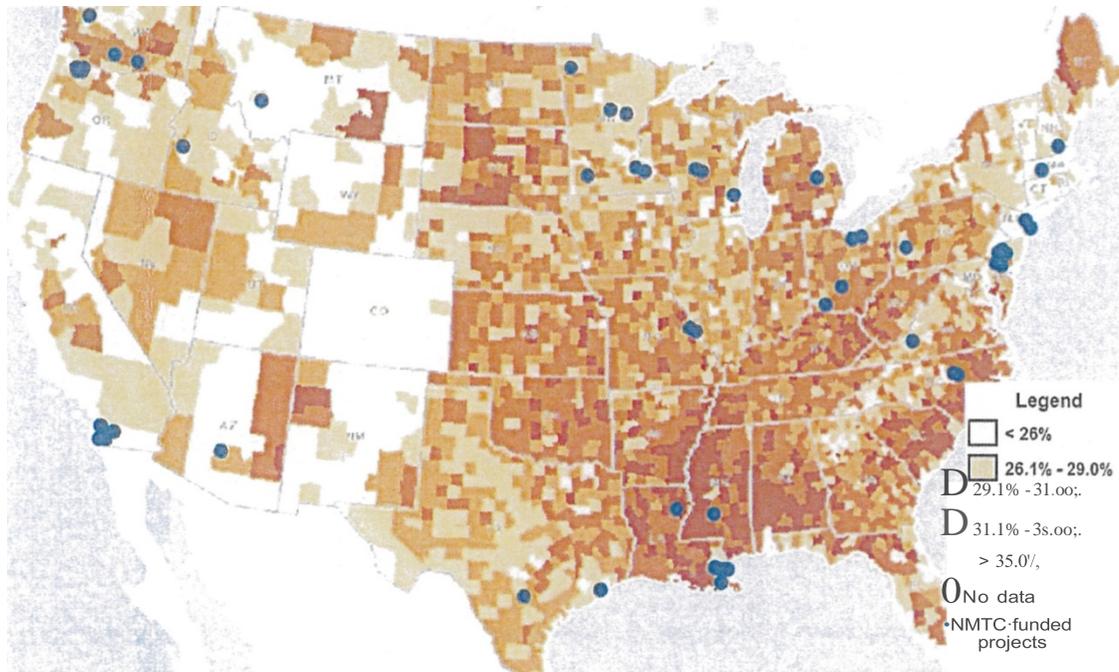
Supermarkets and recreation and fitness facilities are examples of NMTC projects that may provide positive health impacts in low-income communities. Changing the community environment to add more supermarkets, grocery stores and recreation and fitness facilities cannot make anyone eat healthy foods or become physically active. However, it can remove significant obstacles for people in lower-income communities who wish to make healthy choices. There is evidence that this type of intervention is effective at improving health outcomes. For example, living closer to a supermarket or grocery store is associated with increased consumption of fresh fruits and vegetables. Similarly, counties with more recreation and fitness facilities have lower rates of obesity and diabetes.

By providing low-cost financing, the NMTC allows businesses to be built in low-income communities that otherwise would not provide a large enough market to support one. For example, one detailed case study shows that a NMTC-funded supermarket could support itself financially on only 89% of the sales needed to support a typical supermarket. This allows supermarkets and other businesses to offer their services in low-income neighborhoods that they otherwise might have passed over as unprofitable.

While the NMTC has potential to improve access to healthy foods and provide opportunities for physical activity outcomes in targeted communities, supermarkets, grocery stores and recreation and fitness facilities are often not directly supported by NMTC-funded projects. The NMTC helped finance 49 supermarket and grocery store projects between 2003 and 2010 that improved healthy food access in low-income communities for more than 345,000 people, including 197,000 children. However, these projects represented less than 2% of total NMTC allocations during that time period. The NMTC's contribution to improving physical activity was even more limited during this time period, funding only seven projects primarily focused on recreation and fitness facilities.

For NMTC projects funded from 2003 to 2010, 57% of supermarket and grocery projects and 69% of total NMTC funding for such projects went to counties with adult obesity rates higher than the national average (Figure 1). Similarly, four of the seven recreation and fitness projects funded by NMTC were in counties with obesity rates higher than the national average.

Figure 1. Obesity rates with NMTC-funded grocery and recreation and fitness projects



Note: Blue markers indicate the locations of NMTC-funded supermarket, grocery, and recreation and fitness projects funded

from 2006 to 2010. County-level obesity rates are from 2009.

Source: US Department of Agriculture (USDA) Food Environmental Atlas, Community Development Financial Institutions (CDFI) Fund, EV analysis.

This report draws the following conclusions about the current NMTC program:

- ... The NMTC has the potential to increase food and recreation facility access in low-income communities. Access to healthy foods and recreation facilities within communities can influence diet, body weight, and other health outcomes. Low-income people are less likely to have access to recreation and fitness facilities, and more than 38% of low-income people have limited access to healthy food. The NMTC can be used to help alleviate barriers to healthy food and physical recreation.
- ... Program take up is limited for projects that promote healthy choices. Until recently, the application process for NMTC allocations included no criteria related to healthy food access and still include no criteria related to recreation and fitness access.
- ... Small projects benefit less. NMTC transactions are complex and costly, which limits the benefit to smaller projects like supermarkets and community centers.

Opportunity exists for projects that promote healthy choices. The NMTC's low-cost financing can help businesses expand into underserved areas by allowing them to support themselves on less revenue in smaller markets. A NMTC-funded supermarket could support itself financially on only 89% of the revenue required by a typical supermarket of the same size.

i Economic Research Service (ERS), US Department of Agriculture (USDA), Food Environment Atlas.
<http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>.



STATEMENT FOR THE RECORD

HOUSE WAYS AND MEANS HUMAN RESOURCES SUBCOMMITTEE

**HEARING ON USING EVIDENCE TO HELP LOW-INCOME INDIVIDUALS AND
FAMILIES GET AHEAD**

MARCH 31, 2015

FRANK FARROW, DIRECTOR, CENTER FOR THE STUDY OF SOCIAL POLICY

**LISBETH SCHORR, SENIOR FELLOW, CENTER FOR THE STUDY OF SOCIAL
POLICY**

**JOSHUA SPARROW, DIRECTOR OF STRATEGY, BRAZELTON TOUCHPOINTS
CENTER, BOSTON CHILDREN'S HOSPITAL**

Chairman Boustany, Representative Doggett, and distinguished members of the Subcommittee, thank you for the opportunity to share our perspective on how to most effectively use evidence to help low-income individuals and families get ahead.

Like the members of this Subcommittee, the Center for the Study of Social Policy (CSSP) is committed to expanding opportunity for low-income individuals and families and to making sure taxpayer dollars spent to achieve this goal are used effectively and efficiently.

We are working with a group of experts drawn from many fields—anti-poverty efforts,

employment, child welfare, education and health—called the Friends of Evidence to document and recommend methods for generating the evidence we need to achieve better outcomes for children, families and communities, at scale. We share the Subcommittee’s distress with the expenditure of public funds on efforts designed to alleviate poverty that are not effective. We also share the Subcommittee’s belief that the wise use of evidence will ensure the most effective use of public funds.

We support the recommendation of John Bridgeland, Senior Advisor to Results for America, in his appearance before the Subcommittee on March 17, that “Congress should create an environment of continuous learning, not simply an ‘on-off switch’ when the evidence is unclear.” We believe this approach is critical to ensuring a wise use of public funds. To solve complex societal problems such as entrenched poverty, we need a knowledge base that consists of more than a list of programs that have been experimentally proven to work—in the past and in a limited number of contexts. We need to adapt and continuously improve those interventions for bigger and broader results, now and in the future. In addition, we need to generate innovative new approaches to achieve better results.

Experimental research is important, but there are number of reasons why we also need a wider range of evidence to solve society’s most complex problems. To begin with, complex problems such as entrenched poverty require multi-layered solutions that often involve multiple programs or systems, such as place-based initiatives. These solutions often do not lend themselves easily to experimental research. Second, there is enormous variability in the impact of solutions to complex social problems across different populations,

organizational contexts, and community settings. Experimental methods can tell us *whether a programmatic component* of a broader solution has worked. But they often cannot tell us *whether the whole solution* has worked, let alone *how, why* and for *whom* the solution is working. Only by generating a wider range of evidence to answer all of these questions can we gain the knowledge needed to improve and scale solutions to complex societal problems.

We are in the process of documenting exemplary initiatives that draw on a wider range of evidence to meet the needs of low-income individuals and families. Thus far, we have identified six common elements that many of these initiatives share:

1. Many sources of evidence are used to inform the understanding of needs, assets, and context, and the consequent intervention design.
2. Results are systematically tracked and used as part of on-going management and regular feedback processes to shape and reshape implementation.
3. Learning networks of many practitioners are used to accelerate knowledge development and the dissemination of effective practices and innovations.
4. Multiple methods of evaluating an initiative are used for diverse purposes.
5. A strong infrastructure supports continuous learning for improvement.
6. The people implementing the intervention and the people most impacted by the intervention participate in the process of generating and analyzing evidence.

Taken together, these six elements constitute a broader and more useful approach to evidence than more traditional approaches. To illustrate why, we summarize below how two initiatives are putting these elements to work to improve results for low-income individuals, families and communities: the Carnegie Foundation's Pathways Improvement Communities and the Northside Achievement Zone.

Carnegie's Pathways Improvement Communities has used the elements above to improve the success rates of developmental math students. This initiative addresses the problem of the extraordinarily high failure rates among the half-million community college students annually assigned to developmental (remedial) math instruction as a prerequisite to taking degree-level college courses. Traditionally, only about 20 percent of those enrolled ever make it through these courses.

A network of faculty members, researchers, designers, students and content experts joined to create a new system built on the observation that "structured networks" accelerate improvement. They are a source of innovation and of the social connections that facilitate testing and diffusion of effective practices. They provide a safe environment for participants to analyze and compare results and to discover patterns in data. In addition, they involve the people on the ground in generating and analyzing the evidence that comes out of their daily work.

Network participants identified six primary causes for high failure rates, and then tested improvement hypotheses. They used evidence "to get better at getting better," and thereby

dramatically improved outcomes—tripling the student success rate in half the time. And these improvements have occurred for every racial, ethnic and gender subgroup and at virtually every college where the innovation has been taken up.

While, as the Carnegie example demonstrates, the six elements of a broader approach to evidence can be used to improve the results of individual interventions, these elements are also particularly beneficial for initiatives that involve multiple systems, interventions or programs, such as place-based initiatives. As discussed above, experimental methods such as randomized control trials can demonstrate whether individual program components of such initiatives work. But they can neither determine the effectiveness of the entire initiatives nor can they generate the full range of evidence needed to improve the initiatives.

This is why the Northside Achievement Zone (NAZ), a Promise Neighborhood in Minneapolis, has adopted a broad approach to evidence that includes many of the elements listed above. NAZ is using a randomized control trial, conducted by the University of Minnesota, to evaluate the effectiveness of its parenting program for parents of infants and toddlers. However, this study is only one component of NAZ’s overall research and evaluation process. NAZ also uses a steady flow of data and periodic reflections on results to establish a cycle of rapid, continuous learning and refinement of its effort to improve the “cradle-to-career” outcomes of children in its community.

For example, NAZ leaders are using a process they call the “NAZ Seal of Effectiveness.” It

aims to build on the best knowledge available by adapting existing models or creating new solutions. A panel of local leaders, residents, researchers, and program experts, augmented by national consultants in the subject area, synthesize all they know from research and experience to design an intervention that NAZ and its partners put into practice. The essential ingredients are specified, along with indicators that will show whether the ingredients are used appropriately. Implementation is carefully tracked to assess evidence of impact as well as fidelity to essential ingredients. A NAZ “Results Roundtable” consisting of staff, partner organizations and a parent advisory board meets regularly, using assessment data to determine if the intervention is being implemented as intended, having the desired effect, or needs to be adapted to increase the chances of success.

As these and other exemplary initiatives demonstrate, a broader approach to generating, analyzing, and applying evidence is necessary to support the creation and adaptation of innovative solutions that will enable low-income individuals, families and communities to get ahead.



Statement for the Record
H&R Block
Before the Subcommittee on Human Resources
Committee on Ways and Means
U.S. House of Representatives
Hearing on Expanding Opportunity by Funding What Works: Using Evidence to Help
Low-Income Individuals and Families Get Ahead
March 17, 2015

Dear Chairman Boustany, Ranking Member Doggett and Members for the Subcommittee:

H&R Block prepares millions of Earned Income Tax Credit (EITC) returns annually through both tax preparer assistance in offices nationwide and through our do-it-yourself offerings, which gives us unique insight into the administration of this credit. Being one of the largest filers of EITC returns, we have been monitoring the longstanding issues in the administration of this credit, particularly the improper payment rate. The Treasury Department estimates that between 24%-29% of all EITC claims were improperly paid in FY 2014 – equaling \$16.2 to \$19.1 billion, or approximately \$1 out of every \$4 EITC dollars.

We believe the efficiency of the EITC, or any refundable credit, could be improved if the Department of Treasury and the Internal Revenue Service (IRS) would take the necessary steps to address improper payments both due to fraud, and due to inadvertent taxpayer error. To that end, we believe the following three steps will help to reduce the improper payment rate for the EITC:

1. The IRS should ensure all taxpayers – whether they self-prepare their returns or seek the assistance of a tax preparer – answer the same eligibility questions for the EITC.
2. Congress should enact minimum standards for all compensated tax return preparers.
3. Congress and the IRS should address the complex eligibility and qualification rules for the EITC.

To further illustrate the complexity of the EITC, we have included the following report: *The Earned Income Tax Credit: Illustrations of Complexity*, prepared by The Tax Institute at H&R Block, also available at <http://newsroom.hrblock.com/wp-content/uploads/2015/01/TTIatHRB-EITC-Complexity-Illustrations.pdf>.

We would be happy to answer any questions you or your staff may have.

Thank you for your consideration,

Kathy Pickering
H&R Block's Vice President Regulatory Affairs &
Executive Director, The Tax Institute at H&R Block



I. Introduction

According to the U.S. Treasury Department Agency Financial Report for Fiscal Year 2013, released on December 16, 2013, (Treasury Financial Report)¹, the Earned Income Tax Credit (EITC) improper payment rate, reported annually as part of the IRS National Research Program, has remained consistently above 20% for more than 10 years.

