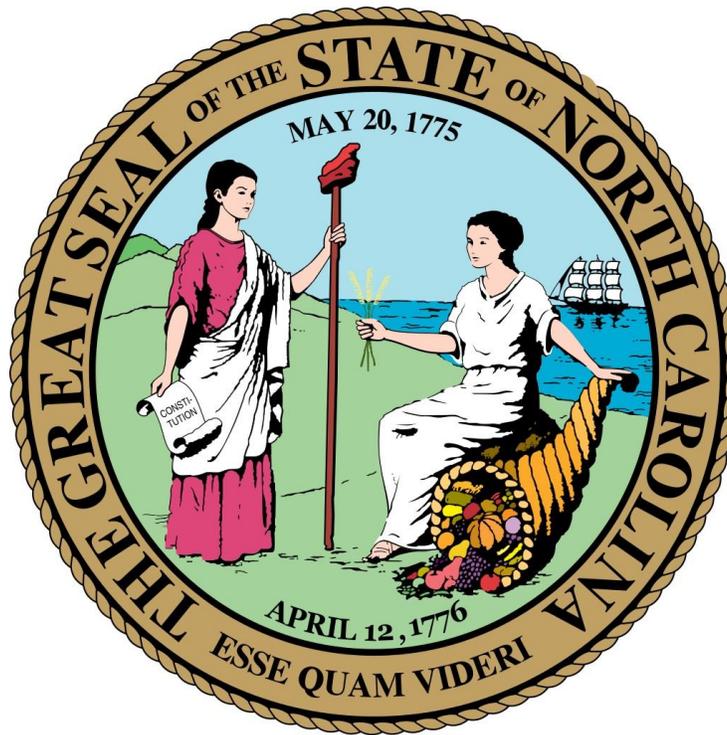


Interim Report

**Pew-MacArthur Results First Initiative in North
Carolina**

April 2018



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Office of State Budget and Management

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Table of Contents

I. Introduction	1
II. Implementation Timeline.....	2
III. Step One: Health Program Inventory.....	2
IV. Step Two: Match Programs to Available Evidence	4
V. Next Steps	5

I. Introduction

In 2017, North Carolina became the 27th state to partner with the Pew-MacArthur Results First Initiative (Results First). As directed by S.L. 2017-57, Section 26.3, the Office of State Budget and Management (OSBM) is the lead agency implementing Results First in North Carolina. As required, OSBM is submitting this interim report to the Joint Legislative Commission on Governmental Operations, the Joint Legislative Oversight Committee on General Government, and the Joint Legislative Program Evaluation Oversight Committee by April 8, 2018. This report provides a status update on implementation of the initiative in North Carolina.

What is the Pew-MacArthur Results First Initiative?

Results First is a joint effort of the Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation that works with states to implement a benefit-cost analysis approach that helps policymakers invest in policies and programs that are proven to work. At no cost to the state, Results First partners receive access to training and technical assistance, a nationally representative clearinghouse database of evaluated programs, and a benefit-cost model that help identify evidence-based programs that yield high returns on investment.

Results First uses a four-step process:

- 1. Create an inventory of currently funded programs.** State partners begin their work by developing a detailed Program Inventory that includes information on design, budget, capacity, and populations served in a given policy area.
- 2. Match programs to available evidence.** Partners use information from their Program Inventory and the Results First Clearinghouse Database (Clearinghouse) to understand how potentially effective their programs are based on national research. The Clearinghouse contains information on over 1,000 programs that span several policy areas, such as adult criminal justice, child welfare, behavioral health, and education.¹
- 3. Conduct benefit-cost analysis to compare programs' likely return on investment.** Partners collect cost information on their programs and services. They also customize a benefit-cost model that estimates a jurisdiction-specific return on investment for programs that have been evaluated with the highest level of rigor.
- 4. Analyze results and inform stakeholders.** Information gleaned from the previous steps enables governments to make more informed program, policy, and budget decisions. Results First staff members help partner states interpret results as well as develop reports and briefs that explain findings to policymakers and other stakeholders.

