



Commonwealth of Massachusetts
The Office of Health and Human Services
Department of Public Health
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Lieutenant Governor

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MONICA BHAREL, MD, MPH
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February 11, 2016

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

William F. Welch
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Section 176 of Chapter 46 of the Acts of 2015, please find enclosed a notification regarding the Public Health Evaluation Grant Program.

Sincerely,

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Public Health Evaluation Grant Program Notification

January 2016



Legislative Mandate

The following notification is hereby issued pursuant to Section 176 of Chapter 46 of the Acts of 2015:

SECTION 176. There shall be a public health evaluation grant program to be administered by the department of public health. Grant recipients shall be selected through a competitive grant process in which successful proposals shall: (i) demonstrate substantial experience conducting evaluations of federal, state or local public health programs; (ii) focus on the evaluation of a state-funded department of public health program which may include, but shall not be limited to, school-based health centers, smoking cessation programs, HIV/AIDS prevention and treatment programs, obesity prevention programs and child nutrition programs; (iii) identify the state administrative datasets to be used; (iv) ensure compliance with applicable privacy regulations, including institutional review board policies; and (v) propose an evaluation to be completed in not more than 24 months that shall provide an analysis that examines the following areas of policy relevance: (a) the quantifiable effect of the program on the population treated through the program; (b) an estimate of the cost to the commonwealth of the public health problems being addressed through the program; (c) a comparison of the cost of the program and the estimated short-term and long-term benefits received by program recipients through the program; (d) data limitations in estimating the effect of the program; and (e) recommendations for further study. The department of public health shall report to the house and senate committees on ways and means 30 days before issuing a request for proposals for the program which shall detail the criteria to be used to award grants; provided however, that the request for proposals shall be issued not later than December 1, 2015. The department of public health, the center for health information and analysis, the executive office of health and human services, the executive office of education, the department of housing and community development and other relevant state agencies shall work with grant recipients funded through the program to provide secure access to state-collected data necessary for evaluations. Organizations receiving funds pursuant to this section shall report quarterly to the house and senate committees on ways and means, the joint committee on public health and the department of public health on: (1) the status and preliminary results of studies funded through the program; and (2) any obstacles encountered in access to data or other information that is negatively affecting the completion of the study. Funds appropriated in item 4590-0081 of section 2 for the grant program shall not revert and shall be available for expenditure through February 1, 2017.

Introduction

The Department of Public Health (DPH) has prepared an RFQ directed at research groups who have the qualifications to evaluate the effectiveness of specific DPH programs. Eligible organization must already be on the Master Service Agreement for Researchers (Contract #500224). While the RFQ highlights specific DPH programs for evaluation (e.g., School-Based Health Centers, tobacco cessation, HIV/AIDS prevention, obesity interventions, and Early Intervention), applicants may propose to evaluate any DPH programs. DPH is looking for 1 to 4 qualified applicants with a total funding of \$250,000. To be qualified, an applicant organization must have relevant academic and other experience related to the area for proposed evaluation and propose high quality evaluation plan that can be successfully executed in the available timeframe.

Criteria

Per statute, grant recipients will be selected through a competitive grant process in which successful proposals shall:

- (i) demonstrate substantial experience conducting evaluations of federal, state or local public health programs;
- (ii) focus on the evaluation of a state-funded department of public health program which may include, but shall not be limited to, school-based health centers, smoking cessation programs, HIV/AIDS prevention and treatment programs, obesity prevention programs and child nutrition programs;
- (iii) identify the state administrative datasets to be used;
- (iv) ensure compliance with applicable privacy regulations, including institutional review board policies; and
- (v) propose an evaluation to be completed in not more than 24 months that shall provide an analysis that examines the following areas of policy relevance:
 - (a) the quantifiable effect of the program on the population treated through the program;
 - (b) an estimate of the cost to the commonwealth of the public health problems being addressed through the program;
 - (c) a comparison of the cost of the program and the estimated short-term and long-term benefits received by program recipients through the program;
 - (d) data limitations in estimating the effect of the program; and
 - (e) recommendations for further study.