According to the Treasury Financial Report, two types of errors cause improper EITC payments:

1. Authentication errors (70 percent) result when taxpayers cannot prove qualifying child eligibility, mainly because of relationship and residency requirements, filing status, and nontraditional or complex living situations.²
2. Verification errors (30 percent) result when taxpayers improperly report their income, allowing them to fall within EITC income limitations and qualify for the credit. These errors include underreporting and overreporting of income by wage earners and self-employed taxpayers.³

National Taxpayer Advocate Nina Olson, in recent Congressional testimony, uses data from an unpublished Internal Revenue Service (IRS) study to explain the sources of the EITC improper payment rate.⁴

This paper, by using specific scenarios and applying the relevant law, illustrates how some portion of the EITC improper payment rate may be the result of the complex eligibility and qualification rules.

II. Applicable Law & Discussion

The Working Families Tax Relief Act (PL 108-311) was enacted on October 4, 2004, and established the Uniform Definition of Child (UDC). As its name implies, the UDC established a standard definition for a qualifying child for five child-related tax benefits: the dependency exemption (section 152(c)), head of household filing status (section 2(b)), the Child Tax Credit (section 24(c)), the Dependent Care Credit (section 21(b)), and the EITC (section 32(c)). However, eligibility rules are not identical for the five tax benefits.

Navigation of the UDC rules can be confusing and burdensome for taxpayers and may lead some to incorrectly conclude that they are eligible for the EITC and other tax benefits when they are not. One or more broad issues are frequently involved:

1. Differences in eligibility rules for the dependency exemption and the EITC
2. The special rule for divorced or separated parents
3. The tie-breaker rule
4. Dependency exemptions for qualifying relatives
5. Head of household requirements and complications

¹ Department of the Treasury, Agency Financial Report: Fiscal Year 2013 at 210, available at <http://www.treasury.gov/about/budget-performance/annual-performance-plan/Documents/2013%20Department%20of%20the%20Treasury%20AFR%20Report%20v2.pdf> (Dec. 2013).

² *Id.* at 207.

³ *Id.* at 207.

⁴ See <http://docs.house.gov/meetings/AP/AP23/20140226/101771/HHRG-113-AP23-Wstate-OlsonN-20140226.pdf> pages 32-39.

Issue 1: Differences in Eligibility Rules for the Dependency Exemption and the EITC

See Appendix A for qualifying child eligibility rules for all five child-related benefits. Despite the uniform definition, the qualifying child tests for the dependency exemption and the EITC are different. In addition to the qualifying child tests, the EITC has other requirements that may not pertain to the dependency exemption, or vice versa. As a result, a taxpayer claiming the dependency exemption may erroneously assume that he or she is eligible for the EITC, as well.

Test	Differences between Dependency Exemption and EITC Requirements	
	Dependency Exemption	EITC
RESIDENCY	The taxpayer and qualifying child must have the same principal place of abode for more than half of the year.	The taxpayer and qualifying child must have the same principal place of abode for more than half of the year. For the EITC, the residence must be in the 50 states of the U.S.
SUPPORT	The child must not provide more than half of his or her own support.	No test for support
CITIZENSHIP	The child must be a U.S. citizen, national, or resident; or a resident of Canada or Mexico.	The child may be a U.S. citizen, national, or resident.
SOCIAL SECURITY NUMBER	Any lawfully obtained tax identification (SSN, ITIN, ATIN, etc.) is acceptable.	The taxpayer, qualifying child, and all individuals listed on the tax return must have valid SSNs.
DEPENDENTS CLAIMING DEPENDENTS	A taxpayer who is a dependent of another taxpayer may not claim his or her own child for the exemption.	A dependent taxpayer may claim a child for the EITC. However, a taxpayer who is a qualifying child of another taxpayer for EITC purposes (regardless of whether the taxpayer is also a dependent), may not claim the EITC for his or her own child.
FILING STATUS LIMITATION	No filing status restrictions	A taxpayer using the married filing separately (MFS) status may not claim the EITC.

Issue 2: Special Rule for Divorced or Separated Parents

A custodial parent may release a child’s exemption to the noncustodial parent if the parents meet all of the following requirements under section 152(e):

- The parents are divorced or legally separated, or they were never married.
- Separately or together, the parents provide more than half of the child’s support.
- The child was in the custody of one or both parents for more than half the year.
- The custodial parent completes Form 8332, *Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent*, for one or more years, and the noncustodial parent submits it with his or her tax return.

If a child's exemption is released under this special rule, the noncustodial parent may claim the child's dependency exemption and, if applicable, the Child Tax Credit. However, the noncustodial parent may not claim the EITC. If eligible, the custodial parent or another taxpayer for whom the child is a qualifying child may claim the EITC or other child-related tax benefits. This is the only instance in which child-related benefits may be split for one child.

Issue 3: The Tie-breaker Rule

When a child meets the eligibility requirements to be a qualifying child of more than one person, the UDC in section 152(c)(4) includes a set of "tie-breaker rules" (see Appendix B). Under the rules, parents who do not file a joint return may decide and cooperate on who will claim the child; the tie-breaker rules are invoked only if the parents cannot agree and both try to claim the child. The rules become more complicated if other taxpayers are involved. For instance, even if the parent is willing to let another taxpayer (a grandparent, for example) claim the child, the other taxpayer may do so only if his or her adjusted gross income (AGI) is higher than the parent's.

Perhaps the most vexing and poorly understood ramification of the tie-breaker rules is that child-related tax benefits cannot be split among taxpayers. The taxpayer who "wins" the tie-breaker rule claims the benefits for which he or she is eligible. Using the parent/grandparent example, if the grandparent wins the tie-breaker rule and files using the head of household filing status, but has AGI that is out of the EITC range, then nobody can claim the EITC for that child.

The special rule for divorced parents (Issue 2) is the only exception to the "no-split" rule.

Issue 4: Qualifying Relatives

A child who does not meet the eligibility rules to be a qualifying child may instead meet the eligibility rules under section 152(d) to be a "qualifying relative." See Appendix C for these rules and a comparison to the qualifying child rules. A child who is a qualifying relative of the taxpayer may be claimed for the dependency exemption and, in some circumstances, head of household filing status and the Dependent Care Credit. However, a qualifying relative is never a qualifying person for the Child Tax Credit or for the EITC. In particular, two of the qualifying relative rules may cause some confusion with taxpayers, especially if EITC is involved:

- *Not of qualifying child test (section 152(d)(1)(D)).* If a child meets the eligibility rules to be a qualifying child of any taxpayer, the child may not be claimed as a qualifying relative by another taxpayer, even if that taxpayer fully supports the child.
 - The IRS provides in Notice 2008-5 that an individual is not a taxpayer if he or she has no tax return filing requirement and does not file a tax return for any reason other than to get a refund of all withheld taxes.
- *Unrelated child in the home (section 152(d)(2)(H)).* An individual may claim the dependency exemption for an unrelated individual in the home if all other eligibility rules are met and the individual lives in the taxpayer's household the entire tax year. However, a child or other dependent claimed under these circumstances is not a qualifying individual for any other tax benefit, including head of household status (see Issue 5), the Child Tax Credit, or EITC.

Issue 5: Head of Household Status

A taxpayer who is not married, or who can be treated as not married, may be eligible to file using the head of household filing status. In general, this status is usually more favorable (i.e., results in a better tax outcome) than either the single or married filing separately status. Also, keep in mind that the EITC and many other tax benefits are not available for taxpayers who file as married filing separately.

- *Maintaining a home.* The support test for head of household filing status is more stringent than that for a qualifying child. The taxpayer must pay more than half the cost of maintaining a home that is the main home of the qualifying child or other qualifying dependent. If the test is not met, the taxpayer may still be able to claim the dependent, but must file as single or married filing separately and, if the latter, would be ineligible to claim the EITC.
- *Considered unmarried.* A taxpayer who is still married may be treated as not married under section 7703(b) if the taxpayer's spouse did not live in the taxpayer's household for the past six months of the year, and the home the taxpayer maintains (see above rule) is for the taxpayer's child, as defined in section 152(f)(1) (that is, the taxpayer's son or daughter, including natural children, adopted children, and stepchildren). Thus, to be considered unmarried, a much narrower relationship test applies.

III. Scenarios

Consider the following stories and accompanying analysis on EITC eligibility. In each scenario, assume:

- There is no intent on the part of the taxpayer to commit fraud; the taxpayer who claims the EITC believes he or she is entitled to it.
- Unless a parent is specifically discussed in a scenario, the parent does not live in the home and is not involved with the child.
- Any qualifying child or qualifying relative eligibility test (such as the joint return test) not specifically discussed in a particular scenario is not at issue (i.e., assume the eligibility test is met).

Scenario 1: My Girlfriend's Son

Andy lives with and fully supports his girlfriend, Barbara, who has no income. Andy also supports Barbara's 2-year-old son, Ben. Andy is not Ben's father and is not related to him in any way. Andy files his return using the head of household filing status, claims dependency exemptions for Barbara and Ben, and claims the Child Tax Credit and EITC for Ben. Barbara does not file a tax return.

Analysis: Andy may not claim Ben for the EITC. Ben is Andy's qualifying relative under the rules of section 152(d)(2)(H) and IRS Notice 2008-5 that apply to a taxpayer living with an unrelated child and the child's parent. These rules allow Andy to claim the dependency exemption for Ben, but do not allow him to claim any other child-related tax benefits with respect to Ben (see Issue 4, qualifying relatives). In this scenario, nobody can claim the EITC.

Scenario 2: My Canadian Family

Carla, a U.S. citizen, moves to Canada in March and marries her fiancé, David. David's 14-year-old daughter, Danielle (Carla's stepdaughter), also lives with the couple in Quebec City. David and Danielle are Canadian citizens and residents and have not lived in the U.S. for any part of the year. They both have ITINs. The appropriate election has been made to treat David as a U.S. resident for tax purposes. Carla and David file a joint return and claim Danielle as their dependent. They also claim Danielle for the Child Tax Credit and EITC.

Analysis: Carla and David may not claim Danielle for the EITC. Danielle is Carla and David's qualifying child, and they may claim her for the dependency exemption. They may not claim the EITC because Danielle is not a U.S. citizen or resident, because the family did not live in the U.S. for more than half of the tax year, and because Danielle and David have ITINs (see Issue 1, differences in eligibility rules for the dependency exemption and the EITC). *Note:* They cannot claim the Child Tax Credit either, because Danielle is not a U.S. citizen or resident. In this scenario, nobody can claim the EITC.

Scenario 3: My Husband Moved Out (and My Grandchildren Stayed)

Elaine's husband, Earl, moved out of their home in May and has not returned. The couple will likely get divorced, but have not yet taken any legal action. They have raised their twin grandchildren, Frank and Fred (now age 10), who continue to live with Elaine. The boys' parents do not live in the home. Elaine files her return using the head of household filing status and claims dependency exemptions, the Child Tax Credit, and EITC for Frank and Fred.

Analysis: Elaine may not claim Frank and Fred for the EITC. Frank and Fred are Elaine's qualifying children, and she may claim dependency exemptions and Child Tax Credits. However, she may not claim the EITC because her proper filing status is married filing separately rather than head of household (see Issue 5, head of household status). Although they have been living apart for the past six months of the year, Elaine and Earl are still legally married. To be treated as not married, the rules of section 7703(b) require Elaine to maintain a home for her son or daughter. Elaine may be paying more than half the cost of maintaining her home; however, the home is for her grandchildren rather than her children, so she cannot be "considered unmarried" under the head of household rules. In this scenario, Elaine may claim the EITC only if she and Earl are willing to file a joint return and they have income within the EITC range.

Scenario 4: My Brother's House

Gina (age 28) and her daughter, Gaby (age 4), live with Gina's brother, Hank. Gina's earnings and AGI are \$7,000. Hank's earnings and AGI are \$65,000. Hank files his return using the head of household filing status and claims the dependency exemption and Child Tax Credit for Gaby (which Gina has agreed to). Gina files her return using the single filing status and claims the EITC for Gaby.

Analysis: Gina may claim Gaby for the EITC only if Hank does not claim Gaby on his tax return. Gaby may be a qualifying child of her uncle, Hank, or her mother, Gina, but she cannot be both. Gaby meets the eligibility rules to be a qualifying child of both taxpayers. Because of his higher AGI, Gina may allow her brother to claim Gaby as his qualifying child under the tie-breaker rule of section 152(c)(4), but she may not claim her, too (see Issue 3, the tie-breaker rule). The fact that only Gina's income is in the EITC range or that the dependency exemption is more valuable to Hank does not allow them to split child-related benefits. In this scenario, the family must make a choice about how they file.

Scenario 5: My Parents Support Me and My Son

Irwin (age 25) and his son, Ike (age 3), live in the home of Irwin's friend (no relation). Irwin's parents, Joe and Jane, who do not live with him, have agreed to support Irwin and Ike until Irwin finishes college. Irwin earns \$1,500. Joe and Jane's combined earnings and AGI are \$90,000. Joe and Jane file a joint return and claim dependency exemptions for Irwin and Ike, and the Child Tax Credit for Ike. Irwin files a return using the single filing status and claims the EITC for Ike.

Analysis: Irwin may claim the EITC for Ike only if Joe and Jane do not claim Ike on their tax return. Ike may be a qualifying relative of his grandparents, Joe and Jane, or he may be a qualifying child of his father, Irwin, but he cannot be both. Joe and Jane may claim Ike as their dependent only if Irwin is not a "taxpayer," as defined in IRS Notice 2008-5 (see Issue 4, qualifying relatives). Although Irwin doesn't have a tax filing requirement, if he files a return to get the EITC, he *is* treated as a taxpayer, and, consequently, Ike is his qualifying child and cannot be claimed as a qualifying relative by his grandparents or anyone else. Note that unlike the previous scenario, the tie-breaker rule is not invoked because Ike is a qualifying child of his father only. However, this family, too, must make a choice about how they file.

Scenario 6: My Children and My Ex-wife

Kate and Ken are divorced. Kate is the custodial parent of their two children, Larry (age 12) and Linda (age 9). Kate has given Ken a signed Form 8332 agreeing to relinquish the children's exemptions for this year and all future years. Ken pays alimony, child support, and many of the household expenses. He files his return using the head of household filing status and claims dependency exemptions, the Child Tax Credit, and EITC for Larry and Linda.

Analysis: Larry and Linda are treated as the qualifying children of their father, Ken. Under the rules for divorced parents under section 152(e), custodial parent Kate has properly released the children's exemptions to noncustodial parent Ken (see Issue 2, special rule for divorced or separated parents). The release allows Ken to claim the dependency exemptions and Child Tax Credits, but not any of the other child-related tax benefits. If she qualifies, Kate may file as head of household and claim the EITC for the children. This is only instance in which the tax benefits may be split. In this scenario, Linda or another qualifying taxpayer may be able to claim the EITC.