Results First in North Carolina

North Carolina is the 27th state to partner with Results First. OSBM began implementation by engaging with Results First to conduct initial information and training sessions with potential partner agencies. In cooperation with the Governor's Office, the Department of Health and Human Services (DHHS) was selected as the first programmatic partner agency. The initial focus is on programs that support child and

¹ The Results First Clearinghouse Database can be accessed at the following URL:
<http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/results-first-clearinghouse-database>

family health. More specifically, this project examines programs that address chronic diseases such as obesity and type 2 diabetes, along with child and maternal health programs that seek to improve birth outcomes and prevent infant mortality, low birthweight, and preterm births.

Roles of OSBM and Agencies

As the lead agency in North Carolina’s Results First project, OSBM facilitates and coordinates the process while providing technical expertise in the areas of benefit-cost analysis and evidence-based decision-making. OSBM works with agency staff to collect information required to build the Program Inventory. OSBM staff also collect and populate data required for the benefit-cost model.

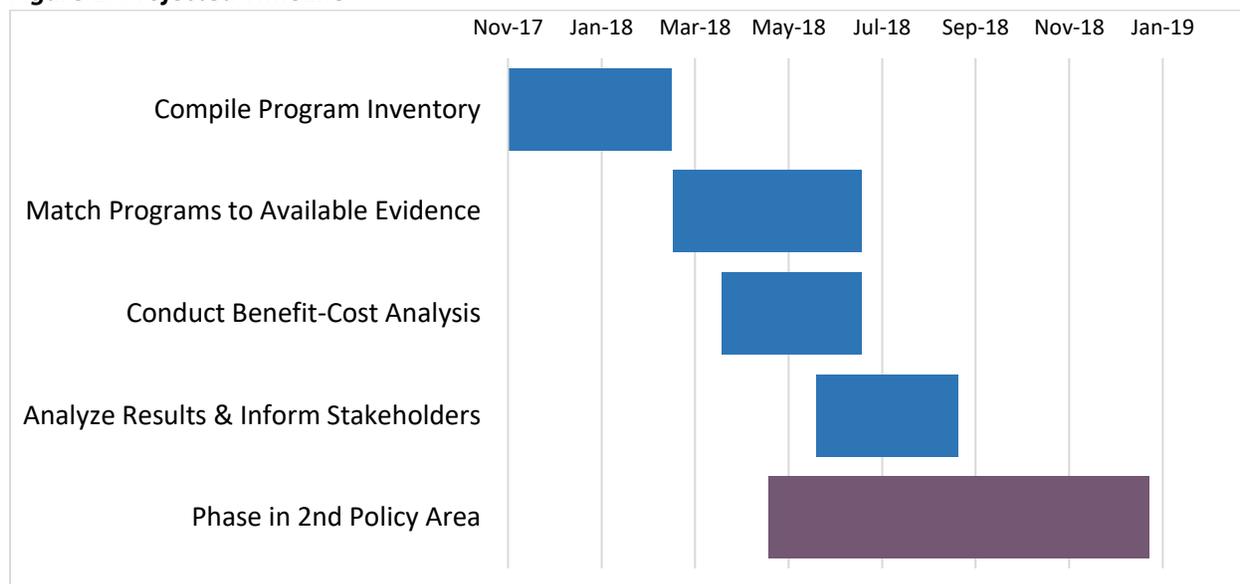
Partner agencies, beginning with DHHS, provide the programmatic expertise and have the primary responsibility to develop the Program Inventory. Partner agencies work with OSBM to estimate costs for the benefit-cost analysis and to provide other data as necessary. Along with OSBM, partner agencies will review results and use them to inform how programs are designed and how resources are allocated across programs.

II. Implementation Timeline

OSBM and DHHS started work in November 2017 on the first policy area (child and family health) with the goal of completing its benefit-cost analysis by June 30, 2018. OSBM and DHHS are finalizing the Program Inventory and are matching DHHS programs to the available evidence. Results First advised that each policy area can take six to twelve months to complete.

