

January 7, 2010

OMB Question

“We need a description of the comparative component in more detail. We support the purpose of evaluating the grantees, but need a fuller description of how the comparison would work. For example, for HHS to meaningfully draw conclusions about the success of programs that are not gender/sex focused and those that are, the comparison group should be comprised of programs that are similar in every other way. We need more discussion in the ICR of the systematic approach that will be used to choose comparison programs (either to ensure similarity on other characteristics or to be representative of such programs that are similar).”

NORC Response:

The comparative organization interviews will add valuable information about the combined benefit of designing programs around a sex- or gender-based approach with specific Healthy People 2010 objectives. While the comparison organizations will not technically be control groups, they may allow us qualitatively to isolate some main effects of focusing programmatic efforts on sex or gender and utilizing standardized performance metrics to understand program effects.

NORC will identify three to five organizations that use sex or gender as the basis of their programming but that do not set programmatic goals using Healthy People 2010 objectives. They may use other metrics to chart their progress, programmatically, or they may not set goals of this type. Additionally, we will select three to five organizations that use Healthy People 2010 as their objective-setting mechanism, but do not use a sex- or gender-based framework. Organizations of this type may use some demographic characteristics such as race for their organizing principle or they may focus on a community or some other entity for their focus. To the extent possible, we will choose organizations that focus on overarching Healthy People 2010 objectives that many of the ASIST2010 grantees selected. We will try to choose a geographically diverse set of comparison groups, as ASIST2010 grantees represent 13 states and territories. Other factors that we will consider in our selection are: degree of rurality, size of the organization, and university affiliation, among others. These are broad characterizations of organizations, but as we are seeking qualitative themes about how organizations use

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programmatic approaches – like gender – and set programmatic goals – like using Healthy People 2010 for metrics – we do not need to match grantees with comparison organizations.

We recognize that the ASIST2010 grantees, and two types of comparison sites, will have unique goals and objectives, organizational structures, relationships with other partners/funders, data collection strategies, challenges, and best practices. These differences are important because they will help us to identify how sites with similar characteristics, to the extent possible, are using these approaches differently, and the effects of these approaches on their unique programs. These differences will also allow for the emergence of lessons learned and best practices for implementing these approaches.

Below, we present a list of some of the topics that we may focus on during the interviews with comparison organizations:

- Program goals and activities;
- Organizational structure;
- History of collaborative and other partnerships;
- Infrastructure changes necessary to implement and sustain activities;
- Advantages and disadvantages of using a Healthy People 2010, sex- and gender-based focus, or systems approach in terms of developing partnerships, identifying goals, and improving on process or outcome measures;
- Consumers' satisfaction with program/ care received;
- Use of evidence-based practices;
- Ongoing efforts to assess and improve these activities;
- Data collection or analysis efforts (e.g., surveillance system, information system);
- Challenges encountered to date;
- Best practices; and
- Plans for the future, including a discussion of the sustainability of the intervention.