Scenario 7: I Pay My Bills

Maria (age 20) lives with 6-month-old daughter, Millie, and her grandmother, Nora, in Nora's home. Maria is a full-time student and works, earning \$20,000 a year. Nora works and earns \$16,000 a year. The two adults share most household expenses, including rent, utilities, and food. Because Maria provides more than half of her own support, she is not a dependent of Nora's (qualifying child or qualifying relative) for the dependency exemption or head of household purposes. Maria files her return using the head of household filing status and claims Millie for the dependency exemption, Child Tax Credit, and the EITC.

Analysis: Millie is a qualifying child of her mother, Maria, but cannot be claimed by her mother for the EITC. That is because Maria is a qualifying child of her mother, Nora, but only for EITC purposes. Because of Maria's income and support, she is not a dependent of Nora's. However, there is no support test for the EITC (see Issue 1, differences in eligibility rules for the dependency exemption and the EITC), and Maria meets all of the other qualifying child tests and requirements with respect to Nora. Maria may use the head of household filing status and claim the dependency exemption and Child Tax Credit, but she is precluded from claiming the EITC. Note that if Nora had no income and no tax filing requirement, she would not be treated as a taxpayer, and Maria could claim the EITC. In this scenario, nobody can claim the EITC for Millie.

IV. Conclusion

Taxpayers may reasonably conclude that they are eligible to claim the EITC when in fact they are not. It may be that the taxpayer is legitimately able to claim the child's dependency exemption, or supports the child financially, or is the only family member with income in the EITC range. Based on family dynamics, it could be that a different taxpayer is eligible for the EITC or that nobody may claim the credit. These scenarios illustrate that taxpayers may not understand the intricacies of the EITC both in and of itself and as part of the Uniform Definition of Child.

Appendix A: Qualifying Child Tests

Qualifying Child Tests	Dependency Exemption	Head of Household Filing Status	Child Tax Credit	Earned Income Tax Credit	Child and Dependent Care Credit
<p align="center">AGE</p> <p>1) younger than taxpayer and under 19 or under 24 and full-time student, or 2) Any age and totally/permanently disabled</p>	✓	✓	Under age 17	✓	Under age 13 or disabled
<p align="center">RELATIONSHIP</p> <p>Taxpayer's son, daughter, stepson, stepdaughter, eligible foster child, brother, sister, half-sibling, stepsibling, or descendant of any of these individuals</p>	✓	✓	✓	✓	✓
<p align="center">RESIDENCY</p> <p>Child must have the same principal residence as taxpayer for more than half the year</p>	✓	✓	✓	✓	✓
<p align="center">SUPPORT</p> <p>Child must not provide more than one-half of own support</p>	✓	✓	✓	No support requirement	✓
<p align="center">CITIZENSHIP</p> <p>Child must be U.S. citizen or resident of Canada or Mexico</p>	✓	✓	U.S. citizen or resident only	U.S. citizen or resident only; valid SSN needed	✓
<p align="center">MARRIED CHILD</p> <p>May not file a joint return with spouse other than a claim for refund</p>	✓	✓	✓	✓	✓
<p align="center">ADDITIONAL REQUIREMENTS FOR TAXPAYER</p>	Must not be claimed (or allowed to be claimed) as a dependent of another taxpayer	Must pay more than half the cost of maintaining home	Must meet AGI limitations; must have over \$3,000 in earned income to qualify for refundable portion of credit	Must meet earned income, investment income, AGI limitations; SSN; U.S. residency; and other tests	Must pay for child/dependent care so taxpayer (and spouse) can work
<p align="center">THIS TAX BENEFIT MAY BE CLAIMED FOR A QUALIFYING RELATIVE</p>	Yes	Yes	No	No	Yes

Appendix B: The “Tie-breaker” Rules

IRC section 152(c)(4) Special rule relating to two or more who can claim the same qualifying child.

(A) In general. Except as provided in subparagraphs (B) and (C) , if (but for this paragraph) an individual may be claimed as a qualifying child by 2 or more taxpayers for a taxable year beginning in the same calendar year, such individual shall be treated as the qualifying child of the taxpayer who is—

(i) parent of the individual, or

(ii) if clause (i) does not apply, the taxpayer with the highest adjusted gross income for such taxable year.

(B) More than 1 parent claiming qualifying child. If the parents claiming any qualifying child do not file a joint return together, such child shall be treated as the qualifying child of—

(i) the parent with whom the child resided for the longest period of time during the taxable year, or

(ii) if the child resides with both parents for the same amount of time during such taxable year, the parent with the highest adjusted gross income.

(C) No parent claiming qualifying child. If the parents of an individual may claim such individual as a qualifying child but no parent so claims the individual, such individual may be claimed as the qualifying child of another taxpayer but only if the adjusted gross income of such taxpayer is higher than the highest adjusted gross income of any parent of the individual.

Appendix C: Qualifying Relative and Qualifying Child Comparison

Test	Qualifying Relative Section 152(d)	Qualifying Child Section 152(c)
AGE	N/A	1) Younger than taxpayer and under 19 or under 24 and a full-time student, or 2) Any age and totally/permanently disabled
RELATIONSHIP	Taxpayer's: <ul style="list-style-type: none"> • Child or descendant of the child, • Sibling, or son/daughter of the sibling, • Father/mother, or ancestor or sibling of either, • Stepsibling or stepparent, • Son/daughter-in-law, father/mother-in-law, brother/sister-in-law, or • An individual (other than a spouse) who is a member of the taxpayer's household the entire tax year 	Taxpayer's: <ul style="list-style-type: none"> • Son, • Daughter, • Stepson, • Stepdaughter, • Eligible foster child, • Brother, • Sister, • Half-sibling, • Stepsibling, or • Descendant of any of these individuals
RESIDENCY	The related individuals on the above list do not have to live with the taxpayer. An unrelated individual (the last item on the above list) must live with the taxpayer all year.	The child must have lived with the taxpayer for more than one-half of the year.
GROSS INCOME	The individual's gross income subject to tax must be less than the exemption amount for the year.	N/A
SUPPORT	The taxpayer must provide more than one-half of the individual's support (multiple support agreements okay).	The child must not provide more than one-half of his or her own support (multiple support agreements are N/A).
CITIZENSHIP	The individual must be a U.S. citizen or resident of Canada or Mexico (same test as for qualifying child).	The child must be U.S. citizen or resident of Canada or Mexico.
MARRIED DEPENDENTS	The individual may not file a joint return with spouse, other than a claim for refund (same test as for qualifying child).	The child may not file a joint refund with spouse, other than a claim for refund.
NOT A QUALIFYING CHILD	The individual may not be a qualifying child of the taxpayer or of any other taxpayer.	N/A (but tie-breaker rules apply if the child is a qualifying child of more than one taxpayer)
POTENTIAL TAX BENEFITS	Dependency exemption, Child/Dependent Care Credit, head of household filing status	Dependency exemption, Child Tax Credit, EITC, Child/Dependent Care Credit, head of household filing status

On behalf of Healthy Relationships California (HRC), we submit these comments for the record of the Committee on Ways and Means, Subcommittee on Human Resources hearing of March 17, 2015, on the topic “Expanding Opportunity by Funding What Works: Using Evidence to Help Low-Income Individuals and Families Get Ahead.”

HRC is a nine-year recipient of Healthy Marriage and Relationships competitive grants from the Department of Health and Human Services, Administration for Children and Families, and we have used this funding to serve over 200,000 individuals with life-changing Relationship and Marriage Education programs.¹ The participants we serve come from diverse backgrounds, including: all races; Hispanic and non-Hispanic ethnicities; all marital statuses; and ranging in age from teenagers to the elderly. During the past four years, our participants have also primarily been low-income.

We are pleased that the Committee on Ways and Means is considering how best to evaluate the performance of federally funded human service programs, and we agree that program performance should be a criteria for continued funding eligibility. But we also are concerned by the opinion expressed by Ms. Joan Entmacher of the National Women’s Law Center, in response to a question from Committee member Tom Reed, that the federal “marriage promotion” program as a whole has been found to be less than successful, and therefore should no longer be considered for funding.

While a few studies have concluded that specific marriage promotion initiatives did not produce measurable positive results,² there have been even more studies that have reinforced the need for the programs that are provided by such organizations.³

We welcome additional research and evaluation of what works in Marriage Education, and which organizations are the most effective at providing successful programming. But it is premature to defund the entire field based on a few reports of failure.

¹ In 2006, HRC received the nation’s largest five-year Healthy Marriage Demonstration grant, which was followed in 2011 by a four-year Community-Centered Healthy Marriage and Relationship grant.

² Wood, R. G., Moore, Q., Clarkwest, A., Killewald, A., & Monahan, S. (2012). *The Building Strong Families Project: The long-term effects of Building Strong Families: A relationship skills education program for unmarried parents*. OPRE Report 2012-28A. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. http://www.acf.hhs.gov/sites/default/files/opre/bsf_36_mo_impact_report.pdf

Hsueh, J., Alderson, D. P., Lundquist, E., Michalopoulos, C., Gubits, D., Fein, D., & Knox, V. (2012). *The Supporting Healthy Marriage Evaluation: Early impacts on low-income families*. OPRE Report 2012-11. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. http://www.acf.hhs.gov/sites/default/files/opre/early_impacts_low.pdf

³ Howell, P. (2011). *The Case for Relationship Education: Creating social benefit through skills training*. Leucadia, CA: Healthy Relationships California. http://www.relationshipsca.org/store/index.php?route=product/product&filter_name=case%20for&product_id=56

The Evolution of the Marriage Promotion Program

When marriages fail or when parents fail to marry, a range of social services must be activated to prop up the lives of the affected family members, the national cost of which has been assessed at \$112 billion per year.⁴

Ten years ago, to address the negative impacts of family disintegration, the federal government implemented the HHS/ACF Healthy Marriage Demonstration Grant (HMDG), which was renewed five years later through the Community-Centered Healthy Marriage and Relationship (HMR) project.

As implied by the name change, what began as support for “marriage promotion” activities has since evolved into a recognition on the part of HMDG recipients and our federal project managers that the promotion of marriage does not go far enough. Backed by hundreds of research studies on the positive impact marital stability can have on key social factors,⁵ we have come to see that it is imperative to provide individuals with the skills they need to create and sustain *healthy* marriages and, beyond that, healthy relationships in all aspects of their lives.

We do this through a range of research-based Relationship and Marriage Education (RME) programs, some of which have been designed to address the specific needs of low-income individuals and families as well as other at-risk groups, including those who are incarcerated and the reentry population. RME programs teach invaluable life skills such as communication skills, conflict management strategies, and conflict resolution tools, as well as other vital relationship skills.

The Use of Evidence in the Relationship and Marriage Education Field

1. Healthy Relationships California’s Research

As a recipient of federal funding, HRC is committed to responsible stewardship of taxpayer monies. To help us achieve this, we have developed evaluation strategies to track our progress toward our stated goals, and to determine which approaches result in the best outcomes for our participants.

For example, a few years ago we conducted an internal study to examine the effectiveness of the various RME curricula we teach. As a result of our findings, we discontinued some courses which were less effective, and focused our efforts going forward on curricula that had the most positive impact for our participants.

To monitor pre-class, post-class, and 30-days-after-class surveys of each participant who completes an HRC-sponsored RME class (HRC averages around 500 classes annually), we have an outcome-evaluation team led by two co-Directors of Research, each of whom hold a Ph.D. in Human Development.

⁴ Scafidi, B. (P.I.). (2008). *The Taxpayer Costs of Divorce and Unwed Childbearing: First-ever estimates for the nation and all fifty states*. New York, NY: Institute for American Values.

<http://www.americanvalues.org/search/item.php?id=52>

⁵ See HRC’s Healthy Marriage booklet series for a review of the literature. <http://www.relationshipsca.org/store/>

In 2013, we published the largest field-study conducted on the impact of RME on participants.⁶ The *Impact Report: Research on the Impact of Relationship and Marriage Education Programs* analyzed data collected from 17,766 adult participants taught in RME classes in California between 2007 and 2012. Participants completed pre-class and post-class surveys, and, in some cases, follow-up surveys at 30 days and six months after the class. Overwhelmingly, the results were positive.

Between pre-class and post-class, many participants improved their communication skills and relationship satisfaction. This was true for participants of all ethnicities, races, marital statuses, seasons of marriage, and income levels. Of particular note is that 52% of individuals who were highly distressed with their marriages prior to their RME course reported a significant decrease in relationship distress after attending RME. In addition, 49% percent of moderately distressed individuals reported being satisfied with their relationship after attending RME.

Data collected at 30 days and six months after the class ended provide evidence that these results continue over time, although these results must be interpreted with some caution as we were not able to gather follow-up data from all participants who completed pre- and post-class surveys.

When participants were examined across income levels, those participants who were low-income demonstrated the greatest gains in all three measures considered: relationship satisfaction, communication skills, and problem-solving skills. Those participants reporting annual incomes below \$15,000 demonstrated drastic improvement after attending RME. After attending, unmarried participants in this income bracket improved their communication skills by 80%, their relationship satisfaction by 65%, and their problem-solving skills by 48%. Married participants in this income bracket improved their communication skills by 67%, their problem-solving skills by 50%, and their relationship satisfaction by 36%.

More recently, in 2014, we released a study focused on the impact of RME in prisons and jails.⁷ At present, HRC has taught over 15,000 incarcerated individuals, and over 5,000 participants in rehabilitation or re-entry facilities. This population is particularly in need of intervention. In 2012, nearly 3% of the U.S. adult population was incarcerated or living under community supervision (i.e., on probation or parole).⁸ One out of 28 children in the U.S. has an incarcerated parent.⁹

⁶ Howell, P., Krafsky, K. J., McAllister, S. & Collins, D. (2013). *Impact report: Research on the impact of relationship and marriage education programs*. Leucadia, CA: Healthy Relationships California.

http://www.relationshipsca.org/store/index.php?route=product/product&filter_name=impact&product_id=192

⁷ Howell, P., Krafsky, K. J., Larsen-Rife, D., Early, D., Collins, D. & McAllister, S. (2014). *Unshackled Potential: The Impact of Relationship Education on Incarcerated Populations*. Leucadia, CA: Healthy Relationships California.

http://www.relationshipsca.org/store/index.php?route=product/product&filter_name=unshackled&product_id=196

⁸ Glaze, L. E. & Herberman, E. J. (2013). *Correctional populations in the United States, 2012*. Washington, DC: Bureau of Justice Statistics. <http://www.bjs.gov/content/pub/pdf/cpus12.pdf>

⁹ The Pew Charitable Trusts. (2010). *Collateral costs: Incarceration's effect on economic mobility*. Washington, DC: The Pew Charitable Trusts.

http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2010/CollateralCosts1pdf.pdf

Our study looked at men and women taught in six correctional facilities in California from November 2012 to May 2014. Eighty-four percent of participants reported that RME would help them in their relationships; 65% felt RME would assist them in avoiding criminality in the future; and 65% felt that RME would help them with successful employment upon release.