Below is the projected timeline for the calendar year 2018:

Figure 1: Projected Timeline



III. Step One: Health Program Inventory

The Program Inventory is the first step to the Results First approach. The Inventory is intended to help state partners, including North Carolina, identify a snapshot of their currently funded programs in a specific policy area. State partners develop a comprehensive list of all the programs in the chosen policy

area, along with basic information on the programs’ average duration, frequency, oversight agency, delivery setting, and target population.

In cooperation with Results First, OSBM and DHHS defined the scope of the Program Inventory to include programs that address the following outcomes in health:

- Reduce incidences of chronic diseases, including obesity and type 2 diabetes; and
- Improve birth outcomes, such as reducing unnecessary cesarean sections, infant mortality, low birthweight, preterm birth, small for gestational age, very low birthweight, and Neonatal Intensive Care Unit (NICU) admissions.²

As one of the first tasks, DHHS identified programs related to the chosen scope using the DHHS Open Window Performance Management System. This system provides information on DHHS’ services, programs, grants, and contracts that support service delivery inclusive of performance measures. DHHS worked with program staff to identify relevant programs, add further details, and fill in any gaps.

The team then categorized services or programs to match Results First’s definition of a “program.” Results First defines programs as “systematic activities that engage participants in order to achieve desired outcomes.”³ Individual components, such as individual counseling, training, and substance abuse treatment, are separated out as standalone programs rather than full wraparound services under this approach.

Below is a snapshot of the 20 to 30 programs in the health program inventory.

Table 1: Target Outcome - Reduce Incidences of Chronic Diseases

Program Name	Program Description
Diabetes Prevention Program (DPP)	The NC Diabetes Prevention Program (DPP) supports lifestyle change programs to prevent or delay type 2 diabetes. Providers offer onsite DPP classes to adults at risk for diabetes in selected counties across North Carolina. Classes are offered in the community, often at YMCAs or local health department facilities. Most classes follow a group format that includes some discussion and physical activity.
Eat Smart, Move More, Prevent Diabetes (ESMMPD)	ESMMPD is a 12-month online diabetes prevention program. A live instructor delivers the program to adults at risk for diabetes in an interactive, real-time, format. Key concepts include planning, tracking, and living mindfully to prevent diabetes.
Know It Control It (KICI)	KICI is a four-month high blood pressure management program for adults led by trained blood pressure coaches. The program helps participants with high blood pressure to self-monitor their blood pressure.
Dental Professional Blood Pressure Training Curriculum	This curriculum teaches dental health instructors the basics of high blood pressure, the appropriate technique of recording blood pressure, and how to manage dental care in patients with high blood pressure.

² DHHS has many programs that address child and maternal health outcomes. For this initial phase, OSBM and DHHS decided to narrow the scope of programs to only include those where the primary focus was on prenatal and birth outcomes. Programs beyond the scope of these selected outcomes may be added in another phase.

³ The Pew-MacArthur Results First Initiative. “User Guide for the Program Inventory Component of the Results First Technical Approach” (Philadelphia: Pew-MacArthur Results First Initiative, 2017), 2.

Table 1: Target Outcome - Reduce Incidences of Chronic Diseases - Continued

Program Name	Program Description
Faithful Families Eating Smart and Moving More	Faithful Families Eating Smart and Moving More is a program for adults and families that promotes healthy eating and physical activity in faith communities. Program resources include a nine-session curriculum and a planning guide. Nutrition and physical activity educators co-teach the curriculum in small groups with trained lay leaders from faith communities.

Table 2: Target Outcome - Improve Birth Outcomes

Program Name	Program Description
17 Alpha-hydroxyprogesterone Caproate (17P)	17P is a synthetic form of progesterone shown to reduce the recurrence of preterm birth for women who have a history of spontaneous preterm birth. Providers administer injections to low-income pregnant women with a history of spontaneous preterm birth.
5As Tobacco Cessation	Successful treatment of tobacco dependence can have a significant impact on pregnancy-related outcomes. Both physicians and non-physicians provide tobacco cessation counseling following the 5As method (ask, advise, assess, assist, arrange) in clinic and home settings to pregnant and postpartum women in all 100 counties of North Carolina.
Ten Steps for Successful Breastfeeding	The Ten Steps for Successful Breastfeeding is a protocol that encourages and promotes breastfeeding. Training and education is provided at least six times annually to providers, businesses, community settings, and pregnant women within seven counties.
Safe Sleep	This program provides education and outreach for parents and caregivers on safe sleep guidelines to reduce the incidence of Sudden Infant Death Syndrome (SIDS) and sleep-associated deaths. Participants enroll prenatally and continue through baby's first year of life.
Teen Outreach Program	This program utilizes teen clubs that meet weekly over a nine-month period. The curriculum focuses on topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others. The program includes comprehensive contraception education.