Additionally, awardees will be selected based on:

- relevant academic and other experience related to the area for proposed evaluation;
- the quality of the proposed work;
- the likelihood that the evaluation plan can be successfully executed; and
- the cost effectiveness of the proposed evaluation.

This RFQ is open to vendors on Contract with Massachusetts Department of Public Health through RFR # 500224 only. No other responses will be considered.

Example Proposal Topics

- 1. School-Based Health Centers: (Program Impact and Cost-Effectiveness)** – Embedding health centers in schools is intended to improve the academic environment for students as well as reduce the health care costs for services delivered. DPH would like to quantify these effects. **Data Sources:** The relevant data sources currently available are monthly and annual reports from school-based health centers funded through DPH. Annual school-level data include attendance rate, average number of days absent, in-school and out-of-school suspension rates, and graduation rates both for the entire school and for health center clients only. These school indicator data are available beginning with the 2012 academic calendar year. By the end of June 2014, two full years of data will be available; and four full years by the end of June 2016. Bi-annual aggregate data collected for each health center include demographic counts for clients (gender, race, age group, and insurance status); top ten ICD-9 and CPT codes used throughout the year; total number of visits by medical and mental health providers; and qualitative data on outreach activities performed. Monthly client-level data include ICD-9 code(s) for each visit; outcomes of up to 20 risk and resiliency assessments including the CRAFFT score for alcohol/drug dependence and Y-PSC and PHQ-9 scores for depression. Some health centers may have encounter level data available through the Mass League of Community Health Centers. For some proposed evaluations, annual YRBSS and YHS data also may prove useful and is available. YRBSS and YHS data are gathered bi-annually in Massachusetts. DPH anticipates that any proposed analysis focusing on reductions in health care costs would rely on medical claims data. It is unclear whether access to and use of the All Payer Claims Database (APCD) would be a possibility for this type of analysis. **Outcome Measures:** An improved academic environment could take many forms and therefore be captured using a number of different outcome measures. Some suggestions for outcomes that relate to an improved academic atmosphere include: the percent of students who are referred for mental health services; improved rates of identification of dating violence and sexual assault; a return on investment analysis for school-based health centers related to chronic diseases (e.g., pediatric asthma) or early infectious disease detection. Purely academic outcomes could center on reductions in absenteeism and improvements in gradations rates
- 2. Massachusetts Tobacco Cessation and Prevention Program (Program Impact and Cost-Effectiveness)** – To understand the real impact of the Massachusetts Tobacco Cessation and Prevention Program (MTCP), DPH requests a program evaluation and cost effectiveness study of strategies to help tobacco users quit, prevent young people from starting to use tobacco, and reduce exposure to secondhand smoke. The evaluation should include the impact and cost effectiveness of the Massachusetts Smoker’s Helpline. **Data Sources:** Data available from DPH includes adult survey data (BRFSS), youth survey data (YRBSS/YHS), tobacco retail data (pricing, youth compliance with sales to minors, availability of tobacco products), local policy tracking system data including smoke-free policies and retail sales regulations, local program quarterly reports data (Sharepoint), smoking attributable morbidity mortality and economic costs data (SAMMEC), MTCP key metrics, MTCP budget and fiscal data, and Massachusetts Smokers’ Helpline data (intake data, source of the call (self-referred/provider referred),

and 7-month follow-up survey data). Tobacco sales and revenue data is available from the Massachusetts Department of Revenue. Data on MassHealth (Medicaid) medical claims is available from the Executive Office of Health and Human Services. Data on private health insurance claims is available from the Center for Health Information and Analysis. A new survey could be proposed to measure key program initiatives.

Outcome Measures: Outcomes to be reported may include MTCP key metrics such as youth and adult tobacco use prevalence, tobacco consumption, exposure to secondhand tobacco smoke, and changes in attitudes towards tobacco use; strengthened tobacco regulations; health outcomes; quit attempts, sustained quit status, and health care costs savings.