Participants were given a chance to describe, in their own words, the impact of the intervention. Their answers demonstrated positive personal development across three dimensions: better impulse control and anger management; increased empathy for others; and overall character development. One inmate expressed, “I wish I had went [*sic*] to this class a long time ago to avoid all the drama and trouble in my life.” Another stated, “Skills in the class will keep me away from criminal activity by helping me step back and evaluate actions before acting upon them.”

In addition to our quantitative data, HRC receives testimonies from many participants who have attended our classes. We often hear powerful stories of transformation. For example, Alondra from Santa Ana, CA, shared with us:

We were going through a situation that would have ended in divorce. But with the tools I've been learning, I didn't give up and made efforts for my marriage. I started putting into practice what I learned and I started to have more communication with him....Today everything is fine...I've made a change in me, and that is why, I'm so grateful.¹⁰

Marie from Live Oak, CA, said:

We came to this class because we needed help with our relationship. When we came we were living apart from each other, we had been separated for about a month and a half....Through this course I have learned to focus on the positive of our relationship not the negative. The frustration that we are not hearing each other is now consciously thought through on a daily basis and practiced with dialogue. We are now living in a positive marriage enjoying each other, loving each other more every day.¹¹

2. Evaluations of the Federal Healthy Marriage and Relationship Project Grantees

The RME field is fairly new and is growing rapidly. It takes some time before accurate evaluation and studies can be conducted, evaluated, and reported on. Therefore, only a few studies conducted by independent evaluators have been published on Healthy Marriage and Relationship grantees. Hawkins and Fellows produced a meta-analysis in 2011 examining data

¹⁰ Healthy Relationships California. (2013). *Lives transformed: Real voices on how relationship and marriage education impacts lives*. Leucadia, CA: Author.

http://www.relationshipsca.org/store/index.php?route=product/product&filter_name=lives&product_id=193

¹¹ Ibid.

from 31 Healthy Marriage and Relationship grantees.¹² Together, these grantees taught just under 50,000 participants. Overall, the researchers found moderate positive effects. Specifically, positive program outcome effects included improved relationship quality, communication skills, relationship confidence, relationship aggression, healthy relationship knowledge, and co-parenting.

Although this study is limited in scope, since it did not look at all 125 federal grantees, and most programs examined were evaluated without a control group, it still offers early, encouraging evidence that grantee programs are making a difference.

In another study, Hawkins, Amato, and Kinghorn examined Healthy Marriage Initiatives funded through ACF from 2000-2010.¹³ They completed a regression analysis of state-level data using the amount of funding spent on Healthy Marriage Initiatives to predict demographic changes during this time period. Their study found little evidence of an impact in the percentage of married and divorced adults in the population, although they did find cumulative per capita funding was associated with an increase in the percentage of married adults in the population for 2005-2010.

These seemingly inconsequential results may have been due in part to difficulty with the data. The researchers' analyses were limited by the fact that they could only look at the percentage of divorced adults in the population, rather than the percentage of marriages that end annually. However, they did identify other positive benefits. Cumulative per capita funding was associated with a small but significant decrease in the percentage of nonmarital births and children living with single parents, an increase in the percentage of children living with two parents, and a decrease in the percentage of children who were poor or near poor. These findings provide some support that RME may help prevent child poverty. Their results caused some debate in the field,¹⁴ but we agree with the researchers that their results suggest potentially positive effects for RME that deserve further study.

Much has been said about the Building Strong Families (BSF)¹⁵ and Supporting Healthy Marriage (SHM)¹⁶ studies, large multi-site studies conducted on early grant-funded RME programs. The BSF project focused on responsible fatherhood, while SHM focused on married couples, and the overall results of these projects were disappointing.

However, it was not all bad news. The SHM program did in fact yield positive, if small, effects on multiple aspects of couple relationships, as well as slightly lower levels of

¹² Hawkins, A. J., & Fellows, K. J. (2011). *Findings from the field: A meta-analytic study of the effectiveness of healthy marriage and relationship grantee programs*. Washington, DC: National Healthy Marriage Resource Center. <http://www.healthymarriageinfo.org/resource-detail/index.aspx?rid=3928>

¹³ Hawkins, A. J., Amato, P. R. & Kinghorn, A. (2013). Are government-supported Healthy Marriage Initiatives affecting family demographics? A state-level analysis. *Family Relations*, 62, 501-513.

¹⁴ Johnson, M. D. (2014). Government-supported Healthy Marriage Initiatives are not associated with changes in family demographics: A comment on Hawkins, Amato, and Kinghorn (2013). *Family Relations*, 62, 300–304.

Hawkins, A. J. (2014). Continuing the important debate on government-supported Healthy Marriages and Relationships Initiatives: A brief response to Johnson's (2014) Comment. *Family Relations*, 62, 305-308.

¹⁵ Wood, op. cit.

¹⁶ Hsueh, op. cit.

psychological distress and abuse, leading the researchers to observe that “the consistency of results across outcomes and data sources (surveys and independent observations of couple interactions) is noteworthy.”¹⁷

There also were positive findings in the BSF study. In Oklahoma City, couples who participated in the intervention were 20% more likely to stay together for the three years of the study, when compared to the control couples. Of the sites that were evaluated, Oklahoma City had the highest level of participation, and their participants spent the most time in RME classes, suggesting that Oklahoma City’s experience serves as an example of what works in RME. Also worth noting is that some of the relationship break-ups that were attributed to BSF may have occurred because the program helped participants realize they needed to terminate an unhealthy relationship. This possibility calls for further and more in-depth research, not a wholesale end of the initiative.

Recently, renowned family scholar Dr. Paul R. Amato analyzed the BSF data from the first 15 months of the program.¹⁸ Interestingly, his work suggests that the most disadvantaged couples in the study benefitted the most. Dr. Amato created a “disadvantage index” that looked at what factors put couples at risk, factors such as being younger than age 20, lacking a high school degree, and unemployment. Couples who were most disadvantaged under this criteria also experienced the most positive impact in their relationship quality if they stayed together, although the disadvantage index did not predict relationship stability. In Dr. Amato’s words:

It is reasonable to imagine that poor couples are so overwhelmed by financial problems and everyday stress that they are unresponsive to relationship education programs and see them as largely irrelevant to their lives. If this were the case, then the most disadvantaged couples—those most at risk of relationship problems—would receive the least benefit from programs like BSF. This study, however, suggests the opposite: **Contrary to the notion that disadvantaged couples do not benefit from relationship education, these couples may be the main beneficiaries of these services, provided that they are able to keep their unions intact.** (emphasis added)¹⁹

Finally, a recent meta-analysis by Hawkins and Erickson on low-income couples included the BSF and SMH studies, as well as all data they could track down from the Healthy Marriage Demonstration Grant.²⁰ Twenty-two control-group studies were included, and for these, small but significant positive effects were found for relationship satisfaction/quality,

¹⁷ Ibid., p. v.

¹⁸ Amato, P. R. (2014). Does social and economic disadvantage moderate the effects of relationship education on unwed couples? An analysis of data from the 15-month Building Strong Families evaluation. *Family Relations*, 63, 343-355.

¹⁹ Ibid., p. 353.

²⁰ Hawkins, A. J., & Erickson, S. E. (2014, November 24). Is couple and relationship education effective for lower income participants? A meta-analytic study. *Journal of Family Psychology*. Advance online publication. <http://dx.doi.org/10.1037/fam0000045>

communication skills, and relationship aggression (although effects for relationship stability and coparenting were not significant). A similar look at 25 one-group pre-/post- studies (studies without a control group) found significant positive effect sizes for relationship satisfaction/quality, communication skills, and coparenting (though not for relationship stability or relationship aggression).

3. RME Research Beyond the Federal Grantees

If we are to fully examine the impact of RME, we must consider the ever-growing body of research on this topic. A recent meta-analysis looked at 117 existing studies on RME, and found that, overall, RME participants' relationship quality and communication skills improved after attending a course (2008).²¹ Premarital education has been linked with higher levels of satisfaction and commitment in marriage, as well as lower levels of conflicts and reduced odds of divorce.²²

Initially, studies on RME focused on middle-class, white populations, but more recent studies have found benefits for more diverse audiences. A meta-analysis of RME programs specifically serving lower-income couples found small-to-moderate positive improvements in marital quality and communication skills.²³ Another study found that couples attending relationship education were especially likely to benefit if the wife had elevated risk for divorce, as measured by a risk calculated off factors such as being poorly educated, earning little income, experiencing parental divorce, or having an unplanned pregnancy.²⁴ These results provide additional support for Dr. Amato's work suggesting that more disadvantaged couples may benefit the most from RME.

More studies are also focusing on minority populations. A recent study in California, for example, examined a program promoting father involvement. Its participants were primarily lower-income Hispanic couples, and they showed small but significant positive effects after attending.²⁵ Additionally, one of the largest randomized trials of RME found that, two years after the intervention, couples assigned to participate in RME were less likely to be divorced than couples in the control group; this was especially true in the case of minority couples.²⁶ Even the BSF and SMH studies found evidence that the minority couples who participated benefitted

²¹ Hawkins, A. J., Blanchard, V. L., Baldwin, S. A., & Fawcett, E. B. (2008). Does Marriage and Relationship Education Work? A Meta-Analytic Study. *Journal of Consulting and Clinical Psychology, 76*, 723-734.

²² Stanley, S. M., Amato, P. R., Johnson, C. A., & Markman, H. J. (2006). Premarital education, marital quality, and marital stability: Findings from a large, random household survey. *Journal of Family Psychology, 20*, 117-126.

²³ Hawkins, A. J. & Fackrell, T. A. (2010). Does relationship and marriage education for lower-income couples work? A meta-analytic study of emerging research. *Journal of Couple and Relationship Therapy, 9*, 181-191.

²⁴ Petch, J. F., Halford, W. K., Creedy, D. K., & Gamble, J. (2012). A randomized controlled trial of a couple relationship and coparenting program (Couple CARE for Parents) for high- and low-risk new parents. *Journal of Consulting and Clinical Psychology, 80*, 662 – 673.

²⁵ Cowan, P. A., Cowan, C. P., Pruett, M. K., Pruett, K., & Wong, J. J. (2009). Promoting fathers' engagement with children: Preventative interventions for low-income families. *Journal of Marriage and the Family, 71*, 663–679.

²⁶ Stanley, S. M., Rhoades, G. K., Loew, B. A., Allen, E. S., Carter, S., Osborne, L. J., Prentice, D., & Markman, H. J. (2014). A randomized controlled trial of relationship education in the U.S. Army: 2-year outcomes. *Family Relations, 63*, 482-495.

more from the programs than white couples. More research needs to be done to understand the long-term effects of RME, but these powerful results suggests that RME may indeed have the potential to save marriages and stabilize families.

The Case for Relationship and Marriage Education Funding

Ms. Entmacher argues in her testimony that the evaluation of public programs aimed at helping low-income individuals and families is tricky:

Multi-site, multi-year experimental research takes time and money. And, by the time an experiment is fully evaluated, the needs of the target population, the social and economic environment, and the program may have changed—so results need to be interpreted with care and evaluated with other evidence.²⁷

She cites as an example the Head Start program, which, based on the results of the Head Start Impact study, many researchers and experts have deemed a failure, but which Ms. Entmacher believes is deserving of another chance.

The message here is to not defund an entire approach to service delivery based on poor evaluation results from an individual program provider; rather, create “a framework for evaluating and promoting quality improvements,”²⁸ and invest in rigorous evaluation to determine which specific providers are effective, and which are not.

Ms. Entmacher also states, “The Head Start program we have today is not the Head Start program that was evaluated by the Impact Study starting in 2002.”²⁹ Similarly, we note that the Healthy Marriage and Relationship initiative that exists today is not the same “marriage promotion” program that was evaluated in the BSF and SHM studies.

Dr. Alan Hawkins, a renowned researcher in the RME field, has said:

...in the face of toxic social and economic conditions that make forming and sustaining healthy romantic relationships more difficult for disadvantaged individuals, a just society may have an ethical obligation to help disadvantaged couples gain valuable relational skills and knowledge that may improve the internal dynamics of their relationships and help them deal better with the pressures that result from poverty.³⁰

HRC and our colleagues in the RME field are committed to fulfilling that ethical obligation of helping low-income individuals and families get ahead, and we are

²⁷ Expanding Opportunity by Funding What Works: Using Evidence to Help Low-Income Individuals and Families Get Ahead: Hearing before the Committee on Ways and Means, Subcommittee on Human Resources, House of Representatives, 114th Congress (2015) (Testimony of Joan Entmacher, p. 5).
http://waysandmeans.house.gov/uploadedfiles/joan_entmacher_testimony_031715_hr2.pdf

²⁸ Ibid., p. 6.

²⁹ Loc. cit.

³⁰ Hawkins 2014, op. cit., p. 307.

committed to using evidence to do so. There are positive signs that RME is a cost-effective, successful strategy for improving the lives of at-risk populations. We look forward to working with our federal partners to continue to determine the programs and efforts that best serve low-income populations.



The Honorable Charles Boustany, Chairman
The Honorable Lloyd Doggett, Ranking Member
House Ways and Means Subcommittee on Human Resources
1102 Longworth HOB
Washington, D.C. 20515

March 16, 2015

Dear Chairman Boustany and Ranking Member Doggett:

I am writing on behalf of Knowledge Alliance to provide comments on the occasion of your March 17, 2015 hearing entitled “Expanding Opportunity by Funding What Works: Using Evidence to Help Low-Income Individuals and Families Get Ahead.”

Knowledge Alliance is a non-profit, non-partisan organization focused on dramatically improving public education by advocating for the widespread, effective use of research-based knowledge in policy and practice. It is our goal to promote the use of rigorous research to figure out “what works,” and why, to improve student outcomes and then share those findings with policy-makers, practitioners and the general public. It is our belief that by expanding the use of evidence in federal funding decisions, we can increase efficiency, support the most effective interventions and improve outcomes for low-income individuals and families.

In order to improve program quality and effectiveness across federal agencies, we recommend requiring programs to use strategies grounded in “scientifically valid research,” as it is defined in the recent reauthorizations of the Head Start program and the Higher Education Act (HEA), to carefully evaluate program effectiveness, and ensure that scarce federal funding is focused on those initiatives that are proven to be most effective for low-income individuals and families.