IV. Step Two: Match Programs to Available Evidence

In the second step, partner states match their programs from their Program Inventory to those in the Clearinghouse. The Clearinghouse is an online resource that provides information on the effectiveness of various interventions. Included programs have different levels of evidence based on the quality, quantity, or scientific rigor of the information.

The Clearinghouse helps state partners determine which of their programs are evidence-based and if so, how potentially effective they are according to available research. An evidence-based program is one that has been rigorously evaluated to demonstrate an actual cause and effect relationship between a program and its outcome. Evaluation methods such as randomized control trials and other quality experimental designs with comparison groups can demonstrate causality.

Results First has defined the following tiers of evidence:

Table 3: Pew-MacArthur Results First Tiers of Evidence

Rating Category	Definition
Highest Rated	The program had a positive impact based on the most rigorous evidence.
Second-highest Rated	The program had a positive impact based on high-quality evidence.
No Evidence of Effects	The program had no impact based on the most rigorous or high-quality evidence. That is, there was no difference in outcomes between program participants and those in the comparison group.
Mixed Effects	The program had inconsistent impacts based on the most rigorous or high-quality evidence. That is, study findings showed a mix of positive impact, no impact, and/or negative impact.
Negative Effects	The program had a negative impact based on the most rigorous or high-quality evidence.
Not Rated	The program is not in the Results First Clearinghouse Database.

OSBM and DHHS are matching programs identified in the first step to those in the Clearinghouse. Once a program with evidence has been identified, the team will verify whether the program is implemented with fidelity in North Carolina, meaning it is implemented in a similar way as the program from research.

Research Limitations

First and foremost, not all programs will match to the evidence base. This does not necessarily mean that they are not effective programs. There are many possible reasons. It may mean that a rigorous evaluation has not been conducted for that specific program or that the program may be too small to warrant a rigorous evaluation. Also, an evaluation may not be possible because of ethical concerns with denying individuals access to a program.

Furthermore, the Results First model is not meant to accomplish everything, nor is it intended to discourage innovation when designing or adapting programs. The purpose of this exercise is to provide additional information so that policymakers and other stakeholders may have a better picture of programs being funded. The model does not answer every question as it is only one tool to understand program effectiveness. Other elements, such as context and narrative, are also important to consider.

V. Next Steps

The next steps to complete this first policy area include finishing the program inventory and the matching process, along with customizing the benefit-cost model and analyzing results. Once all four steps have been completed, policymakers will be able to use the data and evidence to help inform program, policy, and budget decisions. Other states have encouraged the use of evidence-based policy-making through a variety of strategies. Some examples of how the information could be used include the following:

- Improve evidence-based programs to maximize impact.
- Scale up what works.
- Shift resources towards effective, high-return programs.
- Identify key programs for evaluation where evidence is unavailable.
- Aid strategic planning and performance management.

OSBM has started to incorporate evidence into the budget process. For the current budget development cycle, requests for new or expanded programs or services were required to include evidence and research to support the programs' effects on desired outcomes. Incorporating evidence, including information learned from Results First, into the budget process can help policymakers decide where to target funding or modify program designs to obtain the greatest return on investment.

OSBM and DHHS are finalizing the Program Inventory targeting chronic diseases and maternal and child health, as well as matching identified DHHS programs to the available evidence. The team will finish the remaining steps of conducting a benefit-cost analysis, along with analyzing the results and informing stakeholders. All four steps are on track to be completed by the end of August 2018 for the programs in the health program inventory.

OSBM is currently in discussions with Results First and the Governor's Office to identify a second policy area. OSBM anticipates beginning a second policy area in Spring 2018.