- HIV/AIDS Prevention and Treatment Programs: (Program Impact)** - Impacts of recent health policy and program initiatives on HIV testing rates (and new diagnoses) in routine and targeted frameworks. As we continue to develop and refine the public health responses to HIV, there is a need to evaluate the policy and program factors that support and encourage routine HIV testing in clinical venues within and external to the MDPH contracted system of providers. **Data Sources:** New HIV diagnoses reported to the Massachusetts HIV/AIDS Surveillance Program (MHASP); All-Payer Claims Database to assess volume and rates of HIV testing in non-funded agencies; Needle Exchange Program enrollment; HIV testing rates in substance use treatment facilities; National Behavioral Surveillance System (NHBS) IDU, MSM, and HET cycles, BRFSS.

Outcome Measures: Compare HIV screening volume and seropositive rates by facility type and funding status before and after implementation of key State and National policies; compare HIV testing rates in Immigrant and Refugee populations before and after the lifting of the "HIV Travel Ban" in 2010; compare level of participation of IDU in prevention programs (inclusive of OTC syringe purchase and Needle Exchange) with new diagnoses of HIV and hepatitis C.

- Obesity Prevention Programs: (Program Impact)** – Preliminary studies have shown a decrease in obesity among Massachusetts public school students and a decrease in the rate of growth in obesity among Massachusetts adults. DPH would like to better understand the impact of programs like Mass In Motion and other policies (e.g., district level physical education policies) on healthy eating, active living and BMI. **Data Sources:** School district level counts by grade, gender, and BMI group classification (i.e., underweight, normal, overweight, and obese) for school years 2008-09 through 2012-13. For some proposed evaluations, annual YRBSS and YHS data also may prove useful. Selected data elements are for years 2001 - 2011. YRBSS and YHS data are gathered bi-annually in Massachusetts. Annual BRFSS data covers a range of healthy eating and active living topics as well as BMI. Selected data elements are available for 2001-2012. Telephone survey data collected since 2011 through the Community Transformation Grants (CTG) programs can also be used. Supplemental data could be gathered which could include school policies related to the structure and activities in physical education classes. **Outcome Measures:** Outcomes can range from health eating and active living measure from the YRBSS, BRFSS, and CTG telephone surveys. BMI changes could be examined using YRBSS, BRFSS, CTG telephone surveys, and school district level counts of BMI group classification.

5. **Early Intervention Partnerships Program (Program Impact):** While Massachusetts has some of the best birth outcomes in the nation, persistent disparities between geographic locations and racial and ethnic groups remain a public health concern. In response, DPH developed the Early Intervention Partnerships Program (EIPP), a high-risk maternal and newborn screening, assessment and home visiting system that connects vulnerable families to basic services and health care. The purpose of the program is the early identification of maternal and/or infant risk and linkage to services to prevent or mitigate poor health and developmental outcomes. **Data Sources:** Existing programmatic data is robust and includes demographic, intake, maternal and infant health assessment, educational discussion topics, referrals and referral outcomes. A comparison group comprised of similar women can be identified through a subset of Pregnancy Risk Assessment Monitoring System (PRAMS) data and a subset of Pregnancy to Early Life Longitudinal (PELL) data based on income (all categories <\$29,000 per year) and race/ethnicity (matched to EIPP demographic data) to approximate the population of women participating in EIPP. This data linkage would assist in determining if participation in EIPP led to women and infants having positive outcomes. **Outcome Measures:** Positive maternal and infant outcomes can range from improved management of alcohol, tobacco and other drugs, improved parenting skills, improved emotional health, increased rates of exclusive breastfeeding, increased attendance at postpartum visits, and improved nutrition.

DPH seeks to engage with one or more groups specializing in the evaluation public health program effectiveness. Outcome measures should be specifically related to the primary intent of the program. It is the responsibility of the applicant group to determine whether access to the required data is likely during the timeframe proposed.