We also recommend updating federal legislation to ensure that adequate funding is set aside to provide technical assistance by qualified experts on the implementation of practices that scientifically valid research indicates are most successful. The provision of high quality technical assistance ensures that best practices are shared across federal agencies and that program grantees are learning directly from one another about the most effective strategies.

An important part of learning “what works” is effective evaluation, and we recommend



updating federal legislation to reserve funding for external, independent evaluations of federal programs based upon meaningful evaluation frameworks focused on program effectiveness. The results of these evaluations should be disseminated to all interested parties, policy makers, and the public.

The Knowledge Alliance strongly advocates for evidence-based programs, particularly programs that incorporate specific evidentiary requirements, throughout the federal government. One successful example is the Investing in Innovation Fund (i3), within the Department of Education, which provides grants to support the ongoing development of innovative strategies aimed at closing achievement gaps and improving educational outcomes, and then uses a rigorous evaluation process to ensure that proven success is scaled up.

In sum, Knowledge Alliance believes that federal policy must incentivize the use of evidence, including evidence-based technical assistance to grantees. Moreover, federal programs should be regularly evaluated, and findings should be widely disseminated to the field. This hearing could not be held at a better time, and we thank you for the opportunity to comment. We hope that this represents another step towards the expansion of evidence-based practices in federal programs.

Sincerely,

Michele McLaughlin
President, Knowledge Alliance

Response to Hearing on Using Evidence to Help Low-Income Individuals and Families Get Ahead

Julie Baumgardner (Name)

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This is in response to testimony given by Joan Entmacher concerning the marriage programs that show no evidence of working.

In an effort to strengthen families, decrease poverty and increase the number of children growing up in homes with their two married parents, the Federal government began funding Healthy Marriage Demonstration projects in communities across the country. The programs were completely voluntary and were directed towards lower income populations who have not had easy access to programs of this type in the past.

It is important and significant to acknowledge that this is a first generation attempt to reach out to this population with these types of programs and services. So far, these programs have reached relatively small numbers and have not been scaled as programs across the country attempt to learn what works and what does not work. It takes time to do this.

Some of the programs started in the early 2000's, the vast majority of them were started the end of 2006 when the Bush administration designated \$150 from TANF for Healthy Marriage and Fatherhood demonstration projects designed to learn what works with these populations and best demonstrated practices that could be replicated across the country.

Rigorous evaluation began almost immediately after these programs were up and running. It is difficult to measure impacts in rigorous studies and it is worth noting that research that has moved forward in areas such as employment, home visiting, and Head Start, have many more reports of no impact than impact.

Two Early Studies which Entmacher noted

There has been a tremendous amount of focus on the Building Strong Families (BSF) and Supporting Healthy Marriage (SHM) research.

The Building Strong Families program, designed to learn whether well-designed interventions can help couples fulfill their aspirations for a healthy relationship, marriage, and a strong family was started in 2002. An evaluation of BSF included eight sites and 5000 participants. The outcomes of the study received a great deal of attention basically saying the program participants looked no different than the control group 15 months and three years beyond the program. **It would be important to note that less than 40 percent of the 5000 participants received a**

significant dosage of Relationship and Marriage education. In fact, at some sites only 40 percent of participants ever attended one class together. **Additionally, as the first rigorous study in the healthy marriage field, BSF showed a consistent pattern of positive impacts at the Oklahoma site and in the second study, Supporting Healthy Marriage, there was a consistent pattern of positive impacts across all sites at both the one and three years marks.**

Oklahoma's Family Expectations Program, a combination of cutting-edge efforts to reduce barriers to participation, reinforcements for attending, and quality of the services led to exceptional attendance. Only the Oklahoma site had solid results on many dimensions of relationship quality at the 15 month assessment. **As for the past and recent (3 years out) outcomes, the Oklahoma site was the only one where there was a statistically significant impact on an important outcome at the 3 year point: in the program group, 49% of the families had lived together continuously since the birth of the child whereas, for the control group, 41% of the families had remained together in this way. The three year assessment showed that couples who went through this program were 20 percent more likely to still be together. This is HUGE as we look at providing stable homes for children.** (Dr. Scott Stanley, Sliding vs. Deciding) Did Scott say what is bolded, the entire paragraph?

The SHM research showed a small, but statistically significant difference between the couples who participated in marriage education and those who did not. Couples completing the program scored higher on a variety of relationship outcomes one year after enrolling in the program.

What the research indicates:

In spite of the overall results, there are encouraging signs that lead researchers and practitioners to believe that improvements in these initiatives could lead to stronger, more positive outcomes.

Other studies of encouraging findings:

In extensive data from more than 1,400 high school students in 39 public schools across Alabama, half of the students non-white and more than half eligible for free or reduced lunch, showed that participating students:

- still held a more realistic approach to marriage one year after the program
- exhibited decreased faulty beliefs and
- displayed greater conflict management skills than students who did not participate in the program.

A separate study found that students who took the program increased their disapproval of using aggression in dating relationships. This disapproval manifested itself in less dating physical aggression two years later.

A rigorous study of mostly **married, lower income Hispanic couples** in California found significant positive impact. Compared to the control group, fathers and couples showed modest,

positive changes in father involvement, couple relationship quality and children's problem behavior. The couples group surpassed the fathers group showing reductions in parent stress, increased marital stability, increased relationship quality and more consistent, longer-term positive outcomes. Two additional studies replicated these results.

A study of couples with one spouse in the military found that those who participated in the marriage strengthening program, Strong Bonds, were significantly less likely to be divorced two years later, than couples who did not participate. The positive difference was actually stronger for minority couples with 5 percent of African American couples who took the course divorcing after two years versus 18 percent of African American couples who did not participate.

For a more in-depth look at this read *Facilitating Forever: A Feasible Public Policy Agenda to Help Couples Form and Sustain Healthy Relationships and Enduring Marriages* by Alan J. Hawkins and Betsy VanDenBerghe. http://nationalmarriageproject.org/wp-content/uploads/2014/02/FacilitatingForeverFINAL_Web020714.pdf

Again, a significant and important point to remember is that BSF and SHM studied only a few of the hundreds of demonstration projects funded by the Healthy Marriage and Fatherhood Demonstration grant funding. Stating that relationship and marriage education does not work based on these two studies is equivalent to throwing the baby out with the bath water. Many of these programs started at ground zero and the goal was to find best demonstrated practices. Evaluations of programs began before best demonstrated practices were discovered. The most important point is we clearly are seeing what doesn't work. It would be a waste of money to continue doing the very things we know do not work. However, there are many programs across the country successfully engaging low income couples and they have high completion rates. Research needs to be focused on these programs to determine practices that should be replicated across the country in order to get the broadest reach possible with the funding available.

Analysis of recent national survey data shows that children of divorced and never-married parents are far more likely to have been exposed to domestic violence than children in married two-parent families. **In the 2011-2012 National Survey of Children's Health, conducted by the U.S. National Center for Health Statistics, parents of 95,677 children aged 17 and under were asked whether their child had ever seen or heard "any parents, guardians, or any other adults in the home slap, hit, kick, punch, or beat each other up." Among children living with both married biological parents, the rate of exposure to family violence was relatively low: for every 1,000 children in intact families, 19 had witnessed one or more violent struggles between parents or other household members. By comparison, among children living with a divorced or separated mother, the rate of witnessing domestic violence was seven times higher: 144 children per 1,000 had had one or more such experiences.** These comparisons are adjusted for differences across groups in the age, sex, and

race/ethnicity of the child, family income and poverty status, and the parent's education level. **(Children in Single Parent Families are more likely to Witness Domestic Violence** by Nicholas Zill, psychologist, founding executive director of Child Trends and survey researcher who has written on indicators of family and child wellbeing for four decades).

Additional robust studies including the **Adverse Childhood Experiences (ACE) study conducted by the CDC** strongly indicate that children growing up in a home with their two married biological parents are significantly less likely to have adverse childhood experiences such as exposure to traumatic events that can have negative lasting effects on health and wellbeing. Traumatic experiences range from physical, emotional and sexual abuse to parental divorce or the incarceration of a parent or guardian. The greater the number of adverse experiences the more at risk the child is for poor health outcomes such as obesity, alcoholism, and depression.

<http://www.cdc.gov/violenceprevention/acestudy/>

Child wellbeing has become a public health issue.

While no one questions that children definitely have a better chance of thriving when they are raised in a home with their two, married biological parents,; but what is questionable is deciding to do away with the Healthy Marriage and Relationship education funding based on two studies conducted early in the grant funding process. Children are the future of this country. Some argue that government has no business meddling in the marriage business. Government is already in this business as one has to purchase a marriage license from the government prior to getting married and when a marriage dissolves one must file for divorce and go before a judge who will determine child support, alimony, visitation, custody, etc., in addition to enforcing all of this following the divorce all at a significant cost to the American people. An examination of other programs across the country such as The Ridge Project, First Things First, Healthy Relationships California, Family Expectations, Family Bridges, Relationship Skills Center and The Center for Healthy Relationships could be very helpful in determining best demonstrated practices.

What Works

Finally, we need to look at programs that are showing successful outcomes like the **Nurse-Family Partnership in Lancaster County, PA that served 175 low-income, first time moms. The nurses are trained to form a close relationship with the mother and advise her on prenatal health, child rearing issues and life skills. Typically 20-30 home visits are involved. Three randomized controlled trials have shown that the program has major impacts that last at least until the child is 15. The mothers who participated were less likely**

to be abused, neglect their kids, more likely to be working and their kids were more likely to be healthy and ready for school.

Clearly, home visits are significantly more expensive than classes, but there are several promising studies indicating they work. Another home visit program, **Child FIRST** targets low-income families with children ages 6-36 months at high risk of emotional, behavioral, or developmental problems, or child maltreatment, based on child screening and/or family characteristics such as maternal depression. At the three year follow up there was a 33 percent reduction in families' involvement with child protective services for possible child maltreatment. At the end of one year follow up there was a 40-70 percent reduction in serious levels of child conduct and language development problems and mother's psychological distress.

What Works in Marriage and Relationship Education (MRE)?

Reaching disadvantaged couples and teaching them healthy relationship skills is challenging. Yet, if one examines the SHM research, a stunning number of couples living in poverty and under significant stress completed an average of 18 hours or more of relationship education. That in and of itself is amazing. Substantial progress has been made in being able to reach and engage low income, high-risk individuals and couples.

Individuals and couples need a tremendous amount of help in the arena of healthy relationships. The creative efforts that have been used by programs across the country to engage these people and teach them skills are impressive.

Since the early 2000's but especially since 2006, the sheer amount of content that people have been exposed to in grantee communities about what is healthy in relationships and what is not that should be glossed over.

Theodora Ooms and Alan Hawkins conducted an excellent review of lessons learned concerning marriage and relationship education (MRE) for low-income couples. (*What Works in Marriage and Relationship Education? A Review of Lessons Learned with a Focus on Low-Income Couples* by Alan Hawkins, PhD and Theodora Ooms, MSW.) They examined whether these types of programs actually accomplished the objectives of the Federal initiative. Below are some of the key findings:

Marriage and relationship education programs (MRE) are operating well throughout the US. Low-income couples (married and unmarried) as well as high school students, single parents, refugee families, military couples, prison inmates, and others are participating in large numbers in MRE programs in many communities across the country.

Many MRE programs are successfully engaging low-income men/fathers in learning how to be more effective partners and parents. Studies suggest that the programs' focus on

improving relationships between partners is a very effective strategy for helping fathers become more actively and responsibly engaged with their children.

Investment in program development and program management is critical to helping these new types of government programs be successful. *In their startup phase many programs faced and with assistance largely overcame many new challenges as they learned how to design and adapt MRE programs and curricula for diverse populations delivered in many different programs.*

MRE programs for low-income populations seem to work best when they create strong organizational partnerships. Programs that work closely with health, employment, domestic violence prevention, child support and related social service programs are more successful with recruiting participants and helping them get other services they need.

Emerging evidence suggests that MRE programs can work for low-income populations as well as for those who are economically better off. Evidence from a new meta-analysis of 15 program evaluations (including three randomized control trials) shows that MRE programs can have positive, moderate-size effects on low-income couples' relationship outcomes, at least in the short run.

Across nearly all the studies reviewed for this report, MRE improves communication – a core essential relationship skill as well as other measures of relationship quality. There is some initial evidence that MRE for low-income couples can decrease divorce rates, reduce aggression and improve children's problem behaviors.

What Does Success Look Like?

The ultimate goal of relationship and marriage education efforts is child-wellbeing: To raise children in the best environment possible that will allow them to thrive and become productive citizens.

Research indicates if practitioners can help people:

- Create stable families
- Improve the quality of parental relationships,
- Decrease unhealthy conflict,
- Enhance communication,
- Improve marital relationship quality,
- Increase parental involvement in the lives of their children, and
- Decrease violence in the home

.....it is possible to increase the likelihood that children will be healthier in every developmental aspect of their life and have a greater chance of thriving and being a productive adult.

Perhaps combining relationship education with parent education, which some grantees are already doing, is part of the answer. ([See “Don’t Dump Relationship Education until Co-Parenting Support has Been Included and the Benefits for Children are Known.”](#))

What Can Be Done Differently?

First, the full range of MRE services should be implemented where possible because the long-term effectiveness of a one-time-only dosage will likely be limited. Typically, those who participate in programs are in need of more than one type of program. For example, it is not uncommon for someone who participates in relationship and career advancement programming to also need parenting classes and marriage enrichment or a class for couples in distress. Concentrating funds with grantees who can offer a semi-comprehensive set of educational offerings for youth, single adults, cohabiting couples, engaged couples, married couples and couples in crisis could make a difference in long term effectiveness and outcomes.

Define Best Demonstrated Practices. Based on outcomes from successful programs, best demonstrated practices need to be utilized at all grantee sites. This concept should be built into the funding contracts.

Build in learning: Develop a solid methodology to build learning into the system so more timely data is obtained on what is working/not working so course corrections can be made quickly. Data points should be identified for family stability improvement in positive family outcomes and decrease in negative family outcomes. Data should be collected, analyzed and information shared across grantees and the public sector to guide best practices.

Changes in Allowable Activities:

Focus on early relationship development skills in middle and high school. As stated earlier, many young people do not have healthy role models to teach them healthy relationship skills that will impact them across all areas of their lives. Teaching basic relationship skills in middle school and building on these in high school has the potential to decrease violence in relationships and increase the chances of these young people to move into adulthood better prepared for work and life.

Focus on premarital couples and young parents to provide formative development in relationship skills. This group should provide promising results since these participants are younger and possibly easier to influence. We know that divorce is reduced by 30% for couples that receive skills-based relationship education classes prior to marriage.

Focus on relationship skills in the workplace to enhance participant’s ability to maintain healthy relationships and therefore, maintain jobs. Eight out of 10 business leaders say that

oral communication skills, knowing how to be a team player, professionalism, a positive attitude and integrity are vitally important traits for success in the workplace. Many individuals across the socio-economic spectrum have not been taught the basic skills that will help them find and keep a job. This allowable activity is critical!

Allow educational classes for married couples to enhance their relationship and parenting skills, which in turn will enhance family stability. Research clearly indicates that as couples move through the life-span of their marriage, there are different milestones that tend to create additional stress – children, career changes, overbearing in-laws, moving, lack of a support system. Offering ongoing opportunities for couples to engage in educational skill-building classes to enhance their marriage and increase family stability is far less expensive than counseling or fragmented families.

Remove allowable activities that don't show results:

Remove the mentoring programs. These are typically done by volunteers and are difficult to recruit, train, and follow through without much overhead. The length of service delivery is an elongated cycle, therefore increasing cost per participant.

Conclusion

Scholars on the right and the left who have carefully examined the impact of healthy marriage on children agree that marriage, no matter where their parents fall on the socio-economic spectrum, is the best environment to raise a child who has access to the assets that will help them thrive and become a productive adult in society. The work of NARME partners and others in the healthy marriage and relationship arena helps form, strengthen, stabilize, and support families. These programs should continue, best practices should continue to be established, data about impacts to families and children should be disseminated, and thus contribute to positive outcomes to our most fragile families.

A Bipartisan Approach to Preventing Poverty's Impact and Persistence

Over the years, there has been a strong divide between conservatives and liberals on the origins of poverty and how to deal with it. Republican Representative Paul Ryan has recently held several hearings and just released a book proposing ways of addressing our persistent poverty. Though there has been warming to a few of his ideas by some liberals, most of their commentary has not been supportive.

We suggest herein one method of addressing the problem that is likely to elicit agreement among most of those concerned about this issue, regardless of their political stance. Namely, we propose the implementation of evidence-based programs and policies that have been repeatedly shown to ameliorate the negative outcomes of poverty, even if they do not immediately address the causal factors or focus directly on economic incentives. Importantly, though, there is an added advantage of such programs in that the skills and resiliency they instill make it less likely that future generations of those in poverty will suffer the same fate and continue to inflate the costs.

The value of an evidence-based prevention science approach is that it invests only in proven programs, so precious resources are not wasted and problems are prevented before they develop. This scenario is certainly preferable for all involved, from those directly impacted by poverty to those affected by the exorbitant costs of poverty, such as threats to public safety and the need for more specialized educational and mental health services. Along these lines, Rep. Ryan has suggested a Commission on Evidence-Based Policy Making which would serve to test the effectiveness of programs designed to address poverty and evaluate anti-poverty programs over the long term. Such a non-partisan, scientific body would further promote a needed bi-partisan approach to reducing poverty and its consequences. On the Democratic side, Rep. John Conyers, a Co-Chair of the Congressional Out of Poverty Caucus, fully supports an evidence-based prevention approach as an important component of an anti-poverty strategy. Over time, proven interventions save government money; e.g., there is no longer a need to institute programs to counteract problems that no longer exist. Plus, those no longer in poverty are more productive, leading to more money in government coffers. All can support the type of benefits espoused herein.

There is a solid body of evidence showing that community, family and school-based interventions can prevent the development of most of the problems cited above and thereby minimize the harm of poverty and assist many children in eventually escaping from it. The Institute of Medicine's 2009 report on prevention expounded on this evidence. From the prenatal period through adolescence, there are programs that can help families nurture their children's cognitive, social, and physical development. They teach parents how to reduce conflict in the home and how best their children learn. Such programs can serve to prevent impoverished children from failing in school and from developing aggressive behavior that leads to delinquency, substance abuse, and early pregnancy. Some such programs have been implemented in some local areas, but what is needed is wide-scale and faithful implementation.

A compelling recent analysis by Sawhill and Karpilow at the Brookings Institution found that if proven interventions were given at critical points from early years through adolescence, it would close the gap by 70% between more and less advantaged children in their ability to enter the middle class by mid-life. And in doing so, this approach would result in substantial savings to the taxpayer. If these programs can be successfully “scaled up,” there is potential for transformative effects on poverty. One possible bipartisan means of large-scale implementation is via “social impact”/“pay-for success” bonds, which draw in private money to help implement programs. This mechanism is growing in popularity across the aisle in various states, and now in bills introduced into Congress.

The National Prevention Science Coalition to Improve Lives (NPSC) stands by a scientifically sound strategy to advance a national mentality and governmental policies that prioritize the prevention of problems before they occur. The goal is to reduce government expenditures, while supporting conditions under which children, adolescents, families and communities can thrive. Perhaps now that time for intelligent, bipartisan discourse and action has come.

Diana Fishbein, Ph.D.: Professor and Director of C-TRANS, University of Maryland School of Medicine, Department of Psychiatry and Director of the *National Prevention Science Coalition to Improve Lives*.
Neil Wollman; Ph. D.; Senior Fellow, Bentley Service-Learning Center; Bentley University; Waltham, MA, 02452; NWollman@Bentley.edu; [260-568-0116](tel:260-568-0116); Co-Director; *National Prevention Science Coalition to Improve Lives* **Anthony Biglan**, Ph.D.; Senior Scientist, Oregon Research Institute.



Building a World-Class National Prevention System

By [Tony Biglan](#) [March 30, 2014](#) [Families](#), [Nurturing Families](#), [Prevention](#), [Schools](#), [Uncategorized](#)

Prevention science has reached a point at which all U.S. communities can ensure that each young person reaches adulthood with the skills, interests, and health habits needed to lead a productive life in caring relationships with others.¹ The 2009 IOM¹ report identified several tested and effective programs, policies, and practices for the prenatal period through adolescence to prevent development of the most common and costly problems of youth, including academic failure, delinquency, depression, pregnancy, and alcohol and drug use. If a national initiative ensues that promotes acceptance and implementation of these effective interventions, virtually every citizen will benefit.

The Cost of Youth Problems

The cost of the psychological and behavioral problems of youth is substantial. Economist Ted Miller² estimated the cost of these common youth problems: antisocial behavior, binge drinking, cocaine/heroin abuse, high-risk sexual behavior, tobacco use, high school dropouts, and suicide attempts. He estimated the total cost in the U.S. due to youth with multiple problems to be about \$340 billion yearly in 1999 dollars. To estimate the cost for just one state – Oregon – of the multiple problems we fail to prevent, we prorated the national figures for Oregon's population and adjusted for inflation: thus, the annual cost we incur comes to \$5.74 billion.

Youth with Multiple Problems

A well-established fact about youth problems is that they are inter-related.³ A study of a large representative sample of Oregon eighth graders showed, having any one problem makes it highly likely that a young person will have at least one other.⁴ For example, a teen with substance use problems is 5.5 times more likely to engage in antisocial behavior, 8.5 times more likely to engage in risky sexual behavior, and 3.6 times more likely to be depressed.

Multiple Problems Stem From the Same Set of Common Conditions

These problems stem from the same conditions. In particular, if children counter high levels of conflict and criticism at home or in school, it becomes more likely that they will not develop adequate self-regulation and will become aggressive and uncooperative.⁵ These behaviors lead to academic failure, peer rejection, and association with other troubled kids. By early adolescence, groups of troubled youth experiment with substance use, delinquency, and risky sexual behavior. Depression and suicide also become common.⁶

Building a Comprehensive National Prevention System

The U.S. can significantly improve its youth's success by ensuring that the nation puts in place tested and effective programs, policies, and practices. It is a significant undertaking that requires several years of concerted effort, but if we can unite everyone around a common understanding of what is needed, we can build a system to support child and adolescent development and prevent problems to a degree never before seen in human history.

A comprehensive and effective prevention system would have five facets: (a) An effective and nurturing system of family supports; (b) Effective positive behavioral supports in all schools; (c) A set of well-tested and proven prevention programs and policies; (d) Ongoing public education about prevention and accurate information about mental health, including substance abuse; and (e) A system for monitoring the wellbeing of children and adolescents. A realistic plan for this system can be created if all the agencies and organizations working on health and wellbeing coordinate their efforts.

A Workplan for the Development of a Comprehensive National Prevention System

There is a need for the States to identify government efforts relevant to treatment and prevention without restricting the focus to any one domain; e.g., substance abuse versus aggressive behavior. All aspects of mental and physical health are amenable to prevention since risky behaviors in general universally develop as the result of earlier developmental problems, such as aggressive behavior, academic failure and a number of other mental, emotional, behavioral problems. Effective prevention requires creating environments from the prenatal period onward that nurture child and adolescent successful development. Here then are a set of activities that we believe would move the nation forward.

1. **Increase the availability of evidence-based family interventions for families with children and adolescents of all ages.**
 - a. The first task for each state is to identify the currently funded efforts of state government and county governments involving services to families that affect the quality of family interactions and the skill with which parents support their children's development.
 - b. Having identified these, we would then make recommendations about how the state could move toward a system that reaches a growing number of families that need help, with effective *and efficient* support.
2. **Strengthen the system for supporting prosocial behavior in schools.** This effort is already underway in some states thanks to the Positive Behavioral Intervention and Support movement and the growing adoption of the Good Behavior Game.
 - a. We need to characterize the various activities states are engaged in to promote evidence-based support of prosociality in schools.
 - b. We then need to propose how states could make this effort a formal goal and how activities could be enhanced through a unified budget.
3. **Implement policies with proven preventive benefit.** The [Promise Neighborhoods Research Consortium \(PNRC\)](#) identified more than fifty proven policies that would reduce a range of mental, emotional and behavioral problems and contribute to successful development.
4. **An effective system of data gathering/survey system.** The PNRC has developed a system for monitoring child and adolescent wellbeing. Improvements are needed, such as expansion to monitor the quality of family life, however this can be readily accomplished. Tracking should take place annually and provide data at the community level. And more resources are need for the collection, analysis, and feedback of the data to the public. The Commission needs to identify all the survey activities that are being performed by state governments and come up with a proposal for a unified, strengthened system.
5. **Public Education.** To generate support for prevention and provide the public and private sectors with the information required to ensure healthy, productive, and caring lifestyles, state governments need to know what they can do to inform citizens about these issues. Engage the media to be responsible reporters with attention to the long-term consequences of our actions for children's development and outcomes. We can then develop a comprehensive strategy for public education and policy.
6. **Law Enforcement as First Line of Defense.** Develop law enforcement policies that empower, and in fact obligate, officers to protect children's welfare.

This essay was written

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and

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For the National Prevention Science Coalition to Improve Lives

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My Brother's Keeper: The Vital Role of Prevention Science

By [Tony Biglan](#) [March 26, 2014](#) [Prevention](#), [Public Health](#)

We were pleased to hear about the “My Brother’s Keeper” Initiative. It addresses a very significant need in society. As President Obama indicated, young men of color are particularly at risk for a wide variety of problems. There are many factors that influence the statistics, primary of which is their high rate of poverty, harsher living conditions, institutional racism, stressful family dynamics and lack of opportunities. The consequences for the nation are substantial. Economist Ted Miller estimated the cost of the most common problems for all youth, such as violence, drug abuse, high-risk sexual behavior, poor academic achievement, high school dropouts and suicide attempts, total about \$462 billion annually.

The success of this Initiative would significantly increase the proportion of young people who arrive at adulthood with the skills, interests, and values they need to be successful. And in turn, we can expect to achieve a substantial reduction in both the human and financial burden to the nation.

However, many initiatives of this sort have failed because they did not make use of tested and effective strategies or the empirical tools for evaluating and improving those strategies. A successful effort will require the systematic application of well-established, evidence-based principles and practices generated by the [prevention sciences](#). These lessons learned are applicable to all populations at risk for poor outcomes; however, given the focus of this initiative, we attest they should be followed for this effort as well to improve chances for success in young men of color.

It is important first to understand that these diverse problems are inter-related and stem from the same set of adverse conditions, all of which are more prevalent in high poverty neighborhoods. More than 20% of children are being raised in poverty in this country and the rates for African American children are higher (38.2%), as are those for Hispanic children (32.3%). Caregivers and their children in these communities experience a lack of resources ranging from low household wages and unemployment, to poorly equipped schools, to inaccessible health care services. Research indicates that poverty – and for people of color, also racism – increases stress, which contributes to increased risk of cardiovascular disease, diabetes and many other diseases. For families, the high levels of stress among caregivers often leads to increased experiences of conflict, threat, dysfunction and deprivation for their children, and less reserve to foster healthy childhood [development](#). Indeed chronic exposure to stress rewires people’s physiology in ways that make them hyper-vigilant to threat, more likely to perceive hostile intent in others, and more likely to react aggressively or to become depressed.

The result of experiencing these conditions early in life is that children are less likely to develop adequate self-regulation skills. The aggressive and off-task behavior that often emerges in these children as they enter adolescence is associated with academic failure, peer rejection, affiliation with other troubled kids and family problems. By adulthood, the skills for success are not in place.

While all of this is true for every child experiencing adversity, youth of color often also face daily incidents in which they are subtly and not-so subtly treated in demeaning, hostile, and even lethal ways. President Obama has spoken eloquently about this in his remarks about the Trayvon Martin murder. And the long history of racist acts that Isabel Wilkerson describes in *The Warmth of Other Suns* makes it clear the African American community, in particular, lives with a legacy of oppression.

As said above, a successful effort will require the application of evidence-based principles. Indeed, the 2009 [Institute of Medicine report on prevention](#) concluded that we know enough “to begin to create a society in which young people arrive at adulthood with the skills, interests, assets, and health habits needed to live healthy, happy, and productive lives in caring relationships with others.” These programs work by rallying caregivers and teachers around their values and goals for their children and helping them to hone their skills to nurture their children’s development. They learn to richly reinforce their children’s developing skills, interests, and values.

There are a host of policies that can contribute directly to reducing poverty and we hope and expect that the Brother’s Keeper Initiative will work to get them implemented. However, even given the current realities of poverty and racism, there is a wide range of programs that have proven beneficial in helping families ensure that their children develop successfully.

A few examples of evidence-based programs that have been provided to children and families of color include the [Nurse Family Partnership](#), the [Family Check Up](#), and the [Good Behavior Game](#), a universal school-based program. There is strong documentation of their [beneficial effects and cost-savings](#); they and others have promise to increase children’s chances for success in school, their communities, and in life.

In the interest of young men of color and, in fact, all children and adolescents, we need to build a world class national prevention system. The IOM’s report on prevention identified science-based interventions and policies that are capable of preventing the development of virtually the entire range of psychological problems that hamper the development of children and adolescents who are at risk due to poverty and other adverse social and environmental conditions. Some of these programs have been implemented already across the country, but only on a piecemeal basis; they need to be scaled up and systematically sustained.

A comprehensive and effective prevention system, [which is described in a related blog post](#), would have five facets: (a) An effective and nurturing system of family supports; (b) Effective positive behavioral supports in all schools; (c) A set of well-tested and proven prevention programs and policies; (d) Ongoing public education about prevention and accurate information about mental and behavioral health, including violence and drug abuse; and (e) A system for monitoring the wellbeing of children and adolescents. Such a system should be built in stages with careful attention to the effective implementation of evidence-based interventions. It might begin by concentrating resources in a small number of high poverty communities, such as the Harlem Children’s Zone and “Promise Neighborhoods” which are currently being supported by another Presidential initiative. The impact of the effort should be carefully evaluated—not because “more research is needed” (though it is) —but because rigorous evaluation should routinely be built into every social program for continuous improvement, to amass evidence of the program’s effects, and for citizens to judge the benefits of these efforts.

The U.S. can significantly improve the success of young men of color through coordination between all child-serving and health agencies and organizations to make use of the strong science-base that decades of prevention research has produced. It is a significant undertaking that requires several years of concerted effort. But if we can unite everyone around a common understanding of what is needed, we can build a system that equalizes the playing field for all children to have the opportunity to lead happy, healthy and successful lives to a degree never before seen in human history.

The newly formed *Prevention Coalition for Promoting Healthy Child and Adolescent Development* strives to improve the health and wellbeing of children, adolescents, families and communities by (1) promoting a science-driven approach to preventing risks and disadvantages; (2) building links among researchers, child/adolescent-serving organizations, advocacy groups, policy makers, and the media; and (3) working with government to adopt a “prevention model” that would reduce costs while benefitting society. We stand with and are ready to work with My Brother’s Keeper Task Force and partnering philanthropic and business sectors.

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Anthony Biglan, Ph.D., Oregon Research Institute, Coauthor of the IOM Report on Prevention and Former President of the Society for Prevention Research

Diana Fishbein, Ph.D., *Director of the Center for Translational Research on Adversity, Neurodevelopment and Substance abuse, University of Maryland School of Medicine*

Neil Wollman, Ph.D., *Chair of the "Prevention Project" and Organized Two Congressional Briefings on this topic, from Bentley University*

**STATEMENT OF
ROXANE WHITE, CEO
NURSE-FAMILY PARTNERSHIP**

**BEFORE THE
HOUSE COMMITTEE ON WAYS & MEANS
SUBCOMMITTEE ON HUMAN RESOURCES**

MARCH 17, 2015

Thank you for the opportunity to submit written testimony as a part of today's hearing on "Using Evidence to Help Low-Income Individuals and Families to Get Ahead." Nurse-Family Partnership (NFP) appreciates the Subcommittee's interest in evidence-based policy-making and your commitment to evaluating programs that work. Every day, NFP is serving over 30,000 low-income moms in 43 states, the U.S. Virgin Islands and six Tribal communities. We have served 212, 289 moms since we began replicating our model in 1996.

NFP urges Congress to extend the MIECHV program with level funding so that we can continue to provide at-risk families with real solutions that work to bring themselves and their children out of poverty and leading healthy lives. We are encouraged to hear that the program is included in the Sustainable Growth Rate legislation being considered by members of Congress right now.

NFP also encourages this committee to continue to support a wide range of home visiting models that meet the highest level of evidentiary standards in order to ensure the largest possible economic return on investment. We believe that together these home visiting models have a collective impact on the families and communities that they serve, working within a continuum of care that has the greatest long term impact.

As you know, the NFP model partners first-time, low-income mothers with registered nurses beginning early in pregnancy and continuing until the child is age two. NFP nurses are invited into the homes of these new mothers for weekly and bi-weekly visits that focus on improving pregnancy outcomes, child health and development, and family economic self-sufficiency. Over 37 years of randomized controlled trial research and longitudinal follow-up studies have demonstrated that families served by NFP experience the following:

Improved pregnancy outcomes

- Reductions in high-risk pregnancies as a result of greater intervals between first and subsequent births, including a 28-month greater interval between the birth of first
 - 31% fewer closely spaced (<6 months) subsequent pregnancies,
 - 23% reduction in subsequent pregnancies by child age two, and
 - 32% reduction in subsequent pregnancies for the mother at child age 15 (among low-income, unmarried group)
- 79% reduction in preterm delivery among women who smoked
- 35% fewer hypertensive disorders during pregnancy

Improved child health and development

- 39% fewer injuries among children (among low-resource group)
- 56% reduction in emergency room visits for accidents and poisonings
- 48% reduction in child abuse and neglect
- 50% reduction in language delays of child age 21 months
- 67% reduction in behavioral and intellectual problems at child age 6
- 26% improvement in math and reading achievement test scores for grades 1-3
- 59% reduction in arrests at child age 15

- 90% reduction in adjudication as PINS (person in need of supervision) for incorrigible behavior

Increased self-sufficiency of the family

- 61% fewer arrests of mothers at child age 15
- 72% fewer convictions of mothers at child age 15
- 20% reduction in welfare use
- 46% increase in father presence in household
- 83% increase in labor force participation of mothers at child age 4

Independent evaluations have demonstrated that NFP outcomes for families also produce significant savings to Federal, State and local governments. A study by the RAND Corporation found that every dollar invested in NFP produces \$5.70 of government savings, and Dr. Ted Miller of the Pacific Institute for Research and Evaluation projects that state and federal government cost savings due to NFP's outcomes will average \$18,406 per family served.

NFP is continuously exploring innovative ways to sustain services and expand to reach as many families as possible. We are very supportive of the Social Impact Partnership Act (H.R. 1336) authored by Rep. Todd Young of Indiana and Rep. John Delaney of Maryland. NFP is actively pursuing formal and informal opportunities to explore Social Impact Bonds and Pay for Success opportunities in multiple states, and the opportunity to capture federal savings out of social impact bond projects would help us move these forward.

NFP also applauds Congress for their bipartisan, bi-cameral support for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program and in particular, this subcommittee for your collective commitment to funding programs proven to work through rigorous, scientific evidence and research.

A large part of NFP's growth has been fueled by the MIECHV Program. The outcomes achieved by MIECHV are saving state and federal government significant resources in reduced health, child welfare, foster care, remedial education and criminal justice expenditures. The MIECHV program is strong and cost-effective federal policy that is joining states and local agencies to support these valuable services to at-risk families. Initially authorized in the Affordable Care Act, and subsequently extended last year as a part of the Sustainable Growth Rate legislation, MIECHV is an innovative statute whose success is built around the use and evaluation of evidence based home visiting programs. MIECHV funding has expanded the number of moms and babies being reached by home visiting but it is also helping states build the necessary infrastructure to monitor and evaluate the effectiveness of their respective implementations. The Mother and Infant Home Visiting Program Evaluation (MIHOPE) will report to Congress in 2017 on the outcomes of MIECHV. As one of the largest home visiting models, NFP is a participant in this study and is looking forward to its findings.

The Nurse-Family Partnership thanks the Subcommittee for your continued interest in this important issue. MIECHV is an accountable program that saves scarce taxpayer resources and produces tangible results. We hope that the subcommittee will continue to support the MIECHV Program which is changing the lives of thousands of vulnerable children and families nationwide. Thank you again, Chairman Reichert, Ranking Member Doggett, and Members of the Subcommittee, for the opportunity to submit this testimony.

Testimony to: Human Resources Subcommittee, House Ways and Means
From: Michael M. Weinstein, Chief Program Officer, Robin Hood Foundation
Date: March 16, 2015

Thank you for the opportunity to testify about “what works” to alleviate poverty or otherwise aid disadvantaged families.

My name is Michael Weinstein. I’m chief program officer at Robin Hood, a 501(c)(3) charity that raises and spends over \$150 million a year in the pursuit of a single mission: to alleviate poverty in New York City. We were founded in 1988 and have since then granted more than \$1.5 billion to community based non-profits throughout the five boroughs. We not only give substantial amounts of money to high performing grantees serving New York’s poor, but we have also provided them extensive organizational assistance. Because Robin Hood’s board covers 100 percent of evaluation costs, operating expenses, and overhead, every dollar donated to Robin Hood by outside donors goes out the door to fight poverty.

Because the vast majority of our donations come to us without restrictions, Robin Hood invests in a wide range of poverty-fighting activities: K-12 schools, job-training programs, criminal-justice initiatives, emergency housing (shelters), soup kitchens, food pantries, anti-obesity programs and other health initiatives, micro-loans, community colleges and much, much more. And because our donors allow us to invest in any program that works, we’ve had to develop a means by which to determine which investments do indeed work best. We’ve created a sophisticated system, outlined below, by which to compare the impact of any one grant against any other no matter how dissimilar those grants might be. Our system directs dollars where they do the very most good.

We at Robin Hood are the stewards of our donors’ dollars. You are stewards of public dollars. I describe the key principles behind Robin Hood’s grant-making system below to convince you that to spend money smartly requires smart measurement. And smart measurement is possible, as, I hope you will agree, Robin Hood’s track record proves.

To get the story started, allow me to focus your attention on two adjectives.

Doable. Measuring the impact of anti-poverty programs is doable. Robin Hood measures the impact of every one of the \$150 million that we invest each year. Don’t take my (self-interested) word at face value. Go to our website (www.robinhood.org), where we post for public scrutiny the 160 or so equations that Robin Hood uses to track the impact of our grants. Judge for yourself.

Unconscionable. Given that measurement is doable, a decision by public or private funders to skip measurement qualifies as unconscionable. The question is not which programs work. The question is which programs work ***best***. Only careful measurement can answer that question. To settle for second-best (or

worse) programs amounts to shoveling precious anti-poverty dollars into an open furnace. That would leave needy neighbors needlessly worse off.

Below, I set out the rudiments of Robin Hood's system of accountability, called Relentless Monetization. What I describe reflects actual practice, not wishful thinking.

To motivate what's to follow, consider private philanthropists or policymakers like you forced to choose among three options for fighting poverty. Each option costs the same amount of money and the funder can afford only one of the three.

- i) Train 20 chronically unemployed women to be carpenters;
- ii) Help a middle school prepare low performing, low income students with the goal that an additional 45 of them will eventually graduate from high school;
- iii) Screen 200 adults for the Hepatitis C virus.

Which intervention should the public or private funder choose? Here's how we go about answering the question at Robin Hood. For each intervention:

Step 1: **Identify** every mission-relevant outcome (in this case, every way that the intervention improves the well-being of low income households).

Intervention (i), job training, raises current and future earnings – clearly an outcome relevant to fighting poverty. Intervention (ii), the middle school grant, raises future incomes of the students and, less obviously, improves their lifelong health; health is important to well-being, so Robin Hood includes health gains in its accounting of poverty alleviation. Intervention (iii), Hep C screening, provides for early diagnosis and treatment; it too improves health, therefore well-being.

Step 2: **Monetize** – assign a dollar value to each outcome.

For intervention (i), job training, estimate by how much the carpentry training will boost the future incomes of trainees.

For intervention (ii), the middle-school grant, estimate how much more high school graduates earn compared with otherwise equivalent students who fail to complete high school; and estimate how much longer high school graduates will live (in good health) compared with otherwise equivalent students who drop out. Here's where we hit an obstacle. The middle-school grant boosts income, measured in dollars. The grant also boosts health, measured by gains in longevity and morbidity. To capture the full extent of a grant, we need to combine income gains and health gains, presumably by converting health gains into dollars. Robin Hood assigns a value of \$50,000 to helping individuals live an additional year in good health (akin to the number that the British health service implicitly uses).

For intervention (iii), Hep C screening, individuals who get screened early live longer, healthier lives. We convert health gains into dollars via the \$50,000 conversion factor.

Counterfactual Success

Relentless Monetization takes explicit account of counterfactual successes – successes that would occur even in the absence of the funder’s intervention. Because interventions do take place, counterfactual successes cannot be observed. They must be estimated, a demanding process.

Take carpentry training (intervention (i)). The training program churns out trainees who secure jobs as carpenters. But even if Robin Hood had failed to fund the program, some – perhaps many – of the trainees would have found some other way to secure employment. The proper measure of a program’s impact estimates the difference between the number of trainees who secure employment after graduating from the training program (a number which can be observed) and the number of trainees who would have succeeded even without help (which cannot be observed but can be estimated).

Similar issues apply to the other two interventions. At-risk students graduate high school without Robin Hood’s help; at-risk patients get timely screening without Robin Hood’s recruitment efforts. Correct measures of programmatic success make sure not to take credit for successes that would happen under any circumstance.

To get a feel for the magnitudes involved in dealing up front with counterfactuals, here are actual numbers from a program funded by Robin Hood. We pay tax preparers to fill out tax forms for 60,000 low paid workers, applying on their behalf for refunds under the Earned Income Tax Credit. Here are the key numbers:

Refunds claimed on behalf of 60,000 filers: \$125 million.

Refunds that would have been claimed without Robin Hood’s help: \$85 million

True impact of Robin Hood’s sites: \$125 million - \$85 million = \$40 million.

Note the world of difference between claiming that the program generated \$125 million, as most such programs claim, and the true figure of \$40 million. The problem is that the \$85-million figure cannot be observed: Robin Hood did help, so what would have happened in the absence of Robin Hood’s help cannot be observed and all-too-often gets ignored. But to take no account of counterfactual successes is to assume that no one who came to Robin Hood for help would, in the absence of Robin Hood’s sites, gone instead to H&R Block or to family or friends for tax-prep help. That ridiculous assumption serves only to exaggerate -- indeed, wildly so -- the impact of tax-preparation sites.

Robin Hood’s best guess: \$85 million of the \$125 million in refunds (two-thirds) would occur without our help. Properly measured, then, the tax-preparation program looks only a third as powerful it did on the basis of raw data alone.

Policy makers take note: pay scant attention to advocates who fail to account for counterfactual success.

Displacement

Displacement constitutes another reason that unsophisticated measures of success exaggerate programmatic impact. To see the problem, consider a funder who fights poverty by extending a low-interest loan to Mary so she can set up a hair-styling business in her basement. Assume Mary's business succeeds. Poverty-fighting at its best? Perhaps. But what if I tell you that Mary's customers came from Todd, a nearby hair stylist who is just as poor as Mary? In that case, the microloan did nothing to reduce poverty. All it did was to change the names on the poverty rolls (from Mary to Todd).

Displacement infects most social-service interventions. Some of the graduates of Robin Hood's job-training programs would have found work even without Robin Hood's help. Some Hepatitis C carriers would seek medical help even without Robin Hood's help. And so on. To ignore the concept serves, but again, to exaggerate the impact of interventions. Congress, beware.

Step 3: ***Estimate*** Rates of Return

Let's return to the middle-school grant. Assume:

- Robin Hood and other funders combine forces to improve a middle school so that an extra 45 students graduate from high school;
- Assume, based on research, that high school graduates earn \$6,500 more per year than do otherwise equivalent students who drop out of high school;
- Assume, based on research, that students who graduate high school live an additional 1.8 years (in good health) than do dropouts;
- Set the value of an extra year of life in good health at \$50,000;
- Assume that were Robin Hood to drop out of the partnership, 60 percent of the benefits would disappear. [We label the 60% figure the "Robin Hood factor."]

Here's the arithmetic by which to estimate the impact of the middle-school grant:

45 (extra high school graduates) * [[present discounted value of (\$6,500/year extra earnings for 20 years)] + [1.8 extra years in good health * \$50,000/extra year] * [0.6 Robin Hood factor]]

Benefit of Robin Hood's grant = \$5.2 million.

Cost of Robin Hood's grant: \$0.8 million.

Benefit/Cost estimate = \$5.2 million / \$0.8 million = 7:1.

What, exactly, does the 7:1 figure mean?

FOR EVERY DOLLAR THAT ROBIN HOOD SPENDS ON THIS MIDDLE-SCHOOL INTERVENTION, THE COLLECTIVE LIVING STANDARDS OF

LOW INCOME FAMILIES IN NEW YORK CITY (MEASURED IN TERMS OF HIGHER EARNINGS AND A MONETIZED VALUE OF IMPROVED HEALTH) RISE BY AN AGGREGATE TOTAL OF \$7.

With this ratio, and similarly estimated ratios for other grants, Robin Hood can shift dollars from low return grants to high return grants. That way, Robin Hood operates conscientiously – wasting none of its donors' dollars.

There is, I hope you see, nothing special about education-focused grants. The same calculations would apply to any other mission-driven intervention.

Using Relentless Monetization

Robin Hood does not make grants on the basis of arithmetic alone.

Let me repeat. Robin Hood does not make grants on the basis of arithmetic alone. Just as selective colleges do not admit students solely on the arithmetic of SAT scores, Robin Hood bases grant decisions on far more than a single ratio. First, the ratio is imprecise. Second, like college admissions offices, Robin Hood collects a lot of other information about applicants.

Robin Hood has found that the most powerful use of its arithmetic is not to rank applicants but to diagnose performance. If staff estimates a sky-high return, we first determine if we are measuring incorrectly; if not, we search for what's surprisingly powerful about the grantee's intervention. If staff estimates a surprisingly low return, we first determine if we are measuring incorrectly (are we missing an important outcome); if not, have we discovered that a seemingly terrific intervention is in fact ineffectual?

Here's another virtue of Relentless Monetization: transparency. The system forces everything – counterfactuals, displacement, costs, and research references – into the open. On its website, Robin Hood posts every equation in its metrics toolbox, inviting the public to criticize and suggest improvements.

A Final Thought:

The upshot of rigorous evaluation? Sophisticated funders won't necessarily embrace programs that sound poetic. But if funders do measurement right, their grants will generate outcomes worthy of the poet's pen.

[To follow up on any part of this memo, please see Weinstein, Michael M. and Ralph Bradburd, *The Robin Hood Rules for Smart Giving*, Columbia University Press, 2013.]



March 31, 2015

Ways and Means Subcommittee on Human Resources
U.S. House of Representatives
1101 Longworth House Office Building
Washington, D.C. 20515

Re: Statement for the record on March 17, 2015 hearing: “Expanding Opportunity by Funding What Works: Using Evidence to Help Low-Income Individuals and Families Get Ahead”

To Whom It May Concern:

The National Campaign to Prevent Teen and Unplanned Pregnancy applauds the subcommittee’s commitment to bringing increased attention to evidence-based policymaking in order to help low income families get ahead. The nation has made remarkable progress in preventing teen pregnancy and parenthood. However, teen pregnancy rates in the United States remain far higher than our trading partners and competitors and rates of unplanned pregnancy, particularly among unmarried women in their 20s, remain at high levels. Reducing teen and unplanned pregnancy helps reduce poverty, increase educational achievement and workforce competitiveness, and improve health and social outcomes for children and families.¹ In this letter, we offer additional information about evidence-based programs to reduce teen and unplanned pregnancy that we hope will be helpful as the subcommittee goes about its important work.

The National Campaign is a research-based, nonpartisan and nonprofit group that was founded in 1996. Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy as well as unplanned pregnancy, especially among single, young adults. We support a combination of responsible values and behavior by both men and women, and responsible policies in both the public and private sectors. If we are successful, child and family well-being will improve, there will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.

Our organization has had a long standing commitment to identifying and supporting evidence-based programs in the specific area of reducing teen and unplanned pregnancy. In fact, we published one of the first reviews of effective teen pregnancy prevention programs in 1997 by Dr. Doug Kirby entitled *No Easy Answers*² that found very few effective programs. By 2001, when we published Dr. Kirby’s next research

review, called *Emerging Answers*,³ there were several rigorous studies of programs that showed sustained positive effects on behavior. These offered the field a handful of programs from which to choose, but trying to find funding for such programs was a struggle. When we published Dr. Kirby's updated literature review called *Emerging Answers 2007*,⁴ the quantity and quality of evaluation research had grown dramatically and there were now 15 programs with strong evidence of positive impact on sexual behavior or pregnancy or STD rates.⁵ The growing research base had come primarily through private investments and the ability to replicate these programs was limited in large measure by lack of public funding.

As of 2008, there was \$163 million in federal funding dedicated for teen pregnancy prevention programs, and none of that was tied to evidence-based programs (this consisted of \$113 million for Community Based Abstinence Education grants and \$50 million for State Abstinence Education grants). In FY 2010 this changed significantly with the appropriation of \$110 million for the evidence-based Teen Pregnancy Prevention Program (TPPP) and \$75 million annually for the Personal Responsibility Education Program (PREP).⁶ As of FY 2015, there is \$231 million dedicated to teen pregnancy prevention programs, of which \$176 million is devoted to evidence-based programs (\$55 million currently remains for abstinence education without any evidence requirements).⁷ An additional \$6.8 million is appropriated for evaluating teen pregnancy prevention programs. This is a dramatic and welcome shift towards evidence-based policymaking. Together, multi-year TPPP and PREP grants have served approximately one million youth.

Currently funded at \$101 million for FY 2015, TPPP supports a full spectrum of programs with proven results—from programs that address both abstinence and contraception, to youth development programs, to abstinence programs. The focus is on results rather than content or ideology. The key criteria is whether programs have been rigorously evaluated and found to change teens' behavior related to teen pregnancy. TPPP is a model of the tiered approach to evidence-based policymaking that has been recommended by a bipartisan group of experts.⁸ Fully 75 percent of the funding for TPPP requires that grantees replicate evidence-based programs (Tier 1) and 25 percent of the funding is used to invest in rigorously evaluating promising programs or adapting proven programs in new settings or with new populations (Tier 2).

Since 2009 the U.S. Department of Health and Human Services (HHS) has sponsored an ongoing systematic review of the teen pregnancy prevention research literature to help identify programs with evidence of effectiveness in reducing teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors. The review, conducted by Mathematica Policy Research and Child Trends, looked at hundreds of evaluations and initially identified 28 programs that met Tier 1 criteria. The evidence review is updated periodically to capture the latest evaluation studies, and the most recent list includes 35 effective programs.⁹ The evidence reviews and searchable database of effective programs available on the OAH website is similar to the "what works clearinghouse" called for in *Moneyball for Government* and in John Bridgeland's March 17th testimony before this subcommittee.¹⁰

PREP, administered by the Administration on Children Youth and Families, provides \$75 million annually in mandatory funding for states, communities, and tribes to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and on other adulthood preparation topics such as healthy relationships, communication with parents, and financial literacy. Grants to states and tribes emphasize the use of evidence-based programs, with most PREP grantees using evidence-based programs from the HHS list.¹¹ An additional \$10 million is reserved for innovative strategies subject to rigorous evaluation.

These programs have been lauded by independent experts as strong examples of evidence-based policymaking. For example, the Bridgespan group cited the TPPP as a model for how to expand evidence-based practices.¹² Ron Haskins, a former Ways and Means Human Resources Subcommittee Staff Director, described TPPP and PREP as case studies of evidence-based policymaking in his recent book *Show Me The Evidence* and highlighted one of the most widely replicated evidence-based teen pregnancy prevention programs in a recent op-ed.¹³ Moreover, the federal list of evidence-based teen pregnancy prevention programs has become a resource for people around the country looking for effective programs, and the evidence-based approach to teen pregnancy prevention programs has now inspired legislation in at least one state.¹⁴

A number of experts, including Ron Haskins, have referenced the importance of continual evaluation as a hallmark of evidence-based policymaking. Both TPPP and PREP have made a serious commitment to evaluation, with a combination of national and grantee level evaluations.¹⁵ This includes rigorously evaluating models that have already proven effective in past studies to see how they perform in additional sites and settings, rigorously evaluating promising programs to determine if they can demonstrate positive results, and collecting a host of grantee-level performance measures. Ongoing commitment to evidence-based approaches to reducing teen pregnancy will not only improve outcomes for low income children and families, but are also a cost-effective investment.¹⁶

In order to make progress in improving outcomes for low income families it is essential to go beyond teen pregnancy prevention to consider unplanned pregnancy more generally. Half of all children born to women under the age of 30 are born outside of marriage, and 70 percent of all pregnancies to single women in this age group are unintended.¹⁷ As Richard Reeves of Brookings recently noted, there are widening class gaps in rates of unintended childbearing.¹⁸

There is extensive evidence showing the benefits of helping women delay or space their pregnancies and the benefits of birth control in allowing them to do so.¹⁹ Together, Medicaid, the Title X Family Planning Program, and Community Health Centers play a key role in providing low income women with access to contraception that helps them avoid unintended pregnancies. While it is difficult to conduct randomized controlled trials of such programs, there is ample evidence that publicly-funded contraception has led to reduced unintended pregnancy and public sector costs.²⁰ Multiple studies have shown that for every dollar invested in contraception, the nation saves at least \$6 in public sector medical costs.²¹

In addition, a growing body of research shows that helping women access the most effective methods of contraception (namely long acting reversible contraceptives) leads to less unintended pregnancy, less abortion, and reduced public sector costs. Research from Missouri,²² Colorado,²³ and Iowa²⁴ found that when cost is removed as a barrier and women receive high quality contraceptive care and education, there were dramatic declines in unplanned pregnancy, abortion, and public sector costs.

In closing, thank you for your commitment to evidence-based policymaking and improving the lives of low income families. If you have any questions or need additional information about these comments, please contact me at 202-478-8554 or akane@thenc.org.

Sincerely,



Andrea Kane
Senior Director for Policy

¹ See <http://thenationalcampaign.org/why-it-matters/teen-pregnancy>; <http://thenationalcampaign.org/resource/benefits-birth-control>; and <http://educationnext.org/purposeful-parenthood/>

² Kirby, D. (1997). No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy

³ Kirby, D. (2001). Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy

⁴ Kirby, D. (2007). Emerging Answers 2007: New Research Findings on Programs to Reduce Teen Pregnancy —Full Report. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved March 30, 2015 from http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf

⁶ Congressional Research Service (May 2014). *Teenage Pregnancy Prevention: Statistics and Programs*.

⁷ For an overview of these programs, see National Campaign to Prevent Teen and Unplanned Pregnancy (April 2014). *Federal Funding Streams for Teen Pregnancy Prevention*. Retrieved March 30, 2015 from http://thenationalcampaign.org/sites/default/files/resource-primary-download/overview_of_federal_tpp_funding_streams_april_2014.pdf

⁸ <http://moneyballforgov.com/content/uploads/2014/10/FAQs.pdf>

⁹ http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/

¹⁰ <http://moneyballforgov.com/moneyball-principles/>

¹¹ http://www.acf.hhs.gov/sites/default/files/opre/prep_dis_brief_032814_edited.pdf

¹² <http://www.bridgespan.org/About/Media/The-Bridgespan-Group-Highlights-Federal-Teen-Pregn.aspx#.VRh10jTD86w>

¹³ http://www.nytimes.com/2015/01/01/opinion/social-programs-that-work.html?_r=0

¹⁴ <http://www.brookings.edu/research/testimony/2015/03/16-maryland-teenage-pregnancy-haskins>

¹⁵ http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/evaluation.html and <http://www.prepeval.com/>

¹⁶ http://futureofchildren.org/publications/docs/20_02_07.pdf

¹⁷ <http://www.brookings.edu/blogs/social-mobility-memos/posts/2014/01/21-3-policies-to-close-family-formation-class-divide-sawhill>

¹⁸ <http://www.brookings.edu/research/papers/2015/02/26-class-gaps-in-unintended-childbearing-reeves>

¹⁹ <http://thenationalcampaign.org/resource/benefits-birth-control>

²⁰ <http://thenationalcampaign.org/sites/default/files/resource-supporting-download/getting-the-facts-straight-chapter-6-savings-to-society.pdf>

²¹ Frost JJ, Zolna MR, and Frohwirth L, *Contraceptive Needs and Services, 2010*, The Guttmacher Institute, 2013 and Thomas A. (2012). Three strategies to prevent unintended pregnancy. *Journal of Policy Analysis and Management*, 31(2), 280–311.

²² Peipert, J.F., Madden, T., Allsworth, J.E., & Secura, G.M. (2012). Preventing unintended pregnancies by providing no-cost contraception. *Obstetrics and Gynecology*, 120(6), 1291–1297.

²³ Ricketts, S., Klinger, G., Schwalberg, R. Game Change in Colorado: Widespread use of long-acting reversible contraceptives and rapid decline in births among young, low-income women. *Perspectives on Sexual and Reproductive Health*. doi: 10.1363/46e1714.

²⁴ Deprez EE. "More Contraception Means Fewer Abortions, Study Finds" *Bloomberg News*, December 23, 2014. Retrieved on January 17, 2015 from <http://www.bloomberg.com/news/print/2014-12-23/for-less-abortion-look-to-contraceptives-not-laws-study-finds.html>.